



unicef 
for every child

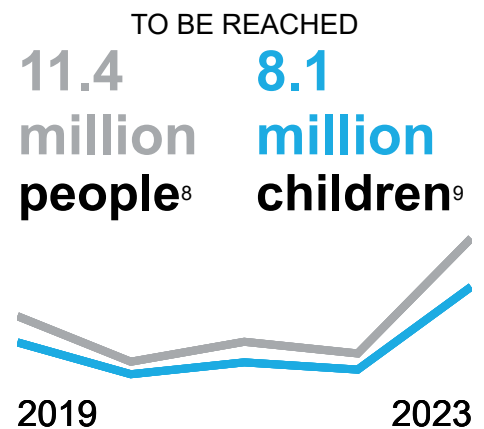
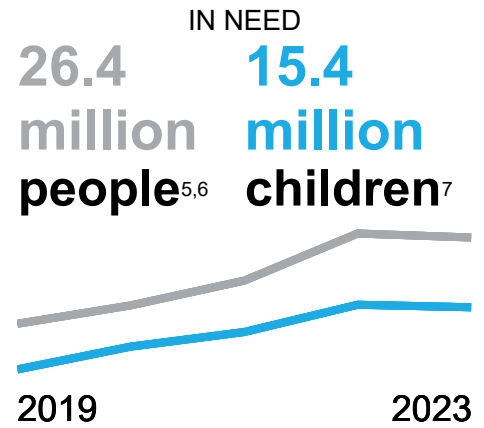
Humanitarian Action for Children

A girls smiles in a camp for internally displaced people in Kanyaruchinya, North Kivu Province. UNICEF provides a timely, integrated life-saving response to meet the acute needs of displaced children.

Democratic Republic of the Congo

HIGHLIGHTS¹

- The Democratic Republic of the Congo is facing one of the world’s most complex and protracted crises. More than 15 million children bear the brunt of an escalation in armed conflict and recurrent disease outbreaks. These exacerbate chronic poverty, systemic weaknesses and existing population vulnerability. Increased military operations are expected in 2023, alongside rising tensions in the run-up to general elections scheduled for December 2023.
- UNICEF is adopting a needs-based approach² to respond to a multifaceted and intensifying humanitarian crisis, aiming to ensure that 75 per cent of children in need are assisted.³ 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 2023.⁴ Timely, flexible and multi-year funding are essential in supporting UNICEF to reach the most vulnerable, crisis-affected children.



KEY PLANNED TARGETS



995,800

children with severe wasting admitted for treatment



2 million

children/caregivers accessing community-based mental health and psychosocial support



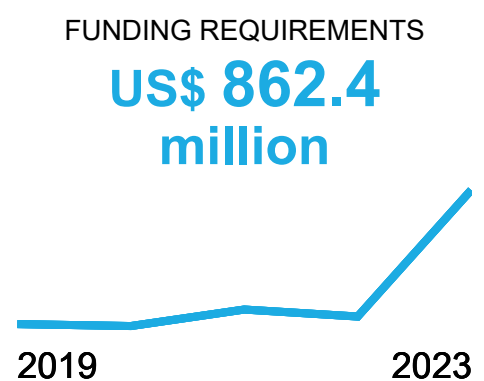
1.7 million

children accessing formal or non-formal education, including early learning



3.4 million

people accessing a sufficient quantity and quality of water



Needs figures are aligned with the 2023 inter-agency planning documents (Humanitarian Needs Overview) as endorsed by the Humanitarian Country Team

HUMANITARIAN SITUATION AND NEEDS

The Democratic Republic of the Congo is home to one of the world's most complex and protracted crises: around 26.4 million people, including 15.4 million children,¹⁰ are bearing the brunt of an escalation in armed conflict and recurrent disease outbreaks that are exacerbating chronic poverty, systemic weaknesses and vulnerability.¹¹ The scale of humanitarian needs and protection concerns remains massive.

In 2022, the country hosts the second-highest number of internally displaced people in the world.¹² Population displacement continues to rise, with more than 1.29 million people displaced between January and July 2022. At least 97 per cent of displaced people live in Ituri, North Kivu and South Kivu Provinces, which have seen a growing number of targeted attacks against civilians and infrastructure, including sites for internally displaced people, schools and health facilities.

Protection concerns remain paramount. More than 2,500 grave violations against children were verified as of September 2022. Recruitment or use of children in armed forces and armed groups is increasing, as is killing and maiming of children, which increased by 10 percent in 2022 compared with 2021.¹³ Humanitarian access is constrained, and the presence of partners is diminishing in some areas due to insecurity and operational restrictions. With the deployment of the East African Community Joint Regional Force in the eastern part of the country, increased military operations are expected in 2023, alongside mounting tensions in the run-up to general elections scheduled for December 2023.¹⁴

The Democratic Republic of the Congo continued to face epidemic outbreaks in 2022. As of November, the country had experienced two new Ebola outbreaks, and the measles situation remained critical, with the number of suspect cases reaching more than 122,414 (with 1,444 deaths reported) - vastly exceeding reported measles cases in 2021.¹⁵ The country has one of the highest risks of cross-border spillover spread of the current Ebola outbreak in Uganda, which requires urgent anticipatory action in three provinces. The number of suspected cholera cases also increased by 206 per cent compared with the same period in 2021, with 12,797 suspected cholera cases and 243 deaths reported.¹⁶ The coronavirus disease 2019 (COVID-19) pandemic has had a major impact on all primary health services, including the availability of essential care and routine immunization.

The nutrition situation remains critical. As of September 2022, 17 per cent of health zones were on nutritional alert and the number of emergency alerts had increased by 84 per cent compared with the same period in 2021.¹⁷ To reduce malnutrition in the long-term, UNICEF's response aims to increase the proportion of infants aged 0-5 months who are exclusively breastfed to 61 per cent and the proportion of children aged 6-23 months who are receiving the minimum dietary diversity to 25 per cent (by 2025).

Throughout the country, more than 1.3 million children under age 5 require treatment for severe wasting; 3.9 million women/children need emergency protection services; 6.6 million children require emergency water and sanitation; and 2.7 million children require emergency education support.¹⁸

SECTOR NEEDS¹⁹



1.3 million
Children affected by severe wasting²⁰



3.9 million
children in need of protection services²¹



2.7 million
children in need of education support²²



6.7 million
People need water, sanitation, and hygiene²³



2.2 million
IDPs in need of assistance²⁴

STORY FROM THE FIELD



Tens of thousands of children are in hiding in North Kivu Province. Many of them are unaccompanied or have been separated from their parents.

Passing through the doors of Rutshuru day centre, the joyful mix of children's cries and laughter rises up to contrast with the gloomy atmosphere that reigns in the province.

At the day centre, recreational activities are followed during quieter times, when children can weave baskets or learn new skills. It is during one of these workshops that Meschack shares his story. The 13-year-old boy was separated from his parents on the Congolese Independence Day.

[Read more about this story here](#)

Thirteen-year-old Meshack (left) weaves a basket at the UNICEF-supported UPDECO centre in Rutshuru, after becoming separated from his family.

In 2023, UNICEF will remain among the first responders delivering a needs-based, timely and integrated life-saving response to reach vulnerable children. A gender approach will be systematically integrated throughout the response.

Aiming to enable holistic humanitarian assistance, UNICEF will provide immediate access to essential services while enhancing community resilience and paving the way for longer-term interventions using a nexus approach.

Localization²⁷ through community engagement and the empowerment of local actors will remain the backbone of UNICEF's strategy. Such a strategy allows for improved effectiveness, greater acceptance and enhanced access to hard-to-reach areas, while increasing overall efficiency and value for money.

At the onset of crises, UNICEF and partners will deliver rapid response to save lives and mitigate the immediate impact. UNICEF's localized Rapid Response Mechanism (called UniRR) will focus on population movements and natural hazards,²⁸ while the rapid response to cholera focused on suspected cases will help to stop the transmission of that disease.²⁹ UNICEF will continue strengthening the linkages between health, nutrition, water, sanitation, hygiene (WASH), education and child protection and gender-based violence programming. This will enable more integrated humanitarian assistance and increase children's access to quality and inclusive assistance in a protective and child-friendly environment. When appropriate, UNICEF will strengthen the use of humanitarian cash transfers to address urgent needs through multipurpose transfers or to meet sectoral outputs.³⁰

To support responses to public health emergencies, UNICEF, with the Government and partners, will contribute to the coordination and response of several outbreak response pillars.³¹ Specific community needs will also be addressed, including through support to the continuity of essential social services for children, adolescents and women.

Children associated with armed groups and unaccompanied or separated children will receive appropriate and individualized care, focusing on innovative reintegration programmes. To save the lives of children, health, nutrition and WASH efforts will focus on improving access to basic WASH services,³² primary health care and immunization. They will also support early detection of severe wasting and subsequent referrals and treatment in the community and in health facilities. Preventive interventions - such as infant and young child feeding counselling - will be reinforced in 2023.

For UNICEF, prevention of sexual exploitation and abuse is a top priority, along with prevention of gender-based violence. The organization will continue to enforce a holistic and systematic approach to scaling up related prevention measures within all its interventions through its gender, gender-based violence and prevention of sexual exploitation and abuse mechanism.³³

Finally, UNICEF will continue to lead the WASH, Nutrition and Education Clusters, the Child Protection Area of Responsibility and the working group coordinating distribution of essential household items. UNICEF also co-leads the United Nations Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict.



Health

- **10,958,900** children vaccinated against measles
- **618,400** children and women accessing primary healthcare in UNICEF-supported facilities



Nutrition

- **995,800** children 6-59 months with severe wasting admitted for treatment³⁴
- **1,886,900** primary caregivers of children 0-23 months receiving infant and young child feeding counselling³⁵
- **58,000** children 6-59 months receiving micronutrient powder



Child protection, GBViE and PSEA

- **2,009,600** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **397,800** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions³⁶
- **600,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations³⁷
- **7,250** children who have exited an armed force and groups provided with protection or reintegration support
- **10,200** unaccompanied and separated children provided with alternative care and/or reunified



Education

- **1,726,400** children accessing formal or non-formal education, including early learning³⁸
- **1,035,900** children receiving individual learning materials³⁹



Water, sanitation and hygiene⁴⁰

- **3,384,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **3,977,600** people accessing appropriate sanitation services



Social protection⁴¹

- **100,000** households reached with UNICEF-funded humanitarian cash transfers



Cross-sectoral (HCT, SBC, RCCE and AAP)

- **115,000** households reached with UNICEF-funded humanitarian cash transfers across sectors⁴²
- **300,000** people who participate in engagement actions⁴³



Rapid response mechanism

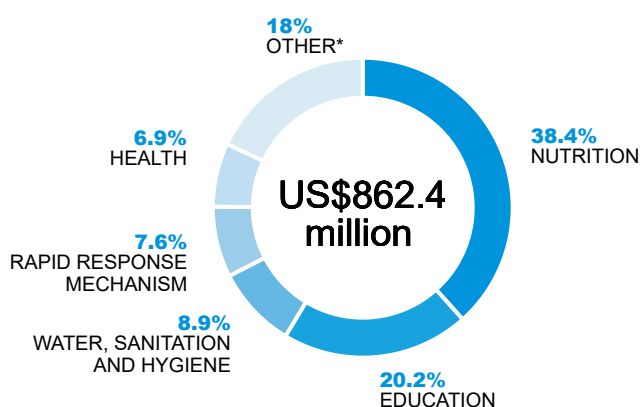
- **1,080,000** people whose life-saving non-food items needs are met through supply or cash distributions within seven days of needs assessments
- **693,000** people targeted around suspected cholera cases received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system⁴⁴

FUNDING REQUIREMENTS IN 2023

UNICEF requests US\$862.4 million to meet the critical humanitarian needs of the most vulnerable children in the Democratic Republic of the Congo and contribute to the realization of children's rights in 2023. The 142 percent budget increase compared with the 2022 appeal reflects the humanitarian needs and rights-based approach that will be adopted by UNICEF in the the country in 2023, in view of the sharp increase of humanitarian needs: UNICEF is ensuring that 75 per cent of the people in need in the sectors led by UNICEF are assisted.⁴⁵ The budget is also impacted by rising operating costs and global inflation triggered by the war in Ukraine.

These funds will allow UNICEF to provide life-saving services in the most vulnerable areas, promote integrated humanitarian interventions and use a community-based approach to provide more timely, effective and efficient support to more than 8.1 million children and their families. Without timely and adequate funding, children's multiple needs will continue to go unmet. More than 1.1 million children under 5 years of age will not be vaccinated against measles and 995,000 will not have access to treatment for severe wasting; 3.4 million people will not have access to safe water; 1.1 million will not benefit from a rapid response to address their most immediate needs; 2 million children and caregivers will be deprived of mental health and psychosocial support; and 1.7 million children will not have access to education.

Flexible resources remain essential to mounting a swift and efficient response. They are critical to alleviating the suffering of Congolese children and to upholding and promoting their rights.



Sector	2023 requirements (US\$)
Health	59,331,600
Nutrition	330,946,100 ⁴⁶
Child protection, GBVIE and PSEA	53,711,600 ⁴⁷
Education	174,633,400 ⁴⁸
Water, sanitation and hygiene	76,392,200 ⁴⁹
Social protection	41,600,000 ⁵⁰
Cross-sectoral (HCT, SBC, RCCE and AAP)	56,241,400 ⁵¹
Rapid response mechanism	65,792,600 ⁵²
Cluster coordination	3,750,000
Total	862,398,900

*This includes costs from other sectors/interventions : Cross-sectoral (HCT, SBC, RCCE and AAP) (6.5%), Child protection, GBVIE and PSEA (6.2%), Social protection (4.8%), Cluster coordination (<1%).

ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
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 <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.
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.
6. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. Children make up 58.5 per cent of the population, based on the National Institute of Statistics Democratic Republic of the Congo Statistical Yearbook 2015–2017. The number of children in need for UNICEF's mandate is 12.3 million. UNICEF uses the maximum number of children in need under the sectors covered by UNICEF to avoid double counting.
8. The total number of people to be reached is disaggregated as follows: 5,632,700 men/boys; 5,815,877 women/girls; and a total of 1,717,287 people with disabilities (disability estimates are based on international standard of 15 per cent). This includes 4,335,326 children aged 6-59 months receiving vitamin A supplementation; 1,886,853 primary caregivers of children aged 0-23 months reached with infant and young child feeding counselling; 2,907,571 people accessing appropriate sanitation services; 1,726,377 children reached with formal or non-formal education, including early learning; 7,250 children released from armed forces/groups reached with appropriate care and services; 10,200 unaccompanied/separated children reached with family-based care or suitable alternative; and 575,000 people reached with UNICEF-funded humanitarian cash transfers across sectors. UNICEF is committed to a needs-based approach, to ensure that our response plans, along with other cluster partners, will cover 75 per cent of the cluster-specific people in need. UNICEF will serve as the provider of last resort where it has cluster coordination responsibilities.
9. See endnote 7.
10. Figures are aligned with 2023 inter-agency planning documents (Humanitarian Needs Overview and Humanitarian Response Plan) as endorsed by the Humanitarian Country Team.
11. Children continue to face severe deprivation across all sectors, and according to the UNICEF supported 2021 National Multidimensional Overlapping Deprivation Analysis (N-MODA) child poverty and deprivation study, 74.6 per cent of children under 17 years across the country (approximately 19.9 million girls and 20.1 million boys) are multidimensionally poor. This indicates that in addition to monetary-based poverty, these children are affected by deprivations such as poor health, lack of education, inadequate living standards and the threat of violence, among others. See: UNICEF, *Pauvreté et privations de l'enfant en République Démocratique du Congo, 2021*.
12. 5.3 million people were internally displaced as a result of conflict and violence as of 31 December 2021. See Internal Displacement Monitoring Centre (IDMC), *Global Report on Internal Displacement, IDMC, Geneva, 2022*, available at <www.internal-displacement.org/global-report/grid2022/>.
13. United Nations Monitoring and Reporting Mechanism on Grave Violations against Children in Armed Conflict (MRM), January–September 2022. Recruitment and use of children remained the most prevalent grave violation (more than 30 per cent of cases verified), followed by abduction of children (more than 10 per cent of the total number of grave violations). More than 350 cases of killing and maiming of children were verified.
14. General elections are expected to be held in the Democratic Republic of the Congo in December 2023, according to a roadmap released in February 2022 by the Independent National Electoral Commission (CENI).
15. As of epidemiological week 42, 185 health zones were reporting a measles outbreak, of which 51 per cent were at very high risk and high risk. Only 42 per cent of these health zones have organized a VAR response. In comparison, 55,771 suspected cases were reported in 2021. Democratic Republic of the Congo, Ministry of Public Health.
16. As of epidemiological week 42, the most affected provinces were South Kivu (32 per cent of suspected cases), Haut-Lomami (19 per cent suspected cases and 25 per cent of deaths), Tanganyika (19 per cent of suspected cases and 18 per cent of deaths) and North Kivu (18 per cent of suspected cases). Democratic Republic of the Congo, Ministry of Public Health.
17. Democratic Republic of the Congo, National Nutrition Program, nutritional surveillance and early warning monitoring, bulletin no. 49, covering July–September 2022. 10 November 2022, available (in French) at <<https://reliefweb.int/report/democratic-republic-congo/cluster-nutrition-bulletin-bulletin-ndeg49-juliet-septembre-2022>>.
18. Education needs include access to and retention in education through rehabilitation of schools, distribution of school supplies, quality of learning and psychosocial support. As of September 2022, more than 307 schools were closed due to insecurity Source: Regional Education in Emergencies Working Group, *Education Under Attack in West and Central Africa: 2022 Update*, September 2022.
19. Key sector needs.
20. Democratic Republic of the Congo Nutrition Cluster, October 2022.
21. Numbers of people in need and children in need are calculated according to different humanitarian impacts affecting populations and essential services in the country, and also based on areas where impact is most severe. The humanitarian impacts include: 1) protection incidents; 2) recent or prolonged population movements; 3) public health emergencies linked to Ebola. While the cluster restricted the people in need calculation to an area with a severity index of 4 and 5, UNICEF has chosen to also include in its calculation areas with a severity index of 3 to better reflect child protection needs. The slight reduction of the people in need compared with last year is because the percentage of the population affected by health emergencies has been reduced to 0.5 per cent (compared with 1 per cent in 2022) due to removal of COVID-19-related needs. The response to a possible outbreak will be integrated into UNICEF's regular (non-emergency) programming.
22. Based on the Education Cluster, the total people in need comprises children and teachers. The total children in need include children aged 3-17 years affected by population displacements (internally displaced people, returnees and host community members) for a maximum of 12 months. Children aged 3-17 years represent 41 per cent of the whole population affected by displacement (11 per cent are aged 3-5 years, 18 per cent are aged 6-11 years and 12 per cent are aged 12-17 years). Following the ICN orientation on people in need calculation for increased prioritization, only health zones with a severity index 3, 4 and 5 are included.
23. Democratic Republic of the Congo WASH Cluster, October 2022.
24. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *DRC Population movement Factsheet - July 2022*.
25. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
26. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
27. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
28. UniRR is designed around the following four key pillars: localization, co-management between UNICEF and its civil society partners, rapidity and flexibility and entry point for complementary interventions. By leveraging comparative advantage, the partnership with national actors continues to contribute to a contextualized emergency response, enhance access in hard-to-reach areas and increase community acceptance and engagement. During the first half of 2022, 78 per cent of rapid response (in-kind) interventions in the Democratic Republic of the Congo were conducted by UniRR, making UniRR one of the main rapid response programmes operating in Ituri, North Kivu, South Kivu and Tanganyika Provinces. With an average of six days between the evaluation and the start of the assistance, UniRR is the fastest in-kind response mechanism in the country. In addition, UniRR is one of the main providers of humanitarian alerts through needs assessments shared with the humanitarian community (Ehtool, managed by OCHA). At the end of 2021, a health and nutrition component was integrated into the UniRR rapid response.
29. The case area targeted interventions methodology was integrated into the National Cholera Elimination Plan in March 2020 during the last review by the Ministry of Public Health and the Ministry of Planning. This approach strengthens the epidemiological and microbiological surveillance system and allows for rapid and concerted public health decision-making. The methodology is defined by four axes of intervention: 1) reinforcement of coordination and epidemiological and microbiological surveillance; 2) implementation of the rapid response focused on 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 a cordon sanitaire in households around each suspected case); 3) preparedness, community engagement and intensification of hygiene promotion; and 4) implementation of rapid water and sanitation interventions in outbreak areas.
30. Evidence shows that cash transfers help the poorest families meet their basic needs and generate a wide range of other benefits, such as increased household productive capacity, improved dietary diversity and children's school attendance. The provision of cash transfers help meet children's immediate basic needs, and over time mitigates risks and reduces the needs and vulnerabilities of women, girls and marginalized populations. The deployment of strategic tools, systems (Humanitarian Cash Operation and Programme Ecosystem, or HOPE) and operational capacity has enabled UNICEF to implement pilots and humanitarian cash and social safety nets interventions since 2021. In addition to the cash for nutrition approach, in 2022, UNICEF further developed cash transfers and cash plus programmes in the country. For example, a new multipurpose cash programme using mobile money in Mbulula, Tanganyika Province, to support internally displaced people and vulnerable host community households to address their basic needs and access essential services. In 2022, the UNICEF country office developed an operational strategy for linking humanitarian cash programmes to cash-based social safety nets. This will allow continuation of support for vulnerable households and communities and ultimately minimize the risk of losing the outcomes of the humanitarian cash programmes, while boosting resilience against potential future shocks. In 2023, based on the context and needs, UNICEF aims to increase the use of the cash transfers modality to 1) address affected families' urgent needs through multipurpose transfers; or 2) meet sectoral outputs through cash assistance while further developing the combination of humanitarian cash transfers and complementary humanitarian programmes in the country.
31. In public health emergencies, response pillars typically include: surveillance, contact tracing, immunization, infection prevention and control, risk communication and community engagement, case management, etc. The response pillar activated will depend of the public health emergency.
32. Basic WASH services include: improved water access, improved sanitation and health promotion with particular attention to infrastructure maintenance and community resilience for a more sustainable impact. The impact of climate change will be taken into account when appropriate and feasible (e.g., through the use of solar-powered pumping systems).
33. To translate the interconnection of planned gender, gender-based violence and prevention of sexual exploitation and abuse interventions into action, an operational and programmatic tool - the gender, gender-based violence and prevention of sexual exploitation and abuse mechanism (GGP) - was developed, funded, and piloted. Principally, the tool addresses challenges highlighted through contextual issues, particularly those faced by women and girls, such as the use of gender-based violence as a weapon of conflict, and the increased risks associated with a large humanitarian presence during emergency response. To ensure sufficient financing to operationalize the approach, the UNICEF country office decided to allocate 1 per cent of all resources mobilized, in addition to some available core funds.
34. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
35. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
36. This target includes 1) the estimated numbers of survivors (women, girls and boys) who UNICEF will target in its gender-based violence response, as well as 2) the estimated number of women, girls and boys who will be reached through gender-based violence risk mitigation and prevention actions across UNICEF's programmatic sectors.
37. Represents 5 per cent of people to be reached by UNICEF.
38. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
39. UNICEF's target is 60 per cent of the target of the first indicator for education. In other words, distribution of learning materials for students, teachers at schools - with 60 per cent of children accessing education as stated in indicator #1.
40. UNICEF and other stakeholders plan to cover 75 per cent of the cluster people in need estimate.
41. 60,000 households that previously received humanitarian cash transfers will receive US\$25 per month for eight months; 40,000 others will receive US\$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.
42. UNICEF aims to reach 15,000 households through the Rapid Response Mechanism to receive one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 70,000 households will be assessed on the basic needs and cash plus approach and receive monthly multipurpose cash assistance to cover their basic needs for four months. Finally, through a cash for nutrition approach, 30,000 households will be receive cash for four months to prevent malnutrition, improve food diversity for children aged 6-23 months, complement severe wasting treatment and prevent default.
43. Community actors involved in the humanitarian response, including community-based workers, displaced people's leaders, chiefs of villages and other community leaders, as well as people who participate in community dialogues.
44. The target is based on a projection of 7,700 suspected cases for 2023. Through the case area targeted interventions (CATI) approach, 15 households (6 members each) are targeted around each suspected cholera case.
45. Sectors are WASH, nutrition, education and child protection.
46. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.

ENDNOTES

47. Includes US\$45,481,434 for child protection interventions; US\$5,838,250 for gender-based violence in emergencies interventions; and US\$2,391,928 for prevention of sexual exploitation and abuse interventions.

48. Unit cost: US\$74 per child for access to education and US\$16 per child for learning, plus operational cost (21 per cent).

49. Unit cost: access to safe water US\$12/person, sanitation US\$91 for maximum 18 people. WASH in health centres: cost for training for health workers estimated to at US\$41 per person. The estimated cost for WASH infrastructure in 120 health facilities is US\$45,000 per health facility.

50. 60,000 households who previously received humanitarian cash transfers will receive US\$25 per month for 8 months, and 40,000 others will receive US\$25 per month for 20 months to protect the outcome of humanitarian interventions and increase resilience to further shocks. The transfer value amount is based on the government social assistance transfer value.

51. Includes US\$49,595,000 for humanitarian cash transfers and US\$6,646,363 for communications for development activities and community engagement.

52. Includes US\$54,507,600 for the UNICEF Rapid Response mechanism (UniRR) and US\$11,284,980 for the cholera rapid response using the CATI approach.