REPORTING PERIOD: 1 JANUARY– 29 FEBRUARY 2016

Highlights

- Following the large-scale displacement in Lubero territory, North Kivu province, deterioration of inter-ethnic tensions between Hutu displaced populations and Nande local community resulted in clashes with casualties on both sides, despite reconciliation efforts made by the government and MONUSCO.
- The security situation remained volatile, as armed groups continued attacks against populations in Mambasa territory, Ituri province, displacing an estimated total of 7,000 individuals. Cases of human rights violations continued to be reported, including sexual violence. While child recruitment remains a major concern, 49 children were released from armed groups and received transitional care through UNICEF support.
- Floods continued to affect a large part of the country along the Congo River, including Tshopo, Maniema and Mongala provinces, with an estimated total of over 500,000 people affected since the end of 2015. Consequently, a new cholera outbreak was reported in Tshopo province with 187 cases including 21 deaths as of the end February. As immediate response, UNICEF supported the government with essential WASH and health supplies and additional assistance is planned for early March.
- Since January 2016, a total of 3,355 cases of cholera were reported in the country with 48 deaths, mainly in the provinces of Tshopo, South Kivu, Haut Lomami, Tanganyika, Haut Katanga and Ituri.
- In February, approximately 5,000 South Sudanese refugees settled in Dungu territory, Haut-Uele province, bringing the total estimated number of new arrivals to over 11,000 since November 2015.
- On 23 February, the Secretary-General of the United Nations, Ban Ki-Moon, arrived in DRC for an official visit where he attended a presentation of the Capoeira for Peace project.

UNICEF’s and Cluster Response

<table>
<thead>
<tr>
<th></th>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Cluster</td>
</tr>
<tr>
<td># of conflict-affected people</td>
<td>631,015</td>
<td>2,902,136</td>
</tr>
<tr>
<td>with access to water, hygiene</td>
<td>26,727</td>
<td>41,027</td>
</tr>
<tr>
<td>and basic sanitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of girls and boys (5-11 years)</td>
<td>200,000</td>
<td>555,290</td>
</tr>
<tr>
<td>affected by conflict or natural</td>
<td>25,638</td>
<td>59,971</td>
</tr>
<tr>
<td>disasters given access to quality education and psychosocial activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td># children in humanitarian situations vaccinated against measles</td>
<td>442,200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>8,947</td>
<td>N/A</td>
</tr>
<tr>
<td># of children 6-59 months with SAM admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>255,000</td>
<td>302,487</td>
</tr>
<tr>
<td></td>
<td>51,236</td>
<td>53,402</td>
</tr>
<tr>
<td># of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning</td>
<td>60,000</td>
<td>70,000</td>
</tr>
<tr>
<td></td>
<td>14,004</td>
<td>NA</td>
</tr>
</tbody>
</table>

29 February 2016

4,500,000
# of children affected out of (HAC 2016)

7,500,000
# of people affected (HAC 2016)

1,600,000
# of internally displaced persons (IDP) (HNO, November 2015)

250,016
# of registered refugees (HNO, November 2015)

UNICEF Appeal 2016
US$ 130 million

Funding level
17%
Situation Overview & Humanitarian Needs

General Overview

A volatile security situation and conflict-related displacement continued to be reported in the eastern part of the country. Specifically, in Lubero territory in North Kivu, inter-ethnic tensions between displaced populations and the local community, both allegedly affiliated with armed groups, resulted in casualties on both sides. Humanitarian actors approached this complex situation with caution in order to avoid exacerbating the situation, which could potentially spill over to the surrounding areas. Furthermore, clashes among armed groups and the Forces Armées de la RDC (FARDC) were reported in South Kivu and Ituri provinces. Widespread human rights violations by armed groups were also reported in southern DRC, especially in Kasai and Haut Katanga provinces.

The abrupt closure of the Mokoto IDP camp by the government in Masisi territory in North Kivu province highlighted the importance of continued advocacy and dialogue with the government to ensure that such decisions in the future will be made without compromising the rights of the displaced population.

Since the previous reporting period, major floods continued to affect a large part of the country, particularly in Tshopo, Maniema and Mongala provinces along the Congo River and in Haut-Lomami. Consequently, suspected cholera cases were reported in these provinces. Since January 2016, a total of 3,355 cases of cholera were reported across the country, resulting in 48 deaths, mainly in the provinces of South Kivu, Haut Lomami, Tanganyika, Haut Katanga and Ituri.

Provincial Overview

North Kivu

Since November 2015, ongoing clashes between the Nduma Defense de Congo (NDC) and the Forces Démocratiques de Libération du Rwanda (FDLR) in Ikobo, Rutshuru Territory have led to large-scale displacement in southern Lubero territory (particularly Miriki) and part of Rutshuru territory. An estimated 20,000 households arrived in Miriki, increasing tension between the displaced populations of Hutu communities and Nande local communities. Despite reconciliation efforts made by the government and humanitarian actors, casualties have been reported on both sides. This volatile security situation poses operational challenges to humanitarian actors, in some instances being forced to suspend their activities. On 12 January, the Mokoto IDP camp in Masisi Territory, with an estimated total of 4,250, was suddenly dismantled following a governmental decision citing the security concerns. This is the second case of since the sudden closure of Kiwanja camp in 2014. The Humanitarian Coordinator reached out the government and advocated for future closure of camps in a consultative and organized manner.

South Kivu

Due to insecurity surrounding the electoral process in Burundi, refugees have continued to arrive in Fizi and Uvira territories at a rate of approximately 1,000 new arrivals per month. As of 25 February, a total of 19,967 have been registered in South Kivu, with majority of the population residing in Lusenda refugee camp (14,046), and the remainder within the communities (5,271), and in Kamivira transit centre (650). The humanitarian situation of those who live in host communities have not been accurately captured and a coordination challenge remains.

The FARDC, supported by MONUSCO, launched attacks against Raia Mutomboki (RM) in the area of Lulinga-Nduma, in Shabunda territory. While the localities of Nduma and Swiza were liberated by the FARDC, the RM retreated to Matamba locality, taking the population hostage. Consequently, approximately 2,000 households were displaced and activities were suspended in 11 schools in the area of Lulingu, Nyanbembe, Nduma and Swiza, affecting 2,513 children.

In Kalehe territory, particularly in Ziralo, there were clashes between the FARDC and a coalition of armed groups who set fire to Bunyangungu village, displacing the population.

Moreover, following the clashes between two armed groups (Gumino and Mai-Mai) on 30 January, approximately 2,000 households were displaced from Bijombo in Fizi territory to Uvira territory. It is estimated that 80% have since returned; however, a needs assessment has not yet been undertaken as insecurity has hampered humanitarian access to the area.

Maniema

1 The total number of Burundian refugees in DRC is 21,711 as of 25 February.
Since 2015, the province has been affected by a major cholera epidemic, with a peak fatality rate of 2.95%. Following the intervention of the Rapid Response Mechanism (RRMP) and MSF Belgium, the situation has been gradually brought under control. Since the beginning of 2016, a total of 33 cases have been reported across the province (19 cases in Kindu Health Zone, eight in Alunguli and six in Kailo).\footnote{However, the samples sent to the laboratory tested negative.}

**Ituri, Tshopo, Haut Uele, and Bas Uele (Former Orientale province)**
The security situation remained volatile, as the FRPI and Mai-Mai continued attack against populations in Mambasa territory, displacing an estimated 7,000 individuals. Human rights violations continued to be reported, including sexual violence. In February, a total of 49 Children Associated with Armed groups (CAAG)(18 girls and 31 boys) were released from armed groups in Ituri Province, including 46 from FRPI in South Irumu territory and three children from Mai-Mai in Mambasa territory. These children received transitional care from UNICEF partner, *Association de Jeunes pour le Développement Communautaire* (AJEDEC).

Since the beginning of February, a cholera outbreak has affected Bunia Health Zone in Ituri province (201 cases including four deaths, with 1.9% of fatality rate) and in Tshopo province (187 suspected cases\footnote{The first case tested positive was reported in March.} with 21 deaths). The lack of access to the safe water, coupled with poor hygiene practices and sanitation as well as flood contributed to the recurrence of the cholera outbreak in these areas. Given the trend over the past years, there is a risk of new outbreak in March and April.

In February, approximately 5,000 refugees arrived from South Soudan, bringing the total influx to 11,000 since November 2015. The majority have settled in Dungu territory, Haut-Uele province. An inter-agency mission is planned in March to better understand the situation on the ground and to identify humanitarian needs.

**North Ubangi and South Ubangi, Mongala Provinces (in former Equateur province)**
A total of 107,929 refugees from Central African Republic (CAR) had been registered by UNHCR in 2015, with over 90% in former-Equateur province. Approximately 4,000 new arrivals have been pre-registered in North Ubangi province. No major incidents have been reported in relation to the elections organized in CAR.

**Kasai province (formerly part of Kasai Occidental) and Sankuru province (formerly part of Kasai Oriental)**
Inter-communal conflicts were reported in Kazumba and Dibaya territories in former Kasai Occidental province, resulting in killing, burning of houses, looting of health centres, as well as displacement of populations. A rapid assessment is planned in early March to identify humanitarian needs.

**Haut Katanga, Haut Lomami, Tanganyika and the Lualaba provinces (formerly Katanga province)**
A resurgence of Mai-Mai Kata Katanga was reported in Mitwaba territory (Haut-Katanga province), leading to killing, looting and the displacement of over 3,000 recently returned people.

The inter-communal conflict between Pygme and Luba communities noted during the last reporting period has stabilized during this period.

Floods affected eight territories (Bukama, Malemba Nkulu, Kasenga, Moba, Kabalo, Nyunzu, Kalemie and Manono), contributing to the cholera outbreak reported in 17 health zones out of 68. The floods led to the destruction of schools and farms, negatively impacting local livelihoods. While the humanitarian needs were identified through several rapid evaluations, the response has been limited by the lack of access to certain localities, as well as insufficient resources. A response plan is being developed by humanitarian actors to mobilize resources.

**Humanitarian leadership and coordination**
The 2016 Humanitarian Response Plan was launched in February 2016, calling for USD 690 million, out of which UNICEF-supported activities account for a total of USD 130,360,000. During this reporting period, UNICEF continued to lead four Clusters (Education, Nutrition, WASH, and NFI/Shelter) as well as the Child Protection Working Group, coordinating humanitarian actors in these sectors at national and provincial levels. On 23-25 February, the Secretary-General of the United Nations, Ban Ki-Moon, visited North Kivu and Kinshasa.
Summary Analysis of Programme response

Nutrition

- The high prevalence of acute malnutrition continues to heavily impact young children in DRC. While the Severe Acute Malnutrition (SAM) treatment programme has significantly contributed to a reduction of child mortality, coverage is insufficient with an estimated 15% of children in need with access to care.
- During the reporting period, UNICEF supported partners to treat a total of 51,236 children under five years-old with SAM (27,324 girls and 23,912 boys) in 161 Health Zones. Among them, 2,050 (4%) were treated for SAM associated with other medical complications. The recovery rate is estimated at 89.62%, death rate 0.91% and default rate approximately 5.35%\(^1\).
- The nutrition surveys carried out by WFP in January 2016 in Pweto and Kilwa Health Zones (Haut-Katanga province) have indicated an alarming nutrition situation as the rates of Global Acute Malnutrition (GAM) and SAM are beyond the emergency threshold; 15.1% GAM and 3.5% SAM in Pweto Health Zone; and 10.3% GAM and 2.1% SAM in Kilwa health zone. UNICEF will support the response by providing medical supplies and materials including approximately 400 cartons of therapeutic food, to treat at least 500 children. However, additional resources are required to reach all SAM cases.
- In line with the national system of surveillance and early warning (SNSAP), UNICEF supported the government to conduct SMART surveys in all the seven territories of North Kivu province, and in four Health Zones (Zongo, Bosobolo, Bili, Libenge) in North and South Ubangi provinces with refugees from CAR. The results will enable humanitarian actors to effectively respond to the emergency.

Education

- During the reporting period, UNICEF supported 25,638 children affected by the humanitarian crisis, mainly through the distribution of pedagogical and recreational materials in North Kivu and Tanganyika provinces. Furthermore, UNICEF provided pedagogical and recreational kits for 14,480 children and 65 schools affected by floods in Equateur (Makamba area).
- Through the RRMP mechanism and in partnership with AVSI, UNICEF provided support to 6,936 children (3,421 girls) in South Kivu and Tanganyika provinces, through catch-up classes, reinsertion to school, distribution of pedagogical and recreational materials, and conditional cash transfer to 12 schools. A total of 76 teachers (including 16 women) were further trained on psychosocial support to children in South Kivu province.

Health

- Since January 2016, a total of 3,355 cases of cholera were reported in DRC with 48 deaths (fatality rate: 1.35%), mainly in the provinces of South Kivu, Haut Lomami, Tanganyika, Haut Katanga and Ituri. UNICEF supported Provincial Health Divisions by providing cholera kits to treat almost 60% of reported cases.
- In total, 1,659 suspected measles cases were reported from January to February 2016 with six deaths (fatality rate: 0.36%), mainly in the provinces of Lomami, Haut Katanga, Tanganyika and Haut Lomami. UNICEF supported selective immunization campaign against measles in 2 health areas in the Nyunzu Health Zone (Tanganyika province), reaching over 8,947 children (92 IDPs) between six months and 15 years old. Through the RRMP mechanism, a total of 22,178 conflict-affected people received medical assistance in the provinces of North Kivu, South Kivu and Tanganyika.
- Moreover, UNICEF provided medicine to manage 6,000 cases of malaria in six health centers affected by flooding in Kinshasa province.

WASH

- In response to cholera outbreak in Ituri Province, UNICEF delivered WASH support through RRMP, while in Tshopo province a needs analysis was conducted in collaboration with local authorities, following an alert on suspected cholera cases. To address the needs of most affected area in former-Katanga province (1,629 cases including 35 deaths during weeks 1 to 7), UNICEF, in partnership with Vijana Ya Panda Tujengeni (VIPATU), responded to the outbreak in Likasi, while the Red Cross and ALIMA, responded together with the government in other Health Zones. However, additional resources are required mainly in Haut Lomami and Tshopo. In North and South Kivu, the response was mainly covered by cluster members such as Mercy Corps, ACF, and Solidarités International.

\(^1\) Recommended standard thresholds: Recovery >75%; death rate <10% and default rate <15%
• In order to avoid any cholera or acute watery diarrhea (AWD) outbreak following severe flooding in Tshuapa province, UNICEF provided soap and water purification tablets to Tshuapa and Equateur provinces.

• More than 23,000 displaced people received WASH assistance from UNICEF through RRMP in North Kivu, South Kivu, Haut Katanga and Ituri provinces, including WASH kits, as well as access to water points, latrines, showers, and hand-washing facilities. In Ituri province, Oxfam GB and Programme de Promotion des Soins de Santé Primaire (PPSP) covered the WASH needs of 6,500 and 7,800 beneficiaries respectively.

• On 29 February and 1 March, under the framework of the Multi-Sectoral Cholera Elimination Plan, a national workshop was organized by the government in Lubumbashi to advocate for the official adoption and practical application of Provincial Action Plans through the identification of priority activities and the elaboration of the 2016 work plan.

Child Protection

• In February, a joint SGBV needs assessment mission (Government and Multi Sectoral Assistance Working Group, MSAWG) was conducted in South Lubero (Miriki area and Luofu), followed by a rapid response for survivors of sexual violence, reaching 157 including 54 children. Moreover, the MSAWG in North Kivu actively contributed to the Monitoring, Analysis and Reporting Arrangement of conflict-related sexual violence (MARA) Working Group in developing its strategy and work plan.

• In the Ruzizi Plain (South Kivu), alleged recruitment of youth by a newly formed armed group was of major concern. On a positive note, during an assessment mission in Lubutu (Maniema Province), the team met the leadership of Mai Mai Simba, where a joint plan of identification and verification of associated children has been agreed upon.

• In the Haut-Lomami Province, 65 children were identified at the FARDC Instruction Center of Kamina and received transitional care in a Transit and Orientation Centre (CTO) supported by a UNICEF partner. These children were in the process of joining the FARDC through its recruitment campaign. UNICEF, MONUSCO and partners will intensify their advocacy work with the FARDC to prevent children from joining the ranks.

• In former-Equateur provinces, 78 unaccompanied children out of 1,426 refugee children from the CAR took part in psychosocial activities in two child-friendly spaces supported by UNICEF partner Les Aiglons in the Zongo refugee camp. 50 host families were trained on psychosocial children care. 11 girls, survivors of sexual violence were referred to legal support.

Non-Food Items / Shelter materials

• During this reporting period, UNICEF, in partnership with Caritas Belgium and through the RRMP mechanism (AVSI and IRC), reached 47,843 people with access to essential household, personal and hygiene Non-Food Items. This represents 6.6% of UNICEF’s 2016 target for NFI assistance. The IDP return movements in former-Katanga provinces dominated UNICEF-supported response during the reporting period. Overall, 57.7% of beneficiaries were returnees (all in former-Katanga province); 22.2% were IDPs; 9.9% were refugees from CAR in host families outside of camps; 5.8% were vulnerable populations in affected areas; and 4.4% were IDP host families.

• Overall, 71.5% of assisted families were in former-Katanga province; 18.6% in South Kivu; and 9.9% in ex-Equateur. 81% of families were assisted via cash voucher NFI fairs; 19% via direct distributions. Activities through other NFI cluster members concentrated on assistance to IDP’s in Ituri and the northern part of North Kivu province.

• Also during this period, UNICEF and RRMP partners in North Kivu province completed preparations for large-scale NFI interventions in the southern areas of North Kivu’s troubled Lubero territory. Other situations UNICEF and the NFI/Shelter Cluster have monitored include:
  - Severe flooding in multiple provinces and Kinshasa with particular attention to former-Equateur province, Tanganyika, and the city of Kinshasa.
  - Displacement linked to clashes between the FARDC and Raia Mutomboki in South Kivu province, with an estimated total of 25,000 people affected.
  - Needs of returnees and IDPs in Ituri and North Kivu along the Komanda-Luna-Eringeti corridor.

Rapid Response Mechanism (RRM) and Multipurpose CASH-based Assistance

RRMP

• During the reporting period, a total of 33 assessments were conducted in North Kivu, South Kivu, former-Katanga and former-Oriental Provinces (55% of which were multi-sector assessments). Out of these cases, there were 23 cases of interventions (31% NFI, 26% Health, 26% WASH and 17% Education), reaching a total of 173,754 people.
In view of the annual RRMP programme cycle ending in April, a series of planning workshops were organised, where the key actors, including donors, reviewed the programme performance in 2015 and developed the strategy for 2016 to improve its rapidity and effectiveness. OCHA, a co-lead of RRMP, has developed a set of new standard Humanitarian Tools, which is aimed at improving the existing system of monitoring humanitarian alerts and response.

**Multipurpose CASH-based Assistance**

- The year started with a preparatory phase to launch the third phase of the Alternative Responses for Communities in Crisis (ARCC), UNICEF’s flagship humanitarian multipurpose cash programme, targeting to serve 21,100 conflict-affected households in 2016. In January, a planning workshop was organized where the common methodologies and tools were developed together with the three partners (Mercy Corps, AVSI and CRS) with different geographical zones of intervention.
- In February, these partners conducted Multi Sectoral Needs Assessments on the conflict-related displacement in North Kivu, South Kivu, Tanganyika provinces\(^1\). Based on the assessment results, the beneficiaries will be targeted in the coming month.
- The ARCC team also initiated discussions with other clusters in Eastern Zone, aiming at developing a common approach in calculating the Minimum Expenditure Basket for eastern DRC, which will constitute a significant progress for cash programming in the country.

**Communication for Development (C4D)**

C4D interventions were integrated into various emergency programming, including RRMP. Moreover, social mobilisation and sensitisation has been a major component in response to epidemics including cholera in Tshuapa, Haut-Lomami, Haut-Katanga provinces affected by floods.

**External Communication and Fundraising.**

In January and February 2016, two human interest stories were developed on humanitarian action. The first story was focused on children in South Kivu affected by chronic malnutrition (http://ponabana.com/reportage-dans-un-relais-communautaire-pres-de-walungu-sud-kuw/). The second was on children formerly associated with forces and armed groups (CAFAAG), currently undertaking training for a new job through the transit and orientation centre (CTO) in Goma (http://ponabana.com/innocent-ancient-enfant-soldat-aujourdhui-revit-a-travers-le-centre-de-transit-et-dorientation-de-goma/)

On 23 February, the Secretary-General of the United Nations, Ban Ki-Moon, arrived in DRC for an official visit. In Goma, he attended a presentation of Capoeira for Peace, a project jointly funded by the Governments of Brazil and Canada, AMADE Mondiale and UNICEF that provides support to CAFAAG and other vulnerable children.

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\(^1\) North Kivu: Mangina and Nyanzale (Beni and Rutshuru territory); South Kivu: Minova-Nyabibwe and Lubijako – Lubanjo areas (Kalehe and Fizi Territory); Tanganyika: Kiambi Health Zone (Monono Territory)
On 12 February, the campaign *Children Not Soldiers* was launched in North Kivu on the international day against child use by armed forces and groups, which coincided with the opening of the Amani Festival in Goma. A round-table discussion on CAFAAG was held at Mwanga College.

**Security**

On 16 February, while protesting the potential extension of the Presidential mandate, opposition leaders called for a general strike (*ville morte*). The strike took place in a peaceful manner, though some people were reportedly arrested. In some localities, individuals who participated in the strike were fined. With regard to the provincial elections for the 21 newly established provinces (scheduled in March), no major incidents have been reported to date.

**Funding**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds received*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>42,300,000</td>
<td>3,954,282</td>
<td>38,345,718</td>
</tr>
<tr>
<td>Health (beyond RRMP)</td>
<td>7,000,000</td>
<td>-</td>
<td>7,000,000</td>
</tr>
<tr>
<td>WASH (beyond RRMP)</td>
<td>5,720,000</td>
<td>1,076,555</td>
<td>4,643,445</td>
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<tr>
<td>Child Protection (including sexual and gender-based violence and mine risk education)</td>
<td>16,000,000</td>
<td>1,162,541</td>
<td>14,837,459</td>
</tr>
<tr>
<td>Education (beyond RRMP)</td>
<td>6,000,000</td>
<td>717,703</td>
<td>5,282,297</td>
</tr>
<tr>
<td>Non-Food Items (beyond RRMP)</td>
<td>1,020,000</td>
<td>-</td>
<td>1,020,000</td>
</tr>
<tr>
<td>Rapid Response to Population Movement Mechanism</td>
<td>43,000,000</td>
<td>14,854,989</td>
<td>28,145,011</td>
</tr>
<tr>
<td>Multipurpose cash-based assistance</td>
<td>7,500,000</td>
<td>-</td>
<td>7,500,000</td>
</tr>
<tr>
<td>Sector/Cluster Coordination</td>
<td>1,820,000</td>
<td>-</td>
<td>1,820,000</td>
</tr>
<tr>
<td>2015 Carry Over</td>
<td>-</td>
<td>2,788,912</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>130,360,000</strong></td>
<td><strong>24,554,981</strong></td>
<td><strong>108,593,931</strong></td>
</tr>
</tbody>
</table>

* ‘Funds received’ does not include pledges

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Next SitRep: 30 April 2016

UNICEF DRC on Twitter: [https://twitter.com/UNICEF_DRC](https://twitter.com/UNICEF_DRC)
UNICEF DRC on Facebook: [www.facebook.com/UNICEFDRC](http://www.facebook.com/UNICEFDRC)
UNICEF DRC Country Website: [http://www.unicef.org/drcongo](http://www.unicef.org/drcongo)

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## ANNEX A: Summary of programme results

### WATER, SANITATION & HYGIENE

<table>
<thead>
<tr>
<th>UNICEF and Operational partners</th>
<th>Cluster/Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016 Target</strong></td>
<td><strong>Total Results</strong></td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
</tr>
<tr>
<td># of conflict-affected people with access to water, hygiene and sanitation basic services</td>
<td>631,015</td>
</tr>
<tr>
<td># of persons in cholera-prone zones benefiting from WASH cholera-response packages</td>
<td>1,609,774</td>
</tr>
<tr>
<td># of people affected by natural disaster assisted with WASH package target</td>
<td>0</td>
</tr>
<tr>
<td># of SAM-affected care/mother and children who receive hygiene kits with key hygiene message</td>
<td>25,685</td>
</tr>
</tbody>
</table>

### EDUCATION

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRMP)</td>
<td>200,000</td>
<td>25,638</td>
</tr>
<tr>
<td># of schools and/or temporary learning spaces providing protecting environment to emergency-affected children</td>
<td>606</td>
<td>16</td>
</tr>
<tr>
<td># of teachers trained on learner-centred methodologies, peace education, disaster risk reduction, and how to identify and refer children in need of psychosocial care and support to available protection services</td>
<td>1,818</td>
<td>90</td>
</tr>
</tbody>
</table>

### HEALTH

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># children (6 months-14 years) in humanitarian situations vaccinated against measles</td>
<td>442,200</td>
<td>8,947</td>
</tr>
<tr>
<td># people affected by conflict and disease outbreaks having received access to primary health care</td>
<td>210,000</td>
<td>22,178</td>
</tr>
</tbody>
</table>

### NUTRITION

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>300,000</td>
<td>51,236</td>
</tr>
</tbody>
</table>

### CHILD PROTECTION

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of children formerly associated with armed forces/groups released and provided with assistance</td>
<td>3,700</td>
<td>816</td>
</tr>
</tbody>
</table>

### NFI/SHELTER

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of people accessing essential household items, and shelter materials</td>
<td>720,000</td>
<td>47,843</td>
</tr>
</tbody>
</table>

### MULTIPURPOSE CASH BASED ASSISTANCE

<table>
<thead>
<tr>
<th><strong>2016 Target</strong></th>
<th><strong>Total Results</strong></th>
<th><strong>% of Target Achieved</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of households assisted with an unconditional cash grant or multipurpose voucher fair</td>
<td>21,000</td>
<td>0</td>
</tr>
</tbody>
</table>

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1 The figure is not available for this report as the data collection is done on a quarterly basis by Child Protection Working Group.
2 Idem
3 In DRC, data are collected from the CASH Working Group.