



DRC
Humanitarian
Situation Report
31 August 2016
unicef 

SITUATION IN NUMBERS

Highlights

- At least 36 civilians were killed in North Kivu province’s Beni territory over the weekend of 13-14 August, bringing the total number of civilians killed in Beni to over 500 since October 2014. The attack, which is believed to have been carried out by the Allied Democratic Forces (ADF), happened three days after the visit of President Joseph Kabila to the region. On 19 August, hundreds of protesters took to the streets of the city of Beni in protest of the situation.
- At the end of June, during the country’s 56th independence anniversary, President Kabila called on the facilitator appointed by the African Union in January, (Edem Kodjo, former Togolese Prime Minister), to immediately launch the Congolese political dialogue process which started on 1 September 2016. The purpose of the dialogue is to guarantee inclusive, credible and a peaceful electoral process.
- Cholera epidemics along the Congo River watershed continue to spread in the provinces of Equateur, Tshopo, Mongala, Maniema, Mai-Ndombe and Kinshasa (more than 400 cases were also reported in the North and South-Ubangi Provinces). To date 5,872 cases and 323 related deaths have been reported in this area alone, out of a total of 17,712 cases since January 2016.

17,712

of cases of cholera in DRC
(DRC Ministry of Health, August 2016)

1,722,082

of Internally Displaced Persons (IDP)
(UNHCR, August 2016)

402,905

of refugees in DRC
(UNHCR, August 2016)

US\$ 130 million

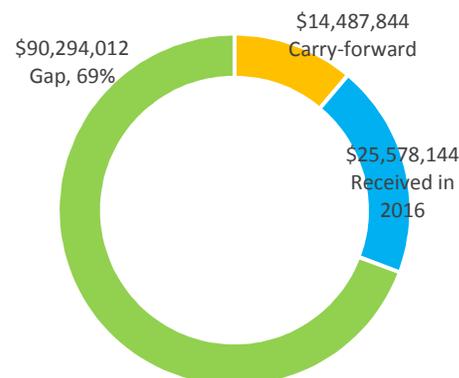
UNICEF Humanitarian Appeal for 2016

US\$ 25.6 million

Funding received in 2016

UNICEF’s and Cluster Response

	UNICEF		Sector/Cluster	
	UNICEF Target	Results	Cluster Target	Results
Conflict-affected people with access to water, hygiene and basic sanitation services	631,015	210,541	2,902,136	413,120
Persons in cholera-prone zones benefitting from WASH cholera response packages	1,609,774	732,231	3,938,908	990,912
Children in humanitarian situations vaccinated against measles	442,200	215,740	N/A	N/A
Children 6-59 months with SAM admitted for therapeutic care and benefitting from promotion of nutrition practices	300,000	161,497	302,487	161,497
# 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)	200,000	179,287	555,290	349,413



Situation Overview & Humanitarian Needs

General Overview

On 27 July, opposition leader Etienne Tshisekedi returned to the Democratic Republic of Congo (DRC) after two years in Belgium for medical care. The veteran opposition leader, who emerged as the leading opposition voice in the 1980's when he criticized former dictator Mobutu Sese Seko, and who ran for president in 2006 and 2011, remains a hugely popular figure in Kinshasa and other parts of the country. Tshisekedi's return comes amid growing tension over fears that President Joseph Kabila will postpone elections due to be held late this year.

On 19 August, the DRC government announced presidential grace for 24 jailed critics of President Joseph Kabila with the aim of easing tensions linked to the potentially delayed presidential elections. Those who were freed are pro-democracy activists who had been arrested in what the United Nations and human rights groups said was a crackdown on freedom of expression ahead of the elections.

At the end of June, during the country's 56th independence anniversary, President Kabila called on the international facilitator appointed by the African Union in January, (former Togolese Prime Minister, Edem Kodjo), to launch the Congolese national dialogue process. Kabila said that the national dialogue, which was proposed about a year ago, should support a peaceful electoral process. The political dialogue starts 1 September at the *Cité de l'OUA* in Kinshasa and will bring together nearly two hundred delegates from the current government, the opposition and the civil society. The government and civil society will select their moderators. Although major opposition groups, including Tshisekedi-led *Rassemblement* and the G7¹, have boycotted the meeting, the facilitator expressed hope that "the hand outstretched to the boycotters should be accepted so as to bring the entire Congolese political class around the table".

Conflicts

Resurgence of armed groups

- Between 13 and 14 August, 36 civilians were killed allegedly by ADF rebels in the outskirts of Beni town. The attack took place three days after the visit of President Kabila to the region, including a meeting with Presidents Paul Kagame of Rwanda and Yoweri Museveni of Uganda in Rubavu on the border between Rwanda and DRC. Following the incident, several demonstrations were organized in and around Beni in protest of the recurrent massacres of civilians in the area.

Violence in Haut-Katanga and Tanganyika

- Violence by Mai-Mai elements thought to be connected to the Kata Katanga group continued throughout this reporting period in the province's Mitwaba territory, and expanded to neighboring Pweto territory (also in Haut-Katanga Province). The group mostly targeted local authorities (several village chiefs were assassinated), security forces and local agents of the intelligence service, also often looting villagers in the process. These attacks, as well as the DRC armed forces (FARDC) response, generated an estimated additional 5,000 Internally Displaced Persons (IDPs). Resurgent Mai-Mai activity in Mitwaba territory since the beginning of 2016 has also forced at least 27,000 people to flee their homes to safer locations in Mitwaba and Lubudi territories, according to assessments by UNICEF's RRMP partners AVSI and IRC.
- In Nyunzu territory (Tanganyika province), clashes between Balubakat and Batwa (pygmy) militia on the Nyunzu-Manono road on 12 July triggered a panic which led to new displacement of an estimated 20,600 people towards Nyunzu town and other directions, according to assessments by UNICEF's RRMP programme. Some 8,000 individuals were still displaced when a new and larger cycle of ethnic-based violence between Balubakat and Batwa groups broke out on 30 August in the same area.
- In Tanganyika, two schools which were occupied by FARDC were evacuated after 72 hours thanks to reporting and advocacy through the Monitoring and Reporting Mechanism (MRM). An evaluation mission has been requested to United Nation Mine Action Service (UNMAS) to verify that no unexploded ordnance (UXO) was left behind.

Escalation of inter-communal clashes

- In Kasai Central's Dibaya territory, a rebellion led by a local chief and his militia had been ongoing since early July. It ended in bloodshed from 10-15 August with the militia's attack on Tshimbulu town (95km south of the provincial capital Kananga), and subsequent operations by security forces. Fifty-one people were reportedly killed, including four policemen, the chief, militiamen and civilians. According to an assessment led in early

¹ Platform of 7 opposition parties created in September 2015 following a call to president Kabila not to pursue for a third mandate

September by Kananga-based development actors (including UNICEF) and the local authorities, the violence resulted in about 3,200 displaced persons, 806 houses and 68 classrooms burnt down, and four health centers looted. Authorities arrested and released 22 children suspected of being affiliated with the militia group.

- Military confrontation between FARDC and Mai-Mai groups continued to be reported in Miveya, Bingi and other areas of North Kivu's Lubero territory. More than 6,200 new IDPs were reported in North Kivu following FARDC military operations against rebel groups in and around Bwito (Rutshuru territory). RRMP partners Solidarités and NRC carried out assessments in seven localities in southern Lubero territory, reporting that a total of 20,529 IDP households, approximately 100,000 people, were displaced in this zone since February 2016. An estimated 17,000 of these households were displaced in July and August. All the displaced are living with host families. While UNICEF is mobilizing a response with its unconditional cash program (ARCC, Alternative Responses for Communities in Crisis) and RRMP, additional resources are urgently needed to respond to the multiple needs of the displaced families.

Humanitarian Access

- UNICEF's Rapid Response to Movements of Population (RRMP) partners, *Associazione Volontari Servizio Internazionale* (AVSI) and International Rescue Committee (IRC), suspended their interventions in Mitwaba territory (Haut Katanga) for three weeks in August due to a surge in attacks by Mai-Mai elements.
- Population displacement continued to be reported from insecure areas toward Beni town, Oicha, Mangina, Kasindi and Butembo areas. An estimated 7,500 displaced people were registered along the Mbau-Oicha road and in Mangina following military confrontations between Mai-Mai Simba groups and the FARDC in Biakato, Tshopo province. In Oicha, schools are used to shelter displaced families. Tension is reportedly high among the local population as insecurity and the related killings of civilians are moving close to the town. Another 16,600 IDPs and IDP returnees are reportedly living in Eringeti without any humanitarian assistance. The area is no longer accessible from North Kivu due to ongoing military operations.
- Since July 2016, there have been cases of schools occupied by IDPs in North Kivu, as a consequence of the deteriorated humanitarian situation, notably in the territories of Masisi (Mweso), Beni (Oicha) and Rutshuru (Nyanzale). Given that the school year starts on 5 September, there is a risk that education will be disrupted for around 8,240 children. Their presence has resulted in the destruction of 147 desks and 15 classrooms. Inter-sectoral discussions are ongoing at provincial and national level with UN sister agencies and NGOs/INGOs to sensitize IDPs to not destroy schools equipment/facilities.

New Refugees Influx

- Since mid-July the number of South Sudanese refugees has increased. A new influx has been reported in Aba, Faradje territory, Haut-Uele province. As of 15 August, a total of 18,605 refugees, arriving mainly from the Central Equatorial's region of South Sudan, has been registered.
- A total of 95,606 Central African refugees have been registered at the end of August.
- As of 31 August, 31,867 Burundian refugees have been registered in Eastern DRC.

Epidemic Outbreaks

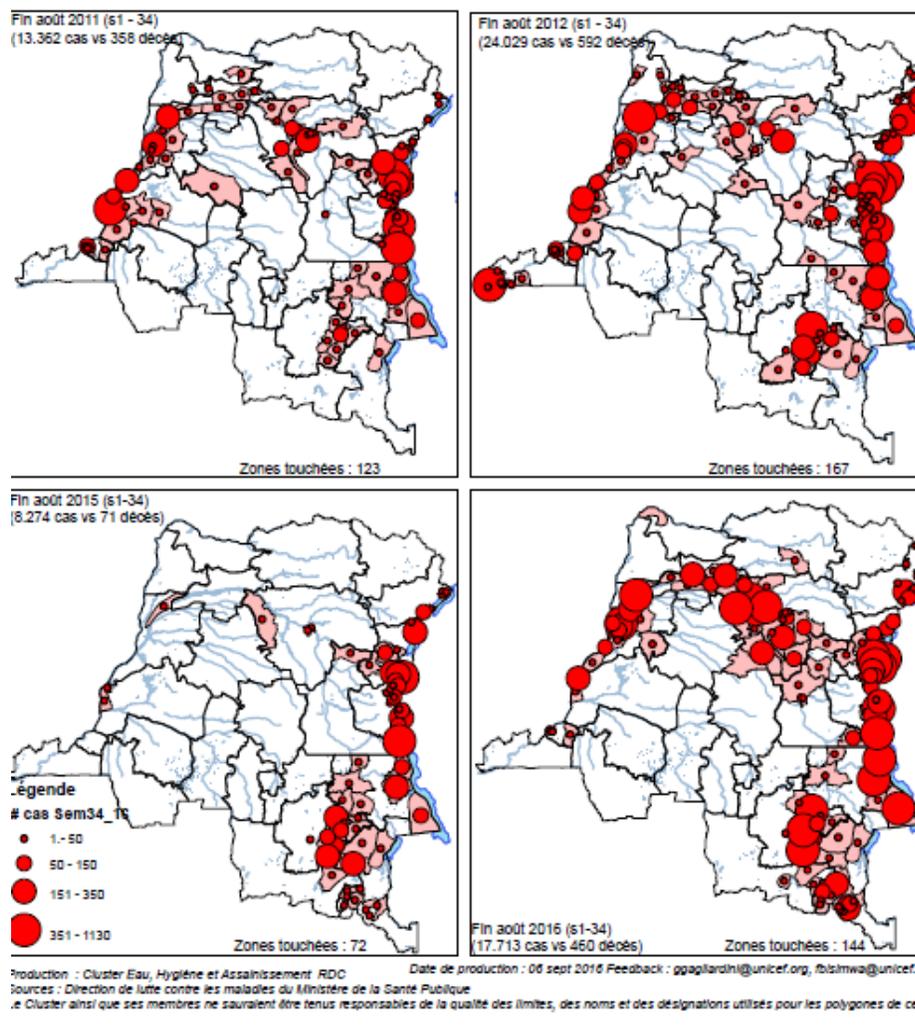
Yellow Fever

- Since the beginning of the outbreak (20 June 2016), DRC has reported (as of 31 August) a total of 2,051 suspected cases including 75 confirmed cases and 95 reported deaths.

Cholera

- The cholera epidemic along the Congo River watershed continues to spread in DRC's north and western provinces. Since March 2016, a total of 5,872 cases and 323 cholera-related deaths (fatality rate 5.5%) have been reported in the Equateur, Tshopo, Mongala, Maniema, Mai-Ndombe and Kinshasa Provinces (from week 1 to week 34). The situation is of extreme priority for UNICEF and the humanitarian community for the following reasons:
 - The epidemic could expand to more areas of Kinshasa where high population density, low rates of hygienic sanitation facilities, and the start of the rainy season, are factors that could contribute to the propagation of the epidemic;
 - The presence of cholera in Kinshasa also presents a risk to neighbouring Brazzaville due to the high volume of trade and exchange between the two cities and for the fishermen who operate in and around the small islands in the Congo River;

- River transport can increase the risk of new local outbreaks as infected people move between different port cities and towns.
- More than 400 cholera cases have been reported in North and South-Ubangi provinces. This poses a risk not only to the local population but also to the thousands of Central African Republic (CAR) refugees who are living in camps and with host communities in these areas.
- In the CAR, a cholera outbreak was officially declared by Ministry of Public Health on 10 August, with cases mainly reported from villages along the river bordering DRC's North and South Ubangi provinces.
- A significant cholera epidemic broke out in early July in Kalemie, the capital of Tanganyika province. It is the result of a drastic reduction in water supply since 6 June due to a power outage, caused by breakdowns at the Bendera hydroelectric plant. 1,400 cholera cases were reported between early July and the end of August.



Measles

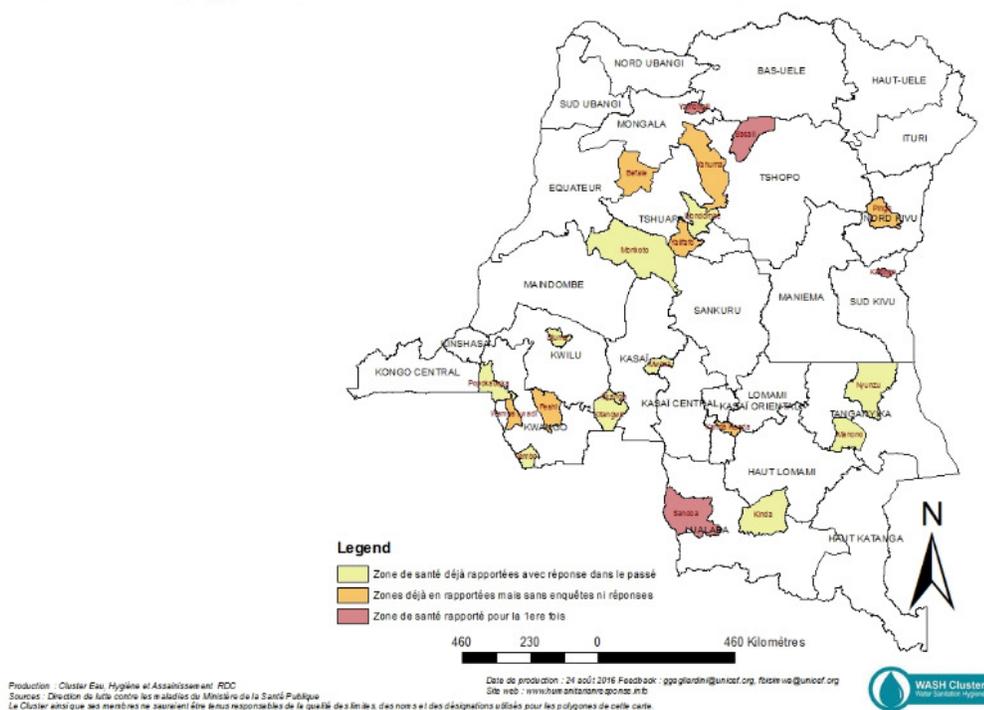
- In total, 9,891 suspected measles cases and 142 deaths were reported during this reporting period with a fatality rate of 1.4%. UNICEF has been supporting case management by ensuring availability of medical kits. In response to these measles outbreaks, UNICEF provided measles vaccines, as well as measles kits in all affected health zones in the provinces of South-Kivu, Tanganyika, Maniema, Lomami and Bas-Uele. A follow-up immunization campaign in 12 provinces targeted children between 9-59 months. Results from the first round will be available in the next Sitrep.

Nutrition Alerts

- Several health zones with emergency levels of malnutrition are also affected by epidemics (measles and cholera notably) as well as acute food insecurity. Malnutrition in other health zones is linked to population displacement. SMART nutrition surveys conducted in the territories and health zones, indicate the severity of the problem. In some health zones such as Tembo and Nyunzu in Tanganyika province, the severe acute malnutrition (SAM) rates are close to 4% and global acute malnutrition (GAM) rates close to 15%. Response capacity is far from

adequate and there is a need of more actors and programmes particularly to ensure the management of SAM cases amongst children under five.

RDC - Cluster l'Eau, Hygiène et Assainissement & Nutrition - Situation des alertes nutritionnelles Mai – Juillet 2016



Humanitarian leadership and coordination

UNICEF continues its leadership of four Clusters at national and provincial levels (Education, WASH, Nutrition, and NFI/Shelter) as well as the Child Protection Working Group. In addition, UNICEF continues to lead in coordination and learning on cash-based programming in DRC. UNICEF hosts and continues to co-lead (with World Food Program and Catholic Relief Services) the Cash Working Group (CWG) in Goma. UNICEF is working with the Overseas Development Institute (ODI) and the UK Department for International Development (DFID) to develop pragmatic next steps to implement the recommendations from the global High Level Panel on Humanitarian Cash Transfers in the DRC. As part of this process, UNICEF and the CWG are collaborating with ODI to undertake a case study in DRC on how cash transfers could be used at a greater scale and in ways that maximize their potential advantages. ODI will visit DRC in early September to collect information and material for this case study.

Summary Analysis of Programme response



Nutrition

- Since January 2016, UNICEF and its partners Action Against Hunger (ACF), *Cooperazione Internazionale* (COOPI) and Save the Children supported the treatment of 161,497 children under five with SAM in 1,710 health centers in 342 health zones. This represents 53.8% of UNICEF's 2016 target of treatment for 300,000 children with SAM. Among them, 14,584 were treated for SAM associated with other medical complications. The recovery rate is estimated at 84.1%; death rate, 1.9%; default rate, 11.9%; and 2.2% of non-response.
- UNICEF is seeking to scale-up its Rapid Response to Nutrition Crisis mechanisms (RRNC) in order to ensure treatment for children with SAM. In addition, UNICEF and government and NGO partners are including prevention interventions addressing root and cultural causes of malnutrition, particularly in areas where there are recurring nutritional alerts (Kitangwa, Tembo).
- The Nutrition cluster is updating the cluster guidelines and integrating elements from WASH and food security clusters.



Education

- During this reporting period, 34,677 conflict-affected children aged 6-11 (8,094 girls) were given access to quality education and psychosocial activities, through catch-up classes (including through the Rapid Response Mechanism to Population movement (RRMP)), and training of 274 teachers (including 53 women) on psychosocial support, peace education, conflict and disaster risk reduction.
- In Tanganyika's Mitwaba territory, 804 pupils (483 girls) who had been out of class due to conflict were enrolled in catch up activities during the summer vacation in order to be eligible for the next grade.
- As there are currently no humanitarian partners implementing education projects in Maniema and Ituri Provinces as well as in North Kivu's Walikale territory, significant gaps and unmet education needs of thousands of children remain in these affected areas.



Health

- Following the measles epidemics which hit several provinces, UNICEF provided measles vaccines, as well as measles kits in all affected health zones in the provinces of South Kivu, Tanganyika, Maniema, Lomami and Bas Uele. The follow-up immunization campaign in 12 provinces is targeting children between 9-59 months.
- An immunization campaign to prevent the spread of the yellow fever outbreak was organized in 47 HZ (32 HZ in Kinshasa) and 15 HZ in provinces bordering Angola. UNICEF delivered 5,800,000 doses of yellow fever vaccine at national level and provided technical support for epidemiological surveillance as well as logistic, technical, and financial support for communication.
- Through the RRMP mechanism, a total of 2,590 conflict-affected people were provided with medical assistance in the provinces of South Kivu during the reporting period.



WASH

- As part of the response to the current cholera epidemic along the Congo River watershed during the months of July and August, UNICEF provided WASH supplies to INGOs Lutheran World Federation (LWF) and Oxfam Great Britain in Tshopo, Mongala and Equateur provinces. The WASH and Health Clusters have prepared a joint strategy and advocacy document for use by key actors and donors to mobilize further resources for this crisis and strengthen multi-sectorial coordination.
- UNICEF's RRMP WASH partners ensured holistic WASH package assistance to 27,758 people living in cholera-affected areas in Ituri (Solidarités International) and in Tanganyika (IRC); in Mai-Ndombe province, Adventist Development and Relief Agency (ADRA) continues its health response to the outbreak with support from the DRC Country-based Pooled Fund.
- The WASH Cluster organized two trainings in Lubumbashi and Bukavu: "WASH in Emergencies" and "Rapid Needs Assessment" including modules on field data collection using a smartphone application. The SMS application was developed to collect field data about cholera cases, water points and the location of Cholera Treatment Centres and Units in order to prepare maps and other tools to analyze disease transmission and guide the response. The WASH Cluster has presented this application with members of the WASH and Health Clusters.
- Cholera outbreaks in most of the Health Zones of Haut Lomami, Tanganyika and Haut Katanga provinces were controlled, due in part to UNICEF support given through partners *Vijana Ya Panda Tujengezi* (VIPATU), Eagle House Business (EHB), DRC Red Cross, and Alima.
- UNICEF's RRMP WASH partners in North Kivu (Solidarités), South Kivu (IRC) and Tanganyika (IRC) provided emergency WASH assistance to 16,097 people affected by conflicts. RRMP activities in the eastern provinces faced some difficulties and delays due to lack of humanitarian and security access to affected population.
- The new DRC nutritional crisis bulletin (May-July 2016) was issued during this period, but the lack of resources for joint WASH in Nutrition responses has limited any joint response to these new alerts.
- A field trial of a research aiming at detecting *Vibrio cholera* in water samples using Rapid Diagnostic Test (Pasteur Institute, UNICEF Regional Office, and Kalemie Sub-Office) was successfully implemented. The investigation team was able to detect *Vibrio cholera* in one of the water containers at a patient's home. The research project is still ongoing in other epidemic contexts. If successful, this technique may improve the effectiveness and rapidity of cholera detection during an outbreak to lead to a more diligent response.

Child Protection

- During this reporting period, UNICEF and the national Ministry of Education organized four training sessions for the integration of Mine Risk Education (MRE) into the national primary education curriculum. These trainings targeted school directors and primary school teachers in three provinces (North and South Ubangi and North Kivu) with areas contaminated with highly explosive remnants of war (ERW). The activity also benefited from the additional support of UNMAS and of the *Centre congolais de lutte antimines* (CCLAM). In total, these activities reached 68 focal points North and South Ubangi (Gemena and Gbadoloite territories) and a total of 621 teachers and school directors (386 in North and South Ubangi and 235 in North Kivu). The trainings focused on how to better integrate MRE in the formal education curricula, increasing prevention and the adoption of safe behaviors among children and their families.
- From January to June 2016, complete figures show that 1,913 children associated with armed groups have been released and have received care through UNICEF. During this reporting period, an additional 945 children associated with armed forces and groups (CAAFAG), including 222 girls, exited armed forces and groups in eastern DRC and received care from UNICEF and partners. This substantial increase is due to the ongoing verification of CAAFAG by the *Unité d'Exécution du Programme National de Désarmement, Démobilisation et Réinsertion* (UEPNDDR) and UNICEF partners in the territories of Kasongo, Kabambare in Maniema where 484 new CAAFAG were verified (including 161 girls). Maniema represents 51.2% of the total number of released CAAFAG for the eastern provinces, followed by North Kivu with 35.9% and Ituri with 10.5%.
- The proportion of girls released during this reporting period is 23.49%. Also during this period, UNICEF partners supported the family re-unification of 511 ex-CAAFAG, including 72 girls. A total of 163 ex-CAAFAG started their reintegration projects including 55 girls.
- 90 unaccompanied and separated children were identified during this reporting period.
- Overall, 77,142 displaced children have been provided with access to safe and protective community spaces for socialization, play and learning in 2016. During the first half of the year, complete data indicate that 58,153 children have participated in activities in child friendly spaces (CFS); during this reporting period an additional 18,989 children, including 9,643 girls, participated in activities in Child-Friendly Spaces (CFS) and received psychosocial, educative and recreational care in these protective environments.
- With regard to Sexual and Gender-Based Violence (SGBV), UNICEF and partners identified and assisted 868 survivors (349 children) in North Kivu, specifically in the territories of Beni, Lubero, Walikale and Nyiragongo. All of them have received psychosocial care; 431 (152 children) benefited from medical assistance; 135 (46 children), from judicial assistance. 30 survivors have been assisted in reintegrating into school, and 198 survivors (67 children) benefited from economic reintegration support. 3,053 community members, including 1,586 youths were sensitized on prevention of SGBV and the existing referral mechanisms. 119 SGBV stakeholders were trained on holistic care of survivors of SGBV.

Non-Food Items / Shelter materials

During this reporting period, UNICEF's RRMP (Rapid Response to Movements of Population) partners AVSI, IRC, NRC, and Solidarités International reached 103,625 people (18,948 families) with access to essential household, personal, and hygiene Non-Food Items (NFI) and shelter materials. So far in 2016, UNICEF NFI partners have reached 334,128 persons (57,930 families)—46.4% of UNICEF's target for the year, with updated data from the first half of the year indicating 230,503 people had been reached with immediate assistance. RRMP partners carried out activities in three provinces: North Kivu, 63.9%; South Kivu, 23.2%; and Ituri, 12.9%. Major UNICEF-supported activities during this period included:

- Ituri: Assistance by Solidarités to 2,442 displaced families (and their host families) who fled violence in North-Kivu's Beni territory to Ituri province's Mambasa territory.
- North-Kivu: Interventions delayed for security reasons in some territories since May 2016 resumed and were completed in July; RRMP partners NRC and Solidarités assisted a total of 12,108 families during this reporting period in multiple NFI cash voucher fairs in Beni, Masisi, Rutshuru, and Walikale territories.
- South-Kivu: RRMP partners AVSI and IRC assisted a total of 4,398 families, primarily IDPs and vulnerable host families, through cash voucher fairs in Kalehe territory.
- Tanganyika and Haut Katanga: Insecurity in southern Mitwaba and Nyunzu territories prevented UNICEF and partners from mobilizing any interventions in Tanganyika or Haut Katanga provinces during this reporting

period; inter-community violence between Balubakat and Batwa broke out in Nyunzu territory in mid-July and partners suspended activities in southern Mitwaba territory following insecurity.

Overall, during this reporting period, UNICEF and partners responded primarily to the needs of newly displaced children and their families: 77.6% of beneficiaries were IDPs (Internally Displaced Persons); 16.1%, host families; 6.2%, other vulnerable residents; and only 0.1% were IDP returnees. In terms of people assisted, since January, 56.6% of UNICEF beneficiary families have been IDPs; 23.5%, IDP returnees; 12.9%, IDP host families; 5.8% other vulnerable families in affected areas; and 1.1% refugees from Central African Republic.

- The capacity of local markets to accommodate NFI cash voucher fairs — even in relatively remote areas — continues to grow: 100% of UNICEF-supported interventions during this reporting period were via cash voucher fairs. Since January, partners have delivered 92.8% of UNICEF-supported NFI assistance via voucher fairs and 7.2% by direct distribution. The cash voucher approach is also widely used by other national and international NGO actors with 77.4% of all NFI assistance in DRC delivered via vouchers. So far in 2016, UNICEF-supported NFI programmes have injected US\$3,440,558 into the local economy via hundreds of local vendors of essential household, personal, and hygiene-related items.
- The preliminary calculations of all NFI actors¹ so far in 2016 puts the number of people assisted with access to NFI at 519,302, 25.4% of the Cluster target for the year. The NFI and shelter sectors are among the most underfunded in the DRC. UNICEF-supported activities represented 96.0% of all reported NFI assistance during this reporting period and 62.6% overall this year (as a % of households assisted).
- In terms of fund mobilisation for the NFI/Shelter sector, during this reporting period, the gap analysis and successful advocacy of the UNICEF-led NFI and Shelter Cluster helped to secure over US\$ 4 M of a US\$ 11 M CERF Under-Funded allocation for these two sectors in the two provinces targeted for this allocation: North-Kivu and Ituri provinces. UNICEF's NFI programme for USD\$2,440,335 will help boost RRMP response capacity in NFI as well as supporting the use of direct cash grants for NFI through the ARCC programme. UNHCR's will use 1.6 M USD for emergency shelter activities in the two provinces.
- Finally, July and August saw UNICEF provincial and national level staff conducting field monitoring visits of multiple partner NFI programs in Tanganyika, North-Kivu, South-Kivu, and Ituri provinces. These included visits of highly successful joint food and NFI voucher fairs conducted by RRMP partner, NRC, in North-Kivu's Beni territory.

Multipurpose Cash-based Assistance

- During this reporting period, UNICEF delivered multi-purpose cash assistance through its partner Mercy Corps for 4,763 IDPs households in North Kivu: 2,083 families in Bukama locality, Masisi territory; and 2,680 families on the Lubirihya-Mutwanga road in Beni territory. Both waves of displacement occurred because of clashes between the FARDC and FDLR in Masisi territory, and the atrocities committed by ADF in Beni territory.
- The Beni intervention was the first time in DRC that the North Kivu Minimum Expenditure Basket (MEB) was used as the basis for calculating the transfer amount per family. This tool was developed by the North Kivu Cash Working Group in collaboration with different clusters and validated in June by the North Kivu Inter-Cluster. It allowed Mercy Corps (ARCC) and Norwegian Refugee Council (NRC) (with ECHO funding) to collaborate on the first ever DRC joint multi-purpose cash intervention where two organizations served the same beneficiaries by covering different sectors of the MEB depending on their sectorial mandate. Mercy Corps covered the cash needs associated with the MEB's Health, NFI and WASH needs (US\$ 92) and NRC covered the amount for the food security and livelihoods needs (US\$91). The average amount delivered to each household was US\$183. The cash assistance was adapted to household size in order to increase equity and effectiveness. This joint approach allows actors to pool response capacities in multi-purpose cash assistance to address large-scale displacement movements which have occurred with increasing frequency in North Kivu since the beginning of the year.
- Also during this reporting period, ARCC partners AVSI and CRS completed targeting for 5,707 returnee households in South Kivu and Haut Katanga. These families will received their transfers during the next reporting period. These households returned to their home villages after having fled clashes between the FARDC and Mai Mai Yakutumba in South Kivu and the ethnic clashes between Balubakat and Batwa in Haut Katanga.

¹ This does not include ICRC, (International Committee of the Red Cross) and MSF (*Médecins Sans Frontières*) who operate outside the DRC HRP (Humanitarian Response Plan) but with whom UNICEF partners collaborate with closely.

Communication for Development (C4D)

- During this reporting period, the C4D team supported the launch of the yellow fever vaccination campaign in 47 health zones in six provinces (Kinshasa, Congo Central, Kasai Central, Kasai, Lualaba and Kwango) by producing theatre pieces, radios and television spots, and briefing reports. UNICEF has collaborated with national and international media in order to raise awareness about the yellow fever vaccination campaign. UNICEF also led social mobilizers on the ground to engage with communities and encourage people to get vaccinated.
- As a response to the current cholera outbreaks in the western provinces of DRC, the C4D team has finalized a joint communication strategy with WHO and advocacy materials in order to support and inform communities about the cholera vaccination campaign. UNICEF has also distributed communication materials (posters, leaflets) in 12 Health Zones.

External Communication

- During this reporting period, the communication section has covered the yellow fever epidemic with international and national press and prepared a communication campaign on the cholera outbreak. The section also published nine articles on emergencies on its social media platforms (www.ponabana.com and social media): two on cholera, one on yellow fever, one on cash transfers, one on Non-Food Items fairs, one on Children associated with armed forces and armed groups, two on WASH (C4D, access to water). (cf. <http://ponabana.com/category/emergencies/?lang=en>).

Funding

Funding Requirements (as defined in Humanitarian Appeal of 2016)

Appeal Sector	Requirements	Funds available*	Funding gap	
			\$	%
Nutrition	42,300,000	2,359,138	39,940,862	94%
Health (beyond RRMP)	7,000,000	1,451,388	5,548,612	79%
WASH (beyond RRMP)	5,720,000	1,363,581	4,356,419	76%
Child Protection (including sexual and gender-based violence and mine risk education)	16,000,000	3,712,549	12,287,451	77%
Education (beyond RRMP)	6,000,000	836,623	5,163,377	86%
Non Food Items (beyond RRMP)	1,020,000	0	1,020,000	100%
Rapid Response to Population Movement Mechanism	43,000,000	27,538,805	15,461,195	36%
Multipurpose cash-based assistance	7,500,000	2,803,903	4,696,097	63%
Sector/Cluster Coordination	1,820,000	0	1,820,000	100%
Sub-Total	130,360,000	40,065,988	90,294,012	69%

* Funds available' includes funding received against current appeal as well as carry-forward from the previous year.

*Funds available does not include pledges.

Next SitRep: 30 November 2016

UNICEF DRC on Twitter: https://twitter.com/UNICEF_DRC

UNICEF DRC on Facebook: www.facebook.com/UNICEFDRC

UNICEF DRC Country Website: <http://www.unicef.org/drcongo>

UNICEF DRC Humanitarian Action for Children 2016: www.unicef.org/appeals/drc

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ANNEX A: Summary of Programme Results¹

	UNICEF and Operational partners			Cluster/Sector		
	2016 Target	Total Results	% of Target Achieved	2016 Target	Total Results	% of Target Achieved
WATER, SANITATION & HYGIENE						
# of conflict-affected people with access to water, hygiene and sanitation basic services	631,015	210,541	33% ²	2,902,136	413,120	14%
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,609,774	732,231	45%	3,938,908	990,912	25%
# of people affected by natural disaster assisted with WASH package target				Not targeted in 2016 HRP ³	21,300	N/A
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	25,685	6,400	25%	69,793	6,400	9%
EDUCATION						
# 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)	200,000	179,287	89%	555,290	349,413	63%
# of schools and/or temporary learning spaces providing protecting environment to emergency-affected children	606	58	10%	1,678	80	21%
# of teachers trained on learner-center methodologies, peace education, disaster risk reduction, and how to identify and refer children in need of psychosocial care and support to available protection services	1,818	1,101	60%	10,096	1,908	19%
HEALTH						
# children (6 months-14 years) in humanitarian situations vaccinated against measles	442,200	215,740	49%	N/A	N/A	N/A
# people affected by conflict and disease outbreaks having received access to primary health care	210,000	50,510	25%	N/A	N/A	N/A
NUTRITION						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices	300,000	161,497	54%	302,487 ⁴	161,497	53%
Recovery Rate	>75%	84%	N/A	>75%	84%	N/A
Death rate	<10%	2%	N/A	<10%	2%	N/A
Default rate	<15%	12%	N/A	<15%	12%	N/A
CHILD PROTECTION						
# of children formerly associated with armed forces/groups released and provided with assistance	3,700	2,858	77%	3,700 ⁵	2,911	79%
# of separated and unaccompanied children identified and reunited with their families	1,000	328 ⁶	33%	1,500	335	22%
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	60,000	77,142	128%	70,000	78,824	112%
# of identified survivors of sexual violence provided with a comprehensive response	10,000	2,597	26%	Not applicable		
NFI/SHELTER						
# of people accessing essential household items, and shelter materials	720,000	334,128	46%	2,040,751	519,302	25%
MULTIPURPOSE CASH BASED ASSISTANCE						
# households assisted with an unconditional cash grant or multipurpose voucher fair	21,000	11,912	57%	60,000 ⁷	29,138	49%

¹ Note that cumulative results do not always correspond to the sum of the previous reports cumulative results and the results for the current period due to late reporting of results from previous periods and data cleaning.

² The percentage is lower than 50% because there is funding gap since the beginning of the year.

³ Natural disasters are not taken in consideration as crisis according to Humanitarian Response Plan(HRP) 2016, even though UNICEF, as Lead Agency, is monitoring and gathering WASH Cluster data

⁴ Please note that the UNICEF targets 2016 and the Cluster target 2016 are slightly the same because UNICEF is providing almost the totality of the funding's to the partners.

⁵ Please note that UNICEF targets and Cluster data are the same because at the moment UNICEF is the only organization in DRC who is working on children associated with armed forces

⁶ Figures in this Sitrep are lower than the last report due to a change in reporting; the last Sitrep included CAAFAG who were reunified, whereas this figure only includes UASC.

⁷ Ongoing update by the Cash Working Group for the first half 2016

% of household who spent part of the assistance to access health and education services	27%	37%	137%	ND	ND	ND
% Variation of the children health services access rate	30%	35%	116%	ND	ND	ND
% Variation of the children education services access rate	20%	83%	413%	ND	ND	ND