



Democratic Republic of the Congo

Humanitarian SitRep

January/March 2017

SITUATION IN NUMBERS

Highlights

- On 17 February 2017, UNICEF released a statement condemning the use of children by militias, highlighting the plight of children in the Tanganyika and Kasai provinces: 23 mass graves have been reported by the office of the United Nations High Commissioner for Human Rights (OHCHR) and more than 4,180 separated children have been identified by UNICEF and partners at the end of March 2017.
- In the Kasai provinces, from January to March UNICEF partners assisted about 20,000 recent returnees with health, nutrition and child protection support. More than 30 children detained for allegedly being part of the militias have been released following UNICEF advocacy.
- In Tanganyika, UNICEF and partners have provided NFI, WASH, health and education assistance to 105,000 Internally Displaced persons.
- A total of 7,911 cases of cholera and 130 deaths have been recorded since January due to the re-emergence of the outbreak along the Congo River in January 2017.
- Measles outbreak continues to spread in Maniema and South Kivu provinces with a total of 14,485 suspected measles cases and 174 deaths recorded as of March 2017.

433,700

Newly displaced persons since August 2016 in the Tanganyika Province (OCHA, March 2017)

2.2 million

Internally displaced persons (IDPs) (DRC OCHA factsheet, Dec. 2016)

3,475

Children formerly associated with armed forces/groups released and provided with assistance in 2016

7,911

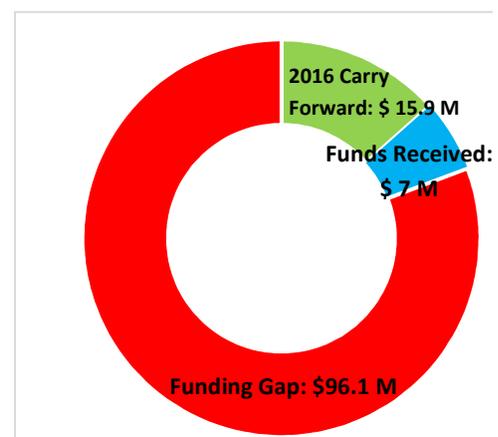
Cholera cases reported since the beginning of the year

UNICEF's and Cluster Response

UNICEF Humanitarian Appeal 2017

US\$ 119 million

19% of required funds available



	UNICEF		Sector/Cluster	
	UNICEF Target	Results	Cluster Target	Results
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,665,186	165,677	4,162,964	1,078,287
# 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	35,563	388,261	35,563
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	20,000	6,109	50,000	6,109
# of people accessing essential household items, and shelter materials	650,000	128,428	1,678,683	177,1881
# households assisted with an unconditional cash grant	40,000	3,061	60,0001	3,061

General Overview

Electoral Process

The political process remains at a stalemate due to diverging positions of the Presidential Majority (PM) and the *Rassemblement*¹ on the process of selection for the position of Prime Minister, in accordance with the St Sylvestre agreement, signed on 31 December 2016. The PM indicated that it was expecting a list of three proposed candidates from the *Rassemblement*, whereas the latter held that it was only required to propose one candidate.

The death of Etienne Tshisekedi on 1 February 2017 has given rise to divisions within the main opposition party *Union pour la Démocratie et le Progrès Social* (UDPS). Mr. Tshisekedi was to serve as initial president of the *Comité des Sages* and *Comité National de Suivi de l'Accord (CNSA)*², and no consensus has yet been reached to replace him as leader of this body.

The presence of armed groups in several areas of the country and the inter-ethnic conflicts including civilian displacement are affecting the *Commission Electorale Nationale Indépendante* (CENI) voter registration. No electoral calendar is yet available, despite the commitment in the St Sylvestre agreement, signed on 31 December 2016, to hold elections before the end of 2017.

Furthermore, following the attacks on Catholic churches in Kinshasa and Mbuji Mayi, political tensions have increased and affected the *Commission Episcopale Nationale du Congo's* (CENCO) efforts in the negotiations.

Mediation efforts led by the CENCO ended without an agreement between the PM and the opposition and protests broke out on 27 March 2017, amplifying fears of violence similar to the December 2016 clashes. Youths barricaded roads and burned tyres on the 27th and 28th of March in several parts of Kinshasa and in the south-eastern city of Lubumbashi.

Economy

A slump in the prices and output of key Congolese commodities, which account for around 95% of the country's export revenues, dragged GDP growth to an estimated 15-year low in 2016. Lower export earnings and a soaring budget deficit put pressure on the currency, causing it to depreciate sharply last year, which impacted income and consumer earnings.

The economic growth rate during the first quarter remained below the forecast of the central bank of DRC. In addition, the exchange rate drop of more than 30%, has eroded the purchasing power of 50%.

The monetary and financial situation is very worrying, because of the persistent solvency crisis of financial institutions. Loss of purchasing power and the limited availability of goods and services undermines potential household and child spending. In urban areas, access to food and housing remains challenging as inflation leads to rising food prices and rent. The devastation of maize fields by caterpillars further complicates the food situation in the South-east part of the country.

Conflicts

Tanganyika

- The **ethnic-based conflict opposing Balubakat and Batwa militias** in Tanganyika province since July 2016 has continued to be the **most active in the country measured by population movement**. According to an unpublished OCHA report, **433,700 people have been displaced** by the conflict over the past nine months (July 2016 to March 2017). The number has more than doubled in the past three months, and represents today 15% of the population of Tanganyika province. Kalemie, the provincial capital, currently hosts about 116,000 of these displaced people, which represents 60% of the host population. The Deputy Special Representative of the Secretary-General (DSRSG) for Operations stated at the end of January that the conflict had caused the **death of 150 people**.
- On 17 February 2017, UNICEF DRC issued a public declaration condemning the use of children by militias, raising awareness on the plight of many children in the Tanganyika and the Kasais.

¹ Main opposition coalition from the Democratic Republic of Congo (DRC) have decided to unite around a new platform known as "Rassemblement", or "Rally".

² Commission set up to monitor the implementation of the St Sylvestre agreement.

- The impact on the civilian population of inter-ethnic and intra-community violence in the above mentioned areas has justified a CERF new emergency multisector allocation of 4.63 million for the Tanganyika Province.

The Great Kasai (Kasai, Kasai Central, Kasai Oriental, Lomami, Sankuru provinces)

- The crisis in the Kasais (south-central DRC) known as the Kamuina Nsapu conflict has remained very active, and the most deadly in the country at the moment. From January to March 2017, there has been at least 36 attacks and clashes, spanning 5 provinces, and causing the death of more than 400 people (partial figures compiled by UNICEF), including at least 100 children.
- These attacks resulted in tens of thousands of additional IDPs, but there are no reliable figures. According to revised OCHA figures³, as at 31 March, 433,875 people had been displaced since August as a result of the conflict, which is more than twice the previous estimate. The complex emergency in the Kasai region is affecting at least 1.74 million people across the five provinces of Central Kasai, Eastern Kasai, Kasai, Lomami and Sankuru. According to official reports, violent and daily clashes opposing militias and national security forces have claimed at least 400 lives. While some of these internally displaced persons (IDPs) have been able to return home, the majority remain internally displaced, half of whom are located in the Great Kasai. On 1 February, the UN announced a 5.07 million USD CERF allocation for the Kasais, including 2.8 million for UNICEF.
- During the reporting period, reports confirmed the extension of the conflict to Lomami and Sankuru provinces (5 attacks), the death of a number of children (no data available) in three attacks in Kasai Central, the killing in the same area of two United Nations (UN) international experts and one Congolese travelling with them, the killing of at least 42 policemen in an ambush in Kasai, and the killing of about 15 residents of Kananga in a cordon and search operation.
- The release in mid-February on social media of video footage showing the alleged massacre of unarmed militia men and women by national army soldiers prompted an international outcry, and condemnation by the UN (MONUSCO and OHCHR). The UN has also documented 23 mass graves in the conflict area.
- About 100 UN peacekeepers are now deployed in three locations in the Kasais. In early March, a delegation led by the Minister of Home Affairs started negotiations in Kananga, Kasai central province, with the Kamuina Nsapu ruling family and some militia groups to calm down the situation.

North Kivu

- Territories of Rutshuru, Lubero, Masisi, Beni and Walikale were particularly characterized by violence and armed offenses. During this reporting period, in Rutshuru alone 50,000 newly internally displaced people were registered due to the ongoing inter-community conflict between Hutu and Nande populations.
- In February, rumors of the presence of M23 elements continued to circulate, with media coverage nationally and in neighboring countries. FARDC reported clashes with the M23 in Rutshuru territory, although the presence of the M23 has not been independently confirmed.

New Refugee Influx

Since January 2017, there are 460,923 refugees in DRC⁴

- More than 5,000 new refugees fleeing the war in South Sudan were registered in Aru and Faradje territories in Ituri and Haut Uele Provinces. According to the last UNHCR report, as of 28 February 2017, DRC has received a total of 71,529 South Sudanese refugees since October 2015.
- The Ituri provincial government maintained the suspension of humanitarian assistance to South Sudanese refugees living in locations at the border with South Sudan, pursuing their transfer to two officially designated host villages.
- As at 28 February 2017, 39,499 Burundian refugees were registered in the DRC, fleeing political tensions. 34,146 of these have been recorded in South Kivu province (79% in the Lusenda site and 21% with host families or in transit sites).

³ OCHA Complex Emergency in the Kasai Region, D.R. Congo Situation Report No. 1 (3 April 2017)

⁴ [\(UNHCR, 28 February 2017\)](#).

Cholera

- The cholera epidemic that appeared to be under control at the end of 2016 suddenly began to spread in early 2017. The main concerned provinces are those in epidemic areas along the Congo River (Congo Central, Mai Ndombé, Equateur, Mongala, Tshopo and Maniema Provinces) and two newly affected provinces (Bas Uele and Ituri). The mainly affected endemic provinces with reported cases were South Kivu, Haut Lomami, North Kivu, Tanganyika and Ituri.
- At the end of February, 7,911 cases and 277 deaths (fatality rate: 3.5%) as of the 12th epidemiological week, comparatively to the same period in 2016, 6,283 cases and 37 deaths were reported (fatality rate: 1%).

Measles

- In total, 14,485 suspected measles cases and 174 deaths were reported with a high fatality of 1.2%. During this period, 43%, 25% and 15% of the total cases were reported in the provinces of Maniema, Tanganyika and South Kivu respectively. During the same period in 2016, 1105 cases and 8 deaths were reported (fatality rate: 0.7%). It should be highlighted that despite a pre-emptive immunization campaign, certain provinces such as Maniema and South Kivu reported most of the suspected measles cases.

Nutritional alerts ⁵

- According to the nutrition surveillance system, in January 2017, 15 health zones were on nutrition alert. These are located in 6 provinces of the country and can be grouped into two categories: 2 health zones that appear for the first time and 13 health zones that have been reported on alert at least once in the past. Distribution of health zones is as follows: 5 in Kasai Central (Tshikaji, Bonkonde, Tshikula, Dibaya and Lubondaie), 2 in Kasai Oriental (Mukumbi and Tshilundu), 2 in Kwilu (Moanza and Masimanimba), 4 in Tshopo (Isangi, Basoko, Basali and Yahuma), 1 in Sud Ubangi (Kungu), and 1 in Maindombe (Ntandembelo). The February Feullet has showed 18 nutrition alerts, of which 7 in health zones in the Kasais (Tshikaji, Bunkonde, Tshikula, Dibaya, Lubondaie, Muetschi) and 5 in health zones in Tshopo (Yahisuli, Isangi, Basoko, Basali, Yahuma). Advocacy is underway at various levels to mobilize partners and resources to confirm alerts and direct nutritional response.
- Following the crisis between militia and the national army in the Great Kasai, the nutrition situation seems to have been deteriorating. Action Contre la Faim (ACF), conducted nutrition surveys in Kamuesha health zone and in health areas of Kalonda Ouest Health zone in order to determine the magnitude of malnutrition.
- Two SMART survey reports are available, surveys supported by UNICEF, in Kayna and Itebero, conducted in December 2016 in North Kivu presenting a situation as follows:
 - Kayna GAM 8.3% with 2.8% of SAM
 - Itebero GAM 6.4% with 05% of SAM

Humanitarian leadership and coordination

UNICEF facilitated the 2017 co-leads elections of the Goma based Cash Working Group (CWG). World Food Programme (WFP) and UNICEF remain co-lead of the group together with the newly elected co-lead Mercy Corps. UNICEF took part on the 28th of February at OCHA Active Learning Event on Humanitarian Cash Transfer in order to provide OCHA francophone staff from multiple countries with best practices and lessons learnt on multipurpose cash coordination in Democratic Republic of Congo. UNICEF and the CWG have finalized their current collaboration with Overseas Development Institute (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. The case study, available on the ODI website⁶, presents a comprehensive picture of humanitarian cash transfer programming in DRC.

UNICEF has been coordinating the national and three provincial Nutrition Clusters in close collaboration with NGOs and government that are co-facilitating. The cluster has met regularly at national and province levels. From January to February, 7 monthly cluster meetings were organized at national level and in provinces, and a strategic cluster workshop

⁵ The data collected dated from January 2017

⁶ <https://www.odi.org/publications/10762-humanitarian-cash-transfers-democratic-republic-congo>

was organized at the national level, the main objective of which was to define the key activities and the work plan to be implemented in order to achieve the results of the 2017 Humanitarian Action Plan.

During the first three months of the year, the Education Cluster at national and provincial levels has worked to develop new plans of action, it has coordinated the emergency response as well as the ongoing emergency activities, and it has ensured the regular organization and coordination of monthly meetings. Special focus is now on the humanitarian crisis in the Kasais and in Tanganyika. Education cluster coordination team conducted a field visit in Katanga and in Kasai to coordinate the response.

The WASH Cluster held their annual Strategic Workshop in February to conduct an analysis of the 2016 Cluster results and to define the main objectives, activities, and content for the 2017-2019 strategic plan and the 2017 operational plan, in order to align the Cluster's work to the 2017-2019 HRP and the GWC strategic plan. Decisions were made also about co-facilitation, the Strategic Advisors Group, Technical Working Groups, capacity building plan, cross-cutting themes such as environment and protection, the work plan, and other key aspects. Progress on implementation of CCPM action plan was also updated. Three Cluster meetings were held in January, February and March (the latter in Goma to allow main members based in the East to participate), in addition to regular meetings held at the provincial level. The WASH Cluster in Kasai resumed regular activities. Special WASH Cluster meetings were held in Tanganyika, South Kivu and North Kivu to discuss strategy following the completion of ACF and Solidarités International cholera response projects funded by ECHO.

In March, the Non Food Items (NFI) and Shelter Cluster organized a workshop in Goma to review the recommendations from the external evaluation of the NFI Score-Card vulnerability assessment tool and to agree on modifications to the tool and assessment approach. The external evaluation had been conducted by REACH in late November 2016 with support from the Global Shelter Cluster.

Summary Analysis of Programme response



Nutrition ⁷

- UNICEF in close collaboration with the implementation partners, has supported the treatment of 35,563 severe acute malnourished children out of total of 388,261 children planned in 2017. This figure represents 9% of the total expected annual target.
- The quality of treatment was in line with international standards with a cure rate estimated at 87%, deaths rates at 1.87%, defaulter rate at 8.86% and non-response rates at 2.3%
- In Kasai Oriental, a multisectoral project is under implementation in Kabeya Kamwanga health zone which has received displaced persons from Kasai Central following the crisis between the Kamuina Nsapu militia and the *Forces Armées de la RDC* (FARDC). Within this project it is planned to provide treatment to 200 severely malnourished children for 3 months from January 2017. In Kasai Oriental, a total of 1,326 children were treated in 4 health zones namely Tshilundu, Miabi, Tshishimbi and Kabeya Kamwanga of whom 442 were new cases. The crisis has impacted the quality of the treatment of SAM: the cured rate was 74%, the death rate was 3% while the defaulter rate was 25% which is beyond the acceptable benchmark (<15%).
- A CERF project, Rapid Response, has been developed and approved to cure 4,346 children under 5 years (2,260 girls and 2,086 boys) of severe acute malnutrition in the conflict zones in Tanganyika, Kasai Oriental and Kasai Central.



Education

- During the reporting period, 60,706 children aged 6-11 (including 28,807 girls) affected by conflict were given access to quality education and psychosocial activities, through distribution of pedagogical kits, catch-up classes (including through the Rapid Response to Movements of Population (RRMP)), training of 705 teachers (including 79 women) on psychosocial support, peace education, conflict and disaster risk.

⁷ The data collected are for the month of January 2017.

- Drawing from thematic funds, UNICEF was able ensure teacher training on peace education, centred learning methodology, psychosocial support, and conflict/disaster risk reduction for 182 teachers (20 women) in 20 primary schools in South Ubangi Province hosting refugee children from Central African Republic, as well as children from host communities.
- In Tanganyika Province, the interethnic conflict between Luba and Pygmies is ongoing with new clashes and consequent escalation. UNICEF through its partners (Ministry of Education and NGOs) is providing catch-up classes to 2,548 children in order to allow them to finish the school year and pass final year exams. Among these, 2,270 have passed the exams of the 2nd trimester, while the remaining children who were not able to pass the exams for security reasons, will benefit from a special session in the coming weeks.
- In January, funds from “UNICEF Children First initiative” have been granted to UNICEF DRC to ensure access to quality education in emergency to 12,000 primary school aged children and 1,000 youth (12-17 year olds) in the province of Tanganyika, through the distribution of school materials, while out-of-school children and adolescents will benefit from remedial classes.
- In January UNICEF distributed pedagogical kits to 4,000 primary school aged children in Kasai Oriental, and 25 recreational kits have been pre-positioned.
- A CERF project, Rapid Response, has been developed, including education and protection components. The project targets 5,000 children (out of the 80,000 eligible in the four provinces) in the final year of primary school - from Tanganyika, Kasai, Kasai Central and Kasai Oriental provinces –to follow remedial classes and pass final primary cycle exams. Activities have started.
- In Kongo Central province UNICEF responded to the needs of 9,400 primary school aged children victims of the floods in January 2017 through the distribution of School-in-a-carton kits.



Health

- In 2017, UNICEF supported coordination, advocacy for resource mobilization and provided supplies for cholera response, with the support of the DRC Humanitarian Funds.
- UNICEF has been supporting case management by ensuring availability of medical kits for 4,000 measles cases and has provided measles vaccine in the outbreak health zones for the vaccination of 248,800 children, in the most affected areas.



WASH (Water, Sanitation, and Hygiene)

- UNICEF is ensuring a supply of stock, technical assistance, and coordination for the response to the ongoing cholera outbreak affecting the Congo River watershed (Tshopo, Mongala, Maniema, Bas-Uele, Mai-Ndombe, Kongo Central, Kinshasa and Equateur), which is not yet under control. An analysis of the response in place, including coverage and gaps, is ongoing in order to advocate for government involvement and for funding and further interventions, with due consideration of exit strategies. The first results were presented at the national cholera sub-commission held by MoH.
- During the first quarter of the year, UNICEF supported cholera response by funding interventions in the provinces of North Kivu, Tanganyika, Haut Katanga, Maniema, Mai-Ndombe, Tshopo and Kinshasa.
- Within the *Plan Multisectoriel d'Élimination du Choléra* (PMSEC) framework, partnerships with government were established to update the mapping of at-risk Health Zones and the evaluation of the 2013-2017 PMSEC, to prepare the design of the new version of the plan. In this regard, the cartography working group is already active and GTP meetings have been held. Tanganyika PAO was officially adopted during the reporting period.
- UNICEF contributed to the WASH response for over 3,000 households affected by floods in Boma (Kongo Central), supporting OXFAM GB with funds and stock.
- A proposal for a 1.3 M USD was developed and financed by CERF to respond to WASH needs of 102,900 people affected by conflicts, malnutrition, and cholera in Tanganyika, Kasai, and Kasai Oriental provinces. Projects were signed with ACF (WASH and WiN in 2 HZ, Kasai), APEDE (WASH and WiN in 3 HZ in Kasai Oriental), and with Tanganyika Red Cross (WASH and cholera in 5 territories, Tanganyika). In addition, a part of the funds were allocated to IRC/RRMP for WASH in IDPs sites in Tanganyika. Supplies were provided and procurement was initiated to replenish the contingency stock.



Child Protection

- During the reporting period, in the Kasai Oriental and Central more than 3,900 children have already received protection services, (3,722 returnee children in safe spaces + 1 Sexual Gender Based Violence survivor receiving multisectoral response+205 Unaccompanied and Separated Minors (UASM) benefiting from IDTR). CARITAS, BNCE and APEDE are starting CERF funded emergency activities targeting 200 unaccompanied and separated children, 200 wounded children and 2700 children in need of psychosocial support in the Kasai and Tanganyika respectively.
- In North and South Kivu, CAJED, PAMI, UPADERI, UPDECO, TPO, supported by UNICEF, and CARITAS, ACOPE, AVREO supported by the Pooled Fund are pursuing child DDR responses and prevention mechanisms in the territories of Masisi, Rutshuru, Walikale, Beni, Lubero.
- In Maniema, ICCN and Caritas Kasongo are continuing to monitor the situation of child DDR and other emergency situations affecting children, despite the end of UNICEF support.
- Heal Africa, SAFDF and Hope in Action are implementing projects providing holistic assistance to SGVB survivors in the territories of Walikale, Beni and Lubero. During the reporting period 959 survivors were assisted including 516 children.



Non-Food Items (NFI) / Shelter materials

- Two new crises outside the usual response areas of RRMP – flooding in Kongo Central province and displacement in Kasai Central province – led to the establishment of new partnerships in these areas using pre-positioned NFI stocks in these provinces. During the reporting period, UNICEF partners carried out activities in six provinces reaching about 25,600 households: North Kivu, 53.9 % of families assisted; Ituri, 20.2%; Tanganyika, 14.9%; South Kivu, 5.0%; Kongo Central, 4.3%; and Kasai Central, 1.7%.
- UNICEF and partners responded primarily to the needs of newly displaced children and their families. During this reporting period, 69.5% of 128,428 persons who benefited from UNICEF's assistance were internally displaced persons; 13.3%, host families; 9.5%, returnees; 4.3%, victims of natural disasters; 3.4%, other vulnerable residents; and 0.1% returnee Congolese refugees.
- During the reporting period, 79.1% of UNICEF-supported families in the NFI/shelter sector were assisted via cash voucher fairs and 20.9% via distributions. To date in 2017, UNICEF-supported NFI programmes have injected \$1,401,505 into the local economy via hundreds of local vendors of essential household, personal, and hygiene-related items.
- The preliminary calculations of all NFI activities in the first quarter of 2017 puts the total number of people assisted with access to NFI at 177,188, which represents 10.6% of the Cluster target for the year. UNICEF-supported activities represented 72.5% of all reported NFI assistance during the reporting period.

Rapid Response for Movements of Population (RRMP)

- Through the RRMP mechanism, a total of 53,775 conflict-affected people were provided with medical assistance in the provinces of Tanganyika, Haut Katanga, South Kivu and North Kivu during the reporting period.
- WASH assistance was provided through the RRMP mechanism in North Kivu, South Kivu, Maniema, Ituri and Tanganyika provinces reaching 112,784 people affected by conflicts and 161,371 affected by cholera.
- In South Kivu, UNICEF RRMP partner AVSI provided pedagogical material to 4,063 students (2,057 girls) of which 1,100 have also benefitted of remedial classes.
- 14,675 pupils (including 7,394 girls) benefitted from school feeding provided by WFP in 20 primary schools in Fizi area.
- During the reporting period, UNICEF's RRMP partners, AVSI, IRC, NRC, and Solidarités International as well as two additional partners – Caritas Kananga and Oxfam - reached 128,428 people (23,343 families) with access to essential household, personal, and hygiene Non-Food Items (NFI) and shelter reinforcement materials. This represents 19.8% of UNICEF's target for the year.

Multipurpose Cash-based Assistance

During this reporting period, UNICEF's Alternative Responses for Communities in Crisis (ARCC) partners Mercy Corps, AVSI and CRS performed needs and market assessment activities and prioritized interventions to assist victims of armed conflict in three provinces:

- In North Kivu province, Mercy Corps has delivered cash transfers to 3,061 internally displaced households in Maboya, Mabuku, Mamingi and Visiki localities in Beni territory. In the same territory, targeting activities have been finalized for 2,015 internally displaced households in Kyondo locality.
- In Tanganyika Province, AVSI performed a multi sector assessment in Kalemie, the main town of the province. Multiple waves of displaced people arrived in three main sites (Moni, Kalunga and Kankomba) fleeing the Baluba-Batwa conflict. 11,373 internally displaced households have been targeted for multipurpose cash assistance which shall be delivered in early April. UNICEF is supporting AVSI in coordination efforts with WFP in order to provide holistic and harmonized assistance in these sites.
- In Eastern Kasai Province, CRS has completed the assessment phase and is half way through the targeting exercise for roughly 8,000 returnee households who fled violence and looting linked to the conflict between the Kamuina Nsapu militia and the FARDC in several villages in Kabeya Kamwango territory.

Communication for Development (C4D)

- In March 2017, UNICEF continued to fight epidemics through an information-on-demand service using mobile phone SMS messaging and inter-active voice platforms about prevention of yellow fever and other WASH-related topics (including cholera). This service remained operational throughout March 2017 to provide community members with useful information related to yellow fever and cholera.
- Through the Communication Task Force, awareness-raising activities on the prevention of yellow fever and cholera continued through a media campaign including broadcasts on radio and television.
- Regarding the prevention of yellow fever, the reporting period was characterized by the follow-up of the activities implemented in all the high-risk provinces targeted by the CERF project (Kongo Central, Kwango, Kasai, Kasai Central, Lualaba, Kinshasa), the completion of final CAP surveys.

External Communication

- UNICEF DRC shared eight posts about humanitarian assistance on its blog www.ponabana.com, and two on www.unicef.org/drcongo/french (both French and English) including a special landing page about the Rapid Response on the Movement of Populations (gathering all related posts, as well as a video and interactive map) that ECHO shared on their social media, and a video about the impact of ARCC.
- During the reporting period UNICEF DRC launched UNICEF's Humanitarian Appeal for Children through its digital platforms, social media and via special media activity, including a press briefing, a press release and a special interview the Chief Emergencies and Transition of UNICEF DRC on Radio Okapi, the UN Radio broadcast throughout the country.

Funding

Against the 2017 HAC of US\$ 119.1 million, the CO has received US\$ 7,015,305 and had funds of US\$ 15,960,812 carried over from prior years bringing the funds available to US\$ 22,982,615. 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	5,915,527	31,284,473	84%
Health (beyond RRMP)	5,000,000	441,630	4,558,370	91%
WASH (beyond RRMP)	16,550,000	1,524,546	15,025,454	91%
Child Protection	4,375,000	815,255	3,559,745	81%

DRC SITUATION REPORT

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Education (beyond RRMP)	6,000,000	439,636	5,560,364	93%
Non Food Items (beyond RRMP)	500,000	256,648	243,352	49%
Rapid Response to Population Movement Mechanism	30,000,000	8,474,767	21,525,233	72%
Multipurpose cash-based assistance	18,000,000	5,114,606	12,885,394	72%
Sector/Cluster Coordination	1,500,000	0	1,500,000	100%
Sub-Total	119,125,000	22,982,615	96,142,385	81%

Next SitRep: 15 June 2017

UNICEF DRC on Twitter: https://twitter.com/UNICEF_DRCUNICEF DRC on Facebook: www.facebook.com/UNICEFDRCUNICEF DRC Country Website: <http://www.unicef.org/drcongo>UNICEF DRC Humanitarian Action for Children 2016: www.unicef.org/appeals/drc

**Who to
contact for
further
information:**

Tajudeen Oyewale
Deputy Representative
UNICEF DRC
Tel : +(243) 818 840 068
E-mail : toyewale@unicef.org

Aude Rigot
Chief Emergency/Transition
UNICEF DRC
Tel: + (243) 817 096 792
E-mail: arigot@unicef.org

Yves Willemot,
Head of Communications
UNICEF DRC
Tel: + (243) 81 88 46 746
E-mail: ywillemot@unicef.org

ANNEX A: Summary of Programme Results⁸

	UNICEF and Operational partners			Cluster/Sector		
	2017 Target	Total Results	% of Target Achieved	2017 Target	Total Results	% of Target Achieved
WATER, SANITATION & HYGIENE						
# of conflict-affected people with access to water, hygiene and sanitation basic services	743,856	86,775	12%	2,975,411	161,960	5%
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,665,186	165,677	10%	4,162,964	1,078,287	26%
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	32,094	0	0%	91,698	4,634	5%
EDUCATION						
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	210,000	60,706	29%	500,000	103,513	20.7%
# of school aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	210,000	33,548	16%	500,000	54,360	11%
# of class rooms set up or rehabilitated	636	41	6%	1,515	41	3%
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	3,818	705	18%	9,090	1,049	11.5%
HEALTH						
# children (6 months-14 years) in humanitarian situations vaccinated against measles	500,000	248,800	49.8%			N/A
# people affected by conflict and disease outbreaks having received access to primary health care	300,000	53,775	17.9%			N/A
NUTRITION						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	310,609	35,563	9%	388,261	35,563	9%
Recovery Rate	>75%	87%	N/A	>75%	87%	N/A
Death rate	<10%	1.87%	N/A	<10%	1.87%	N/A
Default rate	<15%	8.86%	N/A	<15%	8.86%	N/A
CHILD PROTECTION						
# of children formerly associated with armed forces/groups released and provided with temporary assistance	3,700	546	14.7%	3,700	546	14.7%
# of separated and unaccompanied children identified and reunited with their families	600	389 ⁹	64.8%	1,200	389	32.4%
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	20,000	6,109	30.5%	50,000	6,109	12.2%
# of identified survivors of sexual violence provided with a comprehensive response	4,000	758	18.9%			NA

⁸ 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.

⁹ This figure includes children used by the militias in the Kasai provinces. No DDR children is being implemented so far in the Kasai because the militias have yet to be unanimously recognized as an armed group.

NFI/SHELTER						
# of people accessing essential household items, and shelter materials	650,000	128,428	19.8%	1,678,683	177,188 ¹⁰	10.6%
MULTIPURPOSE CASH BASED ASSISTANCE						
# households assisted with an unconditional cash grant	40,000	3,061	8%	60,000 ¹¹	3,061	5%
% of household who spent part of the assistance to access health and education services	27%	NA ¹²	NA	ND	ND	ND
% Variation of the children health services access rate	30%	NA	NA	ND	ND	ND
% Variation of the children education services access rate	20%	NA	NA	ND	ND	ND

¹⁰ These are preliminary results for other non-UNICEF actors for this period and may change as additional reporting is received. These results do include interventions by the International Committee of the Red Cross (ICRC) who operates outside of the Humanitarian Response Plan (HRP).

¹¹ As per HRP 2017-2019 Multipurpose Cash Assistance chapter

¹² Monitoring indicators are not yet available as the first Post Distribution Monitoring data collection will be performed in April 2017.