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**Democratic Republic
of the Congo**

Humanitarian
Situation Report

unicef 

NOVEMBER / DECEMBER 2016

SITUATION IN NUMBERS

Highlights

- *In anticipation of potential unrest linked to the end of President Kabila's second term on 19 December 2016, there were large deployments of security forces in several cities. Clashes between the security forces and demonstrators resulted in at least 40 deaths in Kinshasa and Lubumbashi.*
- *On 31 December 2016 the political parties, alongside main opposition groups, signed an agreement for a transition period with elections planned before the end of 2017.*
- *In the three central Kasai provinces there are estimated to be over 250,000 displaced persons following violent clashes between the national police, the DRC government forces (FARDC) and militia groups associated with a traditional chief, Kamuina Sapu.*
- *In Tanganyika province, the conflict between Balubakat and Batwa has escalated with reports of over 225,000 new displaced from July – December.*
- *Flash flooding the night of 26-27 December in the city of Boma in western Kongo Central province destroyed over 1,100 houses and killed at least 27 people. UNICEF responded within a few days with WASH, Health, and Non-Food Items support with government, Oxfam, and local Red Cross partners.*

UNICEF's and Cluster Response

	UNICEF		Sector/Cluster	
	UNICEF Target	Results	Cluster Target	Results
Conflict-affected people with access to water, hygiene and basic sanitation services	631,015	309,000	2,902,136	1,302,073
Persons in cholera-prone zones benefitting from WASH cholera response packages	1,609,774	1,616,714	3,938,908	2,406,466
Children in humanitarian situations vaccinated against measles	442,200	368,459	N/A	N/A
Children 6-59 months with SAM admitted for therapeutic care and benefiting from promotion of nutrition practices	300,000	358,182	302,487	358,182
Girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRMP)	200,000	307,150	555,290	586,168

225,211

Newly displaced persons since July in Tanganyika province (OCHA, December 2016)

2.1 million

Internally displaced persons (IDPs) (DRC Humanitarian Needs Overview 2016/2017)

3,422

Children formerly associated with armed forces/groups released and provided with assistance in 2016

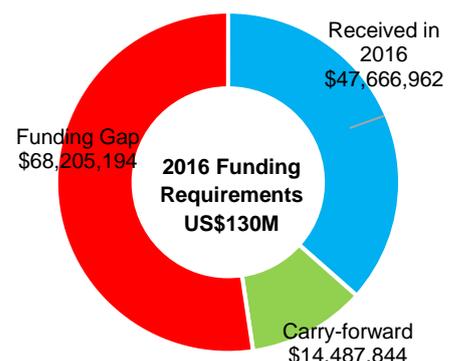
446,919

People reached with essential household items via voucher fairs and distributions in 2016

UNICEF Humanitarian Appeal 2016

US\$ 130 million

48% of needed funds available



General Overview

Electoral Process

Political tensions rose particularly in the cities of Kinshasa and Lubumbashi during the months of November and December as the outcomes of the 18 October accords were viewed as illegitimate by the major opposition groups. The National Catholic Episcopal Conference (CENCO) stepped in, convening the government and the main opposition coalition called the *Rassemblement* in a new dialogue. But this new dialogue did not reach a conclusion before the official end of President Kabila's mandate on 19-20 December.

In Kinshasa, there were anti-government protests and violence following 19 December, with 19 people reported killed and dozens wounded including many children, but the violence was significantly less than that in September. In Lubumbashi, clashes between demonstrators and police on 20 December resulted in an estimated 5 deaths and nearly 100 wounded; of these, at least 16 children were injured and at least one killed. Also in Lubumbashi, a major hospital was burned down by protesters, as staff refused to treat an injured demonstrator. As the country waited for the outcome of the CENCO talks, in accordance with the 18 October agreements, a new transitional government was named on 20 December with a new Prime Minister, Samy Badibanga and President Kabila remaining in power as President.

Just before midnight on 31 December the CENCO accords were signed by political parties (*majorité présidentielle*), alongside main opposition groups (*Rassemblement*), to call for presidential elections by December 2017 (instead of April 2018 as had been proposed in the 18 October accord), a commitment of President Kabila to not seek a third term, and a ban on any changes to the constitution. The remaining unresolved points are focused on the transitional government and specifically who would be Prime Minister. In the meantime Mr. Badibanga and over 60 ministers and vice ministers have taken up their functions.

The national independent electoral body (CENI) continues to expand the zones of voter registration; currently North and South Kivu have started with the process.

Economy

Economic growth in 2016 was estimated at 2.5%—a significant drop from 2015's 6.9% growth rate. This sharp decline is largely due to the fall of global commodity prices in the mining sector. At the same time the inflation rate has been rising and the national currency (the Congolese franc) is losing ground vis-à-vis major currencies. In 2016, depreciation of the local currency was estimated at 20%. The 2016 budget initially set at 9.1 billion USD had to be re-evaluated down to 7.1 billion USD due to the economic crisis. The implications of this cut for the last six months of the year has already affected the allocations for social sector ministries.

Conflicts

Tanganyika

The current cycle of violence between Balubakat and Batwa groups in Tanganyika province, already mentioned in the previous two reports, further intensified during this reporting period. It has now spread from Nyunzu territory¹ to all of the province's other five territories. In November, displaced families started to arrive in large numbers in Kalemie, Tanganyika province's provincial capital, as Batwa militiamen struck as close as 12km from the city. This situation exacerbated resentment against MONUSCO, the UN peacekeeping force, accused by some of inaction and even complicity with the Batwa militias. This resulted in several attacks by Balubakat youths, in which at least two peacekeepers were wounded.

On 20 December, Batwa militiamen attacked Manono, one of the largest towns in Tanganyika, after weeks of attacking villages in the surrounding areas, which had already caused many thousands of people to seek safety in Manono. At least six people were killed and 125 wounded according to local sources. This incident marked a turning point in terms of the conflict's intensity. Following the Manono attack, Balubakat militiamen retaliated by attacking several Batwa villages around Manono, killing several people. At the same time, as many as 20,000 Manono residents and displaced persons hosted in the city fled south to Haut Lomani province. Batwa attacks spread south and east, killing several Balubakat

¹ In the DRC a 'territory,' or '*territoire*' is a specific administrative unit. Territories are the second-largest sub-national division after provinces.

villagers including women and children and marking a further geographical extension of the conflict, as well as new levels of brutality.

According to OCHA, this conflict caused the displacement of over 225,000 people from July to December 2016, nearly the same as the major Mai Mai crisis in central Katanga in 2013-2015. UNICEF's emergency partners have been the main providers of humanitarian assistance to the victims of this conflict, with partners IRC and AVSI reaching some 70,000 people so far – most with multi-sectoral assistance. There are no signs of an end to this conflict, as the provincial government appears overwhelmed, and the central authorities more preoccupied with national political issues.

Kasaï provinces (Kasaï, Kasaï Central, Kasaï Oriental)

The conflict between Kamuina Nsapu, a traditional leader, and the provincial authorities of Kasaï Central, already mentioned in the previous reports, spread further during this reporting period. On 3-5 December, suspected Kamuina Nsapu militia members, among them many boys and girls, attacked Tshikapa, the provincial capital of Kasaï province, and surrounding areas. The attack and subsequent army operations resulted in some 135 casualties, and the displacement of 152,000 people. The majority had returned home by the end of the month, but an OCHA-led inter-agency mission estimated that at least 25,000 remain displaced. In Kasaï Oriental's Kabeya Kamwanga territory, where Kamuina Nsapu militia fighters had first expanded the conflict in October, further clashes throughout December prevented returns and caused more displacement, currently estimated at around 70,000 people. In addition, new attacks south of Kasaï Central's capital Kananga in December resulted in further casualties and displacement (no reliable figures available yet). To date UNICEF and its partners have been the only organizations to respond to the humanitarian consequences this conflict, with CRS—UNICEF's partner for the DFID-supported Alternative Alternatives for Communities in Crisis (ARCC) programme—reaching some 16,700 returnees with unconditional cash transfers in December. In January, 80,000 people in the worst-affected areas of Kabeya Kamwanga will start receiving free access to primary care and treatment of malnourished children through support to local health structures with UNICEF support.

Ituri

The "*Front de Résistance Patriotique de l'Ituri*" (FRPI) militia continued to be active in several areas in southern Ituri territory, with new population movements reported. Fighting between the government *Force Armée de la République Démocratique du Congo* (FARDC) and the Allied Democratic Forces (ADF) militia was reported at the end of December in Tjabi-Kainama and Samboko, near the border between North Kivu's Beni territory and Ituri's Ituri territory. Population displacement also continued to be reported from insecure areas of Beni territory toward Ituri province's Ituri and Mambasa territories. An estimated 5,000 new displaced persons were registered along the Bela-Mambasa axis, fleeing presumed ADF attacks in the Beni-Eringeti area.

North Kivu

The conflict between Nande and Hutu communities in Rutshuru and Lubero territories has contributed to deteriorated conditions for the tens of thousands of displaced in the area. A dozen people are reported dead and dozens of houses burned in Bwalanda. Attacks by the Mai Mai Mazembe militia group in Lubero territory (Kironge) sparked new population movements to Miriki and Luofu (3,880 people reported between 27 November and 12 December). An ADF attack in Eringeti during Christmas week was responsible for multiple casualties.

South Kivu

Insecurity continues to affect several territories of South Kivu province. In Shabunda territory, clashes between armed groups in the Mulungu and Lulingu health zones were accompanied by wide-spread human rights abuses and population movement estimated at over 3,000 families (or over 15,000 people). In Fizi and Uvira territories, a series of ambushes on commercial and government vehicles on the Mboko – Baraka road has led to reduced humanitarian movement in the area.

New Refugee Influx

As of the end of the year, there are 451,956 refugees in DRC ([UNHCR, 31 December 2016](#)). Between November and December 2016, north-eastern Ituri and Haut Uélé provinces saw the arrival of more than 6,400 new refugees from South Sudan, bringing the total number of South Sudanese refugees to 66,672 as of 31 December 2016. This reporting period also saw the new arrivals of refugees from Burundi—primarily to South Kivu province. As of 31 December 2016, UNHCR reports that there were 36,332 Burundian refugees in DRC of whom about three-quarters live in Lusenda camp in South

Kivu. Those outside the camp are mostly living with host families, also in South Kivu. There were not significant new arrivals from Central African Republic (CAR) into North and South Ubangi provinces where the total number of CAR refugees is 102,489.

Natural Disasters

DRC's western-most province, Kongo-Centrale, was struck by flash flooding when the Kalumu River, a tributary of the Congo River, experienced sudden swells from main Congo River on the night 26-27 December. At least 27 people were killed, with another 13 missing. Over 1,100 houses were destroyed and over 2,000 other families affected as the waters swept through their compounds and destroyed property. 17 schools and 6 health centers were also affected including the government's warehouse for vaccines for the region which was totally destroyed.

UNICEF mobilized WASH, health, and Non-Food Items from stocks in Kinshasa which arrived over the weekend of 31 December. Initial response of disinfecting affected areas and providing health care to affected families began the next week in partnership with government health partners for health response and Oxfam and local Red Cross for WASH and NFI. The provincial and central government has mobilized significant resources of its own for food and NFI distributions, rehabilitation of two destroyed bridges and general clean-up of affected areas.

Epidemic Outbreaks

Cholera

Although prevention and preparedness activities contributed to keeping the number of cholera cases within the ranges seen in previous reports in most of the endemic provinces, extensive and heavy floods facilitated the spread of the disease within the Congo River watershed and also affected neighboring countries. This contributed to increasing the total number of cases to 28,162 (772 deaths) by the end of 2016 – a total increase of 48% compared to 2015 (19,182 cases). Cases recorded in DRC during this period constitute more than 90% of cases recorded in all of West and Central Africa. With 4,493 cases, Tanganyika province remained by far the most affected province.

The cholera epidemics in 2016 were similar to those in 2011-2012 epidemics. As such, it is expected that the trend will remain the same for the first half of 2017. It is feared that cholera has now become endemic in parts of Tshopo province. There are considerable needs to reinforce prevention of disease transmission along the Congo River.

Humanitarian Access

In addition to access issues in South Kivu noted above, the Tanganyika and Kasaï crises have presented the greatest difficulties for humanitarian access. Access to communities affected by the Tanganyika conflict was severely impeded during this reporting period by continuing clashes as well as extremely high levels of inter-ethnic tensions. UNICEF's RRMP partners and other rapid response actors in the area have not yet been able to assist thousands of displaced persons in Manono territory. UNICEF has also decided not to mobilize NFI intervention in several situations where it was judged that minority Batwa beneficiaries might face aggression by militiamen belonging to the majority Balubakat community. In Kasaï Oriental, continuing high insecurity and new clashes in Kabeya Kamwanga delayed the start of UNICEF's emergency health response by several weeks.

Humanitarian leadership and coordination

UNICEF remained active during this reporting period in both humanitarian leadership and coordination. UNICEF is an active member of all inter-agency coordination forums as well as managing RRMP, perhaps the single largest multi-sectoral evaluation and response programme in the DRC. UNICEF is an active member of provincial inter-agency coordination mechanisms as well as the national Humanitarian Country Team (HCT). UNICEF's NFI/Shelter Cluster Coordinator continued to serve as the representative of national Cluster Coordinators on the HCT.

During this reporting period, the four UNICEF-led Clusters (Education, NFI/Shelter, Nutrition, and WASH) and the Child Protection Working Group continued core coordination activities at national and provincial level. Much of this focus was on the escalating crises in Tanganyika and the Kasaïs. Also during this reporting period most UNICEF Clusters completed their analysis of the CCPM (Cluster Coordination Performance Management) survey results with their global counterparts and are working on action plans to address areas for improvement in 2017.

As with the previous reporting period, during this reporting period Clusters were also focused on the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) processes. In 2017, the DRC will start on multi-year HRP planning for 2017-2019 with a focus on front-line humanitarian response, multi-sectoral programming and strategies, and linkages with development initiatives where pertinent to address the causes of humanitarian emergencies—particularly in the health and nutrition sectors. UNICEF also continues to lead in coordination and learning on cash-based programming in DRC. UNICEF hosts and continues to co-lead (with World Food Program and CRS), the Cash Working Group in Goma.

Summary Analysis of Programme response



Nutrition

- UNICEF in close collaboration with implementation partners, has supported the treatment for 358,182 children suffering from severe acute malnutrition (SAM) in 2016. Of these children, 16,722 were cases with medical complications treated in hospitals. This represents 119.4% of UNICEF's 2016 target of 300,000 children.
- Performance indicators for this period were a recovery/cure rate of 86.7%; deaths rates of 2.6%; drop-out rates of 10.4%; and default rates of 2.0%. These results are in line with international standards and the national guidelines.
- UNICEF partners conducted SMART surveys in three health zones in 2016: Kinda in Lomami province; and Yahuma and Basali in Tshopo province. The results confirmed nutritional emergencies in Kinda health zone with 15.1% Global Acute Malnutrition (GAM) and 10.4% SAM. In Yahuma and Basali health zones the situation is only slightly less dramatic and will be monitored: Yahuma had 11.7% GAM and 1.3% SAM; Basali had 13.2% GAM and 2.0% SAM.
- Out of 16 health zones with alerts on the nutritional situation (four in Kwango province, two in Kwilu; five in Tshuapa; one in South Ubangi; two in Tshopo; one in Tanganyika; one in Haut Lomami) SMART surveys were conducted in 13 health zones.



Education

- The deterioration of the situation in Tanganyika has been a major focus of concern with critical impact on the education of children through the destruction and occupation of schools in the affected areas. An estimated 150 primary schools in Tanganyika are reported to have been partially or completely destroyed and another 30 are occupied by the combatants.
- During this reporting period UNICEF-supported emergency education and psychosocial support programmes reached 39,200 children (18,032 girls) through activities including the distribution of school kits, the rehabilitation of 23 classrooms, and training of 772 teachers (142 women).
- Due to the deteriorating situation in Tanganyika, with serious disruptions to the school calendar, advocacy at the national level is underway to spotlight the issue at the national ministry of education (MoE), and to try to save the school year in the territories affected by the crisis through rapid emergency education interventions. The magnitude of the situation in Tanganyika is beyond the capacities of emergency education actors and will require the involvement of development partners and the government.



Health

- During this reporting period, there was a re-emergence of cholera in both endemic and epidemic areas, particularly in the provinces along the Congo River with a total of 28,334 cases and 771 deaths (fatality rate: 2.7%) for the year. The cases were reported mainly in the provinces of South Kivu, Haut Lomami, North Kivu, Tshopo, Tanganyika, Haut Katanga, Ituri and Mongala. Compared with the same period in 2015, this is more than double of cases and deaths. UNICEF continued to provide medical supplies, support the coordination, and advocated for resources mobilization. Since January 2016, UNICEF has provided medicines to government and NGO partners to manage of up to 45,520 cholera case in DRC.

- In total in 2016, 16,929 suspected measles cases and 230 deaths were reported with a high fatality rate of 1.4%. UNICEF has been supporting case management by ensuring availability of medical kits and provision of measles vaccines in the affected health zones. During this period, the main cases were reported in Maniema province, three months after a follow-up immunization campaign.
- Through the RRMP partner IRC, a total of 72,001 conflict-affected people were provided with medical assistance in the provinces of Tanganyika, Haut Katanga during this reporting period.

WASH (Water, Sanitation, and Hygiene)

- The ongoing cholera outbreak along the Congo River watershed is not yet under control, although a drop in cases was observed during this reporting period.
- During this reporting period, UNICEF supported coordination and provided WASH supplies to partners for the cholera response in Tshopo, Mongala, Maniema, Mai-Ndombe, Kongo Central, Kinshasa, and Equateur provinces. ADRA is working to respond to the outbreak in Mai-Ndombe and Kongo Central provinces with UNICEF funds as well as the Provincial Divisions of Health (DPS, *Divisions Provinciale de Santé*) in the provinces of Maniema and Kinshasa. UNICEF received a cost extension from the Common Humanitarian Pooled Fund to continue coordination and provision of WASH supplies in Tshopo, Maniema, Equateur, and other affected provinces.
- UNICEF is also supporting cholera response by funding interventions in the provinces of Nord Kivu (Solidarités International/RRMP), Sud Kivu (IRC/RRMP, DPS), Tanganyika (IRC/RRMP), Haut Katanga (ACD-*Assistance aux Communautés Demunies*), Maniema (IRC/RRMP, DPS), Mai-Ndombe (ADRA), Kongo Central (ADRA, Oxfam, DPS) and Kinshasa (DPS).
- The cholera situation in Tanganyika province is complicated by the conflict there which has already led to the transmission of the diseases through population movements also in a context of reduced humanitarian access due to lack of security. The province is already experiencing outbreaks in all but one of its administrative territories.
- UNICEF set up partnerships with government counterparts in seven provinces for preparedness activities in at-risk health zones and to advocate for Provincial Action Plans (PAP) to be adopted by authorities (Haut Katanga, Haut Lomami, Tanganyika, Sud Kivu, Nord Kivu, Ituri and Maniema). The first PAP Permanent Working Groups were established in South Kivu and Haut Lomami.
- During this reporting period RRMP WASH partners provided assistance in North Kivu, Ituri, and Tanganyika provinces reaching 24,846 conflict-affected people.
- With regard to cluster activities; during this reporting period the WASH cluster launched an online survey to evaluate the WASH actors' familiarity with and use of the 5 minimum commitments for protection mainstreaming by the cluster members; the cholera working group also met to revisit the current WASH/cholera response strategy.

Child Protection

- During this reporting period 17 children wounded by stray bullets and other weapons during the political demonstrations in Lubumbashi received medical assistance with UNICEF support.
- Also during this reporting period UNICEF-supported partners identified 39 unaccompanied children in the aftermath of different clashes between local militias and FARDC in Kasai Central's Dibaya territory, and placed them foster families pending their family reunification.
- UNICEF conducted a joint mission with the National Government Unit executing the DDR-Programme (UEPNDDR), the Division of Social Affairs (DIVAS) and the "*Institut Congolais pour la Conservation de la Nature*" (ICCN) to assess the situation of Children Associated with Armed Forces and Groups (CAAFAG) Maniema province's Lubutu territory. The assessment revealed the need to start up a DDR programme for children. Subsequently, the ICCN launched a project to provide temporary assistance to 200 CAAFAG who had been

recruited and used by the Mai Mai Simba militia group. Funding constraints remain a challenge, limiting UNICEF's capacity to cover all immediate needs and well as reintegration initiatives.

- Also during this reporting period, UNICEF's Child Protection team participated in the education sector technical days that were part of a four-day RRMP workshop with all partners to review progress, share lessons learned, and map the way forward for the RRMP education strategy, with a specific focus on bringing more focus to protection activities within the education component.

Non-Food Items (NFI) / Shelter materials

- During this reporting period, UNICEF's RRMP (Rapid Response to Movements of Population) partners, AVSI, IRC, NRC, and Solidarités International reached 73,248 people (13,461 families) with access to essential household, personal, and hygiene Non-Food Items (NFI) and shelter reinforcement materials. In 2016, UNICEF NFI partners reached a total of 446,919 persons (78,487 families)—62.1% of UNICEF's target for the year. During this reporting period, RRMP partners carried out activities in five provinces: North Kivu, 54.1% of families assisted; Ituri, 17.8%; South Kivu, 15.0%; and Tanganyika, 13.1%.
- UNICEF and partners responded primarily to the needs of newly displaced children and their families, but with an increase in assistance to returning displaced. Overall in 2016, 56.2% of UNICEF beneficiaries were displaced persons; 25.4%, displaced returnees; 12.4%, host families; 5.3%, other vulnerable residents; and 0.9% refugees from Central African Republic.
- While the capacity of local markets to accommodate NFI cash voucher fairs—even in relatively remote areas—continues to grow, this reporting period saw an increase in direct NFI distributions; in November and December, 51.7% of UNICEF-supported families were assisted via cash voucher fairs and 48.3% via distributions. In 2016, UNICEF-supported NFI programmes injected \$4,955,047 into the local economy via hundreds of local vendors of essential household, personal, and hygiene-related items.
- The preliminary calculations of all NFI activities in 2016 puts the total number of people assisted with access to NFI at 779,953, 38.2% of the Cluster target for the year—the NFI and shelter sectors are among the most underfunded in the DRC. UNICEF-supported activities represented 85.9% of all reported NFI assistance during this reporting period and 54.7% overall this year as a % of households assisted.
- With regard to cluster activities, this reporting period was particularly active. With support from the Global Shelter Cluster (GSC), in November, the UNICEF-led NFI and Shelter cluster and RRMP partners worked with REACH to undertake an evaluation of the current NFI vulnerability scoring methodology used in the DRC. Based on the results of this evaluation, the cluster and RRMP will make improvements to the approach in early 2017. Also with support from the GSC, the DRC cluster organized a national workshop on beneficiary targeting approaches in NFI and shelter response which resulted in clearer guidance on the advantages and disadvantages of different targeting approaches. In December, the DRC Cluster also participated in the first workshop of the GSC's NFI Working Group; the workshop featured experiences from the DRC seen as global 'best practices' including the NFI cash voucher fair approach, NFI vulnerability scoring, and standby response mechanisms like RRMP.

Rapid Response for Movements of Population (RRMP)

- In November and December, RRMP partners conducted a total of 25 assessments (24 multi-sector assessments and one health sector assessment). The teams conducted the assessments in five different provinces: North Kivu (16), Tanganyika (6), South Kivu (1), Haut-Lomami (1), and Ituri (1).
- Based on the results of these assessments and others conducted during earlier reporting periods, RRMP partners conducted a total of 21 interventions during this period: NFI (9), Health (7), WASH (4), and Education (1), reaching a total of more than 160,000 people.
- With the objective of reviewing the achievements, lessons learnt and challenges of the RRMP7 programme cycle (May 2016 – April 2017), UNICEF held a four-day mid-term workshop with partners from 29 November – 2

December. These workshops included two days of sector-specific ‘technical days’ in each of the four programme components (WASH, Education, NFI, and Health) to review progress on previous action plans, share lessons learned, and map the way forward for the RRMP NFI strategy. For each sector and for the programme in general participants agreed a number of concrete action points in moving forward in the remaining months with a focus on improved multi-sectoriality, rapidity, and coordination.

Multipurpose Cash-based Assistance

- During this reporting period, UNICEF’s Alternative Responses for Communities in Crisis (ARCC) partners Mercy Corps, AVSI and CRS delivered multi-purpose cash assistance to 17,780 households in North Kivu, South Kivu and Kasai Central.
- In North Kivu’s Lubero territory, Mercy Corps assisted 12,762 displaced households who fled violence and looting related to Mai Mai and FDLR (*Forces Démocratique pour la Libération de Rwanda*) activities in Rutshuru territory.
- In South Kivu’s Fizi territory, AVSI assisted 2,298 returnees who had returned to the locality of Lubichako after having fled the clashes between Mai Mai Yakutumba and the FARDC.
- In Kasai Central’s Dibaya territory, on the 3,104 households planned, CRS assisted 2,720 displaced households (out of 3,104 planned) who fled violence and looting linked to the conflict between the traditional chief Kamuinna Nsapu and the FARDC and national police in several villages of Kasai central. This activity will continue in January 2017. It should be noted that Kasai Central was not originally part of the ARCC programme, but given this new humanitarian situation and the flexibility CRS and the ARCC mechanism, it was possible to shift CRS’s focus to this newly-affected province.

Communication for Development (C4D)

Cholera

- In response to the on-going cholera epidemics, this period saw continued activity in cholera prevention and awareness-raising campaigns in the affected areas. Activities included guided discussions with community and religious leaders, home visits, theater, and radio messaging with different government and NGO partners including LWF (Lutheran World Federation), the Ministry of Communication, and the Ministry of Health who participate in the communications task force.
- With support from UNICEF, village early warning and surveillance committees were also set up during this reporting period

Yellow Fever

- During this period, UNICEF and partners undertook a survey looking and levels of familiarity about the disease in all provinces of high risk including Kongo Central, Kwango, Kasai, Kasai Central, and Lualaba. Together with the Red Cross, awareness-raising activities were organized in all six at-risk provinces (including Kinshasa) through radio, churches, schools, and community organizations. Local community awareness-raising groups were set up in 118 villages in these six provinces
- In total UNICEF produced 60,300 fliers, 5,000 posters, and a short video programme—all in 5 languages—on yellow fever were disseminated in the six provinces in collaboration with the Ministry of Communication and Media.
- UNICEF also developed an information-on-demand service using mobile phone SMS messaging and inter-active voice platforms about prevention of yellow fever and other WASH-related topics.

External Communication

- During this reporting period, UNICEF DRC posted six articles related to emergencies on its blog www.ponabana.com, including a video story about the cholera outbreak response in the Equateur province.
- International press visits on humanitarian issues included missions to North Kivu by the head of the German press agency based in South Africa and of a freelance print journalist and photographer.

- In terms of emergency preparedness, the communication section developed a set of communication materials (draft Situation Report, Q&A, set of key messages, draft statement, etc.) to deal with external communication needs in response to possible violence, child rights abuses and displacements due to the political tensions related to the electoral process.

Funding

Funding Requirements (as defined in Humanitarian Appeal of 2016)				
Appeal Sector	Requirements	Funds available*	Funding gap	
			\$	%
Nutrition	42,300,000	8,176,835	34,123,165	81%
Health (beyond RRMP)	7,000,000	1,515,588	5,484,412	78%
WASH (beyond RRMP)	5,720,000	1,539,381	4,180,619	73%
Child Protection (including sexual and gender-based violence and mine risk education)	16,000,000	3,712,549	12,287,451	77%
Education (beyond RRMP)	6,000,000	1,893,540	4,106,460	68%
Non Food Items (beyond RRMP)	1,020,000	0	1,020,000	100%
Rapid Response to Population Movement Mechanism	43,000,000	36,505,302	6,494,698	15%
Multipurpose cash-based assistance	7,500,000	8,811,610	-1,311,610	-17%
Sector/Cluster Coordination	1,820,000	0	1,820,000	100%
Sub-Total	130,360,000	62,154,806	68,205,194	52%

* Funds available' includes funding received against current appeal as well as carry-forward from the previous year. Funds available does not include pledges.

Next SitRep: 31 March 2017

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>

UNICEF DRC Humanitarian Action for Children 2016: www.unicef.org/appeals/drc

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ANNEX A: Summary of Programme Results²

	UNICEF and Operational partners			Cluster/Sector		
	2016 Target	Total Results	% of Target Achieved	2016 Target	Total Results	% of Target Achieved
WATER, SANITATION & HYGIENE						
# of conflict-affected people with access to water, hygiene and sanitation basic services	631,015	309,000	49% ³	2,902,136	1,302,073	45%
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,609,774	1,616,714	100% ⁴	3,938,908	2,406,466	61%
# of people affected by natural disaster assisted with WASH package target				Not targeted in 2016 HRP ⁵	21,300	N/A
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	25,685	6,400	25% ⁶	69,793	11,443	16%
EDUCATION						
# of girls and boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities, through the construction/rehabilitation of schools and/or temporary learning spaces and other measures (including through the RRMP)	200,000	307,150	154%	555,290	586,168	106%
# of schools and/or temporary learning spaces providing protecting environment to emergency-affected children	606	95	16% ⁷	1,678	179	11%
# of teachers trained on learner-center methodologies, peace education, disaster risk reduction, and how to identify and refer children in need of psychosocial care and support to available protection services	1,818	2,519	139%	10,096	3,722	37%
HEALTH						
# children (6 months-14 years) in humanitarian situations vaccinated against measles	442,200	368,459	83%	Not applicable		
# people affected by conflict and disease outbreaks having received access to primary health care	210,000	127,886	61%	Not applicable		
NUTRITION						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices	300,000	358,182	80%	302,487 ⁸	358,182 ⁹	79%
Recovery Rate	>75%	86.7%	N/A	>75%	86.7%	N/A
Death rate	<10%	2.6%	N/A	<10%	2.6%	N/A
Default rate	<15%	10.4%	N/A	<15%	10.4%	N/A

² Note that cumulative results do not always correspond to the sum of the previous reports cumulative results and the results for the current period due to late reporting of results from previous periods and data cleaning.

³ The percentage is lower than 50% because primarily due to limited funding in 2016.

⁴ The percentage here is slightly higher than 100%, but the number of cases was also significantly higher than initially foreseen—over 28,334 vs. 19,000, yet despite this result that exceeds the initial target, there is still a large gap in coverage.

⁵ Natural disasters are not taken in consideration as crisis according to Humanitarian Response Plan (HRP) 2016, even though UNICEF, as Lead Agency, is monitoring and gathering data for WASH actors.

⁶ UNICEF's WASH in Nutrition programme suffers from lack of funding. It is a relatively new approach and advocacy to donors and implementing partners is on-going to try to generate more interest and support.

⁷ The results for this indicator are markedly lower than for the first Education indicator for the following reasons: (1) many students who benefit from access to education are in schools that were not damaged or occupied, so there is no need for classroom reconstruction; (2) the indicator on access and quality includes students who received school supplies in emergency-affected areas as part of the large-scale 'Back-to-School' campaigns; (3) schools often use a double shift in the same classrooms, so the same physical classroom serves twice the number of students; and (4) the first indicator includes both children with improved access to education (as beneficiaries of a rehabilitated learning space), and improved quality (as beneficiaries of school supplies). In 2017, this indicator has been split into two to avoid confusion.

⁸ Please note that the UNICEF 2016 target and the Cluster target are almost the same because UNICEF is providing almost the totality of support to nutrition actors.

⁹ Results for non-UNICEF supported partner were not yet available at the time of this report.

DRC SITUATION REPORT

November – December 2016

CHILD PROTECTION						
# of children formerly associated with armed forces/groups released and provided with assistance	3,700	3,422	94%	3,700	3,475 ¹⁰	94%
# of separated and unaccompanied children identified and reunited with their families	1,000	1,248 ¹¹	125%	1,500	1,255	84%
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	60,000	93,565	155.9%	70,000	95,247	136%
# of identified survivors of sexual violence provided with a comprehensive response	10,000	6,885	68.9%	Not applicable		
NFI/SHELTER						
# of people accessing essential household items, and shelter materials	720,000	446,919 ¹²	62.1%	2,040,751	779,953 ¹³	38%
MULTIPURPOSE CASH BASED ASSISTANCE						
# households assisted with an unconditional cash grant or multipurpose voucher fair	21,100	33,281	158% ¹⁴	60,000	46,841 ¹⁵	78%
% of household who spent part of the assistance to access health and education services	27%	84%	n/a	ND	ND	ND
% Variation of the children health services access rate	30%	54.7%	n/a	ND	ND	ND
% Variation of the children education services access rate	20%	91.6%	n/a	ND	ND	ND

¹⁰ The vast majority of children assisted are through UNICEF-supported programmes. Other actors, as part of the sub-working group, assisted 53 children outside of UNICEF programmes.

¹¹ Figures in this report are lower than the last report due to a change in reporting; the last report also included CAAFAG who were reunified, whereas this figure only includes UASC.

¹² NFI results for UNICEF include interventions (total of only 3,707 persons) for refugees from the Central African Republic and refugee host families. Refugees and refugee host families are not at present part of the overall Cluster/HRP target included here of 2,040,751 people.

¹³ Cumulative results do not always correspond to the sum of the previous report's cumulative results and the results for the current period due to late reporting of results from previous periods and data cleaning. These results do not include interventions by the International Committee of the Red Cross (ICRC) who has assisted 15,949 families this year (est. 79,745 people).

¹⁴ Additional funding received from DFID and CERF allowed UNICEF to increase response capacity for ARCC and as such exceed the initial UNICEF targets for 2016.

¹⁵ Please note that there was an 'over-reporting' in previous report where the entire amount of a UNICEF-supported actors interventions were reported as having occurred in October whereas in reality they occurred in both October and November. The UNICEF results column has properly reported them with a portion in October and a portion in November.