

UNICEF Democratic Republic of the Congo – MONTHLY SITUATION REPORT  
20 May- 20 June 2013

**HIGHLIGHTS**

- United Nations Secretary-General Ban Ki-moon announced on 10 June the appointment of Martin Kobler of Germany as his Special Representative for the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo and Head of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), succeeding former U.S. diplomat Roger Meece.
- UNICEF Deputy Executive Director, Ms. Geeta Rao Gupta, conducted a mission in the DRC from 30 May to 1 June 2013. She participated in the launch of the Call to Action/A Promise Renewed to reduce child and maternal mortality and met with government officials to discuss the prospects of this renewed promise.
- The Ministry of Education, with the help of UNICEF and Education Cluster members in North and South Kivu, enabled over 7,950 children from displaced, returnee, and host family communities complete the primary school exit exam, known as TENAFEP, on 6 June.
- Clashes between M23 and FARDC on 20 May some 10 kilometres from Goma caused displacement of thousands to Buhimba and Mugunga I and III IDP sites as well as schools and churches in Goma. Internally displaced persons who settled in Sotraki transit site near Goma were relocated to Buhimba on 17 June. 5,237 IDPs had settled in Sotroki since 25 May, as a first experience of transit site in DRC. Significant population movements also occurred in Walikale (North Kivu), Maniema and South Kivu, see details below.
- One-third of the expected troops of the Force Intervention Brigade from Tanzania and South Africa has deployed in eastern DRC and started patrols in North Kivu.
- The group Mayi-Mayi Kata Katanga is extending its influence into new territories which is increasing population movements.
- According to UNHCR as of 29 May 2013 there are now 36.158 Central African refugees in Equateur (20.587 in Gbadolite and 15.571 in Zongo), bringing the total number of Central African refugees in DRC to 42.663. There are 3 new refugee camps operational (Mole and Inke in Equateur and Mboti in Province Orientale) with an additional site being prepared in Boyabo ( Libenge territory). After a joint contingency planning exercise, the collaboration mechanisms between UNICEF and UNHCR in education, child protection and nutrition have been defined, and \$8m in funding from CERF was obtained for multiple agencies, including 649.412\$US for UNICEF, to provide education and nutritional assistance to 10.040 beneficiaries.
- The government has declared a yellow fever epidemic based on outbreaks in three health zones in Kasai Oriental province after laboratory confirmation of six cases. Since the start of the epidemic, 54 suspected cases have been reported with a mortality rate of 31.4% (17 deaths); vaccines have been received in country for a UNICEF-supported campaign to target over 500,000 people in the three affected health zones of Lubao, Kamana, and Ludimbi-Lukula. UNICEF and WHO also received a 4MUS\$ CERF contribution to fight measles epidemics through measles follow up campaigns in Equateur, Province Orientale, North and South Kivu.

## POLITICAL, SECURITY & HUMANITARIAN SITUATION

### National/Regional

- The United Nations Secretary General Ban Ki-moon and World Bank president, Dr. Jim Yong Kim visited the DRC, Rwanda, and Uganda for the common purpose of securing peace in the Congo and helping the region to move towards peace and economic development. The SG has called on regional countries to support the Congo peace framework. The World Bank's president offered \$1 billion in new funds to promote cross-border trade, renovate and build new regional hydropower plants shared by Rwanda, DRC, Burundi, and Tanzania, and support health and agricultural projects in the Great lakes countries.
- The U.N.'s deputy emergency relief coordinator and Assistant Secretary-General Kyung-Wha Kang visited Goma and Bukavu in late May.
- German prosecutors have filed terrorism charges against three members of FDLR involved in killing Congolese civilians.
- The Lords' Resistance Army attacks against civilians have increased, an LRA activities' track quarterly report revealed on 11 June. The LRA committed 58 attacks between January and March 2013 compared to 36 attacks between October and December last year. Most of the violent attacks and killings were carried out in DRC and CAR.

### North Kivu

- Confrontations between the various Mayi-Mayi groups (Cheka, APCLS, Shetani, Nyatura) and the M23, and between the FARDC and the M23, are causing a large number of movements of population in all territories of the province. This situation is aggravated by the continuation of land conflicts and an increase in targeted kidnappings.
- Cases of cholera continue to be registered even as the curve stabilizes. Health and WASH actors are preparing for a surge of cases during the approaching dry season in several endemic areas and along the shores of Lake Kivu and Lake Edward.
- Lubero: Fighting that occurred late May due to land conflict between Batangi and Bamate areas in Rutshuru Territory caused displacements of populations to South Lubero. In addition, following the void left in the Lubero by FARDC to strengthen the northern part of Rutshuru, preventive displacements were also observed.
- Walikale: Clashes between Mai-Mai factions (Cheka and APCLS) in Pinga end of April, caused displacement of some 4.216 households in the villages of axes of Walikale -Kibua-Pinga and Masisi-Goma. Moreover, after Mayi Mayi Cheka occupied Kibua for a short period of time, FARDC took the city without fighting.
- Beni: Kidnappings by ADF-Nalu in the rural territory of Beni continue causing preventive displacement on the axis-Mbau –Kamango-Oicha-Eringeti.

### Maniema

- More than 5,000 people fled their homes preventively in the city of Punia following rumors of a possible attack by the armed group Raia Mutomboki. These people are hiding in the forest and in the fields. According to OCHA, some primary and secondary school children skipped their end of year exams to flee with their families.



### South Kivu

- Fighting between FARDC and Raia Mutomboki and between Raia Mutomboki and Mayi Mayi Nyatura remain the main cause of population displacement in the territories of Kalehe, Mwenga and Shabunda.
- Cholera cases continue to be noted in certain endemic zones, as well as a measles outbreak in the territory of Shabunda.
- Mwenga: Following the clashes between FARDC and Raia Mutomboki from June 4th to June 5th in the villages Butezi, Kasisi, Nambo and Kakombe, 2,700 households were displaced to Mzenga, Luziba and Kamituga and Mwenga center. In addition, due to fighting between FARDC and Raia Mutomboki in Tubimbi, 4,243 households were displaced since May 23rd to villages of Rhana, Muzizi, and Mulonge (in Walungu).
- Kalehe: Following clashes between the FARDC and Nyatura in Bishange From June 8th to June 12th, there is a displacement of population to the villages of Chebumba and Keya. 120 houses and a school were burned in Murangu and Cirimiro with displacements to Ramba, Karasi, Maibano and Bulambika (Bunyakiri).

### Province Orientale

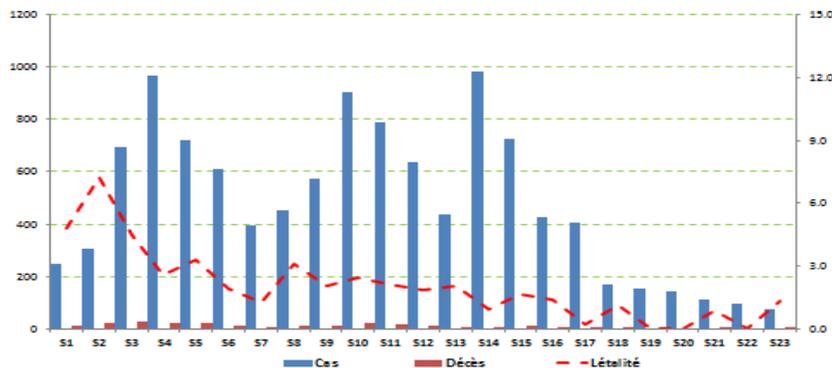
- In the Oriental Province, armed group activity (FRPI, Morgan, Mayi-Mayi Thoms, LRA) continues to provoke population displacement. Thousands of refugees from Central African Republic have also been registered in the province.
- Ubundu / Tshopo: Following fighting between the FARDC and Mayi-Mayi Thoms about 4,000 households were displaced from Yesse to Mutchakalo and Lowa.
- Bafwasende: Recurrent fighting between FARDC and Mayi Mayi Simba has reduced humanitarian space in the area.
- Irumu: Security situation remains volatile since the failure of the meeting between the Governor and FRPI Cobra Matata causing increased insecurity and looting in some villages (Mandje). The recruitment of new militia and rearmament is reported, raising fears of new clashes with FARDC in the coming days.
- Aru: Following the regular clashes between armed groups and the FARDC in Ingbokolo area, 5,330 households were displaced to Kaliko Omi and 1,538 households to Zaki.
- Mambasa: With the attack of the FARDC position in the village of Adusa (340 km southwest of Bunia) by militia Morgan, the village of Badengaido emptied of its population.
- Haut Uele / Faradje: Clashes between the Garamba park rangers and suspected LRA on May 18th led to the displacement of the population to Takyani, Jabir.
- Ango: 6,505 CAR refugees settled between Ango and Bondo including 1,300 former refugees of 2010 who had fled LRA attacks and recent clashes between Seleka and government. The relocation of these refugees is still awaited.



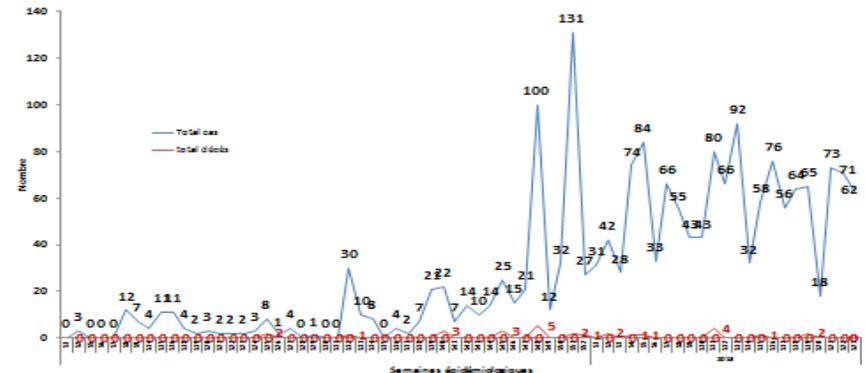
## Katanga

- Manono : Mayi-Mayi Kata-Katanga fighters made several incursions into the mines of Kabunda and Mishundu (villages situated 95 Km to the SE and 95 Km from Manono Centre) in in the Shamwana area (170 km from Manono).
- Pweto: Due to the spread of popular auto-defense groups, the territory is now divided into three zones controlled respectively by the Kata Katanga, the auto-defense groups, and the FARDC. Recurrent fighting between the three groups has led to repeated displacements towards Pweto center.
- Kalemie : The leader of Mayi-Mayi Yakutumba is allegedly in the Bendera area, raising the possibility of increased child recruitment. 3 attacks by the FDLR were reported on the Kalemie-Kabulo-Nyunzu axe.
- 7.835 newly displaced households (39.176 people) have been registered since the beginning of April 2013 in Mitwaba due to Mayi-Mayi activity. In Shamwana fighting between 25 and 30 Mai 2013 also provoked displacement, but the numbers are not yet known. In Moba, 23.000 people fled reported exactions Ngamie locality to seek refuge in Mwanza (95 Km from Moba Center).
- Measles epidemic: A total of 2.832 new cases were registered from the 1-23rd epidemiological week with 42 deaths (lethality 1,5%). 88% of the cases were notified in Tanganyika district, with the Kalemie health zone reporting 1.460 cases and 18 deaths (lethality 1,2%), followed by Kabalo health zone (526 cases and 14 deaths, 3% lethality), Moba (216 cases and 4 deaths, lethality 2%), and Kansimba (146 cases et 9 deaths, lethality 6,2%). Only Kabalo health zone has had an emergency response campaign as of yet.
- Cholera epidemic: From 1 January to 13 June 2013, 11.091 cases of cholera have been registered in Katanga province with 256 deaths (average CFR 2,3%). Generally the epidemic is showing a reducing trend due to the interventions of multiple actors, but lethality rates remain very high in the health districts of haut Lomami and Haut Katanga.

**Cas décès et létalité de choléra de la sem1 à la semaine 23 en 2013 dans la Province du Katanga ( Total 11091 cas, 256 décès, et létalité 2,3% )**



**Cas suspects et décès de Rougeole, semaine 1-52/2012 à Semaine 1-23/2013, ZS Kalemie sans riposte**





### Equateur

- 238 cholera cases have been registered since the beginning of the year with 7 deaths (most affected zones include Pimu, Makanza, Binga, Bolenge, Boso-Mondanda, Lilanga Bobangi, Lukolela, Mampoko, Yamaluka.)
- 22,292 measles cases have been notified since the beginning of the year with 320 deaths (high prevalence in Lolo, Bumba, Yamaluka, Djolu, Mbandaka, Wangata, and Yamongili health zones).



### Bandundu

- 2628 measles cases have been notified by 44 health zones since the beginning of the year, with 40 deaths in 10 health zones (lethality 1.53%). 188 cholera cases with 3 deaths have been registered from epidemiological week 1-22, with a lethality rate of 1.60%.
- Initial reports provide figures of 72,402 returnees from Angola since 18 May 2013 in the province.



### Kasai Oriental

- Inter-communal conflicts over land were reported in Kasai Oriental's Kabinda territory ; the first were reported at the end of May
- between communities from Kalombo village and Kuangu village ; 15 homes were burned down and one person was killed.
- In June, another inter-communal conflict arose between Bakua Lukusa village and Bena Cimpidimba, leading to displacement of women
- and children to Kabeya Kamwanga territory.

Numbers of DRC citizens returning voluntarily from Angola in the area of Wikong health zone are increasing; According to Caritas Mwene Ditu, 1985 families have been registered in Wikong and 203 in Mbaya Musonga.

Exceedingly high mortality rates from malaria continue in the province's isolated northern district of Sankuru; mortality rates are ten times higher in the district than in the province's urban centers of Mbuji-Mayi and Mwene Ditu.



### Kasai Occidental

- The voluntary returns of DRC citizens from Angola are at their highest in Kasai Occidental provinces, primarily in Tshikapa and Luiza territories; as of the end of May, 52,231 DRC citizens had returned since the beginning of the year (40,064 men, 7,730 women, and 4,437 children); at the end of May, a joint mission of provincial authorities, members of the provincial Inter-Agency coordination body and DRC civil society visited the Kamako border area where the majority of returnees are, residing with local host families; the borders between the DRC and Angola are now Closed between the two provinces
- The province is also among those affected by the measles epidemic – from weeks 19-24, 126 suspected cases were registered in Tshikapa territory's Kamonia Health Zone with 17 deaths. The most affected areas are also those where the returnees from Angola are arriving.

## UNICEF & PARTNER RESPONSE



### WASH

#### ***North Kivu***

- Following new arrival of IDPs, UNICEF has renewed its partnership to OGB and NCA to respond through water trucking in Lac Vert IDP site with 40m<sup>3</sup>/day, and provided WaSH response in Sotraki IDP transit site (50m<sup>3</sup> of water per day, 20 latrines and 8 showers) for some 3,200 persons.
- In response to new arrivals of IDPs in Buhimba, UNICEF has worked with OGB to provide water (by pumping from Lake Kivu and treatment), hygiene and sanitation for 3,500 persons.
- UNICEF has been the main actor supporting the response to IDPs in Goma following the November M23 offensive. This support will end in June, and is being taken over by Pooled Fund. It resulted to 36,000 families of IDPs receiving WaSH package, through 500m<sup>3</sup> of clean water per day; 1,000 showers and 1,838 latrines with hand-washing facilities built. No cholera outbreak has been declared, despite being in an endemic area during the rainy season.

#### ***South Kivu***

- UNICEF has eradicated the cholera outbreak through RRMP response in Kamanyola with hygiene promotion, 750 cholera kits, 5 chlorination points, as well as fixing and disinfection of the water network. RRMP team have been redeployed in Minova highlands to respond to IDP needs.
- UNICEF is currently responding with the local Red-Cross to a new cholera outbreak in Kamitunga with hygiene promotion and 12 chlorination points. According to a field mission recently conducted, the epidemic is currently decreasing but has left 10 families grieving.

#### ***Maniema***

- UNICEF is actively involved in providing assistance to 7500 families in Punia Territory (Maniema) through 7500 WaSH kits (soap, Jerri cans, etc), 22 chlorination points delivering 74m<sup>3</sup> of treated water per day being currently replaced by 15 spring catchments. 200 family latrines for host-families and 16 public latrines at the health posts are being built.
- Following the appearance of a choleric disease in Kailo Health Zone end of March, UNICEF partner TearFund is providing safe drinking water to 5,000 people. In addition, healthy hygiene practices are being promoted.

#### ***Katanga***

- Continuation of activities at 63 chlorination sites by Solidarites and the Red Cross, using UNICEF chlorine.
- Joint mission by UNICEF health and WASH sections, as well as partners from the Provincial Health Department and Hope in Action in Haut Lomami district to evaluate ongoing cholera response.
- Continuation of water supply to 13 bladders of 10 m<sup>3</sup> and 1 of 20 m<sup>3</sup> connected to the Regideso network in 4 urban health zones of Lubumbashi (Kenya, Katuba, Kampemba et Mumbunda).

#### ***Bandundu***

- Provision of cholera response supplies (gloves, boots, sprayers, jerrycans, aquatabs and chlorine) to the Mushie and Kawmouth health zones.
- Implementation of community-based cholera prevention activities with support from Solidarites International in Bolobo and Yumbi.
- Free medical care of cholera cases assured with the support of Alima in the same health zones.



## **Non-Food Items (NFI) and Shelter**

### ***North Kivu***

- In Goma, UNICEF's RRMP partners in North Kivu (NRC and Solidarités) assisted 1,363 IDP sites in the Sotraki transit site with initial NFI relief supplies; once families are transferred to the regular sites around Goma they will receive the complete standard family kits; during this reporting period, NRC and Solidarités assisted 4,502 IDP families in Buhimba site with standard family kits.
- In Walikale territory (along the Walikale center-Itebero and Walikale center-Lubutu axes), NRC and Solidarites have begun one of the single largest RRMP NFI interventions yet this year – a series of over 20 NFI cash voucher fairs with an integrated food fair component (supported by other donors) for over 15,000 households.
- In Rutshuru territory, Solidarités is undertaking a pilot shelter kit distribution alongside standard family NFI relief kits in the spontaneous site of Kizimba for 1,386 households.

### ***South Kivu***

- On Idjwi island, RRMP partner, AVSI, has completed NFI fairs for 1,305 households affected by torrential storms that hit the island in April
- In Kolula in Shabunda territory, RRMP partner, IRC completed a distribution for 1,500 households ; another IRC distribution is underway for 2,649 households in Kilembwe in Fizi territory.



## **Education**

### ***North Kivu***

- Unicef partner NRC/RRMP continues with catch up classes for 1,993 children (1,175 girls) in the territories of Beni and Lubero, rehabilitation of 8 schools including wash facilities, community sensitization on protection and inclusive education. In Rutshuru territory, a number of schools have elaborated school based risk reduction plans.
- On Rubaya and Mpati IDP sites in Masisi Territory, Unicef partner CAAP completed a one month catch up course of 1,048 (344 girls) 6<sup>th</sup> grade IDP and host community children to prepare them for the end of primary school exam Tenafep. CAAP also distributed 4,058 student kits for the completion of school year.
- On the IDP sites Mugunga III, I, Lac Vert, Bulengo near Goma and in the returnee area of Rugari, Unicef partner AVSI completed a 3 month catch up classes 1,480 children, trained 180 teachers on psychosocial support, and distributed 10,800 school bags produced by IDP women and adolescents as income generating activity.

- Following recent influx of IDPs to Goma, Unicef in collaboration with the Ministry of Education (EPSP) and AVSI identified on the Buhima, Mugunga I, III, Lac Vert, Sotraki, Bulengo IDP sites all 6<sup>th</sup> grade IDP children that were due to pass TENAFEP exam, so as to integrate them in nearby schools. Unicef through its partners EPSP, AVSI, NRC supported 2,644 IDP and vulnerable host community children for TENAFEP.

#### ***South Kivu***

- In Uvira Territory, Unicef partner Alpha Ujuvi started with emergency education for 20,000 crisis affected IDP, returnee and host community children and training for 246 teachers on psychosocial support, protection, peace education. 1,888 students of 6<sup>th</sup> grade have completed a catch up course.
- The Ministry of Education (EPSP) in collaboration with Unicef trained 100 teachers in emergency education, protection and 1,612 in two crisis affected territories.
- In Shabunda Territory, EPSP in collaboration with Unicef rehabilitated 45 destroyed schools through a community based block grant approach, trained 420 teachers on psychosocial support, emergency education and code of conduct.
- Unicef partner AVSI/RRMP trained 303 teachers on psychosocial support in Shabunda and Kalehe territories, gave catch-up classes to 3,443 children (1,358 girls) as well as student kits, recreational activities and community sensitization on inclusive education, protection, prevention from recruitment, VIH/AIDS.
- Unicef partnered EPSP, Alpha Ujuvi, and AVSI to support Tenafep for 1,292 vulnerable IDP, returnee, host community children on June 6<sup>th</sup>

#### ***Maniema***

- In Punia, Unicef partner RHA distributed 9,290 student kits, 460 teacher kits, and didactic kits to 69 schools. 3 Child Friendly Spaces (CFS) had been set up and 18 CFS facilitators trained, while 939 community members participated in sensitization on inclusive education and cross cutting protection and health issues. 7 schools were partially rehabilitated while catch up classes are continuing. Support for TENAFEP was given to 573 vulnerable host community and IDP children.

#### ***Katanga***

- UNICEF advocacy to ensure access for displaced and conflict-affected children to the end of the year exams has allowed for their increased participation. For example, in 2 schools (Kiona et Kabubili) around Kalemie, 57% of TENAFEP participants were displaced children. In Nyunzu, 43 displaced children from Moba were also able to sit the TENAFEP.
- UNICEF successfully advocated for and monitored a catch-up calendar for 6 schools in Moba territory where teaching was interrupted due to fighting between FARDC and Mayi-Mayi on the Kalemie-Moba axe, in order to allow these schools to finish the programme and hold end of the year exams.

#### ***Equateur***

- UNICEF and education authorities in Gbadolite have begun to identify the schools around the refugee camps that will be supported via the CERF funding for emergency education.



## **Protection**

### ***North Kivu***

- The protection team conducted a mission to support the establishment of a multi-sectoral response for sexual violence survivors identified in the Buhimba, Mugunga 3 and Sotraki IDP sites in Goma.
- In order to enhance rapid response to SGBV incidents, UNICEF supported the Provincial Health Division with 11 cartons of PEP kits to support 550 victims of sexual violence. These kits were distributed to 28 health area officers to cover a good portion of the province and respond to gaps in some areas.
- FARDC-M23 clashes in May 2013 caused population displacements and family separation. 98 separated children including 61 girls have so far been registered.
- 166 children were released from armed groups during this period and 181 ex-CAFAAG including 9 girls and reunited with their families. All released children have been placed in transit families and Transit and Orientation Centers (CTO) for support.

### ***Maniema***

- As part of the emergency response, protection section organized a mission in Punia / Maniema and three Child friendly spaces were set up in Punia and recreational kits were provided for recreational response for displaced and vulnerable children and prevent violence against children in this area.

### ***Haut Uélé and Bas Uélé***

- 6 children formerly associated with armed forces or groups (ex-CAAFAG) including 2 girls were reunited during this period.
- The child protection working group and education cluster held train trained 41 people incl. 13 women on MRM 1612 and Congolese law on child protection (Law 09/001 of 10 January 2009).

### ***Katanga***

- UNICEF supported the demobilization of 123 children in Mitwaba, Manono and Malemba Nkulu with a local partner.
- 30 children associated with armed forces and groups (CAFAAG) arrived in Lubumbashi after being recruited by the FARDC in Kinshasa. They were removed after verification and are being cared for.



## **Health**

### ***North Kivu***

- Merlin continues to use RRMP mobile clinics to treat IDPs, returnees and the most vulnerable. From May 13th to June 12th, it gave care to 2856 patients in various locations in the Upper North and 2,029 patients were treated in the Rutshuru axis.

- From January 1st to June 8th, 2,477 cholera cases and 351 measles cases were treated by cholera and measles kits provided by UNICEF to the Provincial Health authorities.

#### ***Maniema***

- From April 8th to May 31st, Merlin mobile clinic treated 7,463 patients including 1,814 displaced and 2,012 returnees. The project also gave care to 355 cases of severe acute malnutrition.
- The provincial health division with UNICEF support is in preparation for the universal LLIN campaign in 18 health zones.

#### ***South Kivu***

- From week 1 to week 22, 494 cases and 13 deaths from measles were recorded. UNICEF has provided treatment kits while WHO continues to support surveillance. DRC institute of biological research (INRB) confirmed Kalole was in epidemic, and response is being prepared.
- A Unicef assessment mission is currently ongoing in South Kivu to expand the RRMP/health project to the province.

#### ***Province Orientale***

- 19,793 measles cases were recorded across the province including 268 deaths from week 1 to week 22. UNICEF continues to supply the provincial health division (DPS) and local partners with treatment kits. An immunization campaign against measles targeting children aged 6 months-10 years is being prepared for September 2013.
- Cholera: From week 1 to week 22, the province reported 795 cases and 32 deaths a mortality rate of 4% mainly in the district of Ituri. Unicef prepositioned 4000 liters of Ringer lactate and ORS for response.

#### ***Katanga***

- 2 cholera kits were provided to partner Hope in Action to ensure treatment of cholera cases in 6 health zones of Pweto Center and the Kilwa health zone.
- 500 litres of Ringer Lactate and ORS sachets were provided to the Tanganyika health district.
- 6 solar refrigerators were installed in Tanganyika district (2 in Kabalo, 3 in Ankoro, and 1 in Kalemie) to strengthen the cold chain.

#### ***Equateur***

- An emergency cholera response is being prepared for the Makanza health zone.

#### ***Bandundu***

- 200 liters of Ringer Lactate were provided to the Mushie and Kwamouth health zones.

#### ***Kasai Occidental***

- UNICEF provided 2 measles kits to MDM Belgique for treatment of Congolese returnees from Angola in Kamako, Lubami, Tshitambeji et Kabungu, and provided 600 liters of petrol to ensure cold chain functioning in the Kamonia health zone.

- Since 17 June the routine vaccination coverage has been enlarged to cover measles vaccinations for children 6-23 months in the health zones receiving Congolese returnees from Angola (Nsumbula, Kamako I and II, Mayanda, Lubami, Kabuakala and Kabungu).



## **Nutrition**

In the first trimester of 2013, 5033 severely malnourished children were treated across eastern DRC. During the same period, 123 malnutrition intensive care unit (ICU) and 737 malnutrition outpatient therapeutic programme (OTP) are operational in all provinces. IMAI coverage is 61% in eastern DRC. 44 health zones are in emergency in eastern DRC (based on the GAM intervention threshold, recently revised in the HAP 2013 from 10% to 11%). In North Kivu, South Kivu and Province Orientale, vitamin A supplementation and deworming will be integrated in the national immunization days (NID) in July

### ***Maniema (Lubutu and Obokote)***

- From May 28<sup>th</sup> and June 3<sup>rd</sup>, Unicef conducted assessments of the COOPI and Merlin projects which revealed a significant decrease of GAM to 7.2%, and severe acute malnutrition (SAM) to 0.6% in the two health zones covered by the the projects. In 2012, GAM was at 18.8% and SAM at 6.7%.
- CARITAS currently provides comprehensive support 10 health zones including fight against severe malnutrition.

### ***North Kivu***

- Two screenings conducted in May 2013 on 116,900 children aged 6-59 months revealed 384 SAM cases and 1829 GAM cases in three health zones. Two surveys in Birambizo and Itebero health zones showed respective GAM rates of 2.4 and 4.9%.
- The emergency nutrition project implemented by Save the Children in 4 health zones in North Kivu trained 634 community relays (Recos) who organized 44 information sessions for 7035 women. The same project has treated more than 4,000 SAM cases in five months. The inventory is underway to consolidate the achievements of this project with the Pronanut and the health zones.
- Unicef provided various partners with 443 cartons of PPN, 100 boxes of F100, 40 cartons of F75, 54 boxes of Amoxicillin, 3 cartons of ReSoMal.
- A workshop was held late May on the nutrition information system. It gathered Unicef professionals and various government and NGO partners. Relevant recommendations from the workshop are currently being implemented.

### ***South Kivu***

- In South Kivu, 16 health zones meet the criteria for priority #2 of the HAP 2013 (GAM> 13% or SAM> 3%), 10 health areas meet the criteria for prioritization #3.
- PRONANUT conducted IMAI training and a zonal survey were conducted in Kalehe health zone with support from World Vision.

### ***Province Orientale***

- There has been no recent survey, but local surveys dating back to December 2011 showed 53 health zones with GAM> 11% or SAM> 3% to meet HAP 2013 priorities#2 and #3.

### ***Kasai Occidental***

- 5 cartons of Plumpy Nut have been provided to MDM Belgique for treatment of severe acute malnutrition in 4 health zones receiving returnees from Angola.

### ***Katanga***

- 4.373 malnourished children were treated in Ankoro, Manono, Pweto and Kilwa health zones.
- 18.715 children were reached with community level nutritional screening.
- UNICEF delivered 2.447 cartons d'ATPE and medication to partners ADRA, MDA, et World Vision (with CERF funding). This stock will allow for treatment of 3,000 new cases.

### ***Equateur***

- A nutrition evaluation was conducted in Bolomba territory with participation of PRONANUT, WFP and the NGO Chaines. While still awaiting the final report the nutritional situation appears alarming. Plumpy nut and F-75 was distributed to the zonal health authorities during the mission.

## **FUNDING**

On 25 January 2013, UNICEF launched its global Humanitarian Action for Children (HAC), which included funding requirements for humanitarian action throughout DRC in 2013. In line with the 2013 inter-agency Humanitarian Action Plan (HAP), UNICEF is appealing for **US\$134,560,000** to meet the humanitarian needs of children in the Democratic Republic of the Congo in 2013. Full information, including programme targets, can be found at [www.unicef.org/appeals/drc.html](http://www.unicef.org/appeals/drc.html). As of June 20 the following contributions have been received against the HAC:

| <b>HAC BUDGET</b>                  |  |                                 |                                 |                       |
|------------------------------------|--|---------------------------------|---------------------------------|-----------------------|
| <b>TARGET BY SECTOR</b>            | <b>ORIGINAL 2013 HAC REQUIREMENTS US\$</b> | <b>TOTAL FUNDED AMOUNT US\$</b> | <b>TOTAL AMOUNT AVAILABLE %</b> | <b>SHORTFALL US\$</b> |
| RRMP                               | 37,000,000                                 | 24,553,290                      | 66%                             | 12,446,710            |
| NFI *                              | 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             |

|              |                    |                   |            |                   |
|--------------|--------------------|-------------------|------------|-------------------|
| <b>Total</b> | <b>134,560,000</b> | <b>56,432,999</b> | <b>42%</b> | <b>78,127,001</b> |
|--------------|--------------------|-------------------|------------|-------------------|

*\* The funds received and recorded under 'NFI' are for the emergency/transition component of the DFID supported 'ARCC' program –Alternative Responses for Communities in Crisis. This is for integrated cash voucher programs and unconditional cash transfers; it is reported under this NFI line but covers multiple sectors.*