DRC SITUATION REPORT

March-April 2016

UNICEF's and Cluster Response

<table>
<thead>
<tr>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Conflict-affected people with access to water, hygiene and basic sanitation services</td>
<td>631,015</td>
</tr>
<tr>
<td>Girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities</td>
<td>200,000</td>
</tr>
<tr>
<td>Children in humanitarian situations vaccinated against measles</td>
<td>442,200</td>
</tr>
<tr>
<td>Children 6-59 months with SAM admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>255,000</td>
</tr>
<tr>
<td>Displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning</td>
<td>60,000</td>
</tr>
</tbody>
</table>

SITUATION IN NUMBERS

30 April 2016

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

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

1,800,000
# of internally displaced persons (IDP)
(OCHA, March 2016)

397,950
# of refugees
(UNHCR, March 2016)

US$ 130 million
UNICEF Appeal 2016

US$ 23.4 million
Funding received in 2016

Highlights

- Clashes between the Forces Armées de la RDC (FARDC) and armed groups in North Kivu province resulted in the abrupt dismantling of IDP camps, in part due to government information that camps had been infiltrated by armed groups. With the subsequent displacement of up to 35,000 people, UNICEF and other humanitarian actors have been addressing the most urgent needs and advocating that camp closures are conducted in a more coordinated manner, in line with relevant international regulations.
- Humanitarian access remains a major concern, particularly in North Kivu as several incidences of kidnapping of humanitarian workers have occurred over the past months.
- Since the start of the year through 1 May 2016, MONUSCO has officially reported 23 cases of Sexual Exploitation Abuse (SEA) allegedly involving military elements of the Mission. Nine of the alleged victims are children.
- Due to continued flooding, cholera has reemerged, particularly in provinces along the Congo River. The cumulative total this year is 7,136 cases and 119 deaths, 2,000 more cases than reported during the same period in 2016. UNICEF has been supporting the government with supplies to treat 60% of identified cases.
- In response to measles outbreaks, UNICEF supported immunization and case management in the affected provinces. A total of 2,386 suspected measles cases, including 40 deaths, have been reported, indicating a high fatality rate (1.7%).
- Following a yellow fever outbreak in Angola, DRC has reported 42 cases, the majority from Kongo Central province on the border with Angola; 17 of these cases were confirmed by the Pasteur Institute in Dakar.

REPORTING PERIOD: 1 MARCH – 30 April 2016

UNICEF’s and Cluster Response
General Overview

- The situation in the eastern part of the country remained highly complex, in particular in North Kivu and Ituri provinces, as armed groups, including the Forces Démocratiques pour la Libération du Rwanda (FDLR), and several Mai-Mai groups carried out brutal attacks against civilians and the FARDC. Fighting between armed groups and the FARDC continued to generate mass population displacement, particularly in North Kivu and Ituri provinces, with 200,000 new IDP’s since the beginning of 2016.
- Following the closure of the Mokoto IDP camp in January, another three IDP camps in North Kivu province were forcibly dismantled by the government, following reports that the camps were infiltrated by armed groups. The dismantling of the camps, with a total registered population of 35,000, led to new displacement towards the surrounding localities. Given concerns that such measures might be applied to the other camps, the UN Special Rapporteur on the Rights of IDPs, Chaloka Bevani, advocated during his mission in Goma that such camp closure be organized with respect for the rights of the IDPs as stipulated in the Kampala Convention. It should be noted that only 20-30% of IDPs in the DRC live in camps or sites, with the majority living with host families.
- As flooding continues to affect the country, cholera has reemerged in endemic and epidemic areas, especially along the Congo River. Since the beginning of the year, there have been 7,136 cases and 119 deaths, with 2,000 more cases compared to the same period in 2015. The first cases in Kinshasa were notified in mid-April. Measles outbreaks were also reported in large parts of eastern and southern DRC. In total, 2,386 suspected measles cases and 40 deaths were reported with a high fatality rate (1.6%). Finally, following the outbreak of yellow fever in Angola, the first ‘imported case’ in DRC was reported in early February. To date, among the 42 cases tested positive at the National Laboratory, 17 are confirmed and the remaining (25) are currently being examined at the Pasteur Institute in Dakar. The majority of reported cases are from the province of Kongo Central that borders Angola.

Provincial Overview

North Kivu

- Clashes between the FARDC and armed groups, including Forces Démocratiques de Libération du Rwanda (FDLR) and Alliance des Patriotes pour la Restauration de la Démocratie au Congo (APRDC) in Masisi territory resulted in the abrupt dismantlement of Mpati, Bwero and Kivuye IDP camps by the FARDC amongst claims that the camps were infiltrated by armed groups. Since March 2016, these closures have led to the displacement of up to 35,000 people. Given ongoing concerns that such measures might be applied to the other camps, the UN Special Rapporteur on the Rights of IDPs, Chaloka Bevani, arrived in Goma on 21 April, to advocate for ‘sustainable solutions’ and respect of the rights of IDPs living in some 50 camps in the province.
- While displaced persons in southern Lubero territory are progressively returning as the FARDC regains control, inter-ethnic tension between Nande and Hutu communities continued to be reported in Nyanzale, Rutshuru territories, resulting in six deaths as well as houses being burned down, raising a concern over potential deterioration of the situation.
- Kidnapping of humanitarian actors has increasingly become a concern in the province. During the reporting period, personnel of Save the Children and Mercy Corps were abducted in territories of Lubero and Rutshuru respectively. In both cases, the staff members were eventually released.

South Kivu

- In this reporting period, 2,237 Burundian refugees were registered in DRC, leading to a total of 22,204, including 21,325 in South Kivu province. Among them, 16,004 are in Lusenda refugee camp in Fizi territory, while 5,163 are in host communities, and 158 in Kamivivira transit centre. The humanitarian situation of those who live in host communities have not been accurately reported and further coordination is needed to allow UNICEF and other humanitarian actors to mobilise sufficient resources for potential interventions.
- The security situation in a large part of the province remained volatile. In Kalehe territory, 473 households were displaced, as the anti-FARDC coalition of armed groups, including Nyatura, Kirikicho, Shukuru and Rai Mutomboki (RM), looted villages and burned down houses in March. The FARDC consequently launched an offensive operation to neutralize these groups. In Uvira and Fizi territories, 2,000 households of returnees were re-displaced, following clashes between the FARDC and the Gumino armed group in late April. In Kabare territory, clashes between two factions of RM, and the FARDC triggered the displacement of 1,148 households from the locality of Ninja towards Kalonge.
During the reporting period, an increased rate of cholera cases was reported in Uvira Health Zone, bringing the total to 529 cases reported since the beginning of year. A peak at the end of March was noted, with 79 cases reported during the 12th epidemiological week.

**Maniema**
- In the Health Zone of Salamabila, suspected measles cases have been confirmed and reached the epidemic threshold. A total of 243 cases, including five deaths, were reported in April, bringing the cumulative total since the beginning of the year in the health zone to 280 and 303 across the province, with seven deaths.
- In Lubutu territory, there was a clash between two factions of the armed group, Forces Divines Simba (FDS), over natural resources, with the risk of potential population displacement should the fighting continue. A consortium of local NGOs informed UNICEF of the release of 205 children formerly associated with the FDS.
- Following the intervention of the UNICEF-led Rapid Response Mechanism for Movement of Population (RRMP) and MSF Belgium, a cholera outbreak has been brought under control, with no new cases reported during the reporting period.

**Ituri, Tshopo, Haut Uele, and Bas Uele (Former Orientale province)**
- In March, an inter-agency mission was conducted to examine the humanitarian situation of an estimated 12,914 South Sudanese refugees in Dungu territory, Haut-Uele province, with the majority in a spontaneously formed camp. The mission identified the humanitarian needs across the sectors, particularly in WASH, NFI, health and shelter. For education, it was noted that over 1,000 children have missed the 2015-16 academic year.
- In southern part of Irumu territory, Ituri province, an estimated 7,000 people fled recurrent violence and looting by FRPI, creating a spontaneous camp in the capital town of the territory. A total of 31 children associated with armed forces and groups (CAAFAG) have been released from FRPI, and received transitional care by UNICEF partner, Association de Jeunes pour le Développement Communautaire (AJEDEC).
- Mai Mai Simba launched incursions in the mining site in Mambasa territory, Ituri province, including a major attack on Biakato town on 19-20 April, wherein several cases of human rights violations, including sexual violence, have been reported. Verification of these reports and access to the area is hampered by insecurity.
- Recurrence of inter-communal conflicts over land access in the territories of Djugu and Mahagi, Ituri province, has resulted in burning of houses and the displacement of approximately 6,000 people.
- The cholera outbreak remained a concern. In Irumu territory, 107 cases including five deaths were reported with a high fatality rate (4.6%), mainly affecting Nyarambe, Bunia and Rwampara Health Zones. In Tshopo province, MSF activities as well as UNICEF support to the government has led to the gradual control of the situation, with the number of cholera-related deaths drastically reduced.

**North Ubangi and South Ubangi, Mongala Provinces (in former Equateur province)**
- A total of 112,775 refugees from Central African Republic (CAR) have been registered by UNHCR as of March 31, with over 90% in former-Equateur province. These last months, new arrivals have not been pre-registered in the former province of Equateur.

**Kongo Central, Kasai province (formerly part of Kasai Occidental) and Sankuru province (formerly part of Kasai Oriental)**
- There have been a total of 21 suspected cases of yellow fever, including five deaths in the provinces of Kongo Central, Kasai and Kasai Central. The government, in collaboration with UNICEF, WHO and other actors, has been reinforcing the surveillance system, particularly along the border with Angola.
- During the reporting period, eight cases of child trafficking in Tshikapa and Kananga were reported. Among them, four children were reunited with their families with the support of UNICEF, and the remaining four are being hosted by foster families while awaiting family reunification. A plan of action for the prevention of child trafficking and sexual violence is currently being developed with the support of the Child Protection Working Group.
- Return of those previously displaced due to inter-communal conflicts in Kazumba and Dibaya territories in former Kasai Occidental province has been reported as the security situation has stabilized.

**Haut Katanga, Haut Lomami, Tanganyika and the Lualaba provinces (formerly Katanga province)**
- It is estimated that over 70,000 formerly displaced people from Mitwaba territory (Haut-Katanga province), having fled attacks from Mai Mai Kata-Katanga since 2013, have gradually returned as the security situation improved.
- Flooding continued to affect also this part of the country, particularly in the territories of Manono, Kabalo and Kalemie, with 360 households displaced and ten primary schools and a number of houses damaged.
Humanitarian leadership and coordination

- The 2016 Humanitarian Response Plan was launched in February 2016, calling for USD 690 million, out of which UNICEF-supported activities account for a total of USD 130,360,000. During this reporting period, UNICEF continued to lead four Clusters (Education, Nutrition, WASH, and NFI/Shelter) as well as the Child Protection Working Group, coordinating humanitarian actors in these sectors at national and provincial levels.
- During the reporting period, UNICEF and the four clusters have contributed to the discussion for the development of a strategy for sustainable solutions for IDP's that was requested by the Humanitarian Country Team (HCT).

Summary Analysis of Programme response

Nutrition

- Acute malnutrition amongst children remained a major concern. The most affected provinces are Tanganyika, South-Kivu, Maidombe, Luaba, former Kasai Oriental, Ituri, Maniema and Bas-Uele. Nutrition surveys indicated a rate of 10.3% Global Acute Malnutrition (GAM) in Tshuapa, Befale Heath Zone, and 13.3% in Bokungu Health Zone. Similarly, another survey conducted in Kambove Health Zone in Haut Katanga indicated a prevalence of 3.3% for Severe Acute Malnutrition (SAM) and 13.5% for GAM. Moreover, in March, the national surveillance and early warning system (SNSAP) reported alerts in Tembo Health Zone in Kwango province and Mondombe Health Zone in Tshuapa province. SMART nutrition surveys will be conducted in these areas to further examine the situation, and rapid response will be envisaged should the situation be confirmed critical.
- During the reporting period, UNICEF supported treatment of 12,112 children under the age of five with SAM, putting the total number since the beginning of 2016 to 65,448, out of 255,000 targeted in 2016 in 161 Health Zones. Among them, 2,618 were treated for SAM associated with other medical complications. The recovery rate is estimated at 89.6%, death rate 0.9% and default rate approximately 5.3%.
- 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 (ECHO), targeting six Health Zones (Sia, Mwela Lembwa, Moanza, Ankoro, Kitangwa and Iboko). By the end of March, 10,469 out of a total of 12,000 targeted children were treated.
- The negative impact of El Niño in DRC has raised a concern, particularly as drought and the lack of access to food were observed in some areas. The situation requires close monitoring over the next months.

Education

- Following the abrupt dismantlement of IDP camps in Masisi Territory, North Kivu, in April, approximately 5,000 children (6-11 years old) have been deprived of access to education, as schools are being utilized as shelter for those displaced. While the Norwegian Refugee Council (NRC) is planning to cover most of the education needs in this area, the Education Cluster raised a serious concern to the provincial education authority over the risk of these children missing their final year exams (ENAFEP) and advocated for their engagement in ensuring that all the children would have access to the ENAFEP.
- During the reporting period, UNICEF supported a total of 74,882 children (including 37,742 girls) affected by the humanitarian crisis, mainly through the distribution of pedagogical and recreational materials in South Kivu and Tanganyika provinces.
- In Tanganyika province, through the RRMP mechanism and in partnership with AVSI, UNICEF provided support to 827 children (422 girls), including catch-up classes, distribution of pedagogical and recreational material, and conditional cash transfers to eight schools. Further, a total of seven teachers were trained on psychosocial support to children, as well as 460 youth (230 girls) trained on conflict-sensitive education.

Health

- Following the floods in DRC, there was a re-emergence of cholera in most endemic and epidemic areas, particularly in the provinces along the Congo River, with 7,136 cases and 119 deaths (fatality rate: 1.67%) as of the 14th epidemiological week. The cases were reported mainly in the provinces of Haut Lomami, South Kivu, North Kivu, Tshopo, Tanganyika, Haut Katanga, Ituri and Mongala. Compared with the same period in 2015, 2,000 more cases were reported in 2016. UNICEF supported Provincial Health Divisions with supplies with the capacity to treat 60% of cases. The first cases in Kinshasa were notified in mid-April.
- In total, 2,386 suspected measles cases and 40 deaths were reported with a high fatality of 1.6%. UNICEF has been supporting case management by ensuring availability of medical kits. In response to measles outbreaks,
UNICEF provided 3 million doses of vaccines, as well as measles kits for 6,000 cases in the affected provinces of Tshopo, South Kivu, North Kivu, Lualaba and Ituri. During the reporting period, UNICEF supported a focused immunization campaign in three Health Zones (Fungurume, Idjwi and Manono) reaching 89,468 children between six months and 15 years.

- Following the yellow fever outbreak in Angola, DRC documented the first imported cases in early February 2016. To date, 42 cases, the majority in the province of Central Kongo on the border with Angola, tested positive at the National Laboratory (INRB) and 17 were confirmed by the Pasteur Institute in Dakar. UNICEF is providing technical support for epidemiological surveillance, development of vaccine response scenarios and mobilization of resources for immunization through the International Coordinating Group (ICG) on Vaccine Provision.

- Through the RRMP mechanism, a total of 22,978 conflict-affected people were provided with medical assistance in the provinces of North Kivu, South Kivu and Tanganyika during the reporting period.

**WASH**

- In response to the ongoing cholera outbreak, UNICEF has been providing WASH package assistance to 275,014 people in Ituri, Tanganyika, Haut Katanga, Haut Lomani, South Kivu, Tshopo and Maniema provinces. The technical, financial and material support has been provided through different partners as follows:
  - Ituri, South Kivu and Maniema provinces: through the RRMP mechanism respectively in Bunia/Tchomia, Uvira and Kindu
  - Tanganyika province: through Red Cross in Moba
  - Haut Katanga province: through Vijana Ya Panda Tujengeni (VIPATU) in Likasi and Red Cross in Lubumbashi
  - Tshopo province: direct support to DPS (Division Provincial de la Santé)

- While the Pooled Fund (PF) has pledged to support UNICEF for the provision of multisectoral (WASH, Health, C4D) assistance in Haut-Lomami province and the city of Lubumbashi, a substantial financial gap remains to cover the needs.

- Similarly, additional funding through PF has been approved to address urgent needs, including prevention of cholera and multisectoral response, in the flood-affected provinces of Tshopo, Mongala and Equateur along the River Congo.

- Through the RRMP mechanism, UNICEF continued to provide WASH assistance in North Kivu, South Kivu, Tanganyika, Haut Katanga and Lualaba, reaching 110,506 people affected by conflicts or cholera. Under the Rapid Response to Nutritional Crises framework, implementation of WASH components through partners ACF and COOPI is ongoing in former provinces of Equateur, Bandundu, Kasai Occidental, and Tanganyika. By 30th April, at least 10,000 malnourished children and their families received an integrated Nutrition and WASH package, in line with the WASH in Nutrition Strategy elaborated by the WASH Cluster in 2015.

- In March, two multi-sectorial assessment missions were conducted to areas hosting refugees from Burundi (in South Kivu province) and South Sudan (in Haut Uele province). A WASH needs gap has been identified, and strategies for potential response and resource mobilization are being discussed with HCR and UNICEF.

**Child Protection**

- During the reporting period, 566 CAAFAG (Children Associated with Armed Forces and Armed Groups), including 95 girls, received assistance.

- A total of 38 unaccompanied and separated children received appropriate care and support. Among them, 15 have been reunited with their families.

- Displaced, returnee and refugee children continued to benefit from recreational, educational and psychosocial activities carried out within child friendly spaces (CFS). During the reporting period, the cumulative figures of CFS attendance in DRC has been 26,542.

- A total of 123 gender-based violence survivors benefited from psychosocial support and referral mechanisms, receiving access to holistic assistance from protection actors in the East of DRC, 18 in the former Katanga and 143 in the former Equateur provinces.

- Since the start of the year and as of 1 May 2016, MONUSCO/CDU has officially reported 23 cases of SEA to UNICEF, of whom nine victims are minors. UNICEF dispatched a multidisciplinary response team to Beni to assess the needs of the alleged victims and coordinate the provision of assistance through partner NGOs and government services. Furthermore, UNICEF has facilitated focus group discussions among the affected communities to better understand the local knowledge, attitudes and practices associated with SEA prevention, surveillance, reporting
and poverty. These discussions revealed the existence of bottlenecks related to surveillance, detection and referral of SEA cases, including fear of retaliation, lack of clarity with regard to existing confidential reporting mechanisms, fear of stigmatization, impunity and lack of trust in the judiciary system, and poverty. Efforts are underway to strengthen child protection in high-risk communities.

Non-Food Items / Shelter materials

- During this reporting period, UNICEF, RRMP partners (AVSI, NRC, IRC and Solidarités International), and Caritas International Belgium (partner for refugee response from Central African Republic) reached 97,773 people with access to essential household, personal and hygiene Non-Food Items (NFI), bringing the total numbers to 141,516 people since the beginning of the year. This represents 19.7% of UNICEF’s 2016 target for NFI assistance. To date, 87% of UNICEF-supported assistance was delivered through NFI fairs and 13% via direct distribution.
- New IDP movements in the southern part of Lubero territory (North Kivu province) dominated UNICEF-supported response during the reporting period. While ex-Katanga province continues to be affected primarily by return movements, RRMP mobilized to respond to new movements of displacement during this reporting period in Lubudi territory in the new province of Lualaba. Overall, 62.1% of beneficiary families during this reporting period were from North Kivu; 15.2% from South Kivu; 13.2% from Ituri; and less than 10% from Nord Ubangi and Lualaba provinces.
- Overall, 56.2% of UNICEF-assisted beneficiaries during this period were IDPs; 18.6%, returnees; 15.1%, host families; 6% other vulnerable local community members; and 4% refugees from Central African Republic.

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

RRMP

- During the reporting period, a total of 32 assessments were conducted in North Kivu, South Kivu, former-Katanga and former-Oriental provinces (56% of which were multi-sector assessments). Out of these cases, there were 28 interventions (39% NFI, 18% Health, 36% WASH and 7% Education), reaching a total of 227,718 people.
- RRMP was one of the first actors conducting an assessment of the situation in the area of Mpati, Goriba, Kalengera, Bweru et Kivuye (Masisi Territory, North Kivu province), where fighting between FARDC and armed groups, as well as the dismantling of some IDP camps, have generated large-scale population movements of more than 6,000 households.
- Phase 6 of RRMP has come to an end on April 30th and agreements with partners have been renewed, allowing RRMP to continue responding to major crises in 2016 with a total number of 850,000 people to be served by the end of year through RRMP multisectoral response.
- Out of the $30 million requested for the phase 7 of RRMP, $22 million are available or pledged to cover eight months of activities; $8 million are required to complete the 12-month cycle.

Multipurpose CASH-based Assistance

- Based on a humanitarian alert, results of the rapid needs assessment and the market assessment, UNICEF partners of Alternative Response for Communities in Crisis (ARCC) programme have identified target communities in provinces of South Kivu, North Kivu and Tanganyika. In these target communities, committees have been formed, with members having received training on humanitarian principles as well as accountability frameworks, including complaint mechanisms, to ensure a good understanding of the programme structure as well as transparency among the communities. The distribution of cash is planned for the next reporting period and will target 6,706 households including 4,924 displaced households in South and North Kivu and 1,782 returned households in Tanganyika.
- Other options have been either suspended due to the security concerns or reoriented to the non-cash based assistance given the results of the market assessment.

Communication for Development (C4D)

- C4D interventions were integrated into various emergency programming, including RRMP. Moreover, social mobilisation and sensitisation has been a major component in response to epidemics including cholera and measles.

External Communication

- The regional Q&A on the crisis in Burundi and its potential impact, including possible influx of refugees in DRC and the support programmes put in place to respond to the situation, was updated in collaboration with the
concerned UNICEF country offices, Africa Service Unit in South-Africa as well as Eastern and Southern Africa Regional Office (ESARO).

- Video and print materials on the visit of the UN Secretary General Ban Ki-Moon to Goma in February have been finalized, with a focus on the UNICEF Capoeira project for CAAFAG. The material will be published and shared at the upcoming World Humanitarian Summit in Istanbul.

- In support of the education section and UNICEF Western and Central Africa Regional Office (WCARO), a mission has been conducted to Kalemie, Tanganyika province, with an external video crew to document the peace building programme, which has been implemented in several provinces of DRC. The documentation will be used by WCARO to develop a set of multimedia materials, which will highlight the experience of UNICEF DRC in peace building initiatives.

Security

- Over the past months, humanitarian access has increasingly become a concern, particularly in North Kivu province, with frequent security incidents directly involving humanitarian actors. The recent incidents include abduction cases involving personnel of Save the Children in March 2016, as well as Mercy Corps in April 2016. Further, the kidnapping of both national and international staff of MSF in December 2015 resulted in their withdrawal from the area for over four months.

- With regard to the potential delay of the electoral calendar and the extension of the Presidential mandate, there have been growing tensions over the past months. While the protests have largely been taking place in a non-violent manner, there have been some incidents and arrests. For example, on 20 April, the police fired tear gas to disperse supporters of an opposition party, Union Nationale des Fédéralistes du Congo (UNAFEC), who barricaded streets and burnt tires in Lubumbashi in protest against perceived police interference at party premises the days before. On 27 April, the mayor of Lubumbashi reportedly prohibited all public demonstrations until further notice. No major incidents were reported during the provincial elections on 26 March concerning the 21 newly-established provinces.

- Some heightened volcanic activity was reported for Nyiragongo volcano in Goma, North Kivu province, since 28 February. While the rumor of possible eruption initially created anxiety among the population, the Observatoire Volcanique de Goma (OVG) confirmed that there is no concrete basis to assume immediate risk of eruption.

Funding

<table>
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<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds received*</th>
<th>Funding gap</th>
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<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>42,300,000</td>
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<tr>
<td>Health (beyond RRMP)</td>
<td>7,000,000</td>
<td>90,000</td>
<td>6,910,000</td>
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<td>WASH (beyond RRMP)</td>
<td>5,720,000</td>
<td>1,606,539</td>
<td>4,113,461</td>
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<td>Child Protection (including sexual and gender-based violence and mine risk education)</td>
<td>16,000,000</td>
<td>-</td>
<td>16,000,000</td>
</tr>
<tr>
<td>Education (beyond RRMP)</td>
<td>6,000,000</td>
<td>773,270</td>
<td>5,226,730</td>
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<tr>
<td>Non Food Items (beyond RRMP)</td>
<td>1,020,000</td>
<td>-</td>
<td>1,020,000</td>
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<td>Rapid Response to Population Movement Mechanism</td>
<td>43,000,000</td>
<td>4,609,278</td>
<td>38,390,722</td>
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<td>Multipurpose cash-based assistance</td>
<td>7,500,000</td>
<td>-</td>
<td>7,500,000</td>
</tr>
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<td>Sector/Cluster Coordination</td>
<td>1,820,000</td>
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<td>2015 Carry Over</td>
<td>-</td>
<td>14,487,844</td>
<td>14,487,844</td>
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<td>Total</td>
<td>130,360,000</td>
<td>23,414,186</td>
<td>106,945,814</td>
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* ‘Funds received’ does not include pledges
Next SitRep: 30 June 2016

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

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### Summary of Programme Results

#### WATER, SANITATION & HYGIENE

<table>
<thead>
<tr>
<th>Cluster/Sector</th>
<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
</tr>
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<tbody>
<tr>
<td># of conflict-affected people with access to water, hygiene and sanitation basic services</td>
<td>631,015</td>
<td>162,193</td>
<td>25%</td>
<td>2,902,136</td>
<td>320,851</td>
<td>11%</td>
</tr>
<tr>
<td># of persons in cholera-prone zones benefitting from WASH cholera-response packages</td>
<td>1,609,774</td>
<td>423,260</td>
<td>26%</td>
<td>3,938,908</td>
<td>608,820</td>
<td>15%</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>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of SAM-affected care/mother and children who receive hygiene kits with key hygiene message</td>
<td>25,685</td>
<td>3,826</td>
<td>15%</td>
<td>69,793</td>
<td>3,826</td>
<td>5%</td>
</tr>
</tbody>
</table>

#### EDUCATION

<table>
<thead>
<tr>
<th>Cluster/Sector</th>
<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td># of girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRM)</td>
<td>200,000</td>
<td>107,311</td>
<td>54%</td>
<td>555,290</td>
<td>235,035</td>
<td>42%</td>
</tr>
<tr>
<td># of schools and/or temporary learning spaces providing protecting environment to emergency-affected children</td>
<td>606</td>
<td>35</td>
<td>6%</td>
<td>1,678</td>
<td>43</td>
<td>3%</td>
</tr>
<tr>
<td># of teachers trained on learner-centred methodologies, peace education, disaster risk reduction, and how to identify and refer children in need of psychosocial care and support to available protection services</td>
<td>1,818</td>
<td>660</td>
<td>36%</td>
<td>10,096</td>
<td>1,163</td>
<td>12%</td>
</tr>
</tbody>
</table>

#### HEALTH

<table>
<thead>
<tr>
<th>Cluster/Sector</th>
<th>2016 Target</th>
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<th>Total Results</th>
<th>% of Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td># children (6 months-14 years) in humanitarian situations vaccinated against measles</td>
<td>442,200</td>
<td>98,415</td>
<td>22%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># people affected by conflict and disease outbreaks having received access to primary health care</td>
<td>210,000</td>
<td>45,156</td>
<td>22%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### NUTRITION

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td># of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>300,000</td>
<td>63,348</td>
<td>22%</td>
<td>302,487</td>
<td>65,448</td>
<td>22%</td>
</tr>
<tr>
<td>Recovery Rate</td>
<td>&gt;75%</td>
<td>89.6%</td>
<td>N/A</td>
<td>&gt;75%</td>
<td>83%</td>
<td>N/A</td>
</tr>
<tr>
<td>Death rate</td>
<td>&lt;10%</td>
<td>0.91%</td>
<td>N/A</td>
<td>&lt;10%</td>
<td>1.02%</td>
<td>N/A</td>
</tr>
<tr>
<td>Default rate</td>
<td>&lt;15%</td>
<td>5.35%</td>
<td>N/A</td>
<td>&lt;15%</td>
<td>9.13%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### CHILD PROTECTION

<table>
<thead>
<tr>
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<th>2016 Target</th>
<th>Total Results</th>
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</tr>
</thead>
<tbody>
<tr>
<td># of children formerly associated with armed forces/groups released and provided with assistance</td>
<td>3,700</td>
<td>1,382</td>
<td>37%</td>
<td>3,700</td>
<td>1,392</td>
<td>38%</td>
</tr>
<tr>
<td># of separated and unaccompanied children identified and reunited with their families</td>
<td>1,000</td>
<td>155</td>
<td>16%</td>
<td>1,500</td>
<td>157</td>
<td>10.4%</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>40,546</td>
<td>68%</td>
<td>70,000</td>
<td>42,046</td>
<td>60%</td>
</tr>
<tr>
<td># of identified survivors of sexual violence provided with a comprehensive response</td>
<td>10,000</td>
<td>488</td>
<td>5%</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NFI/SHELTER

<table>
<thead>
<tr>
<th>Cluster/Sector</th>
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<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people accessing essential household items, and shelter materials</td>
<td>720,000</td>
<td>141,516</td>
<td>19.7%</td>
<td>2,040,751</td>
<td>244,918</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

#### MULTIPURPOSE CASH BASED ASSISTANCE

<table>
<thead>
<tr>
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<th>2016 Target</th>
<th>Total Results</th>
<th>% of Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Variation of the children health services access rate</td>
<td>+30%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Variation of the children education services access rate</td>
<td>+20%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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1 UNICEF and UNICEF partner results include assistance to refugees from Central African Republic (654 refugee families and 166 refugee host families). Refugees, refugee host families, and repatriated refugees are not included in cluster targets or results.

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