



Reporting Period: October 2019

# Democratic Republic of the Congo

## Humanitarian Situation Report No. 10

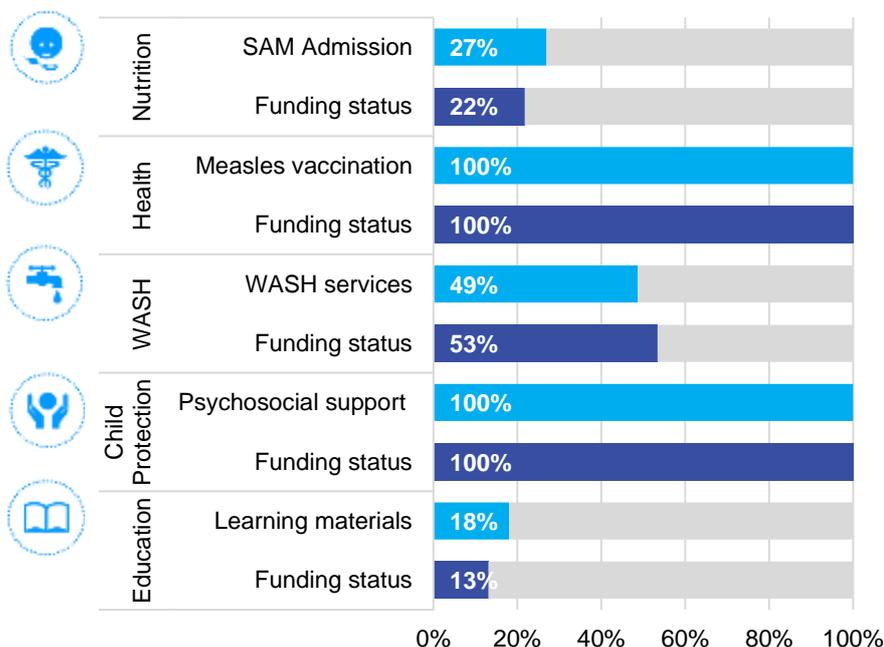
### Highlights

- 7<sup>th</sup> October, UNICEF and the Provincial Minister of Health in North Kivu launched the polio campaign for children between 6 months – 5 years old. All children who have received the vaccination have also received complementary vitamin A supplements and deworming tablets in 17 targeted health zones
- 12<sup>th</sup> October, the Democratic Republic of the Congo (DRC) government officially declared a cholera epidemic in Maniema province with 3 health zones affected and 99 newly recorded cases. As of week 43, 24,391 cholera cases, of which 438 deaths, were recorded throughout the country, affecting 13 out of the 26 provinces
- The DRC is currently facing the world's largest measles outbreak with over 203,200 cases of measles reported in all 26 provinces of the country, of which over 4,000 deaths were recorded. Children under the age of five represent 74 percent of infections and nearly 90 per cent of deaths

### Situation in Numbers

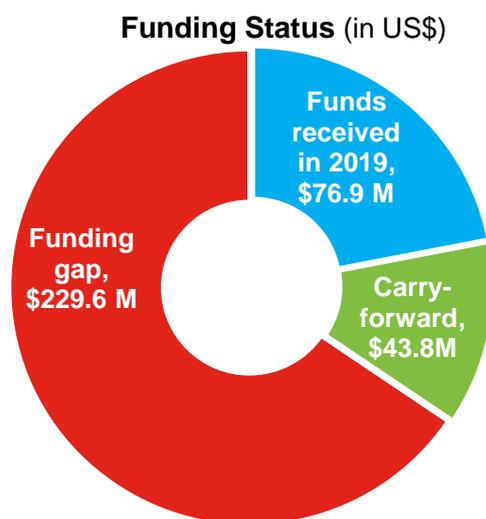
- 7,500,000** children in need of humanitarian assistance (OCHA, HRP 2019)
- 12,800,000** people in need (OCHA, HRP 2019)
- 1,260,000\*** Internally displaced people (IDPs) (HRP 2019)  
\*estimates for 2019
- 24,391** cases of cholera reported since January (Ministry of Health)

### UNICEF's Response and Funding Status



### UNICEF Appeal 2019

## US\$ 326 million

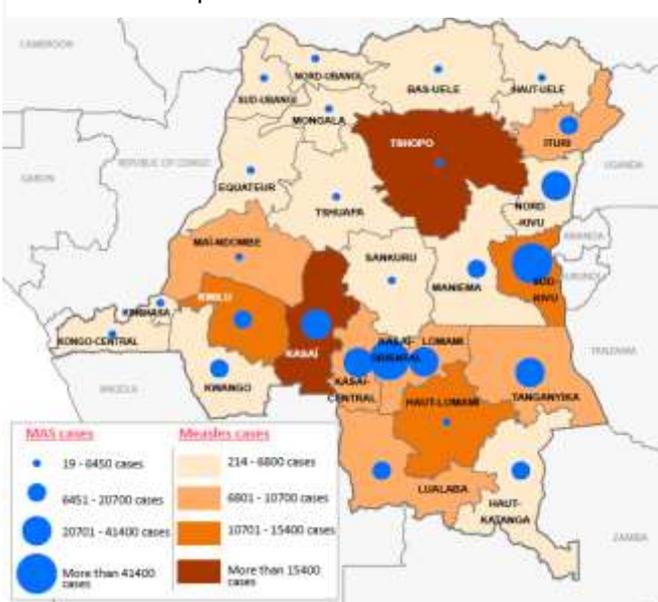


## Funding Overview and Partnerships

UNICEF appeals for US\$ 326M to sustain provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). In October, United States fund for UNICEF, USAID/Food for Peace, French Committee for UNICEF and the World Bank 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 70%. Without sufficient funding, over 666,000 children will not have access to adequate therapeutic care for severe acute malnutrition (SAM), over 714,000 children affected by conflicts or natural disasters will not access quality education and psychosocial activities, and at least 654,000 persons affected by conflicts or natural disasters will not gain access to basic WASH services.

## Situation Overview & Humanitarian Needs

Severe Acute Malnutrition (SAM) and measles prevalence in the DRC



**Nutrition:** As of September 2019, the number of health zones in nutritional alert increased from 46 health zones to 48 health zones<sup>1</sup> in the DRC. The most affected provinces are in the Grand Kasai, of which 22 out of the 48 health zones are in alerts.

In October 2019, the nutritional survey in Gungu health zone, Kwilu province was validated by the National Nutrition Department of the Ministry of Health (PRONANUT) and the nutrition cluster. This report indicates the prevalence of Global Acute Malnutrition (GAM) was above the 10% emergency threshold and stands at 10.4%, while the prevalence of Severe Acute Malnutrition (SAM) was at 1.4%. No emergency response has been implemented in this health zone because of the lack of funds.

**Measles:** Since January, 222,939 cases of measles have been reported in all 26 provinces of the country, of which 4,455 deaths (2% lethality rate) were recorded<sup>2</sup>. Children under the age of five represent 74 per cent of infections and

nearly 90 per cent of deaths. The number of measles cases in DRC this year is more than triple the number recorded for all of 2018. The measles outbreak in DRC has become far deadlier than Ebola, which to date, has taken 2,171 lives<sup>3</sup>.

**Cholera:** The number of cholera cases continued to increase during the reporting period in the DRC with 24,391 cholera cases<sup>4</sup>, of which 438 deaths (1% lethality rate) were recorded. 13 provinces are currently affected by cholera outbreaks, of which North Kivu and South Kivu are the most affected provinces. In Haut Katanga, the number of cholera cases increased by 80% due to the rainy season and high population movements in the area. In Tanganyika province, the risk of a cholera epidemic remains high as 45,000 internally displaced persons living in four sites near Kalemie have not received a WASH response since June 2018. Suspected cases of cholera were also recorded in 6 out of 11 health zones in the province with no response in progress due to the lack of funding. In Kasai Oriental province, 920 cholera cases have been reported, of which 6% of cases are children under the age of 5 years old.

**Child protection:** During the reporting period, the number of human rights violations has significantly increased, mainly in Rutshuru territory, North Kivu<sup>5</sup> province. During the reporting period, 125 incidents of human rights violations were reported, of which 60% were perpetrated by armed men in the province. Furthermore, the Child Protection Working Group conducted a rapid evaluation, of which 91 Children formerly Associated with Armed Forces/Groups (CAAFAG), 285 Unidentified and Separated Children (UASC), and 195 orphans have been identified in Masisi territory<sup>6</sup>. Due to the recent outbreak conflict in South Kivu province, a protection evaluation conducted by the child protection cluster identified 150 UASC and orphans in need of assistance<sup>7</sup>. Women and children remain at risk of exploitation and abuse, including Sexual and Gender Based Violence (SGBV). In Ituri province, 199 cases of incidents against human rights

<sup>1</sup> Source: Nutritional Surveillance and Alert System (Système nutritionnel de surveillance et d'alerte précoce, SNSAP 2019)

<sup>2</sup> Source: Health Cluster week 43

<sup>3</sup> Source: UNICEF Ebola sitrep: 20<sup>th</sup> October 2019

<sup>4</sup> Source: PNECHOL, week 43

<sup>5</sup> Source: UNHCR 8-14 October 2019 weekly emergency update

<sup>6</sup> Masisi territory is located in North Kivu province

<sup>7</sup> Source: Child protection cluster 2019

violations were recorded during the reporting period, resulting over 4,567 incidents documented since January. Since the beginning of the outbreak, 19,633 children were directly affected by the destruction or occupation of their schools or child protection facilities, of which 5,015 children affected by the destruction or occupation of child friendly spaces<sup>8</sup>.

**Conflicts/Population displacements:** In October, conflict outbreaks led to mass population displacements in the provinces of North Kivu, South Kivu, and Ituri. In North Kivu province, over 15,990 households have been displaced and continue to live in precarious conditions in schools and churches. In South Kivu province, between September and October 2019, 60,000 newly displaced persons were recorded due to continuous intercommunity clashes surrounding Minembwe and Moyens Plateaux in Fizi, resulting in 210,000 IDPs since the beginning of the conflict. In addition, 3,500 newly displaced persons moved from the Haut Plateaux in Fizi towards Lake Tanganyika<sup>9</sup>. In Ituri province, almost 227,000 internally displaced persons (IDPs) have been recorded in 87 displacement sites surrounding Djugu territory<sup>10</sup> as of August 2019. Furthermore, 1,575 returnees from Uganda were recorded back in Ituri province and 2,858 household returnees settled back in Linga and Dhendo communities<sup>11</sup>.

**Flooding:** Heavy rains in the region caused flooding along the Ubangi River and the Congo River, affecting at least 8,860 households in three provinces (South Ubangi, North Ubangi and Equateur) during the month of October. Suspected cases of cholera were reported at week 44 in the littoral health zones of the river, of which one case was declared positive in Lukolela<sup>12</sup> health zone.

## Summary Analysis of Programme Response

### Nutrition

During the reporting period, based on the PRONANUT database, a total of 35,528 children under 5 years old suffering from SAM were treated, of which 2,401 cases were inpatients and 33,127 were outpatients. The performance indicators have a recovery rate standing at 83%, rate of death at 2 % and the default rate at 10%<sup>13</sup>.

The technical working groups on the Evaluation of Community Management of Acute Malnutrition<sup>14</sup> (CMAM) and nutritional information system<sup>15</sup> were set up in October 2019. In addition, the SAG was set up and co-chaired by the Directorate of National Nutrition Program and Save the Children. During the monthly nutrition cluster meeting, the prioritization of health zones for 2020 was validated and the first quarterly nutrition cluster bulletin was approved and will be published in November 2019. 22-23 October 2019, in collaboration with DFID, the nutrition cluster organized a real-time learning workshop on the prevention and management of acute malnutrition, with the participation of cluster partners and others<sup>16</sup>.

### Health

In response to the measles outbreak, UNICEF supported the DRC Government in the launch of mass measles vaccination campaigns in Kasai, Ituri, and Kasai Central province, reaching 264,325 children during the reporting period. Furthermore, UNICEF distributed 60 measles kits to the Health Provincial Division in Kasai Oriental, Lomami, and Sankuru to provide treatment to measles affected children.

During the reporting period, 18,276 persons were reached with access to primary health care (free consultations, SAM case referrals, treatment of diarrheal disease) in the provinces of Tanganyika, south Kivu, and Kasai, reaching a total of 262,065 persons since January. Of those persons who received consultations, 930 returnees from Angola were assisted during child birth and 9,843 persons received treatment against malaria and diarrhea related diseases.

### WASH

In October, 82,110 persons affected by conflicts in the Kasai and Ituri province gained access to basic WASH services and 46,854 persons affected by cholera epidemics received WASH cholera response packages in North Kivu province. Furthermore, 965 children affected by SAM received treatment in Tanganyika province.

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<sup>8</sup> Source: COOPI - DRC

<sup>9</sup> Source: OCHA 6-31 October 2019

<sup>10</sup> Source : UNHCR 8-14 October 2019 weekly emergency update

<sup>11</sup> Source : UNHCR child protection monitoring, 31 October 2019

<sup>12</sup> Source : Médecins Sans Frontières report

<sup>13</sup> Recommended standard thresholds: Recovery >75%; death rate <5% and default rate <15%

<sup>14</sup> CMAM: co-chaired by Caritas -Congo and PRONANUT

<sup>15</sup> Nutritional information system: co-chaired by Action Contre la Faim and PRONANUT

<sup>16</sup> Other participants: national and international NGOs, government officials, etc.

In Kasai province, 5,500 returnees from Angola gained access to safe water through the rehabilitation of 11 water sources through implementing partner Bureau Diocesan de Developpement (BDD) Luebo and Assistance aux Communautés Démunies (ACD). In addition, 8,000 returnees from Angola gained access to safe water in Kasai Centrale province through implementing partner Centre pour le Développement Intégré de Lukibu (CEILU). In South Kivu province, 32,604 persons received a WASH package through implementing partner Red Cross, as well as the installation of 60 chlorination points. In Tanganyika, 20,730 persons gained access to a WASH package through the rehabilitation of 11 water sources, construction of 98 latrine doors, 30 emergency showers, and 70 showers. Furthermore, 400 students, 965 SAM affected children, and 1,100 persons were consulted at health facilities with UNICEF's implementing partner's support, Armée du Salut. In Maniema, 14,250 gained access to a WASH package through the installation of 30 chlorination points by UNICEF's implementing partner Rebuild Hope for Africa and the Red Cross. 48,677 returnees from Angola gained access to a WASH package through UNICEF's implementing partner Rebuild Hope for Africa and Medecin d'Afrique.

In October, WASH cluster members participated at the Gender Based Violence (GBV) Workshop<sup>17</sup>, Evaluation Rapid Multisectorielle/Veille Humanitaire workshop<sup>18</sup>, and held the first The TWiG Norms & Standards<sup>19</sup> meeting<sup>20</sup>. The WASH cluster coordinator participated in the Humanitarian Country Team (HCT) mission to Kalemie, Tanganyika province. Furthermore, the cluster lead organized a training session for cluster members on rapid needs assessment and WASH in emergencies in the DRC.

## Education

In October 2019, 22,224 children, of which 11,556 girls, aged between 6-17 years old affected by the conflicts gained access to quality education in South Kivu, Tanganyika, Kasai Central, and Kasai Oriental provinces<sup>21</sup>. At least 80% of students took part in recreational activities through participatory theater competitions and sport competitions organized by their schools. Among the students, 17,779 children received psychosocial support through group discussion sessions on student's experiences, recreational activities, sport activities, and participatory theatre shows. Furthermore, 8,135 children received school supplies. At least 14,000 children were taught by 1,944 teachers trained on child-centered methodologies, peace education and psychosocial coaching.

The education cluster conducted a rapid needs assessment in Bunia and four hubs to help develop the Multi-Year Resilience Programme (MYRP). Furthermore, the national Education cluster chaired bi-weekly meetings for the Task Team in charge of the development of the MYRP. In October, the national education cluster attended meetings of the Task Team chaired by the Primary, Secondary and Technical Education (EPST) to develop a national strategy on Education in Emergency and peace education. In Tanganyika, a rapid needs assessment was undertaken by the cluster in Kisalaba IDP camp where 125 school aged children were identified, of which 25 children were enrolled to the nearest primary school. Furthermore, the Provincial Ministry of Education and the education cluster visited a school hosting new children from the armed community Twa. During the same mission, UNICEF provided tents to the schools to improve the learning environment and access to quality education.

## Child Protection

UNICEF and its partners continued to achieve more than 100% of the 2019 psychosocial support target due to the high attendance of some child-friendly spaces, especially in Ituri<sup>22</sup> and in Kasai. UNICEF achieved 41% of the CAAFAG care target and 49% of the UASC target of reunification. For the UASC, it should be noted a considerable improvement compared to the last reporting period<sup>23</sup>. The relatively low achievement of the CAAFAG target is due to the development of a more innovative and individualized approach in terms of reintegration programs, which required prior evaluation as well as time to be developed and contextualized.

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<sup>17</sup> Workshop organized by the GBV Working Group where a draft plan to identify and take preventative actions to reduce the risk of GBV within the WASH humanitarian response was elaborated

<sup>18</sup> Workshop organized by REACH/ACTED/Caritas, which aimed to improve the multisectoral rapid need assessment and alert system management

<sup>19</sup> TWiG Norms & Standards: a technical working group established with the aim to update WASH cluster norms & standards for the DRC

<sup>20</sup> Meeting led by Medecins d'Afrique, with the aim to harmonize certain WASH activities with the Shelter/NFI Cluster and to improve inclusion of people living with disabilities with Handicap International

<sup>21</sup> During the reporting period, all UNICEF education activities were implemented in the provinces of South Kivu, Tanganyika, Kasai Central, and Kasai Oriental

<sup>22</sup> 40% of children who received a psychosocial support were in Ituri

<sup>23</sup> Results achieved during the last reporting period is 24%

From January to October 2019, a total of 1,799 CAAFAG have been released from armed groups, with a significant increase of release from the militias in Kasai and Tanganyika following the surrender of armed groups. All of them received appropriate transitional care. However, funding remains limited for reintegration programs.

Through the four Child Protection Working Groups of Kasai(s), UNICEF finalized and shared the Child Protection referral pathways – including SGBV referral pathways – particularly to better address the needs of children affected by the movement of population from Angola. At the national level, the Child Protection Working Group finalized a new Child Protection Rapid Assessment tool and a glossary on child protection vulnerabilities.

## NFI

In October, UNICEF and partners assisted 6,524 people in Ituri, North Kivu and Tanganyika provinces with access to essential household and personal Non-Food Items (NFI), including female dignity kits and shelter materials.

## Communications for Development (C4D), Community Engagement & Accountability

In October 2019, UNICEF reached 500,000 parents promoting the vaccine-derived polio virus for children under 59 months in 22 health zones in six provinces<sup>24</sup> of the DRC. 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. According to the independent monitoring assessment conducted by the World Health Organisation (WHO) on the polio campaign, more than 95% of targeted parents received the messages described above.

During the reporting period, UNICEF reached 2,018 internally displaced persons on preventive measures against cholera through 56 community workers in Kalemie, Nyemba, Kongolo and Moba health zones, Tanganyika province.

## 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. The National Workshop on the HNO / HRP place at UNICEF Kinshasa office on 23 October 2019 with the participation of the government, agencies, donors, International NGOs and national NGOs.

## Human Interest Stories and External Media

During the reporting period, the CO issued three press releases. These press releases were published to support the launches of the [State of the World's Children 2019](#) and the [measles](#) and [polio](#) vaccination campaigns in eastern DRC. Several media picked this informations up, including [Time](#), [Washington Post](#), [Mail Online UK](#), [Washington Times](#), [VOA News](#), [Miami Herald](#), [Toronto Star Online](#), [TV5 Monde.com](#), [Slate Afrique](#), [CNN](#), [CGTN](#), [Adiac-congo.com](#). Photos of the vaccination campaigns were posted on [Facebook](#), [Twitter](#) and [Instagram](#), generating great engagement.

## Next SitRep: 15/12/2019

UNICEF DRC Sitrep: [https://www.unicef.org/appeals/drc\\_sitreps.html](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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<sup>24</sup> Provinces: Upper Lomami, Upper Katanga, Tanganyika, Tshuapa, Mongala and Tshopo

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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 ▲▼
<b>Nutrition</b>	1,415,850						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care		986,708	486,311	35,528	911,907	245,755	35,528
<b>Health</b>	5,480,998						
# of children (6 months-14 years) in humanitarian situations vaccinated against measles					1,028,959	1,342,615 *	264,325
# of people affected by conflict and disease outbreaks having received access to primary health care					607,832	262,065	18,276
<b>WASH</b>	8,000,000						
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services		2,232,120	841,627	13,620	1,277,848	622,956	82,110
# 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	730,066	14,449	2,582,293	595,210	46,854
# of severely malnourished children and host family receiving WASH assistance from the nutrition centres, through to the household level		323,598	3,700	0	282,749	1,720	965
<b>Child Protection</b>	4,000,000						
# of children associated with armed forces/groups identified and who benefited from individual follow-up		7,200	4,772	188	6,000	2,433	163
# of children associated with armed forces/groups who benefited from integration/reintegration support		7,200	1,864	100	6,000	433	48
# of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements		10,000	6,104	731	8,000	3,911	514
# of Unaccompanied and Separated Children (UASC) reunified with their families or provided with long term solutions		10,000	3,421	191	8,000	2,135	179
# of children benefited from psychosocial support, including access to child friendly spaces		150,000	193,616	27,111	120,000	144,287	16,553
# of girls and boys survivors of gender-based violence provided with a comprehensive response					5,000	1,991	55

# of EVD orphans and separated children identified who received appropriate care and psycho-social support as well as material assistance					7,400	5,775	1,491
<b>Education</b>	<b>5,237,732</b>						
# of girls & boys (5-17 years) affected by conflict or natural disasters given access to quality education and psychosocial activities		2,618,866	388,797	64,336	908,283	193,383	22,224
# of school aged boys and girls (5 to 17 years) affected by crisis receiving learning materials		2,618,866	236,228	22,478	908,283	164,104	8,135
# of teachers trained on learner-centred methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support		47,616	12,409	2,933	16,787	8,209	1,944
# of school aged children reached with Ebola prevention information in school					1,090,006	1,184,692	161,075
<b>NFI/Shelter (RRMP)</b>	<b>6,700,000</b>						
# of people provided with essential household items, and shelter materials		3,756,122	1,189,183	6,524	481,250	358,978	0
<b>Multipurpose Cash-based Assistance</b>	<b>3,337,673</b>						
# of people receive an Unconditional Cash Grant		3,756,122	189,455	0	481,250	189,455	0
<b>COMMUNICATION FOR DEVELOPMENT</b>	<b>10,500,000</b>						
# of members of the formal community development structures and frontline workers trained, certified and actively engaged in community surveillance and participation					75,000	3,762	150
"# of at-risk people in Ebola-affected zones engaged through face-to-face activities and mass media					34,000,000	31,621,202	3,390,654

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

## Annex B

### Funding Status\*

Sector	Requirements	Funds available***		Funding gap	
		Received Current Year**	Carry-Over****	\$	%
Nutrition	143,861,994	16,482,428	14,839,066	112,540,500	78%
Health	17,398,569	21,675,490	14,549,419	0	0%
WASH	23,961,326	10,485,090	2,302,996	11,173,240	47%
Child Protection	7,550,000	6,273,705	2,875,139	0	0%
Education	60,260,103	6,991,747	910,960	52,357,397	87%
Communication for Development	22,560,200	5,656,336	587,614	16,316,250	72%
RRMP (including cash based interventions)	48,895,000	3,934,821	7,738,796	37,221,384	76%
Cluster/Sector Coordination	1,621,102	5,442,095	0	0	0%
<b>Total</b>	<b>326,108,294.00</b>	<b>76,941,711.35</b>	<b>43,803,990.17</b>	<b>229,608,769.43</b>	<b>70%</b>

\* As defined in Humanitarian Appeal of 01/10/2019 for a period of 9 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