

UNICEF HUMANITARIAN ACTION UPDATE

Democratic Republic of the Congo

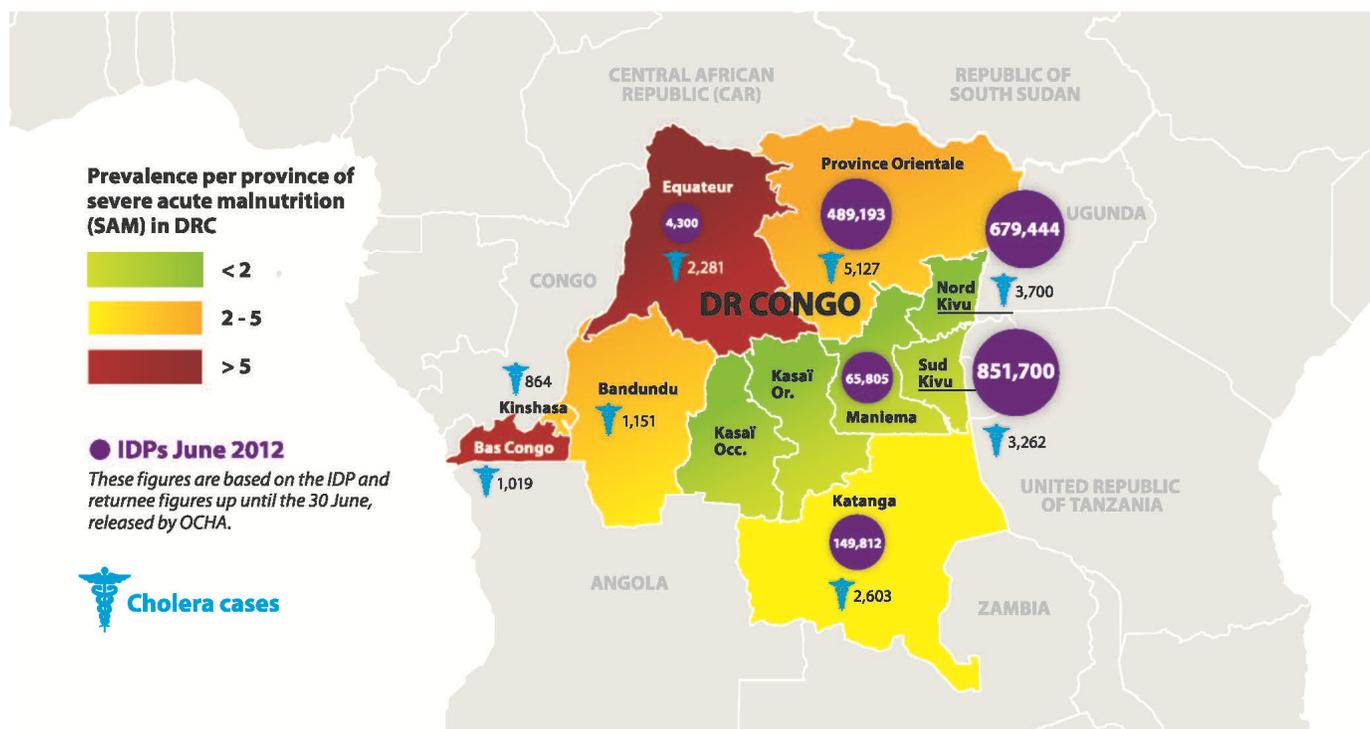
4 August 2012

UNICEF requires more than US\$ 133 million to address the needs of children and women affected by the crisis in the Democratic Republic of Congo in 2012. Out of this US\$ 35.2 million is urgently needed in order to meet the most critical needs.



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An estimated 2.2 million people are internally displaced in eastern Democratic Republic of the Congo (DRC) as of June 2012—the highest number of internally displaced persons (IDPs) in DRC since the end of 2009. At least 50 per cent of the displaced are under 18 years of age. Grave violations are taking place, including massacres of entire villages by armed groups, mass rape, abductions, exploitation and abuse, and child recruitment and use in armed forces and groups. At the same time, malnutrition has surpassed emergency levels; nationally, one million children suffer from severe acute malnutrition (SAM). DRC is currently facing a nationwide cholera emergency - in 2012, 20,007 cases and 481 deaths from cholera have been recorded as of 23 July. This represents 92 per cent of the number of cases recorded in 2011 and more than 100 per cent of the cases in 2010 in only half a year. There is ongoing occupation, pillaging and burning of schools and educational material, meaning that the return to school of over 60,000 children in North Kivu is in peril and the risk of recruitment is an extreme concern, especially with a net increase in reported cases.



This Humanitarian Action Update provides an overview of the situation and needs for UNICEF's emergency response to the Democratic Republic of the Congo crisis, for 2012.

1. ISSUES FOR CHILDREN AND WOMEN

The current humanitarian situation in the Democratic Republic of Congo (DRC) is dominated by conflict-related forced displacement of families and serious protection violations, as well as emergency levels of global acute malnutrition (GAM) in the centre of the country and a cholera emergency nationwide.

The DRC is an extremely complex operating environment. Humanitarian access has become increasingly difficult as affected populations move to harder-to-reach and unstable areas. The abysmal state of DRC's road and transport infrastructure means that even where security allows, delivering humanitarian assistance to those most in need can be an overwhelming challenge, requiring expensive air delivery or days on the road to travel even relatively short distances. In the East, insecurity prevents teams from accessing populations the most in need. UNICEF works with a wide range of international and national NGO partners to overcome these access constraints, investing in close monitoring of the security situation as well as systems for remote implementation and monitoring of programmes when necessary. At the national and international level, UNICEF continues to advocate for the protection of humanitarian space and respect for international humanitarian law, including the access to populations in need.

Displacements

Conflict-related displacement in eastern DRC has caused a significant deterioration in the humanitarian situation in recent months, with the number of internally displaced persons (IDPs) climbing from 1.8 million registered at the end of 2011 to 2.2 million by the end of June 2012. **This is the highest number of displaced people in DRC since the end of 2009. At least half of these displaced are children under 18 years of age.**

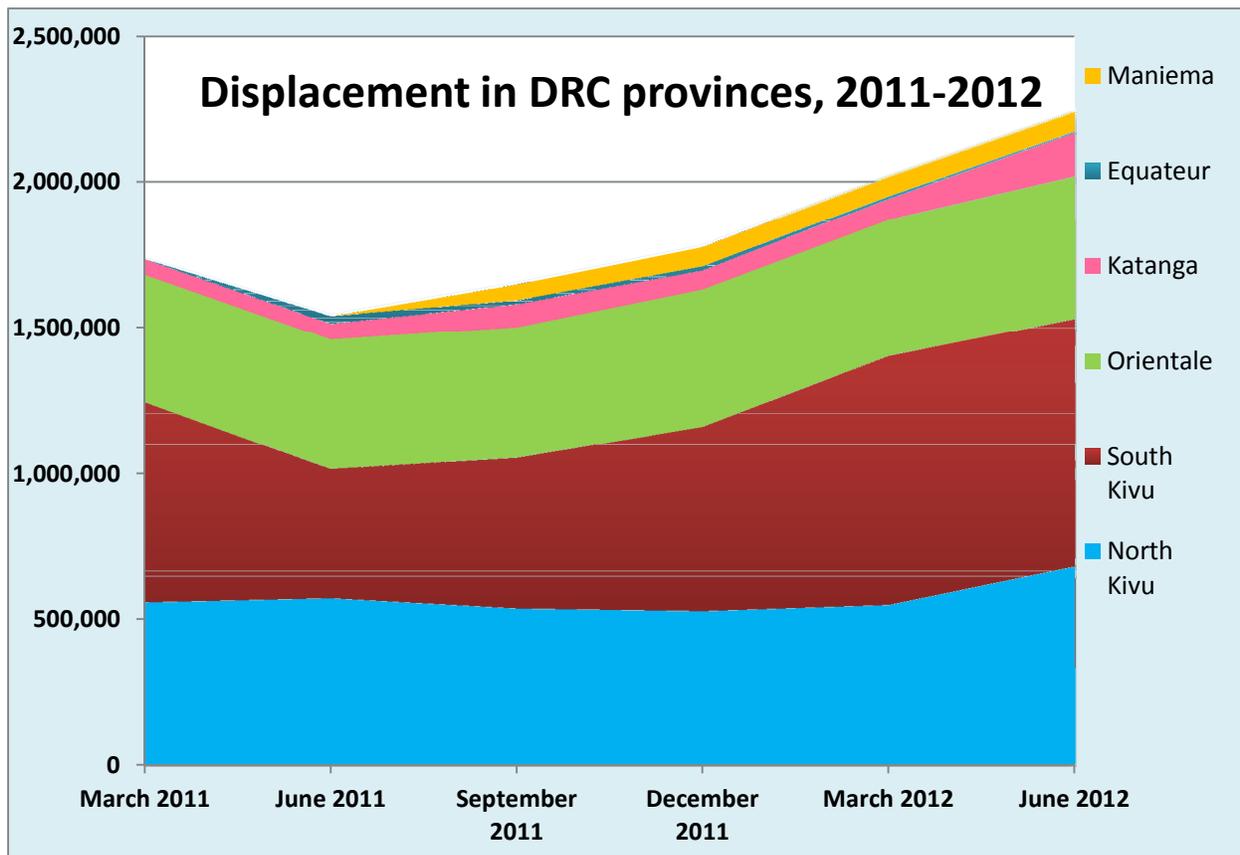
2.2 million people are internally displaced.

Since the launch of the March 23 Movement (M23) rebellion in April and May 2012, more than 120,000 people have been newly displaced in North and South Kivu alone. In **North Kivu**, there are more than 679,444 displaced persons as of June 2012, a 29 per cent increase since the beginning of the year. UNICEF is receiving worrying information on the active recruitment of children by the M23 and other armed groups who are taking advantage of the deteriorating security situation in the Kivus. Local UNICEF partners report 2,000 children as still associated with armed opposition groups in the region. In **South Kivu**, there are currently 851,700 people displaced, a 34 per cent increase since January 2012. The trend in South Kivu is especially concerning as the various armed groups appear to be deliberately targeting civilians for revenge killings, mass rape and other grave human rights violations.

Conflict-related displacement also continues to seriously affect Province Orientale and Katanga. In **Province Orientale**, more than 489,193 people are still displaced, mainly due to Lord's Resistance Army (LRA) activities. The LRA retain the capability to terrorize the population, provoke displacement and prevent return. In addition since March 2012, the security situation in Ituri and Irumu districts has also unexpectedly deteriorated, with the Front de Résistance Patriotique en Ituri (FRPI) taking control of significant areas. In **Katanga**, the number of displaced people in the province has more than doubled from 64,082 to 149,812 people as of end of June due to the return of Mayi-Mayi Gedeon, a warlord who escaped from prison at the end of 2011. Negotiations are being held between Mayi-Mayi

and the provincial government, and UNICEF and its partners are preparing a response to the possible exit of children from their ranks. It is estimated that approximately 800 (or 30 per cent) of the Gedeon fighters are children.

In addition to mass displacement within DRC, refugee outflows have also increased due to increased internal instability, with over 25,000 Congolese registered in Uganda since January 2012 and over 17,000 new arrivals in Rwanda as of June 2012.



Protection threats for children and women

Over the past few months the eastern part of DRC has seen an alarming upsurge of violence. New hotspots in Province Orientale and northern Katanga are being monitored closely. In such a fluid and complex situation, grave violations against women and children continue to cause severe harm, notably massacres of entire villages by armed groups, sexual violence including mass rapes, abductions, exploitation and abuse, child recruitment and use in armed forces and groups.

Since the beginning of 2012, the Monitoring and Reporting Mechanism of the Security Council Resolution 1612/2005 recorded 35 children abducted by the LRA, 147 cases of child recruitment and use and 188 children released from armed forces and groups, 46 of which were released from the national army. Over the same period, UNICEF and its partners provided temporary care for over 1,000 children.

In **North Kivu**, all territories are being affected by illegal activities of armed groups, while in South Kivu the renewed tensions between Mayi Mayi and Forces Démocratiques pour la Libération du

Rwanda (FDLR) are rapidly spreading. Two thousand children are reported by local partners to still be in use by armed forces and groups. In **South Kivu** 15 children were killed by the FDLR during two attacks against villages in May 2012. In **North Katanga**, 135 women and girls were allegedly abducted and sexually abused in the last few months: 70 reportedly by Forces Armées de la République Démocratique du Congo (FARDC) in North Katanga in April 2012 and 65 in Province Orientale reportedly by elements of the Mayi-Mayi group Simba, and by FARDC.

Nutrition

One million children are suffering from severe acute malnutrition

Despite a significant improvement in the number of treated children between 2001 and 2010 DRC continues to face a serious nutrition crisis, with a GAM prevalence equal or above the emergency threshold of 15 per cent, especially in the non-conflict affected areas of Kasai Oriental, Kasai

Occidental, Equateur and Bandundu. **Overall there are about one million children with severe acute malnutrition in the country, one of the highest national caseloads in the world.** The causes of malnutrition in these provinces are structural in nature and not only as a result of poor availability of food. They include poor access to adequate health services, poor infant and young child feeding practices, inadequate access to diversified diet, poor individual and environmental hygienic conditions, as well as increased protection risks for women and children as families are forced to adopt harmful coping mechanism in a context marked by widespread poverty.

Cholera

The **cholera outbreak** in DRC continues in both endemic and epidemic modes throughout the country. In 2011, a total of 21,770 cases and 497 deaths were reported with a lethality rate of 2.3 per cent. In 2012 to date, a total of 20,007 cases and 481 deaths are reported so far with a lethality rate of 2.5 per cent.¹ This means that **in the first seven months of 2012 only, the number of cases has reached 92 per cent of the total number of cases of 2011.** The outbreak in 2012 has been especially challenging as it has spread across multiple health zones and districts in remote locations, particularly in certain Western provinces which are hard to access because of a lack of infrastructure. Local capacity of local structures to manage is extremely low, and there are very few international partners present on the ground.

Education

The return to school of over 60,000 children in North Kivu is in peril due to the occupation, pillaging and burning of schools and educational material. The risk of recruitment of children into armed forces is an extreme concern, especially with a net increase in reported cases.

2. UNICEF RESPONSE

What has been done

UNICEF and its network of international NGO, national NGO and government partners provide one of the largest humanitarian response programmes in the DRC. UNICEF also plays a critical role in humanitarian coordination and setting quality standards for evaluation, response and monitoring

¹ Source: DRC Ministry of Health

through its leadership of the WASH, Nutrition, NFI/Shelter and Education (co-led by Save the Children) clusters as well as the Child Protection Working Group and the Multi-Sectoral Pillar on Assistance to Survivors of gender-based violence (GBV). The following results have been achieved from January to July 2012:

- Through the Rapid Response to Movements of Population (RRMP) Programme² which aims to assist 1.24 million newly displaced or recently returned people in 2012, access to essential household and personal items and emergency shelter materials has been provided to an estimated 413,720 displaced persons, returnees and people in host communities. Access to water and sanitation facilities have been provided to 275,000 people. Over 21,000 children have already gained access to emergency education through RRMP programmes, including distribution of kits or vouchers for school materials, the rehabilitation or construction of 106 learning spaces, and support to teachers and principals.
- To date, supplies and assistance have been provided to treat some 39,721 children with severe acute malnutrition. With enough funding the aim is to reach 154,000 children by the end of the year, however there is need to scale up beyond these targets to meet the current needs.
- Over 8 million children were vaccinated against measles with the aim to reach 14.8 million children by the end of the year³.
- UNICEF has supported the release of 1,194 children, including 248 girls, (40 per cent of the target) from armed groups in the east of the DRC and has reunified 1,091 children, including 209 girls. In response to the current forced displacements of population in North Kivu, four child friendly spaces attended by 5,200 children per day have been functional since May. In Katanga, one child friendly space has been established which is currently servicing 1,000 children a day. Child Friendly Spaces facilitate provision of psycho-social support to affected children.
- UNICEF has also been able to provide direct assistance to 6,410 survivors of sexual violence.
- 830,000 people were reached with water and sanitation services in the areas targeted by the CERF cholera response programme, and 85 cholera kits were distributed to treat 51,000 people across the country.
- Through strong advocacy from UNICEF, the Ministry of Education (EPSP) allowed sixth grade IDP children in North Kivu and South Kivu to sit their final primary school exams at the location of displacement, enabling 5,647 crisis-affected children to take part in the national TENAFEP (Test National de Fin d'Etudes Primaire) exam.

² The RRMP is a UNICEF-managed rapid response mechanism, co-led by OCHA, which pre-positions funds, supplies and operational INGO partners in the conflict-affected provinces of North and South Kivu, Katanga and Orientale to respond to population movements. RRMP conducts rapid multi-sectoral assessments and implements response in Non-Food Items (NFI), WASH, and emergency education.

³ September 2011-May 2012.

Results

	Cluster target (people to be reached by 31 Dec. 2012)	Cluster total progress (people reached by 30 June)	UNICEF target (people to be reached by 31 Dec. 2012)	UNICEF total progress (people reached by 30 June)
NON-FOOD ITEMS/SHELTER				
Number of people assisted with essential household items (NFI)	2,254,000	503,261	816,000	413,720
NUTRITION				
Number of acutely malnourished admitted for treatment	600,000	117,097	154,000	39,721
HEALTH				
Children under 5 access life-saving interventions including measles immunization	4,000,000	3,191,841	14,830,472*	8,830,472 ⁴
WATER, SANITATION & HYGIENE				
Number of people receiving WASH emergency response	3,540,000	1,945,000 ⁵	885,000	1,105,000 ⁶
CHILD PROTECTION				
Children leaving armed groups	N/A	N/A	2,000	1,194
Survivors of sexual violence supported	N/A	N/A	15,000	6,410
Vulnerable children are able to access psychosocial support through 50 child friendly spaces	N/A	N/A	50,000	36,000
EDUCATION				
Children accessing education in emergencies	600,000 ⁷	38,358	275,000	21,038 ⁸

UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

* UNICEF's health programme targets include measles vaccination coverage.

What remains to be done in 2012

Multi-sectoral Response to Population Movements

Based on potential needs identified in the “most likely” scenario of the 2012 inter-agency Humanitarian Action Plan (HAP), the Rapid Response to Movements of Population (RRMP) planned to assist 1.24 million newly displaced or recently returned people in access to essential household ‘non-food items’ (NFI), WASH, and emergency education in North and South Kivu, Province Orientale and Katanga, with a budget of \$33.6 million. A rapid-response health component will be piloted in North Kivu with UNICEF’s NGO partner Merlin. Given the rapid deterioration of the situation in the Kivus and Katanga, needs are likely to exceed original projections and the **RRMP has already**

⁴ From September 2011-May 2012.

⁵ 1,600,000 targeted for cholera response, 70,000 IDPs outside of RRMP, 275,000 by RRMP.

⁶ 275,000 people reached with WASH interventions as part of RRMP, 830,000 reached in CERF cholera response.

⁷ This is the revised figure as of the Humanitarian Action Plan mid-year review.

⁸ 21,038 children reached within RRMP. No education activities took place so far in 2012 outside RRMP.

consumed almost 70 per cent of its capital of activity for 2012. UNICEF needs to increase the RRMP budget by at least \$3.5 million in order to maintain response capacity in NFI, WASH and emergency education for the rest of the year.



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Emergency Nutrition

The number of patients admitted for treatment increased from 45,000 in 2007 to 157,000 in 2011, which corresponds to **an increase in coverage from 4 per cent to 16 per cent of the total estimated caseload.** Despite these

improvements, some 840,000 children with severe acute malnutrition still remain unreached with treatment due to insufficient funding, limited number of implementing partners in the most affected zone and recurrent conflict with population displacement in the eastern part of the country. In order to rapidly and sustainably scale up the treatment of severe acute malnutrition, UNICEF, in addition to working with the humanitarian NGOs, will partner with several health development partners to ensure integration of the community-based treatment of malnutrition into the health minimum package. This strategy is expected to **increase coverage to 25 per cent in 2012 and to at least 65 per cent by end of 2017.** However, without additional funding reaching the last year target is unlikely.

Cholera Response (WASH and Health)

2012 will be one of the worst years in terms of number of people affected by cholera in DRC. The main challenges for the remainder of this year are related to the on-going outbreak in the Ituri region of Province Orientale. The outbreak had started in March, but due to a lack of funding did not benefit from any WASH interventions. If no action is taken rapidly, the area could become the epicentre of a new outbreak along the Congo River as was the case in Equateur in February, potentially affecting other countries in the Congo River Basin. Funding is urgently needed to respond and avoid a further spread. Another critical outbreak caused by movement of population has occurred in Rutshuru, North Kivu province. Furthermore, the rainy season (traditionally accompanied by new outbreaks) is about to start, with possible exacerbation of the situation in the eastern endemic regions and along the Congo River.

For cholera response and preparedness activities, \$3 million is urgently needed of which \$1 million will be for western DRC, UNICEF as lead of the WASH cluster is also in need of an additional \$250,000 to support coordination activities covering the last five months of the year.

Health (measles)

In 2012, about 70 health zones are suffering from measles epidemics and thus about six million children aged 6 months to 15 years old need to be urgently vaccinated against measles. To strengthen delivery systems, a new strategy is being developed by UNICEF with a diverse group of partners.

Child Protection

With the large numbers of displaced persons in eastern DRC there is a need to add ten new child friendly spaces (CFS) while maintaining 40 existing CFS in areas where displaced populations have settled. UNICEF will reinforce the capacity of family tracing teams and deploy tracing staff at each CFS and in IDP settlements. The additional capacity will ensure that at least 1,000 separated children are reunified and that new separation prevented. CFS are places where children can access creative and recreational activities, psychosocial support, participate in community life, and develop in skills for teamwork, leadership and responsibility. CFS provide children with access to basic services such as clean water, and sanitation and hygiene facilities. CFS also act as family tracing and re-unification

points where parents can report their missing children and vice versa. By providing a protective environment, they work to prevent the recruitment and use of children into armed forces and groups.

As thousands of children have been recruited or re-recruited in North and South Kivu, there is now an urgent need to step up capacity to receive an additional approximately 1,000 children leaving armed groups. Additional capacity will also be required to ensure that 2,200 children released children are given meaningful and long-term reintegration options.

Sexual violence against girls and women, as well as boys and men, is expected to continue. Sexual Violence including rape is used as a weapon of war and defines the devastating experience of thousands of girls and women in their homes, in IDP camps and on the road to farms, markets and schools. UNICEF requires additional support in providing a comprehensive response to 8,500 survivors of sexual violence that includes access to medical care, psycho-social support, reintegration assistance and referrals to legal counselling and assistance.

Education

Due to a lack of funding, only eight per cent of UNICEF's education targets have been reached so far in 2012. \$8 million is required for UNICEF education in emergencies activities to allow 228,000 children access to safe and protective education: establishment of temporary learning spaces; adaptation of the school calendar; reinsertion of children into an appropriate learning environment; psychosocial and recreational activities; awareness raising on life-saving and life-sustaining messages; training of teachers on psychosocial support, peace education and class management; provision of teaching and learning materials and catch-up classes.⁹ In North Kivu alone, the cluster has identified 258 schools which have been looted and/or burnt following attacks and following their occupation by armed groups or IDPs, imperilling the start of the school year in September for 60,000 children. With the increase in recruitments of children into armed groups in the past few months (MRM 1612 May-June bi-monthly report), UNICEF fears that children, without protective learning environments, will be in danger of recruitment



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Despite global recognition of the importance of education in emergencies, education still remains greatly underfunded. Education is a critical protective tool to build preparedness and resilience against future disasters in an ever-changing environment.

Coordination

In DRC, UNICEF currently leads four emergency clusters (Nutrition, WASH, Education (co-led by Save the Children), NFI/Shelter), as well as the Child Protection Working Group within the protection cluster led by UNHCR. As part of the National Strategy on Sexual and Gender-based Violence, UNICEF is also leading the multi-sectoral assistance pillar, and needs to continue its dedicated leadership to ensure life-saving and timely assistance is provided to survivors of sexual violence. The organization is making a significant investment in dedicated coordination capacity at both national and provincial levels, with over thirty staff members involved fully or partially in cluster coordination activities. In order to clarify expectations and strengthen accountability, generic DRC Cluster Coordination terms of reference have recently been finalized at the inter-agency level. This year, the clusters are focusing on strengthening monitoring and information management capacity, reinforcing

⁹ These are new needs beyond the 68,000 children who will be served through education activities via RRMP in 2012.

the role of cluster co-facilitators, capacity building of cluster members and the implementation of common tools and standards.

3. FUNDING REQUIREMENTS AND RECEIPTS

UNICEF Funding Requirements from August 2012 – 31 December 2012 (as of 31 July)

UNICEF's funding requirements at the beginning of 2012 were \$143 million. As the situation in DRC has deteriorated, UNICEF's requirements have increased to a total of \$164 million, with a funding gap of \$133 million. This request is aligned with the 2012 Humanitarian Action Plan (HAP). **Out of this revised requirement, \$35.2 million is urgently needed** in order to meet the critical needs of women and children in DRC. Despite the worsening situation it is proving difficult to mobilize additional resources for certain sectors, particularly emergency education and child protection.

- **Nutrition:** \$8.7 million is immediately needed for nutrition supplies to reach 25 per cent of the estimated SAM caseload by the end of 2012.
- **WASH:** \$3 million is needed to continue immediate cholera prevention and response activities through the end of the year.
- **Health:** \$1 million to treat 50,000 cholera cases; \$5 million to vaccinate six million children aged 6 months to 15 years for measles in the most affected areas.
- **Education:** \$8 million is required for UNICEF education in emergencies activities.
- **Child protection:** \$2 million is needed to support activities for children associated with armed forces and armed groups (CAFAAG) in the Kivus, Ituri (Province Orientale) and Katanga; \$2.5 million is needed to ensure the coordination and the multi-sectoral assistance to survivors of sexual violence nation-wide.
- **RRMP:** The funding gap for the RRMP is \$5 million – to cover the remaining needs for 2012 and to pre-position supplies and partners for the first quarter of 2013.

Funding Requirements

Sector	Original 2012 HAC requirements	Revised requirements*	Funds received**	Funding gap
Rapid Response to Population Movements ¹⁰	26,000,000	37,100,000	19,242,182	17,857,818
Non-food items/shelter	4,000,000	4,000,000	110,000	3,890,000
Nutrition	28,700,000	28,700,000	1,670,645	27,029,355
Health	16,500,000	16,500,000	781,197	15,718,803
Water, Sanitation & Hygiene	19,000,000	19,000,000	4,405,190	14,594,810
Child Protection	12,000,000	18,000,000	2,312,533	15,687,467
Education	34,500,000	37,500,000	2,356,830	35,143,170
Cluster/Sector coordination	3,200,000	3,200,000	0	3,200,000
Total***	143,900,000	164,000,000	30,878,577	133,121,423

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** Figures reflect funds received only in 2012 and as of 26 July 2012. Pledges and programmed/earmarked carry-overs from 2011 are not included.

*** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

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¹⁰ Rapid Response to Population Movements is a multi-sectoral programme providing emergency humanitarian assistance in non-food items/shelter, WASH and education to conflict- or disaster-affected populations (approximately 1.7 million beneficiaries per year) in eastern Democratic Republic of the Congo (Bas and Haut Uele, Ituri, North and South Kivu).