DRC SITUATION REPORT

May-June 2016

Humanitarian Situation Report
30 June 2016

UNICEF’s and Cluster Response

<table>
<thead>
<tr>
<th>UNICEF’s and Cluster Response</th>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Results</td>
</tr>
<tr>
<td>Conflict-affected people with access to water, hygiene and basic sanitation services</td>
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<td># of persons in cholera-prone zones benefitting from WASH cholera-response packages</td>
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<td>Children in humanitarian situations vaccinated against measles</td>
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<td>Children 6-59 months with SAM admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
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<td># of girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRMP)</td>
<td>200,000</td>
<td>144,610</td>
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68
# of cases of yellow fever (DRC Ministry of Health, June 2016)

3,096
# of cases of cholera (DRC Ministry of Health, June 2016)

1,800,000
# of Internally Displaced Persons (IDP) (OCHA, May 2016)

399,085
# of refugees (UNHCR, May 2016)

US$ 130 million
UNICEF Appeal 2016

US$ 22.5 million
Funding received in 2016

Highlights

• The unstable and unpredictable security situation has significantly reduced the capacity of the humanitarian response in North-Kivu due to the multiple incidents of abduction of humanitarian workers. As a consequence, humanitarian access remains a major challenge.

• On 20 June, the Government of the Democratic Republic of Congo (DRC) declared a yellow fever outbreak. World Health Organization (WHO) reported a total of 1,399 suspected cases and 68 confirmed cases. Since the notification of the first suspected cases, UNICEF is providing critical support to mass reactive vaccination campaigns, surveillance, vector control, social mobilization, and case management.

• Recurrent cholera outbreaks remain a major concern in the majority of the DRC provinces. In South-Kivu, since the beginning of the year, a total of 2,348 cases with 14 deaths has been reported. In the Equateur and the Mongala provinces, a cholera epidemic is sweeping down the Congo River due to the heavy floods of December 2015 and January 2016. Since May 2016, the Ministry of Health reported 833 cases and 39 deaths.

• Political tensions have increased during the last month, particularly in Haut-Katanga. In May 2016, a protester and a police officer were killed in Goma during protests against a possible delay to holding elections in November as scheduled.
Situation Overview & Humanitarian Needs

General Overview

Conflicts

The Eastern part of the DRC continues to be the theatre of a complex and chronic humanitarian crisis. As of May 2016, the United Nation Office for the Coordination of Humanitarian Affairs (OCHA) reported a total 1.8 million of Internally Displaced Persons (IDP) due to armed attacks and violence between the DRC armed forces (FARDC) and armed groups, mainly in Southern and Eastern DRC. An upsurge of violence and massive population movement have been taken place due to the resurgence of armed groups wishing to claim independence for the province of the Haut-Katanga and to the spreading of ethnic tensions between Nande and Hutu communities in North-Kivu.

Humanitarian Access

- The lack of humanitarian access has increasingly become a major concern in the North-Kivu province. Two staff of the International Non-Governmental Organisation (INGO) Solidarités International were abducted in Lubero territory on 25 May. Consequently, the INGO Solidarités International and the International Committee of the Red Cross (ICRC) temporarily suspended their operations in North-Kivu province, while other INGOs, the Norwegian Refugee Council (NRC) and Save the Children, also suspended part of their activities specifically in Ikobo groupement. Since the beginning of 2016, 14 aid workers have been abducted and one humanitarian worker died after he was caught in crossfire on 6 May. This has significantly reduced the capacity of humanitarian response, including UNICEF and the Rapid Response to Movements of Population (RRMP) mechanism.
- In Shabunda territory (South-Kivu), as the military operation of the FARDC against armed groups continued, humanitarian actors have suspended their activities since May 2016.
- In Uvira Fizi territories, the FARDC’s military operations against Ngumino armed group were supported by MONUSCO, limiting humanitarian access. A total of 2,500 households of IDPs and returnees in need of humanitarian assistance were estimated.

Escalation of inter-ethnic clashes

- Following inter-communal conflicts in Miriki of Lubero territory in North-Kivu, the tensions between Nande and Hutu communities have shifted to the nearby locality of Buleusa in Ikobo groupement, leading to deaths on both sides and the partial destruction of the IDP settlement by the surrounding community. The Hutu population sought protection and settlement in the FARDC camp and expressed their will to remain in Buleusa as opposed to the initial proposition of the governor to relocate the population. The issue remains very sensitive and a political solution has yet to be found.
- Recurrent clashes between the Raia Mutomboki and Nyatura coalition against the FARDC in Kalehe territory forced more than 3,000 households to flee towards safer area within the province.

Resurgence of the armed groups in Ituri province

- Conflicts among the various armed groups and the FARDC continued to affect Eastern Congo. Beni, in North-Kivu was among the most affected areas due to the Forces démocratiques alliées (ADF/NALU) attacks against FARDC in Eringeti, which forced around 25,000 people to be displaced towards Ituri province. Attacks against and kidnapping of members of the local population continued to be reported. In early May, the execution of close to 25 persons was reported in the localities of Biane, Ndalia, Katabey and Luna.
- Widespread violence including cases of sexual abuse and killings have been reported in southern Irumu territory and Mambasa territory in the Ituri province:
  - Mai-Mai Simba militias conducted several raids in the mining hubs of Mutchatcha and the areas around Lolwa, Bandisende and Pangoy. In absence of an offensive operation by the FARDC, the network of armed groups in Mambasa territory has expanded, with new Mai-Mai groups from the North-Kivu settling in the area, reportedly forming a coalition called the Alliance of Patriots for the Liberation of Congo (AFDL). An estimated total of 10,000 people have been displaced towards localities of Bela-Biakato area.
  - Despite the offensive operations conducted by the FARDC, supported by MONUSCO, the Forces de Résistance Patriotique d’Ituri (FRPI) militia continued to frequently operate in several localities in the Aveba-Bukringi-Boga area. This has led to an influx of displaced people mainly in the localities of the Komanda-Luna area. 35,000 newly displaced persons were located in the localities of Ndalya, Bwanasura, Idohu and Ofay in Irumu territory.
Violence in Haut-Katanga

- Violence by Mai-Mai elements are thought to be connected to the Kata Katanga armed group in the South of Mitwaba territory (Haut-Katanga). Assessments conducted by UNICEF have found that about 2,000 newly displaced households arrived in Lubudi territory, Lualaba, as well as in Mitwaba territory, Haut-Katanga. During the same period, about 2,650 households, displaced to various villages in the area during the fighting in February, returned to Kanfwá and Kitobo. These are the largest conflict-related population movements reported in Haut-Katanga since the Luba-Pygmy conflict during the spring of 2015.

New Refugees Influx

Due to the latest fighting in South Sudan's capital, the number of people seeking refuge in neighbouring countries has increased. Between January and May a total 12,912 South Sudanese refugees have been registered in Dungu-Doruma axis. New waves of spontaneous arrival were observed since April. UNHCR and government partners have launched a new process of identification in order to update the refugees’ statistics in the area.

Epidemics Outbreak

Yellow Fever

The DRC government declared a yellow fever epidemic on 20 June.

- 1,399 suspected cases and 82 deaths have been reported, the majority in the provinces of Kinshasa, Kongo Central and Kwango on the border with Angola. 68 cases were confirmed with nine autochthonous cases of which seven cases are linked to the current outbreak.

- Over the last two weeks of June, one confirmed case (deceased) and seven probable cases were reported in Mushenge Health Zone, Kasai Province.

Cholera

- Following the floods from October 2015 to May 2016, there was a re-emergence of cholera in endemic and epidemic areas, particularly in the provinces along the Congo River, with 11,293 cases and 245 deaths (fatality rate: 2.17%) as of mid-June 2016. All the provinces of South-Kivu, Haut-Lomami, North-Kivu, Tshopo, Tanganyika, Haut-Katanga, Ituri, Equateur and Mongala reported cases, with an increase of 5,000 cases in comparison to 2015. The low rate of water sanitation facilities, especially in rural areas, and the high density of population in urban areas, play an important role in worsening the already fragile structural situation that increase the negative impact of the shocks (see map below showing the expansion of cholera since June 2015/Source UNICEF). Specifically, the provinces of Equateur and Mongala reported a total of 833 registered cases with 39 deaths (fatality rate: 4.7%). The previous significant outbreak of cholera in these provinces occurred in 2011-2012. This current epidemic is atypical in that the number of cases are fluctuating. For example, from week 7 to 12 only 27 cases were reported, followed by an intensification of cases reported during weeks 19 and 20 with 463 cases. A downward curve was observed during week 22 with 56 reported cases and then another intensification during 23-24 week with a total of 182 cases. This epidemiological curve poses some challenges for the NGOs responding to the emergency.
Measles
The measles epidemic continues to affect thousands of people, especially in Northern and Eastern DRC. In June 2016, a total of 2,132 confirmed cases (109 deaths) and a total of 5,251 suspected cases were reported.

Malaria
• In the Haut-Uele province, between January and May 2016, the statistics of the Isiro Provincial Health Division (DPS) reported that 255,419 persons were affected by malaria, leading to 671 deaths, the majority being children under five years old. In 2015, between April and June, a similar malaria outbreak was observed in this area.

Floods
• In Djugu territory, floods in early May at five locations (Joo, Gbi, Fichama, Loromi and Mbogi) in Tchomia Health Zone (HZ) has affected more than 15,500 (almost 56% of the total population of this region). This natural disaster has left nine dead, 11 missing, destroyed more than 1,000 shelters and damaged some structures including two health facilities and three primary schools in the area.

Nutrition Alerts
• During the reporting period, the National Surveillance and Early Warning System (SNSAP) was effectively functional in 516 HZ. In total, 19 HZ reported alerts in: Kasai (Kitangwa and Nyanga), Kwilu (Djuma and Bagata), Tsuapa (Boende, Mondombe, Ikela and Bokungu), South-Ubangi (Bulu), Tshopo (Yahuma), North-Kivu (Pinga), Kasai oriental (Bipemba), Haut-Lomami (Kanda kanda), Kwango (Wamba lwadi, Tembo, Kahemba and Feshi), Kongo Central (Kizu), Sankuru (Kole). Surveys conducted in Djuma indicated levels of Global Acute Malnutrition (GAM) at 21.1% and Severe Acute Malnutrition (SAM) at 5.5%; in Bene Dibele (GAM 14, 5% and 3, 2 % SAM); Befale (GAM: 10.3%); Lusambo (GAM: 13% and 2.9% of SAM); Nyunzu (GAM: 13%); Walikale (GAM:10.7% and SAM:4.4%); Bambo (GAM: 14.4% and SAM: 6.8%); and Birambizo (GAM: 11.8% and SAM: 5.5%).
Humanitarian leadership and coordination

- Under an innovative coordination model, UNICEF is leading a multi-sector DRC Humanitarian Fund (HF) consortium to address the consequences of flooding of the Congo River in the Equateur, Mongala, and Tshopo provinces in northern DRC. This integrated HF programme, funded through the First Response envelop, includes activities in health; Water, Sanitation and Hygiene (WASH); Non Food Items (NFI) and shelter materials, and communication for development (C4D) education campaigns on hygiene and cholera prevention. HF has awarded grants to NGO partners for most intervention activities and is also funding UNICEF for an overall coordination role as well as for C4D activities and re-stocking of pre-positioned WASH, health, and shelter supplies which UNICEF mobilized for the HF NGO partners' initial response. Furthermore, weekly meetings are organized at provincial level to ensure local coordination for the HF response. UNICEF launched the three-month programme on 20 May with a workshop of all partners to ensure respect of Cluster standards and harmonized approaches.

- Through senior management engagement, UNICEF remains an active member of the DRC Humanitarian Country Team (HCT). In addition, UNICEF's NFI/Shelter Cluster Coordinator continues to serve as Cluster Coordinator representative on the HCT. During this reporting period, the four UNICEF-led Clusters (Education, NFI/Shelter, Nutrition, and WASH) and the Child Protection Working Group continued core coordination activities at national and provincial level as well as actively participating in OCHA-led work including:
  - Analysis and advocacy on IDP camp closures and reduced humanitarian space in North-Kivu;
  - Multi-risk analysis and contingency planning in each province, including risks associated with the DRC electoral process;

- 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 in Goma. In May 2016, UNICEF and research partners from the American Institutes for Research (AIR) held two learning events to present preliminary results on the findings from operational research on the impact of cash transfers on households assisted through the second phase (2013-2015) of the Department for International Development (DFID)-supported Alternative Response for Communities in Crisis (ARCC) programme. In the context of the Eastern DRC Cash Working Group East, UNICEF is collecting data of all multipurpose cash activities for the first half 2016.

Summary Analysis of Programme response

Nutrition

- UNICEF supported treatment for 97,364 children under the age of five with SAM in 342 Health Zones and 1,710 health centers. Among them, 6,841 children were treated for SAM associated with other medical complications. The recovery rate is estimated at 85%, and with a fatality rate of 2%.

- Activities to support malnourished children and families are ongoing as part of the Rapid Response to Nutritional Crises (RRCN) programme funded by the European Commission/Humanitarian Aid (ECHO), targeting six Health Zones (Sia, Mwela Lembwa, Moanza, Ankoro, Kitangwa and Iboko).

- UNICEF continues to support the health centers near Central African refugee camps of Inke, Buyabu Mole, Bili by providing supplies for nutrition activities.

Education

- UNICEF and its partner the Norwegian Refugee Council (NRC) have provided psychosocial support, payment of school fees, as well as rehabilitation and repair to damaged educational infrastructure, benefitting 120,000 displaced school age children in Lubero, Beni and Masisi (North-Kivu).

- During the reporting period, a total of 37,299 children (16,412 girls and 20,887 boys) aged 6 to 11 years affected by the humanitarian crisis benefitted from psychosocial activities and access to quality education. Furthermore, UNICEF supported NRC for the construction/rehabilitation of 23 classrooms, training for 167 teachers (including 48 women) on psychosocial support, peace education, and conflict and disaster risk management.

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1 Note: With a prepositioned capacity to serve 21,300 conflict-affected households in 2016, ARCC is the biggest humanitarian multipurpose cash programme in eastern DRC.
students (1,091 girls) were supported in the payment of fees to sit the final primary education exam (ENAFEP) in North and South-Kivu.

- In Mitwaba, Tanganyika province, 754 pupils (including 365 girls) were provided with supplemental learning activities/catch-up classes during their school holidays.
- Due to the lack of humanitarian partners implementing education projects in Maniema, Ituri and the territory of Walikale in North-Kivu, UNICEF has reported significant gaps and unmet education needs for thousands of children.
- From May to June, 300 Central African refugee children were trained in conflict management and peace building thanks to UNICEF support, in the camps of Mole and Boyabu.
- In May 2016, UNICEF distributed 332 school kits and 65 recreational kits to benefit 14,000 students affected by recent flooding in the Equateur and Mongala Provinces.

Health

- In the province of South-Kivu, Haut-Lomami, North-Kivu, Tshopo, Tanganyika, Haut-Katanga, Ituri and Mongala due to the re-emergence of cholera in most endemic and epidemic areas, UNICEF has supported Provincial Health Divisions with medical supplies.
- In response to measles outbreaks, UNICEF supported case management by ensuring availability of medical kits and provided measles vaccines, as well as measles kits in all affected Health Zones in the provinces of South-Kivu, Tshopo, North-Kivu, Lualaba, Ituri, and Tanganyika. During the reporting period, UNICEF supported a immunization campaigns in two Health Zones in the province of South-Kivu with collaboration of the INGos Médecins Sans Frontières (MSF) in (Saramabila and Monga) reaching 117,325 children between six months and 15 years old.
- In response to the yellow fever outbreak, a mass reactive vaccination campaign was organized in 11 Health Zone in Kongo Central (nine HZ) and Kinshasa (two HZ) provinces, reaching 2,111,629 persons. UNICEF is providing technical support to the DRC Health Division for epidemiological surveillance and social mobilization. UNICEF support the mobilization of resources for immunization (vaccine provision) through the International Coordinating Group (ICG) and for communication by the development and submission of a proposal to the Central Emergency Response Fund (CERF).
- Through the RRMP mechanism, a total of 2,764 conflict-affected people were provided with medical assistance in the province of South-Kivu during the reporting period.

WASH

- In response to the ongoing cholera outbreak, UNICEF has been providing WASH package assistance to 198,314 people in Tanganyika, Haut-Katanga, Haut-Lomami, North-Kivu, South-Kivu, Ituri and Tshopo provinces, through different partners:
  - South-Kivu and Ituri provinces: through the RRMP mechanism respectively in Bunia and Uvira;
  - Tanganyika province: through the Congolese Red Cross in Moba;
  - Haut-Katanga province: through Vijana Ya Panda Tujengeni (VIPATU) in Likasi (end of 30 June 2016) and Congolese Red Cross in Lubumbashi;
  - Haut-Lomami province: through Alima in Kindkondja, Eagle House Business (EHB) in Bukama, Kabondo Dianda and Butumba;
  - Tshopo province: direct support to the Provincial Health Division;
  - North-Kivu through the Congolese Red Cross.
Moreover, UNICEF is supporting, with WASH emergency supplies, the floods and cholera response implemented by the INGos Lutheran World Federation (LWF) and Oxfam Great Britain in Tshopo, Mongala and Equateur provinces.
- In Kalemie, the provincial capital of the Tanganyika province, the government-run water supply system is not working properly due to technical problem at the Bendera hydroelectric plant. The WASH Cluster is working with local authorities and Cluster members to advocate for the system’s quick repair and to reinforce communication to prevent cholera outbreaks in these endemic zones.
- WASH assistance has been provided through the RRMP mechanism in North-Kivu, South-Kivu, Tanganyika, Haut-Katanga and Ituri provinces reaching 17,267 people affected by conflicts and 115,932 by cholera.
- The INGos, ACF and Cooperazione Internazionale (COOPI) completed their WASH intervention within the Rapid Response to Nutritional Crises Programme. During the reporting period, 6,400 malnourished children and their
families received an integrated Nutrition and WASH package in Equateur, Tshuapa, Plateau, Mai Dombe, Kasai Occidental, and Tanganyika provinces.

- WASH Cluster organized two trainings in Kalemie and Goma “WASH in Emergency” and “Rapid Needs Assessment”, and data collection using a smartphone application: five women and 26 men from 13 national NGOs, 12 International NGOs, two United Nation Agencies and four governmental entities participated. By October 2016, all WASH Cluster members should have completed the two online trainings to participate in Cluster activities.

- Following the new influx of South Sudan refugees, the coverage of needs in the WASH sector remain a major challenge. UNHCR continues to seek UNICEF and INGOs support in order to cover these gaps.

**Child Protection**

- 531 Children Associated with Armed Forces and Armed Groups (CAFAAG), including 61 girls, exited armed forces and groups during the reporting period. This represents an increase compared with the previous reporting period. Of these children, 69% were taken into care in North-Kivu. 184 ex-CAFAAG started their reintegration projects including 49 girls during the reporting period.

- More than 17,000 refugees, returnees and displaced children received psychosocial, educational and recreational care in Child Friendly Spaces (CFS).

- During the reporting period, 1,241 survivors benefited from appropriate and holistic care (psychosocial, medical, socio-economic reintegration and legal referrals) and follow-up in the East, Tanganyika, Haut-Lomami, Haut-Katanga, North-Ubangi and South-Ubangi. Training on Sexual and Gender-Based Violence (SGBV) was conducted for 218 medical services providers (122 women and 96 men), 94 of whom were trained on medical care for Sexual Violence (SV) survivors, 74 for psychosocial care, 10 for judicial support and the remaining on other SGBV related issues. Of 35,432 persons who participated in focus groups and sensitization activities in North-Ubangi province, 15,450 were reached in communities hosting refugees and in the refugee camp of Bili while 19,982 persons were sensitized in the East.

- UNICEF pre-positioned 128 Post Exposure Prophylaxis (PEP) kits in health facilities in North and South-Kivu, Ituri, Tshopo and Maniema for 8,320 survivors, including 1,920 children.

- Since April 2016, UNHCR set up the South Sudan refugee protection working group. UNICEF has already participated in two meetings held in this coordination framework.

**Non-Food Items / Shelter materials**

- During this reporting period, UNICEF’s RRMP partners Associazione Volontari Servizio Internazionale (AVSI), International Rescue Committee (IRC) and Solidarités International reached 67,475 people (12,011 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 216,186 persons (36,735 families) - 30% of UNICEF’s target for the year. Overall during this reporting period, UNICEF and partners responded to new displacement and new return movements in five provinces: Haut-Katanga, 35.1% of families assisted during this period; Ituri, 27%; South-Kivu, 20.8%; Lualaba, 10%; and North-Kivu, 7%. Major UNICEF-supported activities during this period included:
  - NFI cash voucher fairs in Ituri province by the INGO Solidarités International for over 3,500 families who fled violence and killing in May 2016 attributed to the ADF / NALU rebel group in the border regions of North-Kivu (Eringeti) and Ituri (Ndalya) provinces.
  - NFI voucher fairs and direct distributions reaching over 5,400 families in the new provinces of Haut-Katanga and Lualaba (in ex-Katanga province) by the INGOs AVSI and IRC in response to new displacement resulting from clashes between the Bakata Katanga rebel group and the DRC armed forces (FARDC).

- In terms of people assisted, since January, 46.5% of UNICEF beneficiary families have been newly internally displaced persons; 35.2%, IDP returnees; 10.3%, IDP host families; 5.7% other vulnerable families in affected areas; and 2.2% refugees from Central African Republic and their host families.

- The capacity of local markets to accommodate NFI cash voucher fairs - even in relatively remote areas - continues to grow. Since January, partners have delivered 89% of UNICEF-supported NFI assistance via voucher fairs and 11% by direct distribution. The cash voucher approach is also widely used by other national and international NGO actors with 74% of all NFI assistance delivered via vouchers. So far, UNICEF NFI programmes have injected $2,192,400 into the local economy via hundreds of local vendors of essential items including shoes and clothing, kitchen items, bedding, soap, and dozens of other essential items.
• The preliminary calculations of all NFI actors so far in 2016 puts the number of people assisted with access to NFI at 382,332, 18.7% of the Cluster target for the year. UNICEF-supported activities represented 58.0% of all NFI assistance during this reporting period and 54.6% overall this year.

• The North-Kivu and Ituri provincial Cluster coordinators collaborated on a basic NFI training for international and national NGOs in Ituri province in June.

**Rapid Response to Movements of Population (RRMP) and Multi-purpose Cash-based Assistance**

**RRMP**

• Since the beginning of RRMP7 (started in May 2016), a total of 25 assessments were conducted, including 15 in North-Kivu, six in South-Kivu, two in the Tanganyika, Haut-Lomami, Haut-Katanga and two in the Ituri provinces. 52% of which were multi-sector assessments (13 assessments), 40% were health assessments and 8% aimed at providing a humanitarian update. Out of these cases, there were 21 interventions (42% NFI, 26% Education, 21% Health and 11% WASH), reaching a total of approximately 150,000 people.

• As part of strengthening the integration of accountability to beneficiaries in the activities, a workshop on the management of complaints was organized in June 2016 with the support of Core Humanitarian Standard Alliance (CHS) and a joint ARCC/RRMP Database on complaint management has been validated.

**Multipurpose Cash-based Assistance**

• 7,149 households have received cash assistance, among which 2,701 households in the Kalehe territory in South-Kivu (by AVSI); 2,318 households in the territory of Beni in North-Kivu (by Mercy Corps), and 2,130 households in the territory of Manono in Katanga (by CRS). For these interventions, post-intervention evaluations are planned for the month of July 2016.

• Other cash interventions are underway in the three provinces where humanitarian needs have been identified: AVSI is in action in South-Kivu in the territory of Fizi, in Lubichako, Tulonge and Ngalula localities. 3,300 households that had abandoned their villages because of the confrontation between the FARDC and Mai-Mai Yakutumba in March 2015 (effective return in December 2015) are targeted.

• Mercy Corps is in action in the territory of Masisi, in Bukama locality for 2,083 households displaced by clashes between the FARDC and FDLR, and in Lubirihya, territory of Beni for 2,730 households IDPs fleeing the atrocities of the ADF/NALU.

• CRS is working in Kibati and Kipeto localities, Pweto territory, Tanganyka province because of population movements due to clashes between armed groups Mai-Mai and the pygmy tribe. Around 4,000 households are expected to be targeted.

**Communication for Development (C4D)**

• C4D interventions are implemented at the national level through four radio and television stations with national coverage. Interpersonal activities (household visits, group discussions and sensitization), including the use of community-based radios, are being supported and coordinated by C4D actors at the provincial level in conjunction with NGOs.

**External Communication**

• In an effort to give visibility to the DRC during the World Humanitarian Summit, UNICEF DRC issued a press release and focused its digital communication activities on emergency response for a week, with posts on UNICEF DRC’s blog and social media, some of them reaching more than 20,000 people.

• This year’s Day of the African Child focused on children’s rights in situations of crisis. UNICEF organized public advocacy events in all provinces with the participation of Child Reporters; distributed a press release; launched a Child Participation campaign “Draw me Peace”; and gave a voice to children from across the country around the theme of conflicts, crises, peace and children’s rights as part of a one-week digital communication campaign.

• UNICEF has finalized a documentation package including videos and photos on the PEAR+ programme in Eastern DRC.

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1 This does not include ICRC and MSF who operate outside the DRC HRP (Humanitarian Response Plan) but with whom UNICEF partners collaborate closely.
## Funding

### Funding Requirements (as defined in Humanitarian Appeal of 2016)

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<th>Appeal Sector</th>
<th>Requirements</th>
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'Funds received' does not include pledges

Next SitRep: 30 September 2016

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## ANNEX A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Category</th>
<th>UNICEF and Operational partners</th>
<th>Cluster/Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict-affected people with access to water, hygiene and sanitation basic services</td>
<td>631,015</td>
<td>188,350</td>
</tr>
<tr>
<td># of persons in cholera-prone zones benefitting from WASH cholera-response packages</td>
<td>1,609,774</td>
<td>704,473</td>
</tr>
<tr>
<td># of people affected by natural disaster assisted with WASH package target</td>
<td>Not targeted in 2016 HRP</td>
<td>20,000</td>
</tr>
<tr>
<td># of SAM-affected care/mother and children who receive hygiene kits with key hygiene message</td>
<td>25,685</td>
<td>6,400</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRMP)</td>
<td>200,000</td>
<td>144,610</td>
</tr>
<tr>
<td># of schools and/or temporary learning spaces providing protecting environment to emergency-affected children</td>
<td>606</td>
<td>58</td>
</tr>
<tr>
<td># 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</td>
<td>1,818</td>
<td>827</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children (6 months-14 years) in humanitarian situations vaccinated against measles</td>
<td>442,200</td>
<td>215,740</td>
</tr>
<tr>
<td># people affected by conflict and disease outbreaks having received access to primary health care</td>
<td>210,000</td>
<td>47,920</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>300,000</td>
<td>97,734</td>
</tr>
<tr>
<td>Recovery Rate</td>
<td>&gt;75%</td>
<td>85%</td>
</tr>
<tr>
<td>Death rate</td>
<td>&lt;10%</td>
<td>2%</td>
</tr>
<tr>
<td>Default rate</td>
<td>&lt;15%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children formerly associated with armed forces/groups released and provided with assistance</td>
<td>3,700</td>
<td>1,698</td>
</tr>
<tr>
<td># of separated and unaccompanied children identified and reunited with their families</td>
<td>1,000</td>
<td>354</td>
</tr>
<tr>
<td># of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning</td>
<td>60,000</td>
<td>48,760</td>
</tr>
<tr>
<td># of identified survivors of sexual violence provided with a comprehensive response</td>
<td>10,000</td>
<td>1,729</td>
</tr>
<tr>
<td><strong>NFI/SHELTER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people accessing essential household items, and shelter materials</td>
<td>720,000</td>
<td>216,186</td>
</tr>
<tr>
<td><strong>MULTIPURPOSE CASH BASED ASSISTANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># households assisted with an unconditional cash grant or multipurpose voucher fair</td>
<td>21,000</td>
<td>7149</td>
</tr>
<tr>
<td>% of household who spent part of the assistance to access health and education services</td>
<td>27%</td>
<td>0</td>
</tr>
<tr>
<td>% Variation of the children health services access rate</td>
<td>+30%</td>
<td>0</td>
</tr>
<tr>
<td>% Variation of the children education services access rate</td>
<td>+20%</td>
<td>0</td>
</tr>
</tbody>
</table>

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1. 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.
2. 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.
3. 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.
4. Ongoing update by the Cash Working Group for the first half of 2016.
5. These results come from the post-intervention assessment and will be shared at the next sitrep.