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Reporting Period: November 2019

Democratic Republic of the Congo

Humanitarian Situation Report No. 11

unicef 
for every child

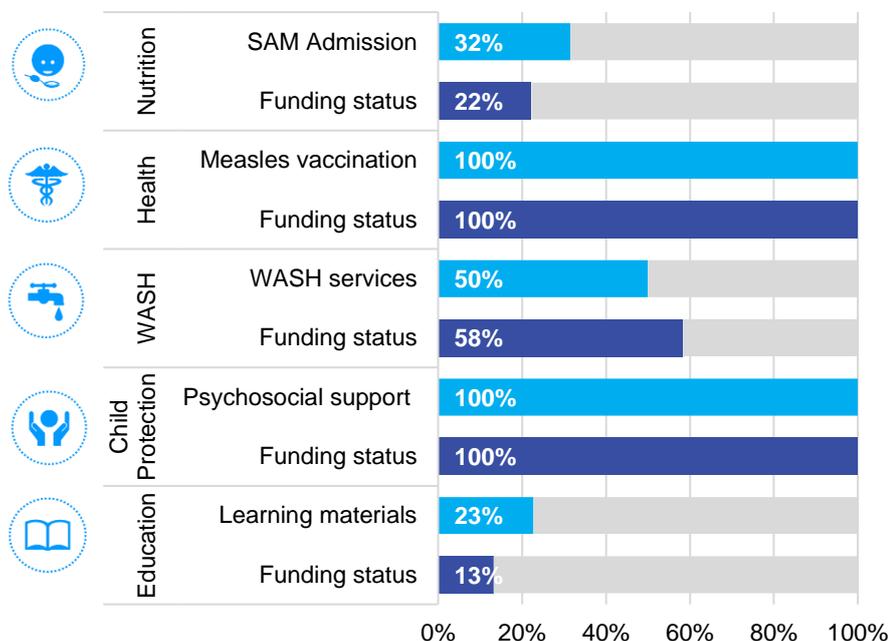
Highlights

- As of November 2019, over 876,000 persons have been affected by floods and are in need of immediate humanitarian assistance in twelve provinces of the Democratic Republic of the Congo (DRC). The floods have worsened the humanitarian context in the affected provinces with high risks of cholera outbreaks and a resurgence of diarrheal diseases due to the poor hygiene conditions and water contamination. Significant needs in WASH, health and education have been identified due to the infrastructure damage and limited access to basic social services. In response to the floods, UNICEF has been one of the first responders on site, providing a response in WASH, education, health, C4D, child protection, and nutrition.
- UNICEF launched its Rapid Response program with its first distribution in Ndalya health zone, Ituri province, reaching 653 households with NFI kit distributions.
- As of the end of November 2019, 4,500 children under the age of five died from measles in the DRC. In response to the measles outbreak across the country, UNICEF has vaccinated over 1,351,800 children in humanitarian situations since January.

Situation in Numbers

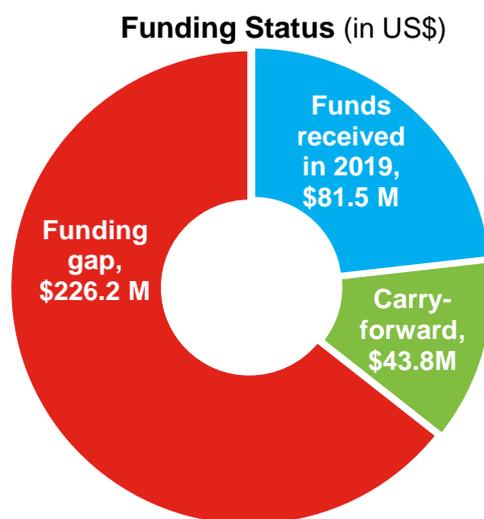
-  **7,500,000**
children in need of humanitarian assistance (OCHA, HRP 2019)
-  **12,800,000**
people in need (OCHA, HRP 2019)
-  **1,260,000***
Internally displaced people (IDPs) (HRP 2019)
*estimates for 2019
-  **27,162**
cases of cholera reported since January (Ministry of Health)

UNICEF's Response and Funding Status



UNICEF Appeal 2019

US\$ 326 million



Funding Overview and Partnerships

UNICEF appeals for US\$ 326M to sustain provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). In November, UNICEF Argentina, SIDA, and the Republic of Korea have generously contributed to UNICEF DRC humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, the 2019 HAC still has a funding gap of 69%. Without sufficient funding, over 620,000 children will not have access to adequate therapeutic care for severe acute malnutrition (SAM), over 666,000 children affected by conflicts or natural disasters will not access quality education and psychosocial activities, and at least 638,800 persons affected by conflicts or natural disasters will not gain access to basic WASH services.

Situation Overview & Humanitarian Needs

Provinces	Number of persons affected by floods
Haut Uele	14,145
Equateur	343,496
Kasai	8,420
Kasai Central	628
South Ubangi	108,609
North Ubangi	146,005
Tshopo	73,317
Bas Uele	66,908
South Kivu	1,884
Maniema	24,325
Kinshasa	18,840
Mongala	70,308

Table 1: Number of persons affected by floods per province in the DRC (Source: Cluster WASH with information from NGOs, Provincial Health Divisions, OCHA)

Flooding: Since October 2019, over 876,000 persons have been affected by floods and are in need of immediate humanitarian assistance in twelve¹ provinces of the Democratic Republic of the Congo (DRC) (see table 2). The floods have caused significant material damage; in North and South Ubangi, over 32,000 houses, 632 water sources and 142 schools and health centers have been damaged. Furthermore, 8,970 students, of which 4,359 girls, are deprived access to quality education with the destruction of 16 primary schools and the flooding of 146 classrooms in South Kivu and Maniema². In the country's capital city, torrential rains resulted in the death of 41 persons. The city faces high risks of a cholera outbreak with multiple sporadic cases of cholera reported. In addition, the upstream provinces of the Congo River, Maniema and Tshopo, are currently facing a cholera outbreak. The floods have further

exacerbated the populations' vulnerabilities by rendering access to basic services (schools and health centers) inaccessible or destroyed. Affected populations are currently placed in host communities, sleep in in public places (schools) or in makeshift shelters. Water points, cemeteries and latrines have been damaged in the flooded areas and the risk of waterborne diseases has increased because of overflowing latrines, usage of turbid water from affected aquifers and poor hygiene conditions. The most urgent needs are the provision of water treatment products, hygiene kits, construction of emergency latrines, and WASH materials (PUR, Aquatabs, jerrycan, and soaps). Furthermore, these floods result in significant needs in health as affected areas are already vulnerable to epidemics (measles, cholera, malaria). This context poses a high risk in the resurgence of diseases due to the presence of stagnant and contaminated water.

Population displacements: Between the end of October and the beginning of November 2019, intense fighting has started between FARDC armed forces and armed forces in North Kivu province, of which more than 60 civilians were killed in attack. On 20 November, nearly 4,000 people took refuge from Beni to Ituri where 360,000 people are already in displacement. Currently, there are approximately 14,000 people displaced in axe Mangina - Biakato and it is estimated that number of displaced populations will increase given the on-going military operation.

Cholera: As of week 47, 27,162 cases³ of cholera have been recorded in 22 provinces of the DRC, of which 472 deaths were notified. During the reporting period, the most affected provinces are South Kivu, Haut Katanga, North Kivu, Tanganyika and Haut Lomami, where 602 out of the 687 cases were reported.

Nutrition: In collaboration with UNICEF, the National Nutritional Program conducted a nutritional survey in Kambare, Walungi, Katakokombe, and Kembe territories. The results indicated that the listed territories above are in critical nutritional situation with the prevalence of Severe Acute Malnutrition (SAM) of 2.7%, 2.8%, 1.5%, and 4.2%

¹ Affected provinces: Kasai, North Ubangi, South Ubangi, Mongala, Kinshasa, Tshopo, Bas-Uele¹, South Kivu, and Maniema

² South Kivu: Lulingu, Mulungu and Shabunda health zones; Maniema: Kailo, Kabambare, Kasongo, Kalima, Alunguli, Kindu, Lubutu and Punia health zones

³ Source: PNECHOL-MD Week 47

respectively. Furthermore, as of October 2019, 73% of nutritional alerts come from Kwango, Kasai, and Tsuapa provinces.

Measles: As of week 46, all 26 provinces of the DRC are currently facing a measles outbreak with 261,376 cases⁴ recorded, of which 5,291 deaths were notified. During week 46, the most affected provinces are Mai Ndombe (1,256 cases), Equateur (1,116 cases), Kwilu (1,103 cases), and South Kivu (863 cases).

Child Protection: Child protection remains one of the most significant needs in the DRC with multiple conflict outbreaks, gender-based violence, and recruitment of children in militia groups. A summary of affected children in need is detailed below:

Province	Number of children in need of child protection (as of October 2019) ⁵
Ituri	1,645,600
North Kivu	986,150
South Kivu	1,034,550
Tanganyika	713,900
Kasai Oriental, Lomami, and Sankuru	677,600
Kasai Central	653,400
Kasai	1,228,150

Summary Analysis of Programme Response

Nutrition

During the reporting period, based on the National Nutrition Department of the Ministry of Health (PRONANUT) database, a total of 41,950 children under 5 years old suffering from SAM were treated, of which 2,130 cases were inpatients. The performance indicators of the SAM treatment are as follow: cure rate of 88%; death rate of 2%; defaulter rate of 8% and non-respondent rate of 2%. The indicated results are in line with the international threshold standards⁶.

The monthly nutrition cluster meeting was held at UNICEF's country office and was attended by 45 partners. During the meeting, the annual work plans for 2020 concerning Community based Management of Acute Malnutrition (CMAM) and Nutrition Information System thematic working groups were presented.

Health

During the reporting period, 15,935 persons were reached with access to primary health care (free consultations, SAM case referrals, treatment of diarrheal disease) in the provinces of Haut Katanga, Kasai, and Kasai Central. In response to the measles outbreak, UNICEF supported the DRC Government in the launch of mass measles vaccination campaigns in Kasai, reaching 9,231 children in humanitarian situations (population displacements, returnees from Angola etc) during the reporting period.

In Njoko-Punda health zone, Kasai province, UNICEF distributed 15 midwifery kits and 5 malaria kits for the provision of primary health care.

WASH

In November, UNICEF assisted 265,423 persons in benefitting access to WASH assistance, of which 16,000 persons affected by conflicts in Kasai and South Kivu provinces and 249,423 persons received WASH cholera response packages in Kasai Oriental, Haut Lomami and South Kivu.

In Kasai province, 7,200 returnees from Angola gained access to safe water through the rehabilitation of 15 water sources through implementing partner Bureau Diocesan de Developpement (BDD) Luebo. In addition, 8,000 returnees from Angola gained access to safe water through the rehabilitation of 20 water sources in Kasai Centrale province

⁴ Source: World Health Organisation Week 46 report

⁵ Source: Child Protection Working Group

⁶ Recommended standard thresholds: Recovery >75%; death rate

through implementing partner Centre pour le Développement Intégré de Lukibu (CEILU). In Kasai Oriental, 144,318 persons affected by cholera benefited from WASH packages in Mbuji-Mayi through the chlorination of 50 water points by implementing partners Social Development Center (SDC). In South Kivu province, 10,887 persons received a WASH package through UNICEF implementing partner ADRA and Red Cross. In Haut Lomami, 94,218 persons affected by cholera epidemic gained access to a WASH package.

In response to the floods in Tsopo and Bas Uele province, UNICEF distributed 28,000 water purification tables, 7 boxes of soap⁷, 20 boxes of Aquatabs⁸, 20 boxes⁹ of water purification tables, 10 water buckets, 10 cholera awareness raising tools, and 31 books¹⁰. Furthermore, 19,800 persons were sensitized on the importance of using water purification tables and on the importance of hygiene, such as handwashing at the critical moments, water treatment, prohibiting open defecation.

In November, the WASH cluster supported the government to develop a response plan for the floods in North Ubangi, South Ubangi, and Mongola, as well as collected data and coordinated responses in other affected provinces. Furthermore, the WASH cluster participated in the TWiG Norms & Standards working session¹¹, 4th COPIL meeting¹², and reviewed the projects within the 3rd Emergency Allocation.

Education

During the month of November, 48,899 children (25,427 girls) aged 6-17 years affected by conflicts gained access to quality education in the provinces of South Kivu¹³, Tanganyika¹⁴, Ituri¹⁵, Greater Kasai¹⁶ and North Kivu¹⁷. Of these children, 41,882 students received learning materials.

Children in conflict-affected provinces are continually exposed to violence linked to interethnic conflicts. To help restore the psychosocial well-being of students, 1,180 teachers were trained to develop psychosocial programs for students, including games, singing, support activities among students. These activities have benefited 80% of students in targeted health areas.

In response to the floods in Maniema province, UNICEF distributed school materials to 4,500 children (1,789 girls) and 90 teachers, of which 36 women received teacher kits. In addition, UNICEF supporting training on providing psychosocial support to 120 teachers, of which 40 women. Furthermore, 15 recreational kits distributed in 15 primary schools and UNICEF supported the construction of 15 emergency classrooms.

During the reporting period, 36 Cluster members from the Grand Kasai attended a two day workshop as a briefing the cluster coordination and 5 regional consultation workshops were organized in Kananga, Goma, Bukavu, Kalemie and Bunia for development of the Multiyear resilience program (MYRP). In Tanganyika, Education cluster held a field visit in Moba and Kalemie territories to assess the situation in the area strongly affected by conflict since 2016.

Child Protection

UNICEF and its partners continued to achieve more than 100% of the 2019 psychosocial support target, of which more than 27,000 children have benefited from psychosocial support in November. In Ituri, children attendance to Child Friendly Spaces (CFS) increased to 70% during the reporting period.

UNICEF achieved 47% of the Children formerly Associated with Armed Forces and Armed Groups (CAAFAG) care target and 54% of the Unaccompanied and Separated Children (UASC) care target. The reunification of UASC continue to be a challenge, as only 29% of the target has been reached, due to security issues and armed violence, especially in the eastern part of the country.

⁷ One box contains 60 pieces of soap each

⁸ One box contains 14,000 tablets each

⁹ One box contains 240 packs each

¹⁰ Books on household disinfection, water chlorination, and cholera prevention

¹¹ led by MDA (Medecins d' Afrique), held a working session with Handicap International to develop standards and orientation for an inclusive response.

¹² The meeting was about the water network project in UVIRA by Fondation VEOLIA and LSHTM and at the meeting for the integration of nutrition response.

¹³ Minova, Minembwe, Mikenge and Numbi health zones

¹⁴ Nyunzu, Manono, Kiambi and Kalemie health zones

¹⁵ Djugu, Tchomia, Fataki, Drodoro and Linga health zones

¹⁶ Kabeya Kamwanga, Miabi, Kamako and Kamonia health zones

¹⁷ Masisi and Rutshuru health zones

With additional funding received during the month of November, UNICEF increased its intervention capacities in South Kivu to respond to needs of children affected by armed conflict; particularly in Minembwe area.

NFI

During the reporting period, UNICEF's Rapid Response program launched its first distribution in Ndalya health zone, Ituri province, reaching 653 households with NFI kit distributions.

On 8 November, the NFI / Shelter Coordinator, Co-Coordinator, NGO partners and the DRC Humanitarian Fund members finalised the technical evaluation of NGO partner's project for the Humanitarian Fund Third Emergency Allocation of 2019.

Communications for Development (C4D), Community Engagement & Accountability

In November, UNICEF reached 992,923 persons promoting the vaccine-derived polio virus for children under 59 months in Moba health zone, Tanganyika province and 8 health zones¹⁸ in Eastern Kasai. The campaign was promoted by 925 community and religious leaders, 907 churches, 8 radio stations, 92 community relays, 39 schools, and 1,626 Community Animation Cells (CAC).

In Tanganyika province, 32 Amuka and Red Cross volunteers reached over 900 persons with cholera prevention messages in Kalemie, Nyemba, Kongolo and Moba health zones.

The measles campaign reached 1,342,526 persons in 11 health zones in North Ubangi province. The campaign was promoted by 387 Community Relays (RECOs) in 180 churches. The campaign raised awareness on the importance of polio vaccination to the parents, shared key dates concerning the campaign strategy and explained the key activities led by community members.

In North and South Ubangi, UNICEF launched sensitizations activities to affected communities on Essential Family Practices (EFP) in anticipation of epidemic outbreaks, reaching 407,821 persons.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three clusters (nutrition, WASH, and education) and the NFI and Child protection sub-clusters at the national and decentralized level
- UNICEF co-leads the Cash Working Group, Rapid Response Working Group and the Anti-Fraud Task Force in Goma, North Kivu. UNICEF also co-leads the Monitoring and Reporting Mechanism on grave violations against children in armed conflict (MRM) with the UN Deputy Special Representative to Secretary-General (DSRSG).
- UNICEF participates in inter-cluster and inter-organizations meetings at the national and decentralized levels and is an active member of the Humanitarian Country Team (HCT)
- WASH, nutrition, education and NFI clusters continue to work on the 2020 Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) process through the last revision of the planning numbers and the sectorial narrative for the HNO. Clusters also participated in the Information Management Working Group (IMWG) workshops.

Human Interest Stories and External Media

In November 2019, the CO focused its external humanitarian communication work on the measles epidemic in the DRC and the floods in North and South Ubangi. Edouard Beigbeder, the UNICEF representative in the DRC, issued a statement regarding the [current measles epidemic in the DRC](#). This statement was distributed [through social networks](#) and amplified on [UNICEF's global channels](#). A measles vaccination campaign has been launched, several media picked this information up, including [Europa Press](#), [ABS.es](#), [El Nacional](#), [Montevideo](#), [CNN](#), [Ouraganfm](#) and [adiac](#).

Following the floods in Nord and Sud-Ubangi, the country office reported on the [situation of the affected families](#) and the [response put in place by UNICEF](#). Press coverage included [RFI](#), [Actualite.cd](#), [VOA](#), [digitalcongo.net](#), [Ouraganfm](#) and [Mediacongo.net](#).

¹⁸ Targeted health zones: Benadibele, Pania Mutombo, Kole, Lusambo, Tshudi Ioto, Omedjadi, Vangakete and Ototo

Humanitarian Interest Story:

- The [story](#) of Mbuyi, cured of malnutrition

Next SitRep: 15/01/2020

UNICEF DRC Sitrep: https://www.unicef.org/appeals/drc_sitreps.html

DRC Ebola and Preparedness Response: <https://www.unicef.org/appeals/ebola-preparedness-response.html>

UNICEF DRC Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Summary of Programme Results

Sector	Overall needs	Cluster/Sector Response			UNICEF and its partners		
		2019 target	Total results*	Change since last report ▲▼	2019 target	Total results*	Change since last report ▲▼
Nutrition	1,415,850						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care		986,708	528,261	41,950	911,907	287,705	41,950
Health	5,480,998						
# of children (6 months-14 years) in humanitarian situations vaccinated against measles					1,028,959	1,351,846*	9,231
# of people affected by conflict and disease outbreaks having received access to primary health care					607,832	278,000	15,935
WASH	8,000,000						
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services		2,232,120	926,117	16,000	1,277,848	638,956	16,000
# of persons in cholera-prone zones and other epidemic affected zones (yellow fever, FHV, etc.) benefitting from preventive as well as WASH cholera-response packages		6,436,482	1,011,894	249,423	2,582,293	844,633	249,423
# of severely malnourished children and host family receiving WASH assistance from the nutrition centres, through to the household level		323,598	4,665	0	282,749	1,720	0
Child Protection	4,000,000						
# of children associated with armed forces/groups identified and who benefited from individual follow-up		7,200	5,227	455	6,000	2,822	389
# of children associated with armed forces/groups who benefited from integration/reintegration support		7,200	2,151	287	6,000	651	218
# of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements		10,000	6,713	609	8,000	4,345	434
# of Unaccompanied and Separated Children (UASC) reunified with their families or provided with long term solutions		10,000	3,630	209	8,000	2,336	201
# of children benefited from psychosocial support, including access to child friendly spaces		150,000	227,849	34,233	120,000	171,560	27,273

# of girls and boys survivors of gender-based violence provided with a comprehensive response					5,000	2,095	36
# of EVD orphans and separated children identified who received appropriate care and psycho-social support as well as material assistance					8,900**	7,808	795
Education	5,237,732						
# of girls & boys (5-17 years) affected by conflict or natural disasters given access to quality education and psychosocial activities		2,618,866	438,006	49,209	908,283	242,282	48,899
# of school aged boys and girls (5 to 17 years) affected by crisis receiving learning materials		2,618,866	282,094	45,866	908,283	205,986	41,882
# of teachers trained on learner-centred methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support		47,616	13,617	1,208	16,787	9,389	1,180
# of school aged children reached with Ebola prevention information in school					1,458,000**	1,214,740	30,048
NFI/Shelter	6,700,000						
# of people provided with essential household items, and shelter materials		3,756,122	1,231,348	42,165	481,250	359,631	653
Multipurpose Cash-based Assistance	3,337,673						
# of people receive an Unconditional Cash Grant		3,756,122	189,455	0	481,250	189,455	0
COMMUNICATION FOR DEVELOPMENT	10,500,000						
# of members of the formal community development structures and frontline workers trained, certified and actively engaged in community surveillance and participation					75,000	4,622	860
"# of at-risk people in Ebola-affected zones engaged through face-to-face activities and mass media					34,000,000	32,627,017	1,005,815

* Target exceeded due to increased numbers of measles epidemic outbreaks in the DRC

** The target number has been changed in relation to the evolution of the epidemic.

Annex B

Funding Status*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	143,861,994	17,192,252	14,839,066	111,830,676	78%
Health	17,398,569	21,813,334	14,549,419	0	0%
WASH	23,961,326	11,679,895	2,302,996	9,978,435	42%
Child Protection	7,550,000	7,108,127	2,875,139	0	0%
Education	60,260,103	7,052,007	910,960	52,297,137	87%
Communication for Development	22,560,200	5,678,896	587,614	16,293,690	72%
RRMP (including cash based interventions)	48,895,000	5,269,589	7,738,796	35,886,615	73%
Cluster/Sector Coordination	1,621,102	5,778,716	0	0	0%
Total	326,108,294.00	81,572,815.26	43,803,990.17	226,286,551.91	69%

* As defined in Humanitarian Appeal of 03/12/2019 for a period of 11 months

** Funds received does not include pledges

*** Funds available includes funding received against current appeal as well as carry-forward from the previous year

**** Carry-over figure is the unutilized programmable balance that was carried over from the prior year to the current year, as of year-end closure