

UNICEF Democratic Republic of the Congo

MID-YEAR SITUATION REPORT, January – June 2013

Highlights and Situation Overview

- The first half of 2013 saw a rapid deterioration of the humanitarian situation in the DRC, with upsurges in conflict, violence and displacement in previously less-affected areas such as Maniema, central Katanga and refugee movements from the Central African Republic (CAR) into remote areas of Equateur and Orientale provinces (see OCHA map on page 2).
- OCHA now estimates that the total displaced population is 2.6 million people. Over 70% of these displaced live in host families and not in collective sites or camps. As such, at least another 1.5 million people are also directly affected by the conflict as host families--who often host more than one family.
- From January to end of June 2013, a major outbreak of cholera has been reported with a total of 18,099 cases and 331 deaths (1.8% lethality) with the majority of cases (62%) and fatalities (78%) in Katanga province. The same period also saw epidemics in measles, yellow fever, and malaria.
- This period was also marked by an overall increase (56%) of verified grave violations against children with 871 verified cases compared to 1,115 for all of 2012.
- In Katanga province alone, a total of 850 schools were impacted by conflict; 103 of which (12%) are no longer usable (totally destroyed or burned).
- In Equateur and Orientale provinces, there are now nearly 43,000 refugees from CAR; 41% are children between 3-17 years old.
- Displacement and some returns continued at the same rate in the conflict-affected area of the Kivu's and Orientale province. Armed confrontation continues throughout the region between the FARDC and dozens of domestic and foreign non-state combatants including the ACPLS, ADF/NALU, FDLR, M23, Raia Mutomboki, and multiple Mai-Mai factions. Peace negotiations with the M23 militia in Kampala are at a stale-mate.
- Under the UN Security Council Resolution 2098, the new Force Intervention Brigade, with a peace enforcement mandate, is now at 75% of capacity. There is great concern about potential humanitarian consequences which may result from the engagement or lack of the Brigade's engagement with different armed groups and factions.
- The head of state has called for "national consultations" on the state of the nation by different political structures and parties. The opposition has called for an all-inclusive national dialogue to include a broader-based constituency.



Democratic Republic of the Congo : Humanitarian snapshot (June 2013)



More than **2.6 million** people are displaced within the DRC since January 2009. From Province Orientale to Katanga, entire families are uprooted by a long multi-faceted conflict that has recorded in the past 12 months serious deteriorations in North Kivu and Katanga.

Displacements

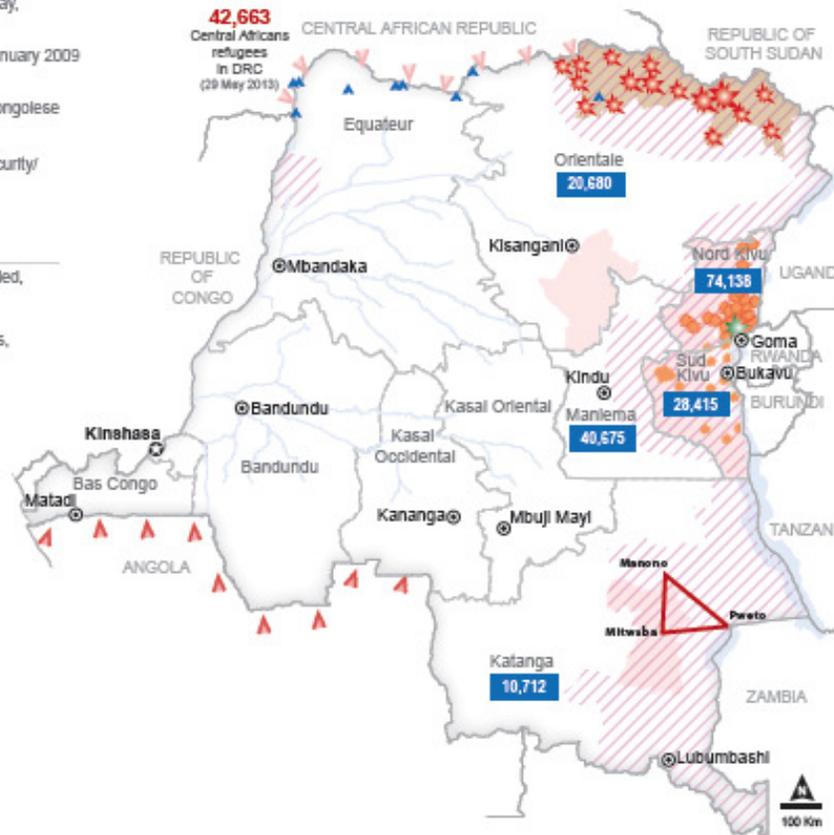
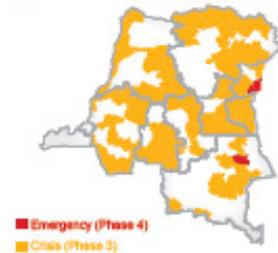
- 174,620 displaced people in April and May, more than 50% in North Kivu.
- 2.6 million people displaced between January 2009 and March 2013, 63% in the Kivus.
- Increase in expulsions and returns of Congolese from Angola.
- Returning homes is directly linked to security/perception of insecurity.

Health

- **Cholera:** More than 17,000 cases recorded, Katanga most affected since January.
- **Province Orientale:** Outbreak of measles, acute malaria, infant tetanus.
- **More than 4 million malaria cases** (8,500 deaths) since January 2013.

Food security

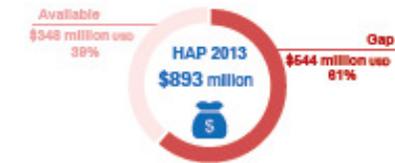
6.4 million people in need of food and agricultural assistance (IPC, June 2013)



Key figures



Funding (June 2013)



Legend

- 000 Newly displaced people
- ▲ Central African Refugees sites
- ▶ Central African Refugees
- ▲ Congolese expulsions from Angola
- Security incidents against humanitarian
- ★ Recent fighting between FARDC and M23
- ★ Security incidents due to LRA
- Area with LRA activity
- △ 'Triangle of death'
- Areas of origin of IDPs following recent conflicts or natural disasters
- ▨ Areas with IDP presence

Humanitarian Leadership and Coordination

Since the activation of the Cluster Leadership approach in DRC in 2006, UNICEF has lead four of the eight operational clusters in the DRC (Education, Nutrition, WASH, and Non-Food Items & Shelter), as well as the Child Protection working group at national, provincial and sub-provincial levels. All clusters have NGO or government co-facilitators. Collaboration with government counterparts in coordination and response is particular strong in the sectors of Health, Nutrition, and Education. The national Nutritional entity, PRONANUT is Cluster co-facilitator in all the provinces. In the Education Cluster, the Ministry of Education (MoE/EPSP) is actively involved at the provincial level including inter-agency missions. The Ministry of Health (MoH) is also actively engaged in the cluster coordination and response particularly in epidemiological response in cholera and measles. For example, the MoH took the lead of a cluster initiative for the organisation of the Sub-Regional Forum on cholera, held in Kinshasa from March 12-14th 2013, funded by UNICEF with WHO, IOM and ECHO. The forum gave important visibility to the plan for alignment of donors' strategies and a roadmap for its implementation was recently made public by the Ministry. In WASH, two provincial clusters are co-facilitated by the local representative of the CPAEA (provincial authority for the management of water and environmental issues).

In areas where there are on-going emergencies, the UNHCT and provincial equivalent tend to rely on needs assessments from individual actors or from mechanisms like the UNICEF/OCHA-led RRMP (Rapid Response to Movements of Population) program which has dedicated international NGO partner teams who are deployed to undertake Multi-Sectoral Assessments (MSA's) based on standard formats which feed into a central database (rrmp.org). Some provinces also mobilized inter-cluster or inter-agency assessment missions, particularly in areas where there are not standby assessment mechanisms like RRMP.

UNICEF Programme Response

Nutrition

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#) (Jan. to June)	Cluster Target	Cumulative results (#)
Number of children under 5 treated for severe acute malnutrition	300,000	116,373 (38.4%)	609,869	193,002 (31.6%)
UNICEF Supported partners contributing to above UNICEF Results: Ministry of Health (National Nutrition Programme), ALIMA, Caritas Congo and different diocesan Caritas agencies, Catholic Relief Service, COOPI, Save the Children, MAGNA. ACF, MDA, LWF and ADRA.				

Analysis of Results

In total, as per reported data, 116,373 children with severe acute malnutrition (38.4% of the target) were treated with 88.3% cure rate, 10.5% default rate, 0.92% death rate and 0.37% non-response. The actual results are likely much higher as UNICEF still encounters difficulty collecting timely data from direct partners as well as other Cluster Nutrition actors. Funding shortfalls in nutrition are also significant and will prevent UNICEF and Cluster members from meeting these targets.

Health

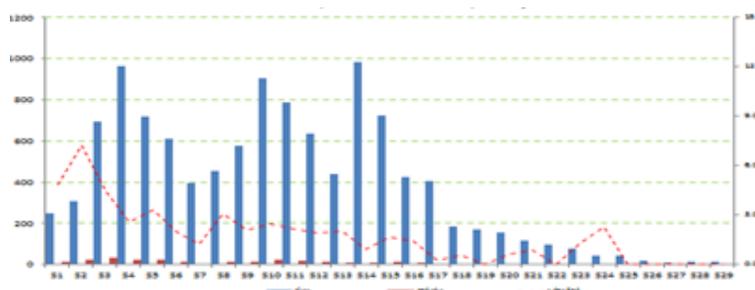
Estimated #/% coverage	UNICEF	
	UNICEF Target	Cumulative results (#)
Number of children under 6 months to 15 years benefitting from measles response interventions	6,000,000	3,695,257 (61.5%)
Number of persons treated for cholera	20,000	14,400 (72.0%)
Number of children targeted for severe anaemia and malaria treatment	100,000	45,000 (45.0%)
Number of conflict-affected people receiving medical assistance	600,000	177,662 (29.6%)
UNICEF Supported partners contributing to above UNICEF Results: WHO, Minister of Health, Merlin, MSF,		

Estimated #/% coverage	UNICEF	
	UNICEF Target	Cumulative results (#)
ALIMA, Hope in Action		

Analysis of Results

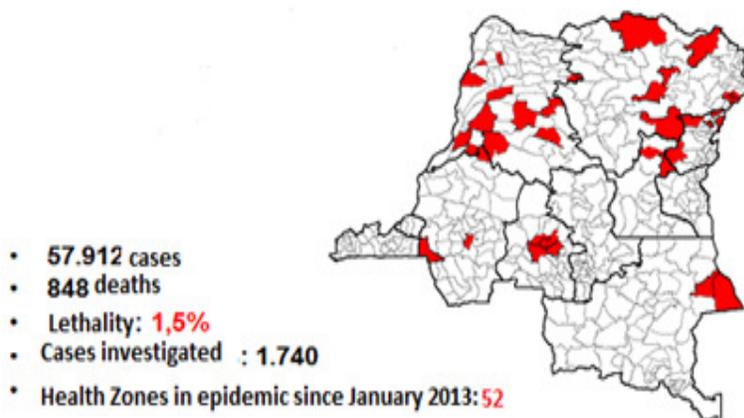
Cholera: From the beginning of 2013 until end of June, a total of 18,099 cases and 331 deaths have been reported (1.8% lethality) with the majority of cases (62%) and fatalities (78%) in Katanga province. There was a gradual decrease of cases notified beginning week 22 with a drop of lethality rate below 1%. Preventive activities and case management are maintained in most at risk areas through NGOs and government partners supported by UNICEF and MSF. In Katanga, case notification has been decreasing during the last five weeks. There is still a financial gap of US\$ 500,000 to cover the cholera response in Katanga until the end of 2013.

**Cholera lethality from Week 1 to Week 29 in the province of Katanga
(Total of 11,216 cases and 257 deaths, with a 2.3% lethality rate)**



Measles: Measles outbreaks have affected 57,912 children and caused 848 deaths from January to July 2013. In response, 3.7 million children 6 months–15 years have been vaccinated with support from partners including UNICEF. In addition to funds received from GAVI, US\$ 9 million have been raised from CERF (4M\$), Measles Rubella Initiative (2.5M\$) and UNICEF (2.5M\$) for the 2013 Supplementary Immunisation Activities. All measles vaccines, injection materials and measles kits are already available in Kinshasa for the SIA planned in September 2013, targeting 11.2 million children from 6 months to 10 years in the provinces of Equateur, Orientale, North Kivu, and South Kivu in November 2013.

Measles Outbreaks in July 2013, Week 27



Yellow Fever: An outbreak of yellow fever was confirmed in three health zones (Lubao, Kamana and Ludimbi Lukula) in the Kasai Oriental in June 2013. As of week 26, 82 cases and 21 deaths were reported. A response was conducted with the support of UNICEF, WHO and GAVI from July 8th to 15th

Severe Malaria: An assessment conducted by the Kinshasa School of Public Health and supported by UNICEF in Mweka, Kasai Occidental has confirmed an epidemic of malaria. Similar situations with increase cases of fever and anaemia have also been reported in some health zones of Kasai Oriental and Province Orientale. UNICEF has ordered injectable malaria drugs to treat 2,500 severe malaria cases and shipped them

to the field. 100 malaria kits with capacity to treat 100,000 moderate cases are also available and continue to be dispatched in the most affected provinces.

WASH

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
Number of displaced persons and host community members with safe access to water and sanitation facilities and live in a healthy environment with assistance from the RRMP programme	400,000	172 740 (43.2%)	4 438 000	2 746 000 (61.9%)
Number of persons in cholera-prone zones benefitting from preventive as well as WASH cholera-response packages	1,645,000	800 000 (48.6%)	5 600 000	1 850 000 (33.0%)
Number of severely malnourished children receiving WASH assistance from the nutrition centers through to the household level	300,000	0	n/a	
UNICEF Supported partners contributing to above UNICEF Results: ALIMA, Hope in Action, IRC, MDA, Oxfam GB, Solidarités. National NGOs: ACP, EHB, Red Cross.				

Analysis of Results

The contribution of UNICEF to the first indicator is primarily due to the WASH component of RRMP, the activation of which depends on more specific threshold criteria. Whereas the cumulative results for all Cluster actors takes into consideration other projects with different targeting criteria. The main emergency of the first semester for the second indicator was the cholera outbreak in Katanga, the largest since 2002, with 18,099 cases and 331 deaths to date. UNICEF supported about the 80% of the response in WASH primarily due to the humanitarian funds from the Government of Japan, an EPF loan, and some RR. The cumulative results of the cluster include in addition to UNICEF response, actions by other humanitarian actors supported by common humanitarian funds such as the Pooled Fund and ERF. Concerning the last indicator, the cholera crisis in Katanga has absorbed significant resources since the beginning of the year and WASH assistance to nutrition centers was not funded adequately. The WASH and Nutrition sectors have to work together to plan specific interventions in the priority areas such as Katanga and the two Kasais in the second half of the year.

Child Protection

Estimated #/% coverage	UNICEF	
	UNICEF Target	Cumulative results (#)
Number of children formerly associated with armed forces / groups reunited and reintegrated into the community and followed up	4,500	1,713 (38.1%)
Number of separated and unaccompanied children identified and reunited with their families	2,000	717 (35.9%)
Number of displaced and returnee children received in child-friendly protective spaces for psychosocial support, educational activities, sensitization and non-formal education activities	80,000	57,274 (71.6%)
Number of survivors of sexual violence provided with a comprehensive response, including access to medical care, psychosocial support, reintegration assistance as well as legal counselling and assistance	8,500	10,879 survivors received psychosocial support (128.0%), including 4,507 children . 7,594 survivors received medical care (89.3%), including 2,717 children
UNICEF Supported partners contributing to above UNICEF Results: APEC, APEI, AVREO, CAJED, Care International, Caritas, COOPI, DIVAS, DIVINTER, Group One, Hope in Action, Heal Africa, INTERSOS, Justice Plus, Les Aiglons, UJANA, War Child UK, World Vision, Ministry of Social Affairs, Ministry of Justice, Ministry of Health, Minitser of the Interior		

Analysis of Results

Compared to the same period in 2012, cases of Sexual and Gender Based Violence (SGBV) are increasing due to the ongoing armed conflict in the East. The increase in the number of SGBV survivors assisted can also be attributed to the increase in the availability and coverage of quality services. Reunification of Children formerly Associated with Armed Forces or Armed Groups (CAAFAG) has been a challenge in 2013 for those children who were to return to unsafe areas. According to standards, reunification cannot take place if the child is at risk of being re-recruited. This was particularly the case in Rutchuru in North Kivu and in the surroundings of Pweto and Manono in Katanga.

Education

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
Number of girls & boys (5-11 years) affected by conflict or natural disasters (including via RRMP) given access to quality education and psychosocial activities, through the construction / rehabilitation of schools and/or temporary learning spaces and other measures	182,500	193,885 (106.2%)	730,000	235,876 (32.3%)
Number of schools and/or temporary learning spaces providing these services to emergency-affected children	1,500	290 (19.3%)	3,000	290 (9.7%)
Number of teachers trained on learner-centred methodologies, peace education, disaster risk reduction (DRR), and how to identify and refer children in need of psychosocial care and support to available protection services	3,318	2,622 (79.0%)	10,500	5,486 (52.2%)
Number of catch-up classes provided for crisis-affected children (IDP/returnee/host community) who missed out on schooling due to conflict	Not determined	38,204	100,000	41,648 (41.6%)
UNICEF Supported partners contributing to above UNICEF Results: AIRD, Alpha Ujuvi, Armée du Salut Kalemie, AVSI, EPSP, Les Aiglons, NRC and Save the Children				

Analysis of Results

With reference to UNICEF's HAC (Humanitarian Action for Children) 2013 Appeal targets & results, it is encouraging that the target for the number of children benefitting from support has already been reached. Efforts have to be made vis-à-vis the number of schools and teachers training. The gaps are explained, in some areas, by the lack of strong reliable partners: there are provinces where effective humanitarian partners are very few.

Rapid Response to Movement of Population (RRMP), Non-Food Items (NFI) and mixed Cash-Based Assistance

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
Number of people affected by displaced reached with MSA; and rapid assistance with NFI, emergency water & sanitation, education, and health interventions	1,500,000	623,324 (41.6%)	Not applicable	
Number of people accessing essential household non-food items (NFI) and shelter materials	723,800 668,800 (RRMP) 55,000 (outside RRMP coverage)	390,040 (53.9%) 380,040 (56.8%) RRMP 10,000 (18.2%) Other	2,749,500	608,585 (22.1%)
Number of people assisted through multi-sectoral voucher fairs and unconditional cash-grants	70,000	-	Not applicable	

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
UNICEF Supported partners contributing to above UNICEF Results: AVSI, Caritas Kindu, CRS, Handicap International, IRC, Merlin, NRC, Save the Children, and Solidarités International.				

Analysis of Results

RRMP is UNICEF's flag-ship multi-sector, multi-province needs assessment and response program addressing the basic needs of people made vulnerable by conflict and natural disasters. Since January, RRMP has been a major player in responding to crises in five provinces in eastern Congo (Orientale, Maniema, North Kivu, South Kivu, and Katanga). The program has conducted 167 Multi-Sectoral Assessments (MSAs) and has served a total of 623,324 people (all sectors combined). The results for Health (present only in North Kivu), Education, and WASH are included as well in the results above.

RRMP's single largest response component is in access to essential household and personal Non-Food Items, or NFI—either via distributions or cash-based voucher fairs. Results are beyond targets with 380,040 people reached by June 30, 2013 (56.8% of the RRMP target)—73% via cash voucher fairs and 27% through direct distribution. UNICEF has contingency stocks and response capacity in other provinces. To date these have only been mobilized once—in support of UNHCR's response for refugees from Central African Republic in Equateur province. The target for families assisted through multi-sectoral voucher programs and unconditional cash grants is part of the DFID-supported ARCC (Alternative Responses for Communities in Crisis) program. Project activities are scheduled for the second semester.

RRMP results by province are shown in the table below.

Province	People assisted
Katanga	39,975
Nord Kivu and Maniema	159,275
Orientale	47,635
Sud Kivu	133,155
TOTAL	380,040

Given the significant needs, particularly in North Kivu, and the need to expand response into neighbouring Maniema province, RRMP is exceeding targets overall, particularly in North Kivu. This is explained by the fact that from January 2013, the RRMP in North Kivu has faced several crises in which it has intervened due to the limited capacity of actors in the sector AME/NFI¹. This was the case in Maniema province's Punia territory, where a joint action between RRMP and Caritas Kindu served 28,680 people through NFI fairs. Also for interventions to assist displaced persons in urban areas such as Goma, RRMP remains the main actor positioned to respond. In the case of spontaneous sites such as Buhimba, on the outskirts of Goma, RRMP served approximately 4,000 displaced households in June 2013. While there are a number of actors in the NFI sector in North Kivu, few of them have flexible funding or pre-positioned stocks or funds. As such RRMP is often looked to for response. Although RRMP's focus is on displaced families living with host families, since November 2012, it has responded to the growing needs and gaps in the NFI response in collective sites and camps around Goma as well.

In Orientale province, the RRMP NFI response rates are also exceeding targets. This can be explained by the fact that RRMP capacity in this province had been reduced as the context appeared more stable compared to other provinces. Indeed, the majority of beneficiaries (53%) in the province, since February 2013, are returning displaced, even if small crises are still affecting Orientale and generating IDPs movements as well.

As in the past, RRMP is also implementing some pilot initiatives in 2013. This includes an emergency shelter pilot with partner Solidarités International consisting of 3,000 emergency shelter kits for IDPs families in collective sites. Since 2012, RRMP has been trying to promote a more efficient, effective integration between interventions in the NFI sector and Food Aid/Food Security. In North Kivu and South Kivu, the implementation

¹ Overall RRMP accounted for over 62% of all response in the NFI sector in DRC from January – June 2013.

of joint actions (NFI under RRMP) and food security (through funding received by partners from ECHO) has become an increasingly common approach.

Communications for Development (C4D)

Communications for Development—or more appropriately Communications for Emergencies—is integrated within all of UNICEF’s response programs, particularly in cholera response where response interventions are combined with prevention and C4D activities. In all UNICEF-supported NFI interventions—be they distributions or voucher fairs—partners conduct awareness campaigns through demonstrations, song, and skits—prior to and during the start of the fairs or distributions. These messages are often linked to the items being distributed or on offer at the fairs such as proper use of mosquito nets, menstrual hygiene management, and hand washing.

Supply and Logistics

During this reporting period UNICEF had dedicated logistics surge capacity to work on updating contingency planning, renewing Long-Term Agreements (LTA), as well as looking at other regional procurement options. A regional cooperation between neighboring country offices has been launched with regular conference calls. DRC programs needs have been incorporated in Tanzania market survey. Previously DRC was primarily using LTA’s in country and from large suppliers in Kenya. The DRC office is now also looking to using LTA’s of country offices in Uganda, Zambia and Tanzania. Full physical inventories of all warehouses are near completion; a special effort has been made to ensure that all stocks are included in the internal system, VISION.

A new logistician has joined the team in Kinshasa to focus on improving the network of ground and river transportation options nation-wide. This will benefit all programs, but particularly emergencies where unexpected situations often necessitate the rapid movement of stocks between provinces. The Emergency Logistician based in Goma has moved to Kinshasa. A surge deployment (Standby Partner) is currently covering this position, but the identification of a strong replacement for the Goma-based Emergency Logistician is a priority. A request for two standby partners in the Southern Zone (covering the Kasais and Katanga) has also been submitted while awaiting recruitment of UNICEF staff.

Human Resources

There are 16 open positions as of the SitRep submission dates. These include new Emergency positions addressing the increased needs in 2013, as well as vacant existing posts waiting to be filled.

Security

Between January-June 2013, the security situation has been marked by some significant events which have brought about changes in the security stance of both the Host Government (HG) and the UN Mission.

The area of the Kivus continues to be unstable and volatile with a number of armed groups active in these areas leading to armed conflict between the groups and also with the HG security forces, which has led to population displacement and a reduction in humanitarian access due to the security situation.

The decision of the Security Council to establish a Force Intervention Brigade (FIB), a three thousand strong force comprising military elements from Malawi, Tanzania and South Africa, received mixed reactions; the humanitarian community saw the potential risks and threats to their activities and to humanitarian space. Recently, certain high-profile NGOs have distanced themselves from the mission.

From a military point of view and especially for the FARDC, the FIB was seen as the sledgehammer to crack the Rwandan-backed rebels in North and South Kivu. The FIB was welcomed by the existing MONUSCO military elements as it was seen as a welcome boost and also in the public opinion to counter perceived failings of the incumbent force. Expectations for the FIB to be effective in dealing with the “negative forces” are very high.

On 23 March 2013, a group of approximately 300 armed Mai Mai Kata Katanga (*‘Cut Katanga’*) elements entered Lubumbashi city demanding independence for Katanga. These Mai Mai elements had apparently been waiting outside the city for a promised audience with RDC government officials, tired of waiting they began to make their way into the city. How the actual combat started is still a matter of speculation but local reports indicate that the FARDC and the Republican guard opened fire on the Mai Mai elements causing them to seek refuge in the MONUSCO HQ compound.

This incident sparked speculation and rumour regarding the Katanga secessionist movement with a number of armed groups making claims regarding the region. Given the fact that the armed groups appear to have no common ground the possibility of destabilisation of the region seems unlikely. The FARDC have transferred the 81 1th Regiment to the Region and it appears that the situation with the Mai Mai has stabilised, though the situation remains volatile – including within the FARDC.

In general, the crime rates have remained stable throughout the country though the Kivus have seen a significant increase in violent armed crime and gender-based violence.

Of concern in Kinshasa is the on-going public speculation around an eventual change in the constitution to allow the extension of President Kabila's mandate. The ground swell of public opinion indicates that such a move would result in civil unrest in the capital and in those regions not loyal to Kabila.

Funding

HAC BUDGET				
TARGET BY SECTOR	ORIGINAL 2013 HAC REQUIREMENTS US\$	TOTAL FUNDED AMOUNT US\$	TOTAL AMOUNT AVAILABLE %	SHORTFALL US\$
RRMP	37,000,000	24,553,290	66%	12,446,710
NFI and mixed Cash-based Response	3,320,000	2,807,889	85%	512,111
Nutrition	30,000,000	3,467,586	12%	26,532,414
Health	18,400,000	13,251,696	72%	5,148,304
Water, Sanitation and Hygiene	15,000,000	2,994,934	20%	12,005,066
Child Protection	15,600,000	4,825,948	31%	10,774,052
Education	13,000,000	4,515,509	35%	8,484,491
Cluster coordination related costs *	2,240,000	16,147	1%	2,223,853
Total	134,560,000	56,432,999	42%	78,127,001

Compiled 31 July 2013

Next SitRep: 20 August 2013

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