



Democratic Republic of the Congo

Humanitarian SitRep

unicef

April-June 2017

SITUATION IN NUMBERS

Highlights

- In April, 2017 President Joseph Kabila announced the constitution of a new Government led by Prime Minister Bruno Tshibala as Prime Minister, and an expanded cabinet, charged with the responsibility of organizing credible elections, addressing the country's economic situation and improving the socioeconomic conditions of the population.
- Humanitarian situation in the Country is becoming more complex with continuing activities of Armed Groups in Eastern DRC, an increase in the number of incidents associated with the crisis in the Greater Kasai Provinces and sustained population of IDPs due to the inter-ethnic clashes in Tanganyika province. In addition, there is an increase in the refugee influx both from Burundi and South Sudan to into the DRC.
- Health epidemics like Ebola, Polio, Cholera, Measles and Avian Influenza were reported by the Ministry of Health across the Country, during the reporting period. As of the end of June, 2017, there were a total of 8 reported cases of Ebola and 4 recorded deaths.
- During the reporting period, UNICEF and partners provided nearly 177,000 emergency-affected people with unconditional cash transfers in North Kivu, Tanganyika and Kasai Oriental while the Rapid Response to Movements of Population programme in the East reached a total of 210,135 people with access to Non Food Items through voucher fairs.

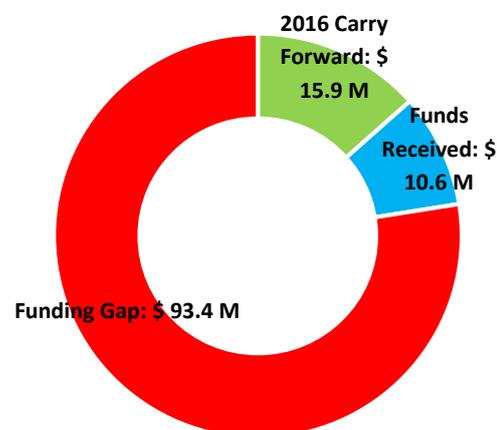
7.3 million people in need of humanitarian assistance (OCHA, HRP, 2017)

3.8 million Internally Displaced persons (IDP) country-wide (OCHA, June 2017)

8 cases of Ebola with 4 deaths (MOH, June 2017)

24,990 suspected cases of measles (MOH, June 2017)

UNICEF Humanitarian Appeal 2017
US\$ 119 million
22% of required funds available



UNICEF's and Cluster Response				
	UNICEF		Sector/Cluster	
	UNICEF Target	Results	Cluster Target	Results
# of persons in cholera-prone zones benefiting from WASH cholera-response packages	1,665,186	340,589	4,162,964	1,342,734
# children (6 months-14 years) in humanitarian situations vaccinated against measles	500,000	248,800		
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	310,609	105,919	388,261	105,919
# of people accessing essential household items, and shelter materials	650,000	210,135	1,678,683	446,558
# households assisted with an unconditional cash grant	40,000	35,478	60,0001	44,377

Humanitarian leadership and coordination

UNICEF continued its coordination at national and provincial levels of **four clusters** (Education, Non Food Items -NFI and Shelter, Nutrition, and WASH) as well as lead the Child Protection **sub-cluster** and acting as co-lead (with WFP and Catholic Relief Services) of the **Cash Working Group** based in Goma, Eastern DRC.

At the national level, Inter-Cluster activities during the reporting period was focused on addressing **coordination needs and challenges in the Kasai crisis**. Specifically, UNICEF remains active in the operational coordination of the Kasai crisis in the provinces and at national level.

Other activities of the clusters at the national-level during the reporting period include (1) technical review of the Common Humanitarian Fund projects, (2) development of a multi-sectoral rapid evaluation tool for use in new crises like the Kasais, and (3) the development of indicators to help measure the multi-sectoral focus of this year's Humanitarian Response plan. In mid-May 2017, OCHA hosted the annual national Inter-Cluster retreat focusing on how to operationalize and measure the 2017 Humanitarian Response Plan (HRP)'s with a focus on quality, appropriateness, and timeliness of humanitarian response in line with the global Core Humanitarian Standards (CHS).

Summary Analysis of Programme response



Nutrition

UNICEF, in collaboration with implementing partners, supported the treatment for 105,919 cases (58,555 girls and 47,364 boys) of children under 5 years old with severe acute malnutrition (SAM) since the beginning of the year and through the end of this reporting period. All of these children were treated in outpatient care, and 7,325 (7%) of the cases developed medical complications which required hospital treatment. The recovery rate was estimated at 87.5%; the death rate was 1.28%; the default rate was 9.98%; and the non-response rates was 1.20%. Note: the recommended standard thresholds are recovery rates of >75%; death rates of <5%; and default rates of <15%.

The last nutritional surveillance system reports (SNSAP) during this reporting period showed 18 health zones in seven provinces in nutrition alert. These health zones can be categorized in two groups: five health zones that appear for the first time in the surveillance system, and 13 health zones that have reported alerts at least once in the past. Note that, seven of these health zones are in the Kasai provinces.

In addition to the four surveys conducted in March, 2017, UNICEF's partner *Action Contre la Faim* (ACF) conducted another nutrition survey in June, 2017 in Tshikula Health Zone in Kasai Central province. This survey revealed a global acute malnutrition (GAM) rate of 12.3%; with 4.5% severe acute malnutrition (SAM).

As part of the UNICEF response to the humanitarian crises in Kasai, Kasai Oriental, and Tanganyika provinces, nutrition interventions are being implemented to address the management of children suffering from SAM with funds from Central Emergency Response Fund (CERF). Highlights include:

- In Kalemie (capital of Tanganyika Province), a total of 450 children under 5 years old out of 869 planned, were admitted to therapeutic nutritional programmes; as at the time of the report 235 children have been cured while 2 had dropped out.
- In Tshikapa and Kalomba (Kasai province), a total of 1,518 children with SAM were registered in SAM treatment programmes.
- Also in Kasai, 30 health workers were trained on the management of malnutrition based on the national guidelines; two outpatient centers were opened in Kasala and Kabeya health areas; UNICEF and partners target 1,738 children under five suffering from SAM in these areas.
- In Kasai Oriental, 74 health workers were trained on the management of acute malnutrition in 15 health areas in Kabeya Kamwanga, Miabi, and Cilundu health zones; 300 community workers were also trained on community identification of cases and referral procedures to health centres. A total of 295 children out of 1,858 that were planned were admitted to the outpatient centres.

The provinces of Kwango, Kwilu, Haut Lomami, and Tshopo are part of the *Réponse Rapide aux Crises Nutritionnelles* programme (RRCN) where SAM programming is underway with funding from ECHO and the DRC Common Humanitarian Pooled Funds. Key results through the end of this reporting period were 8,066 SAM cases under

treatment in Kwango (Kahemba, Tembo, Kajiji, and Wambalwadi); 799 cases in Kwilu (Bagata); 3,700 cases in Tshopo (Basali and Opienge); and 1,888 in Haut Lomami.



Education

During this reporting period, 35,726 children aged 6-11 (including 5,633 girls) affected by conflict were provided with access to quality education and psychosocial activities through the distribution of teacher training kits, catch-up classes (through the Rapid Response to Movements of Population – RRMP programme), and training of 130 teachers (including 36 women) on psychosocial support, peace education, conflict management, and disaster risk reduction.

As the period coincides with the closure of the academic year, most of activities were concentrated on the support for the end of primary school final examination for children in conflict-affected areas.

In the Kasai region, Tanganyika, and North Kivu, remedial classes were provided to 9,878 children (including 4,327 girls) using a combination of the CERF-funded programmes (implemented jointly with the Child Protection section) and the Pooled Fund “First Emergency” allocation.

In some territories of Kasai provinces, where children were not able to take their examination due to conflict, the academic year has been modified/adapted and the examination planned for a later period.

Difficulties in accessing targeted areas persist, due to a combination of factors ranging from volatile security and deteriorated road infrastructure. At the end of May, 2017, the Monitoring and Reporting Mechanism (MRM) on grave violations against children in conflict reported that 639 schools in both Kasai Central and Kasai provinces have been attacked/destroyed.

During the school vacation period, the national education cluster will be supporting training of teachers on peacebuilding, psychosocial support and education in emergency in the 3 provinces of the Grand Kasai.



Health

In terms of response to epidemics, so far in 2017, UNICEF has supported coordination efforts, advocacy for resource mobilization, and provided technical support, supplies and logistic for the national response to health epidemics i.e. Ebola, measles and cholera.

For the Ebola response, in Likati health zone of Bas Uele province, UNICEF provided ten motorbikes to assist with the movement of community health workers across the affected health areas. In partnership with ECHO flight (for transportation), UNICEF donated health equipment and medicines from its contingency stock to the affected health facilities including the general hospital in the Likati health zone to support case management and improve access of an estimated 10,000 people to health care. UNICEF also supported the deployment of four (4) national and 5 provincial public health experts to increase the capacity on the ground in the affected health areas.

In Kasai and Kasai Central provinces, UNICEF provided measles vaccines to 248,800 children in response to the measles outbreak in affected health zones.

Through RRMP, UNICEF supported the case management of 24,016 people in the provinces of North Kivu, South Kivu, Haut Katanga, and Tanganyika.



WASH (Water, Sanitation, and Hygiene)

During this reporting period, UNICEF provided emergency WASH assistance through the RRMP mechanism in North Kivu, South Kivu, Ituri, and Tanganyika provinces to 27,065 people affected by conflicts; 1,390 malnourished children; and 27,816 people in cholera-affected areas.

UNICEF and partners supported cholera response with interventions in the provinces of Sud Kivu, Haut Lomami and Tanganyika by providing essential supplies, technical assistance, and coordination leadership to the response to the ongoing cholera outbreaks in the different provinces.

The cholera situation in the eastern provinces is increasingly critical: South Kivu and Tanganyika provinces are facing significant outbreaks which is further complicated by population movements. Haut Lomami province is also a cholera-affected areas that is now receiving displaced families from both the Kasai region and Tanganyika. Ituri province is facing an epidemic outbreak. Temporary cuts in water supply in Goma (an endemic area) could also increase the risk of a new outbreak in this city. Kinshasa and the province of Kongo Central are both facing the cholera outbreak.

In Maniema, UNICEF helped develop three contingency plans in at-risk health zones and response simulations were conducted in 10 at-risk health areas covering a population of 110,321 people.

With funding from CERF, UNICEF is supported her implementing partners (ACF and *Amis des Personnes en Detresse* - APEDE) to implement WASH in nutrition and community WASH response in areas affected by population movements in Kasai, Kasai Central and Kasai Oriental provinces. In Tanganyika province, the same funding was used to support the Red Cross and the *International Rescue Committee* – IRC in emergency WASH activities in communities and sites hosting displaced families, and as part of the cholera response.

Also during this reporting period UNICEF donated chlorine to the Ebola response in Likati health zone of Bas Uele province for disinfection in the health facilities and in the communities, to contain the spread of the disease. The WASH supplies (hand washing units, purifiers, water purification bags, Aquatabs tablets) that were installed with UNICEF support in the Ebola Treatment Centers, health facilities, and schools in Likati health zone contributed to the control of the epidemic.

Child Protection

In Tanganyika province, with CERF funding, 119 children wounded in the conflict were provided with medical care; 20 unaccompanied children (12 girls) were supported; 24 girl survivors of sexual violence received medical care; and psychosocial and recreational activities were offered to 6,702 displaced children (3,550 girls) in child friendly spaces and play areas.

In the Kasai provinces, recreation activities were included in the care of 147 unaccompanied children (31 girls) and 26,546 children receiving psychosocial support, as part of the CERF funded project.

Family reunification remains a challenge in both Tanganyika and in the Kasais due to ongoing insecurity and population displacement.

Non-Food Items (NFI) / Shelter materials

Since the beginning of January 2017, UNICEF's Rapid Response to Movements of Population (RRMP) partners—AVSI, IRC, NRC, and Solidarités International—and two other ad hoc partners (Oxfam GB and Caritas Kananga) reached a total of 210,135 people (38,698 families) with access to essential household, personal, and hygiene-related Non-Food Items (NFI) and shelter reinforcement materials. The coverage of the assisted families with NFI support in the 7 focused provinces were 40.1% in North Kivu; 20.9% in Tanganyika; 18.0% in South Kivu; 12.2% in Ituri; 5.3% in Haut Katanga; 2.6% in Kongo Central; and 1.0% in Kasai Centrale.

Since January 2017, 73.3% of families who benefited from UNICEF's assistance were internally displaced persons; 11.4% were host families (families providing shelter to other displaced families in their homes); 9.6% were returnee population; 3.1% were other vulnerable residents; and 2.6% were victims of natural disasters.

As at the time of this report, 76.8% of UNICEF-supported families in the NFI/shelter sector were assisted via cash voucher fairs and 23.2% via cash distributions; leading to an injection of \$2,283,577 into the local economy via hundreds of local vendors of essential household, personal, and hygiene-related items.

At the cluster level, 446,558 people were targeted for NFI and UNICEF-supported activities represented 46.5% of all reported NFI assistance in DRC so far in the year.

Rapid Response for Movements of Population (RRMP)

During this period, the RRMP mechanism assisted 188,458 recent displaced persons with a multi-sectoral package covering NFI, health, education and water, hygiene and sanitation (WASH) needs in the provinces of Tanganyika, Haut Katanga, North Kivu, South Kivu, and Ituri. A total of 51 interventions were conducted using approaches that promote accountability to affected population, as well as gender and protection mainstreaming.

RRMP partners conducted ten multi-sectoral evaluations (MSA) to assess the needs of affected populations during this reporting period.

RRMP teams carried out 24,016 new medical consultations through 22 health interventions in North Kivu, South Kivu, and Tanganyika provinces using both mobile clinics and support to functional health structures.

WASH partners provided improved access to drinking water and sanitation to 59,497 people together with awareness raising activities to promote hygiene practices adapted to their specific displacement situation through 16 interventions conducted in all the five province mentioned above.

Education partners helped to re-integrate 23,480 children (11,194 girls) into emergency-affected schools, and assisted them as well with school materials in six interventions conducted in North Kivu and Tanganyika. Out of those children, 9,303 children (4,376 girls) benefited from catch-up classes to facilitate their integration into schools.

NFI partners reached 11,297 (56,745 persons) households during this reporting period with access to NFI items through 7 NFI fairs conducted in the provinces of Haut Katanga, North Kivu and Tanganyika. An additional 4,085 households (24,720 persons) were assisted with NFI items in South Kivu through three NFI distributions.

During this reporting period, UNICEF initiated development of a new RRMP programme specifically for the Kasai crisis. RRMP Kasai, with initial funding from DFID and USAID/OFDA, will focus on NFI assistance to affected households, WASH, Health, and Nutrition. ACF (Action Contre la Faim) has been pre-selected as the partner for Kasai and Kasai Occidental. In Kasai Oriental, Lomami, and Sankuru Solidarités International and Caritas Belgium will be the implementing partners. In May, 2017 an Emergency Specialist arrived in Kananga to coordinate the new RRMP Kasai initiative with support from a Stand-By Partner from Swedish Red Cross based in Mbuji-Mayi.

Multipurpose Cash Assistance

During this reporting period, implementing partners of the Alternative Responses for Communities in Crisis (ARCC) program carried out multi-purpose cash transfer in three provinces:

- In North Kivu province, UNICEF's partner - Mercy Corps successively provided unconditional cash transfers to 11,082 households (3,935 households in Oïcha (Beni territory); 2,005 in Kyondo (Beni territory); and 5,142 in Tongo/Bambu (Rutshuru territory).
- In Tanganyika Province, AVSI assisted 12,166 displaced households in the provincial capital, Kalemie.
- In Kasai Oriental, the INGO Catholic Relief Services (CRS) assisted 8,469 households in six health areas in the Kabeya Kamwanga Health Zone (Kabeya Kamwanga Territory).

ARCC partner, CRS successful use of cash transfers in the Kasais, was particularly noteworthy as there had been significant discussion among humanitarian actors on the feasibility or not of using cash-based approaches in the response in the Kasai. The UNICEF/CRS partnership for ARCC is still the only multi-purpose cash transfer programme in the Kasais.

Communication for Development (C4D)

UNICEF led the communication component of the Ebola outbreak response. Specifically, national, provincial, and local communication plans were developed based on the findings from a rapid Knowledge, Attitudes, and Practices (KAP) surveys of the affected communities. Communication activities aimed at raise awareness and promoting preventive behaviour among the affected population were also implemented. In addition to disseminating communication materials (posters, leaflets...), 1,069 people were reached through community screening of films on

Ebola, awareness raising sessions in churches, markets and schools and through community dialogue sessions. A communications specialist was deployed to Likati to implement the “90 days post-epidemic” campaign plan.

In April 2017, four circulating VDPV2 (Vaccine Derived Polio Virus) cases were reported in four Health Zones in Maniema (2 cases) and Haut Lomami (2 cases). As a result, socio-anthropological investigations have been made and C4D activities were intensified to promote polio vaccination during National Immunization Days from 9 - 11 April, 2017 and outbreak response from 27 – 29 June, 2017. C4D activities that included mass media, town criers, local radio campaigns, interpersonal communication through community mobilisers and advocacy with administrative, traditional and religious leaders were implemented. UNICEF recruited 14 C4D consultants who were deployed to facilitate the communication components of the outbreak response. Although refusal rates were still significant; an estimated 90% of families ultimately accepted to have their children receive the Polio vaccine, thanks to strong communications interventions.

External Communication

The main focus of the external communication during the reported period were the crisis in the **Kasai region and the Ebola epidemic**. Activities were organized in close collaboration with the communication section at the Regional Office.

Following a field visit to Kananga, Kasai Central, the UNICEF Acting Representative in the DRC gave a briefing on 21 April, 2017 on the impact of the crisis on children to the press core in Geneva. This event coincided with a press release “1,5 million children affected by violence in the Greater Kasai” (<http://ponabana.com/the-crisis-in-greater-kasai/?lang=en>) that was issued in Geneva, New York, Dakar, and Kinshasa. It generated large media coverage, including on Voice of America, UN Radio, BBC, UN Radio Okapi, and Huffington Post. A video statement of the Acting Representative on the Kasai crisis was posted online.

In order to raise further attention to the crisis, another communication campaign on nutrition and the 400,000 children in the Kasai region who are at risk of severe acute malnutrition was organized starting on 23 May, 2017. The press release “Nearly 400,000 children at risk of severe acute malnutrition in the Greater Kasai due to violence” (<http://ponabana.com/risk-of-severe-acute-malnutrition-in-the-greater-kasai/?lang=en>) was picked up by the BBC World Service, RFI (*Radio France Internationale*), UN Radio, and BBC Afrique. A photo story on the issue was also posted on the global website, as well as a human interest story on ponabana.com: <http://ponabana.com/a-doctor-fights-a-health-and-nutrition-crisis-in-kasai/?lang=en>.

Additional external communication included a press release and media work on the impact of the Kasai crisis on the education of children: 150,000 children in Greater Kasai region need emergency support to continue education (<http://ponabana.com/education-in-the-greater-kasai/?lang=en>). This story was picked up by *le Monde*, RFI English, Voice of America, and UN Radio Okapi.

On the Ebola epidemic, Connect, the UNICEF-blog at global level, published a story on the visit of the UNICEF Acting Representative in the DRC to the affected region with the Minister of Health and the WHO Representative on 17 May, 2017. A joint press release on the visit was issued and posted on several sites, including <http://ponabana.com/to-contain-outbreak-of-the-ebola-virus/?lang=en>. Another press release was issued on 30 May, 2017 focusing on the communication and social mobilization activities among the local population with support from UNICEF. The release was posted on ponabana.com <http://ponabana.com/to-contain-outbreak-of-the-ebola-virus/?lang=en>.

UNICEF addressed a special message to the media on cholera at the OneUN Press Conference in Kinshasa on 31 May (<http://ponabana.com/cholera-response-in-drc/?lang=en>). This was supported by digital communication activities.

All press releases were posted on <http://cd.one.un.org/>. In addition to the stories mentioned above, UNICEF DRC shared eight posts about humanitarian assistance on its blog www.ponabana.com, and four on www.unicef.org/drcongo/french (both French and English), distributing them through all its social media channels. These posts featured UNICEF initiatives including the Alternative Response to Communities in Crisis (ARCC) cash transfer programme.

Funding

Against the 2017 HAC of US\$ 119.1 million, the CO has received US\$ 7,015,305 and had US\$ 15,960,812 in funds carried over from prior years bringing the funds available in 2017 to US\$ 22,982,615. In May, 2017, UNICEF's additional needs for the Kasai crisis are under review and will be shared in the next Sitrep. UNICEF would like to take the opportunity to thank all the donors for their generous contributions in 2017.

Appeal Sector	Requirements	Funds available*	Funding gap	
			\$	%
Nutrition	37,200,000	5,911,332	31,288,668	84%
Health (beyond RRMP)	5,000,000	367,137	4,632,863	93%
WASH (beyond RRMP)	16,550,000	1,473,687	15,076,313	91%
Child Protection	4,375,000	1,046,988	3,328,012	76%
Education (beyond RRMP)	6,000,000	480,480	5,519,520	92%
Non Food Items (beyond RRMP)	500,000	355,581	144,419	29%
Rapid Response to Population Movement Mechanism	30,000,000	10,897,466	19,102,534	64%
Multipurpose cash-based assistance	18,000,000	5,112,075	12,887,925	72%
Sector/Cluster Coordination	1,500,000	0	1,500,000	100%
Sub-Total	119,125,000	25,644,746	93,480,254	78%

Next SitRep: 22 September 2017

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		
	2017 Target	Total Results	Change since last report	2017 Target	Total Results	Change since last report
WATER, SANITATION & HYGIENE						
# of conflict-affected people with access to water, hygiene and sanitation basic services	743,856	160,622	73,847	2,975,411	464,735	448,539
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,665,186	340,589	174,912	4,162,964	1,342,734	264,447
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	32,094	0	0	91,698	7,562	2,928
EDUCATION						
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	210,000	108,678	35,726	500,000	170,686	43,693
# of school aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	210,000	68,861	35,316	500,000	114,416	24,330
# of class rooms set up or rehabilitated	636	44	3	1,515	116	75
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	3,818	835	130	9,090	2,045	996
HEALTH						
# children (6 months-14 years) in humanitarian situations vaccinated against measles	500,000	248,800	0			N/A
# people affected by conflict and disease outbreaks having received access to primary health care	300,000	88,311	34,536			N/A
NUTRITION						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	310,609	105,919	70,356	388,261	105,919	70,356
Recovery Rate	>75%	87,5%	N/A	>75%	87,5%	N/A
Death rate	<10%	1287%	N/A	<10%	1287%	N/A
Default rate	<15%	9,98%	N/A	<15%	9,98%	N/A
CHILD PROTECTION						
# of children formerly associated with armed forces/groups released and provided with temporary assistance	3,700	1,158	612	3,700	1,183	637
# of separated and unaccompanied children identified and reunited with their families	600	1,284	895	1,200	1,342	953

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

# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	20,000	44,509	38,400	50,000	50,273	44,164
# of identified survivors of sexual violence provided with a comprehensive response	4,000	2,474	1,716	NA		
NFI/SHELTER						
# of people accessing essential household items, and shelter materials	650,000	210,135	81,707	1,678,683	446,558	269,370
MULTIPURPOSE CASH BASED ASSISTANCE						
# households assisted with an unconditional cash grant	40,000	31,717	32,417	60,000	44,377	41,316