



**Democratic Republic of the Congo**

Humanitarian SitRep

**unicef**

**July to August, 2017**

**SITUATION IN NUMBERS**

## Highlights

- On August 1, 2017, the UNICEF Executive Director activated the Level 3 Corporate Emergency Response for the Kasai region of the Democratic Republic of Congo (DRC) for a period of 6 months.
- In 2017 there have been 23,959 suspected cases of cholera and 528 deaths (fatality rate: 2.2%) recorded. The year 2017 is expected to be one of the worst year of the last ten years in term of cholera cases as the limit of 1,800 cases/week was already passed during the reporting period.
- On 16 August, 2017, the fishing village of Dyatsi in Ituri province was almost completely destroyed by a massive landslide, with more than 150 persons reported dead and about 279 children orphans reported (OCHA September 2017).
- The Education Cluster estimates that 937 schools have been attacked or relegated to military use since the beginning of the crisis in the Kasai region 11 months ago, and 404 of these schools were confirmed destroyed in the provinces of Kasai and Kasai Central alone.

**3,800,000** Internally Displaced Persons (IDPs) country-wide (OCHA June 2017)

**475,019** refugees in DRC (UNHCR July 2017)

**23,959** cases of cholera cases (Ministry of Health August 2017)

**7.7 million** people require food assistance (IPC, June 2017)

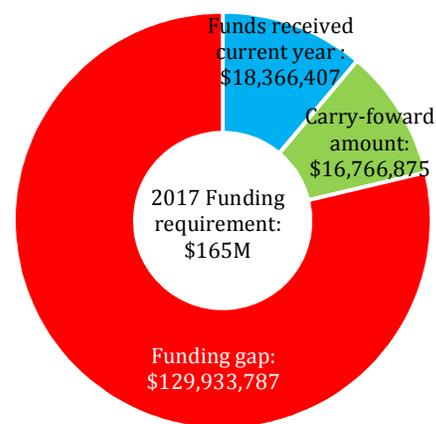
**UNICEF Appeal 2017**  
**US\$ 165 million**

**21%** of required funds available

UNICEF's and Cluster Response				
	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results*
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	310,609	151,617	388,261	151,617
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	1,902,180	362,854		
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services	1,284,768	258,821	2,975,411	682,220
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	70,000	56,243	50,000	66,000
# of school aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	359,960	48,267	500,000	94,929

\*Total results are cumulative

### Funding Status 2017\*



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

## Humanitarian Leadership and Coordination

- UNICEF continues its leadership at national and provincial level of four clusters (Education, NFI and Shelter, Nutrition, and WASH) as well as leading the Child Protection sub-clusters and acting as co-lead (with WFP and Mercy Corps) of the Goma-based Cash Working Group.
- At national the Inter-Cluster level, July to August 2017 period was focused on addressing coordination needs and challenges in the Kasai crisis. The UNICEF L3 declaration at the beginning of August, 2017 has facilitated the deployment of global cluster missions and surge capacity to support response and coordination needs. All Clusters are now mapping their proposed structure for the Kasai emergency.
- Other key initiatives in which the clusters were involved during this reporting period included (a) development of a multi-sectoral rapid evaluation tool for use in new crises like the Kasais, (b) update of the cluster mapping matrices for the country; and (c) supporting the new RRMP cycle – phase 8 in finalizing the guidance documents and indicators in order to ensure coherence between RRMP and the clusters. Preparations have also started for the 2017 Humanitarian Needs Overview (HNO) and 2018 Humanitarian Response Plan (HRP) processes.

## Summary Analysis of Programme Response



### Nutrition

UNICEF, in collaboration with its implementing partners, has supported the treatment for 45,698 cases of children under 5 years old with Severe Acute Malnutrition (SAM) between July and August, 2017 (compared to 105,999 cases between January and June, 2017).

The SNSAP national Bulletin<sup>1</sup> No. 28 (April- June 2017) indicated that the three health zones in Haut-Lomami province was on alert. It should be noted that in two of these zones, there is the presence of IDPs from the provinces of Kasai. It is therefore imperative to confirm these alerts by the nutrition SMART<sup>2</sup> methodology. As a response, UNICEF with Food For Peace (USAID funds) is supporting the management of SAM cases in four health zones in Haut-Lomami province.

In South Kivu, USAID and UNICEF are supporting the management of SAM cases in 7 health zones. During this reporting period, a joint mission between Medecins d'Afrique (NGO) and UNICEF took place in Minova health zone in order to assess the procurement of nutrition inputs. Two of the main results of the assessment were (a) the supply of ready-to-use therapeutic food (RUTF), medicines for systematic treatment to 51% (62/121) of in-patient care facilities and (b) 220 health workers were trained for a better management of SAM cases at the health center facility.



### Health

From July to August, 2017, as part of the national measles response, UNICEF provided medicines for the management of 10,000 measles cases in the two most affected provinces (Tanganyika and Lomami). In addition, UNICEF supported the Ministries of Health (MoH) and NGO partners in North Kivu, Tanganyika, South Kivu, Mai Ndombe and Kwilu provinces with supplies and medicine for the management of 9,500 cholera cases.

During this period, UNICEF continued its support to Ebola response through the provision of free health care services, using the health kits provided by UNICEF in Likati Health zone of the Bas Uele Province. In addition, UNICEF continues to build the capacity of the local health teams (in Likati) to sustain the health services with a focus on maternal and neonatal health care and treatment of pneumonia, diarrheal diseases and malaria. Ten motorcycles provided by UNICEF for community surveillance during the Ebola outbreak have been allocated to the different health areas in the Likati health zone to improve immunization activities and community level activities.

UNICEF is working with the national MoH in order to elaborate a preparedness plan for potential future Ebola outbreak.

<sup>1</sup> SNSAP : Surveillance Nutritionnelle, Sécurité Alimentaire et Alerte Précoce (Nutritional Surveillance System, Food Security and Early Warning of the DRC).

<sup>2</sup> A nutritional survey methodology that provides up-to-date and reliable information on global hunger.



## WASH (Water, Sanitation and Hygiene)

During the reporting period, 14,205 people in Tanganyika Province received WASH Cholera response package supported by UNICEF and distributed by the DRC Red Cross. UNICEF also support the ongoing cholera response, both by funding interventions in four (4) provinces (some of which in partnership with DRC Red Cross, EHB<sup>3</sup> and CISP<sup>4</sup>) and by ensuring the supply of stock, technical assistance, and coordination of the response to the cholera outbreaks in different provinces<sup>5</sup>.

In order to prevent the spread of cholera, 8,093 IDPs in Kikwit (Kwilu Province), have received a WASH assistance by the distribution of kits, given by UNICEF, by the NGO partner *Communauté des Amis de la Nature et de la Culture* (CANACU); meanwhile the Red Cross intervened in Ankoro (Katanga) delivering WASH packages to 8,241 people.

The review of the 2013-2017 multi-sectoral framework to eliminate cholera (PMSEC<sup>6</sup>) occurred in August 2017 with the attendance of three ministers (MoH, MoPlan, MoRural Dvpt) and conclusions are currently under finalisation. In order to raise attention about the alarming cholera situation in the DRC, the WASH Cluster situation report on cholera is presented at the Humanitarian Advocacy Group (HAG) meetings every two weeks; and a joint presentation by the WASH and Health Clusters was done in August, 2017 to keep the Humanitarian Country Team up-to-date.



## Education

From July to August 2017, a reported 24,019 children aged 6-11 (including 12,121 girls) affected by the conflict were given access to quality education and psychosocial activities; through the distribution of pedagogical kits, catch-up classes, and trainings of 1,720 teachers (including 712 women) on psychosocial support, peace education, conflict and disaster risk reduction. In the last situation report (April- June, 2017), 12,246 children aged 6-11 affected by conflict that received access to quality education and psychosocial activities, and 130 teachers were trained.

In Kalemie, the capital of Tanganyika Province, 23 IDPs (14 women) and 26 community leaders were sensitized on peace building and social cohesion in order to promote peace coexistence between IDPs and hosting communities.

A UNICEF field mission to Kwilu and Kwango provinces, was undertaken to assess the situation of IDPs coming from Kasai. A total of 4,800 children eligible for primary school and 1,800 secondary school-age children were identified and in need of assistance, including school kit package.

In the Kasai Region UNICEF contributed, through the Ministry of Education (MoE), to the training of trainers on peace education (60 trainers totally, 20 in each of the three main cities<sup>7</sup>). Thanks to the UNICEF's French National Committee support, UNICEF, through the Ministry, trained 1,200 teachers (200 schools) on Peace Education in the Kasai provinces.

A secondary data review (on Education – Protection) was conducted within the Global Education Cluster. The Education Cluster estimates that 937 schools have been attacked or relegated to military use since the beginning of the crisis across the five provinces in the Kasai.



## Child Protection

A recent evaluation conducted by UNICEF partners in Kasai Central revealed that 3,600 displaced children (nearly half of whom are girls) are in need of protection services. At the end of August, 2017 a total of 1,257 children associated with the militia have been identified and have received a comprehensive support (including referral to health services, shelter, psychosocial care and family reunification). Family reunification, when possible, is ongoing. It is important to note, however, that security conditions do not allow for family reunification in some areas of the Greater Kasai.

<sup>3</sup> NGO : Eagle House Business.

<sup>4</sup> NGO: International Committee for the Development of People.

<sup>5</sup> Provinces of Kongo Central, Kinshasa, North Kivu, South Kivu, Kwilu, among others.

<sup>6</sup> *Plan Stratégique Multisectoriel d'Élimination du Cholera (PMSEC)*.

<sup>7</sup> Tshikapa, Kananga, and Mbuji May.

In August, 2017, UNICEF as the lead of the Child Protection Working Group (CPWG) organized a training workshop on Child Protection minimum standards and Child protection in emergencies with the support of the Global Child Protection Area of Responsibility for 65 members of the Working Group in Kasai Central and Kasai Oriental. In response to the high number of attacks on schools in the Kasai, UNICEF worked closely with United Nations Mine Action Service (UNMAS) to hold a one-day training workshop about the risk of mines and Unexploded Ordnance (UXO). This was particularly important in view of the new school year, which is due to start in September, 2017. A total of 33 local NGOs from the Education cluster and CPWG in Kananga (Kasai Central province) and Mbuji Mayi (Kasai Oriental Province) attended this workshop.

In North Kivu province, 342 Children including 25 girls and 317 boys have been verified and released from armed forces and groups as at the end of August, 2017, and they have been assisted in transit care structures.

In South Kivu, North Kivu and Ituri provinces, 878 new children (either displaced or refugee, including 416 girls and 462 boys) benefited from psychosocial, recreational, educational and protection in UNICEF Child Friendly Spaces.

In July, 2017 UNICEF partners identified 303 survivors of sexual violence in North Kivu province, i.e. 289 women (including 122 girls) and 14 men (including 2 boys). All the survivors accessed psychosocial care through the integrated services available in health facilities. Among the survivors, 179 were taken care of within the first 72 hours of the assault and benefited from Post Exposure Preventative (PEP) kits. 48 survivors benefited from socioeconomic reintegration activities (46 women and 2 men) while 43 survivors benefited from legal assistance (40 women and 3 men). UNICEF supported the provincial health authorities with the provision of 1,514 individual PEP kits, including 163 paediatric kits.



## **Non-Food Items (NFI) / Shelter materials**

During July-August, 2017, UNICEF partners (see RRMP section) assisted 20,525 people (4,105 families) in North Kivu and Tanganyika provinces with access to essential household and personal Non-Food Items (NFI) via NFI voucher fairs.

Since the beginning of January 2017, UNICEF's RRMP (Rapid Response to Movements of Population) partners—AVSI, IRC, Mercy Corps, NRC, and Solidarités International—and two other ad hoc partners (Oxfam GB and Caritas Kananga) have reached a total of 230,295 people (42,809 families) with essential household, personal, and hygiene-related Non-Food Items (NFI) and shelter reinforcement materials. UNICEF's primary vehicle for NFI assistance remains the multi-province, multi-sector RRMP programme.

With regard to the UNICEF-led NFI and Shelter Cluster, highlights from July to August 2017 include training workshops in Goma and Kalemie to familiarize actors with the revised NFI vulnerability scorecard approach; and collaboration with the Food Security Cluster on the new Guidance Note for improved coordination on food and NFI interventions including joint targeting approaches, the use of vouchers and cash, and feedback mechanisms.

## **Rapid Response for Movements of Population (RRMP) For Eastern Congo**

This reporting period saw the transition from the end of the 7th cycles of this programme ending on 30 June 2017 to the new RRMP 8th cycle which began 1 July 2017. During this period, the RRMP mechanism assisted 62,865 recent displaced persons with a multi-sectoral package covering NFI, health, education and water, hygiene and sanitation (WASH) needs in the provinces of Tanganyika, Haut Katanga, North Kivu, South Kivu, and Ituri provinces. A total of 11 interventions was conducted using approaches that promote accountability to affected population, as well as gender and protection mainstreaming. RRMP partners conducted 10 multi-sectoral evaluations (MSA) to assess the needs of affected populations during this reporting period. RRMP teams carried out 3,800 new medical consultations (2,339 women and 1,461 men) through 3 health interventions in North Kivu and Tanganyika provinces using both mobile clinics and support to functional health structures. WASH RRMP partners provided improved access to drinking water and sanitation to 30,500 people together with awareness raising activities to promote hygiene practices adapted to their specific displacement situation through 3 interventions conducted in Nord Kivu and Tanganyika provinces. Education RRMP partners helped to re-integrate 1,720 children (840 girls) into schools in Tanganyika, and assisted them as well with school

material. NFI partners reached 4,105 (20,525 persons) households during this reporting period with access to NFI items through 2 NFI fairs conducted in the provinces of North Kivu and Tanganyika. An additional 1,264 households (6,320 persons) were assisted with multipurpose cash transfer in the province of Nord Kivu.

During this reporting period, UNICEF signed partnership agreements for a new RRMP programme specifically for the Kasai crisis, with initial funding from UKAID and USAID/OFDA; and delivering NFI, WASH, Health, and Nutrition assistance to affected households. RRMP Kasai will be the largest provider of NFIs in response to the Kasai crisis targeting 22,000 families (110,000 people) before the end of the year. The first shipment of in-kind NFI from USAID/OFDA arrived in Kinshasa on 29 August 2017.

## Cash-based programming

During this period, UNICEF focused cash transfer activities on the Kasai provinces, in particular Kasai Central where UNICEF partner Catholic Relief Service (CRS) reached 4,630 households (an estimated 23,150 people) with multi-purpose cash assistance through the UNICEF's *Alternative Responses for Communities in Crisis* program (ARCC) funded by UKAid in the Tshikula health zone.

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

In August 2017, a child protection campaign called '*Je suis un Enfant*' (I am a child) was launched in Kananga (Kasai Central). The campaign supports children to highlight their rights to senior level political and administrative authorities in the province, as well as a community audience of more than 3,000 people. In addition, advocacy sessions to secure the commitment of more than 50 decision-makers and opinion leaders in the Kasai Oriental Province to humanitarian action was undertaken.

In response to the cholera epidemic in North Kivu, a cooperation agreement was signed, in July 2017, between UNICEF and the Media Development Network (REMEDI) to broadcast messages on cholera interventions and preventions management. Thirteen (13) local radio channels are involved in the awareness raising campaign. From July to August, 2017, 250 community relays trained on Cholera communication tools have reached 24,451 households in the two most affected communes by cholera in Goma, North Kivu province.

## Media and External Communication

From July to August, 2017, the external communication work of the Country Office was focused on the Kasai-crisis. The Country Office produced a Snapshot Report ([Children, victims of the crisis in Kasai](#)) about the impact of the Kasai crisis on children and UNICEF's response. The Report was widely distributed among media and donors in and outside the DRC. The Report that was launched with the support of a press release focused on the UNICEF's response ([850,000 children displaced by waves of violent conflict in the Greater Kasai region](#)) generated media attention inside and outside of the country. The Report was supported by publications of stories and pictures on various digital media platforms ([Connect](#), [WeShare](#), [Voice of Youth](#)) and by social media posts.

The Country Office has continued – besides the Kasai-crisis - to communicate on its blog stories related humanitarian situation and UNICEF's response. 29 stories were posted during the period July-August related to [emergencies](#), [protection](#), [immunization](#), [nutrition](#), [education](#), [children's participation](#), etc.

The country-office has released a reader friendly UNICEF DRC 2016 annual report, available at the following link: [http://ponabana.com/wp-content/uploads/2013/12/UNICEF-DRC-2016-COAR\\_FINAL.pdf](http://ponabana.com/wp-content/uploads/2013/12/UNICEF-DRC-2016-COAR_FINAL.pdf)

## Funding

From July to August, 2017:

- UKAID contributed to the set-up of the RRMP Kasai by contributing GBP4.63 million.
- The DRC Humanitarian Coordinator approved a USD \$14 million CERF<sup>8</sup> allocation during this reporting period for cholera (WASH & Health) and RRMP response in Eastern Congo; and child protection/education, multi-sectoral and food security response in the Greater Kasai.
- UNICEF updated its Humanitarian Appeal for Children, in order to include the needs of children in the Greater Kasai Crisis and reflect the Ebola Response leading to an increase in funding requirement for 2017 from \$ 119,125,000 to \$165,067,069.

Funding Requirements						
Appeal Sector	Requirements	Funds available		Funding gap		
		Funds Received Current Year	Carry-Over	\$	%	
Nutrition	42,391,682	964,687	5,024,202	36,402,793	86%	
Health	10,134,710	311,617	255,593	9,567,500	94%	
WASH	24,288,746	1,681,151	516,904	22,090,691	91%	
Child Protection	8,657,114	1,816,544	122,204	6,718,366	78%	
Education	9252718	970420.824	216463.53	8,065,834	87%	
NFI/shelter	9,464,000	355,581	0	9,108,419	96%	
Rapid Response to Population Movement (WASH, NFI/shelter, education, health)	30,000,000	9,960,250	6,372,711	13,667,039	46%	
Multipurpose cash transfer	24,533,784	1,014,132	4,097,943	19,421,709	79%	
Cross sector / sector coordination	6,344,315	1,292,024	160,854	4,891,437	77%	
<b>Total</b>	<b>165,067,069</b>	<b>18,366,407</b>	<b>16,766,875</b>	<b>129,933,787</b>	<b>79%</b>	

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

## Next SitRep: 15/11/2017

**UNICEF DRC on Twitter:** [https://twitter.com/UNICEF\\_DRC](https://twitter.com/UNICEF_DRC)

**UNICEF DRC on Facebook:** [www.facebook.com/UNICEFDRC](http://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](http://www.unicef.org/appeals/drc)

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<sup>8</sup> UN Central Emergency Response Fund.

# SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs			Cluster Response		
	2017 Target	Total Results	Change since last report ▲▼	2017 Target	Total Results	Change since last report ▲▼
<b>NUTRITION</b>						
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	310,609	151,617	▲ 45,698	388,261	151,617	▲ 45,698
Recovery Rate	>75%			>75%		
Death rate	<10%			<10%		
Default rate	<15%			<15%		
<b>HEALTH</b>						
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	1,902,180	362,854	▲ 114,054			
# of people affected by conflict and disease outbreaks having received access to primary health care	300,000	156,160	▲ 67,849			
<b>WATER, SANITATION &amp; HYGIENE</b>						
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services	1,284,768	258,821	▲ 98,199	2,975,411	682,220	▲ 217,485
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,665,186	354,794	▲ 354,453	4,162,964	1,418,889	▲ 76,155
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	128,862	7,377	▲ 7,377	91,698	18,729	▲ 11,167
<b>CHILD PROTECTION</b>						
# of children formerly associated with armed forces/groups released and provided with temporary assistance	3,600	1,524	▲ 366	3,700	1,549	▲ 366
# of separated and unaccompanied children identified and reunited with their families	9,600	1,257	▼ -27**	1,200	3,514	▲ 2,172
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	70,000	56,243	▲ 11,734	50,000	66,000	▲ 15,727
# of identified survivors of sexual violence provided with a comprehensive response	7,000	3,414	▲ 940	NA	NA	NA
<b>EDUCATION</b>						
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	359,960	132,158	▲ 23,480	500,000	186,726	▲ 39,520
# of school aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	359,960	92,341	▲ 23,480	500,000	118,409	▲ 27,473
# of class rooms set up or rehabilitated	636	45	▲ 1	1,515	157	▲ 41
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	6,545	1,155	▲ 320	9,090	3,765	▲ 1,720
<b>NFI/SHELTER</b>						
# of people accessing essential household items, and shelter materials	900,500	230,295	▲ 20,160	1,678,683	472,403	▲ 31,331
<b>MULTIPURPOSE CASH BASED ASSISTANCE</b>						
# of people assisted with an unconditional cash grant	366,450	200,540	▲ 23,150	300,000	245,035	▲ 23,150

\*The HRP is currently under review meaning that cluster targets have not yet included Kasai needs as opposed to UNICEF targets including the targets set for UNICEF Kasai response.

\*\* Data have been cleaned and updated