Democratic Republic of the Congo

Consolidated Emergency Report 2016

UNICEF DRC 2016/ Gabriel Vockel

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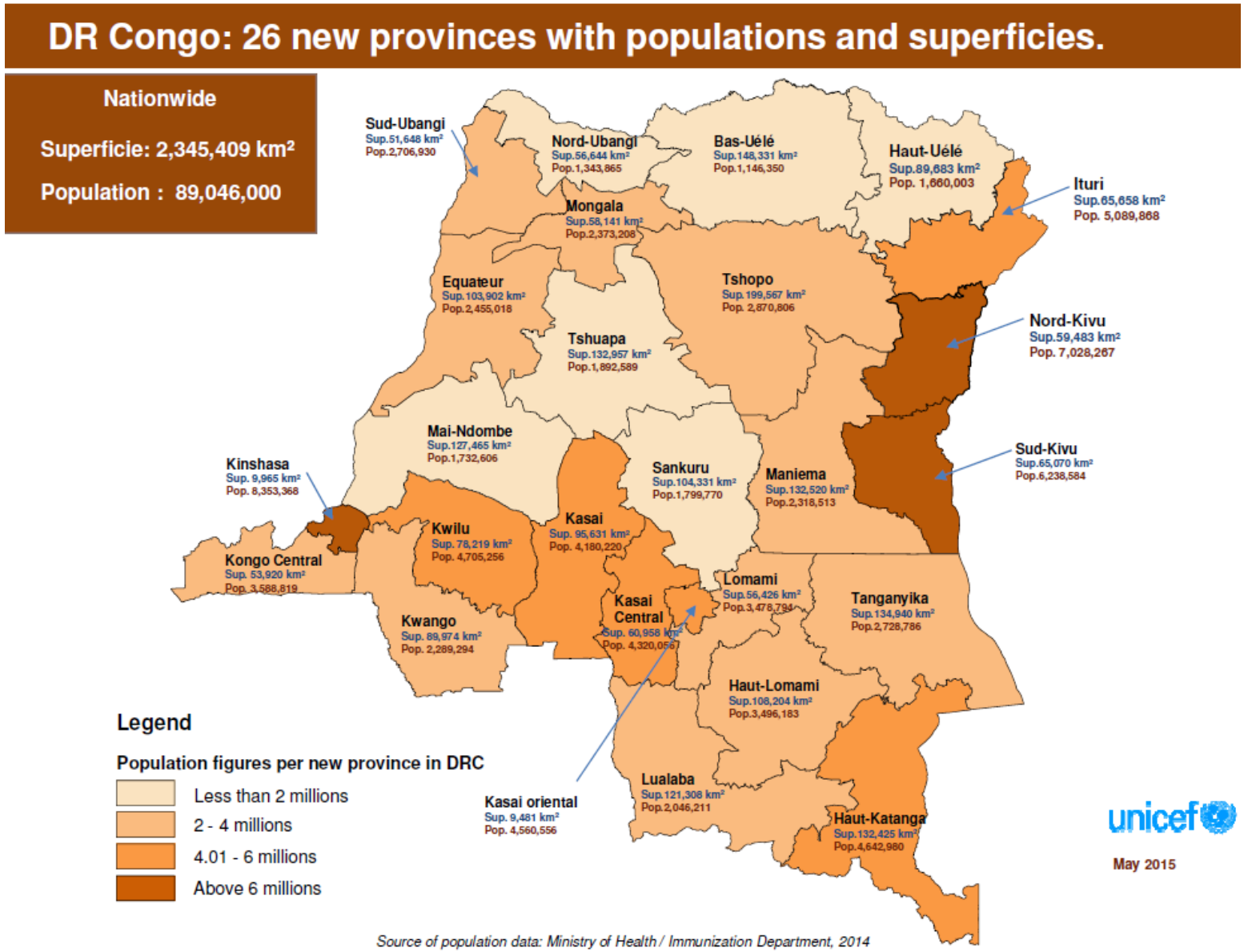
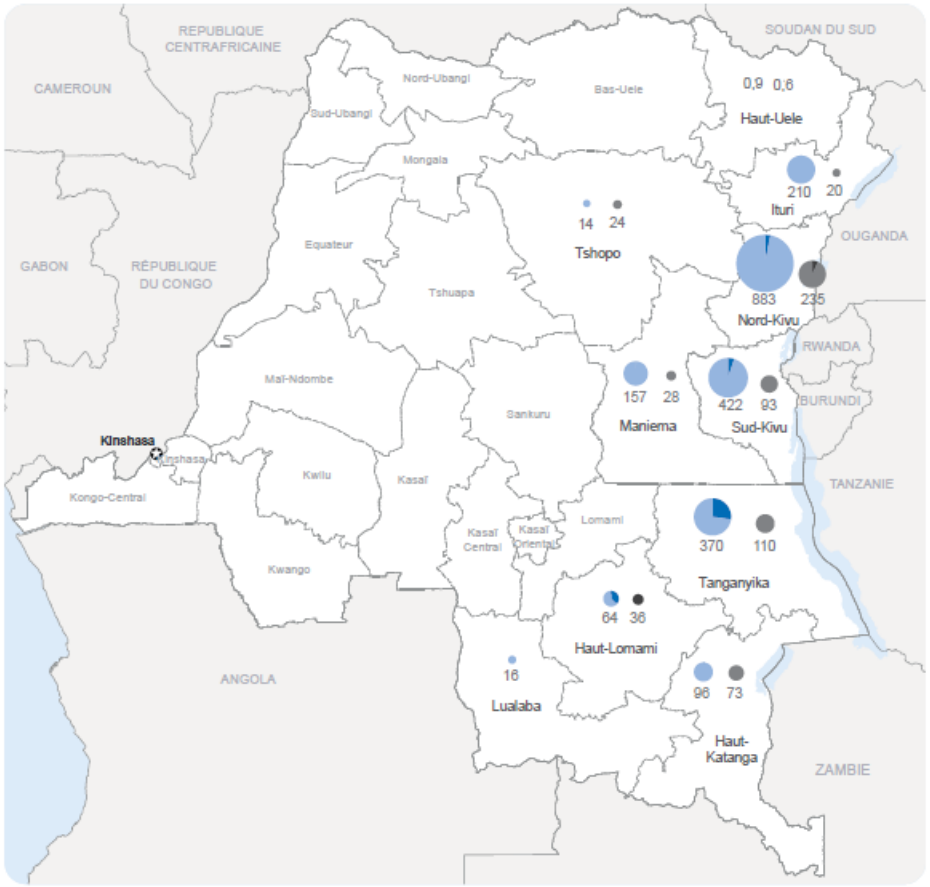
MAP OF THE DEMOCRATIC REPUBLIC OF THE CONGO



Democratic Republic of the Congo: Internally displaced people and returnees (as of 31 December 2016)

OCHA

As of 31 December 2016, the Democratic Republic of the Congo had more than 2.2 million internally displaced people(IDPs), of whom 52% were women and young girls. Almost 90% of displacements were due to armed violence/conflict[1]. With 40% of displaced people, North Kivu is the most affected province of all. With the exception of Tanganyika, host families represent the principal source of shelter for IDPs.



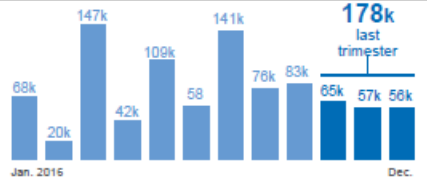
The boundaries and names shown and the designations used on this map do not imply official endo[illegible] by the United Nations.

Date of production: **7 febuary 2017** I Source: **Population Movement Commission(CMP)** I More information: ochadrc@un.org I https://rdc.humanitarianresponse.info I www.unocha.org/drc I www.reliefweb.int I Twitter:@UNOCHA_DRC

1: displacements due to clashes in Kasaï are not included in these statistics.

INTERNALLY DISPLACED PEOPLE IN 2016

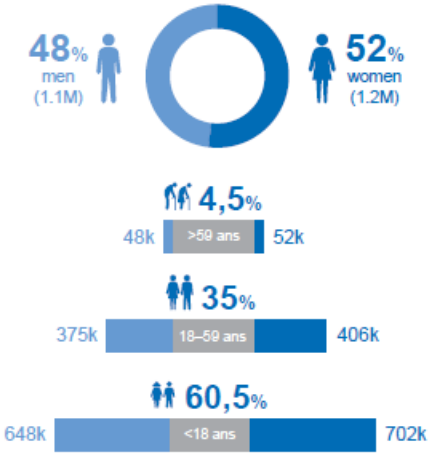
922k



INTERNALLY DISPLACED PEOPLE BETWEEN 2009 AND DECEMBER 2016

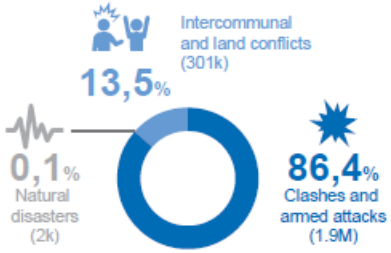
2.2M

DISTRIBUTION OF INTERNALLY DISPLACED PEOPLE



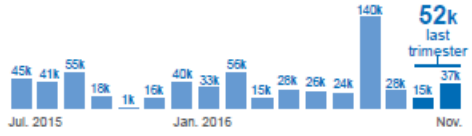
TYPE OF ACCOMODATION

REASON OF DISPLACEMENT



RETURNEES (LAST 18 MONTHS)

620k



I. EXECUTIVE SUMMARY

The situation in eastern and southern Democratic Republic of the Congo (DRC) remains extremely volatile, with over 70 armed groups active in North Kivu and South Kivu provinces alone. In 2016, the UNICEF-led Rapid Response to Movements of Population (RRMP) programme was activated more than 100 times, providing multi-sectoral assistance to 1.3 million[1] conflict-affected people and complemented by multipurpose cash assistance through UNICEF's humanitarian unconditional cash transfer programme, ARCC (Alternative Responses for Communities in Crisis).

Grave violations of children's rights in situations of armed conflict were monitored and reported, under the co-leadership of UNICEF and MONUSCO. Over 100,000 affected children (refugees, displaced, unaccompanied or separated…) and SGBV survivors were provided with medical, psycho-social, economic, and legal support. UNICEF assistance reached almost 90 per cent of the target for support to unaccompanied and separated children as well as children exiting armed forces and groups.

Severe Acute Malnutrition (SAM) is a silent emergency that threatens the lives of an estimated 2 million children in the DRC—this is equal to the entire number of children at risk in the Sahel. By the end of 2016, UNICEF and partners had treated a total of 358,182 severely malnourished children (68 per cent of the target) with therapeutic food, resulting in a cure rate of 84 per cent. To help prevent malnutrition, more than 1.7 million mothers and caregivers were reached through education campaigns on infant and young child feeding practices. UNICEF provided vitamin A supplements and deworming tablets to 7 million children.

In 2016, UNICEF's Communication for Development (C4D) teams collaborated closely with the Child Survival, Protection, and Wash and Education sectors. Activities and communication materials appropriate to the target communities have been provided to support community-based management of acute malnutrition and to assist in responding rapidly to epidemics, including cholera, measles, yellow fever and malaria.

In the DRC, UNICEF works with the valued support of a strong network of resource mobilization partners including the Governments of Canada, Japan, Norway, Sweden, Switzerland, the UK, USA, the European Union as well as the DRC Humanitarian Fund, OCHA and UNICEF National Committees.

[1] Please note that this is a cumulative total of beneficiaries assisted in the different sectors and does include some persons who were assisted in multiple sectors.

II. HUMANITARIAN CONTEXT

For over two decades the DRC has been plagued by a cycle of multiple complex conflicts with catastrophic humanitarian consequences. DRC is often called a “chronic crisis” but these terms do not capture the critical acute nature of each new situation in eastern DRC’s ever-shifting landscape of acute insecurity, violence, and return to precarious stability. UN OCHA estimates that in 2016, 2,000 new people were displaced every day[2]; movements of thousands of families – both newly displaced and newly returned are reported every week.

Within this context, communities, children, women and families in the DRC are also confronted with protection issues including sexual violence, recruitment into armed groups, family separation, psychosocial trauma, and destruction or loss of homes and belongings. Sexual violence has devastating medical, psychological, social and financial consequences for individual survivors, who are often excluded from their communities and are thus in need of specific protection and reintegration efforts. It also has strong detrimental effects in public health terms, with increased exposure to HIV-AIDS, and effects on reproductive health of women. Population movement in DRC is complex and dynamic: attacks on people and violations of human rights by dozens of non-state militias and government security forces continue, with zones of violence and displacement constantly shifting with zones of comparative calm and return. In 2016 DRC registered more than 2.2 million internally displaced persons[3] (including 1.14 million children) and hosts 436,874 refugees[4]. This does not include an estimated 200,000 displaced persons in the Kasais[5] alone.

In addition to the humanitarian emergencies created by this protracted cycle of violence, displacement, and return, are levels of acute malnutrition and emergency levels of morbidity and mortality caused by the entrenched structural problems of a fragile state. Outbreaks of cholera, measles, and yellow fever continue to threaten children’s survival in DRC. In 2016, DRC reported over 28,000 cholera cases, the largest number of cases since 2012 , and representing, almost 90 per cent of all cases in West and Central Africa. The number of children suffering from severe acute malnutrition in the DRC exceeds that of all countries of the Sahel.

III. HUMANITARIAN RESULTS

UNICEF DRC in 2016 reached a total of 2.3 million people[6] in need of emergency assistance. In 2016, the Rapid Response to Movement of Population (RRMP) mechanism continued to address humanitarian needs of the most vulnerable populations affected by conflict. Through partnerships with Norwegian Refugee Council (NRC), Solidarités International, Save the Children, International Rescue Committee (IRC) and AVSI, UNICEF was able to rapidly conduct needs assessments, providing multisectoral humanitarian response to internally displaced persons, host families, returning displaced families, and vulnerable local populations. These partnerships, under the umbrella of RRMP, allowed for a total of 1.3 million people to be reached across six target provinces, including North Kivu (41 per cent of beneficiaries), South Kivu (27 per cent, Ituri (16 per cent), and the new provinces of Tanganyika, Haut Katanga, and Lualaba (14 per cent), with some exceptional interventions in WASH and health for cholera response in Maniema (2 per cent) province. In these provinces, UNICEF addressed the needs of 449,246 people in the non-food items (NFI) sector, 607,461 in WASH, 138,848 in health and 107,074 in the education sector.

[2] OCHA http://www.unocha.org/drc
[3] OCHA, September 2016: http://www.unocha.org/drc
[4] DRC Regional Refugees Response, 31 October 2016 http://data.unhcr.org/drc/country.php?id=46
[5] OCHA Humanitarian Update, Humanitarian Advocacy Group meeting, 3 March 2017.
[6] Please note that this is a cumulative total of beneficiaries assisted in the different sectors and does include some persons who were assisted in multiple sectors.

While rapidity remains a challenge, there has been significant improvement in this regard, compared with the previous year. The average lead time between alert and the beginning of an intervention dropped from 45 days in 2015 to 36 days in 2016.

Through the Alternative Responses for Communities in Crisis (ARCC) programme, UNICEF continued assisting conflict-affected families through unconditional cash transfers in a humanitarian context. In partnership with Mercy Corps, AVSI and Catholic Relief Services (CRS), the programme reached a total of 33,281 households across North Kivu (60 per cent of beneficiaries), South Kivu (17 per cent),Tanganyika (16 per cent) et Kasai Central 8 per cent. The programme has incorporated a significant research component, helping to build evidence on the effectiveness and appropriateness of the cash transfer approach in the context of emergencies in DRC. To this end, a Learning Paper with American Institutes for Research has been finalised and will be published in early April 2017, drawing from experiences of ARCC. As a next step, in 2017 cash transfer approaches will be fully integrated into the RRMP, as well as in UNICEF's stabilization and resilience programming initiative, Participatory Empowering Community-Based Approaches for Resilience (PEAR+).

To ensure accountability to affected populations, and in line with Core Humanitarian Standards (CHS), a standard set of tools was developed and incorporated into both the RRMP and ARCC programmes across all seven implementing partners, allowing for two-way interaction and communication between beneficiaries and humanitarian actors. The feedback mechanisms put in place, including suggestions boxes and temporary offices at project sites, contributed to strengthening the transparency and quality of programmes, while reducing the risk of violations of the code of conduct by humanitarian workers.

In 2016, UNICEF played a critical role in the response and coordination of the cholera outbreak response, and supporting more than 1.6 million cholera-affected people. 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. In addition; UNICEF continued to provide medical supplies, and advocated for resources mobilization. Since January 2016, UNICEF has provided medicines to government and NGO partners to pre-position and provide care for up to 45,520 cholera case in DRC.

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 2016 were a recovery/cure rate of 86.7%; deaths rates of 2.6%; drop-out rates of 10.9%; and default rates of 2.0%. These results are in line with international standards and the national guidelines.

UNICEF-supported programmes provided assistance to 90 per cent of the children exiting armed forces and groups and, 80 per cent of unaccompanied and separated children. UNICEF exceeded its target of 60,000 displaced and refugee children receiving psychosocial support through child-friendly spaces. Serious funding gaps for the treatment, care and reinsertion of sexual violence survivors in 2016, meant that only an estimated 32 per cent of survivors (3,332 persons) received UNICEF-supported assistance. The government of DRC has extremely low capacity in holistic service provision for survivors of SGBV, and care is provided almost exclusively by international and national actors. As far as the disarmament, demobilization, and reintegration (DDR) of children is concerned, despite the ongoing DDR III process, the child DDR financial burden is absorbed exclusively by UNICEF, with over 3,400 children assisted to exit ranks and approximately a third of them assisted to reintegrate.

A total of 307,150 children gained access to quality education and psychosocial support in a protective learning environment. UNICEF focused its effort in providing school kits for children,

developing with affected schools a school improvement plan funded partly through a cash transfer.

UNICEF is a key player in humanitarian coordination, leading four of the eight activated clusters in DRC: Non Food Items (NFI) and Shelter, Nutrition, Education and WASH as well as the Child Protection Working Group. UNICEF is also a leading agency not only in cash transfer programming, but in coordination - co-leading with WFP and CRS, the cash working group in North-Kivu, and being an active player in the national cash working group. One of the major achievements through the CWG in 2016 was the establishment of the minimum expenditure basket in Goma, which defined a standard cash amount by sector. This tool is expected to allow all humanitarian actors to apply a harmonised approach with respect to cash transfers, thereby rendering joint interventions more feasible. UNICEF and WFP have already carried out two joint cash interventions in 2016 to respond to the needs of people affected by large-scale displacements.

	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	49.0%[7]	2,902,136	1,302,073	44.9%
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,609,774	1,616,714	110.4%[8]	3,938,908	2,406,466	61.1%
# of people affected by natural disaster assisted with WASH package target				Not targeted in 2016 HRP[9]	21,300	N/A
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	25,685	6,400	24.9%[10]	69,793	11,443	16.4%
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	153.6%	555,290	586,168	105.6%
# of schools and/or temporary learning spaces providing protecting environment to emergency-affected children	606	95	15.7%	1,678	179	10.7%
# 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	138.6%	10,096	3,722	36.9%
HEALTH						
# children (6 months-14 years) in humanitarian situations vaccinated against measles	442,200	368,459	83.3%	N/A	N/A	N/A
# people affected by conflict and disease outbreaks having received access to primary health care	210,000	172,973	82.4%	N/A	N/A	N/A
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	119%	302,487[11]	358,182	118%
Recovery Rate	>75%	86%	N/A	>75%	86%	N/A
Death rate	<10%	2.6%	N/A	<10%	2.6%	N/A
Default rate	<15%	10.9	N/A	<15%	10.9%	N/A
CHILD PROTECTION						
# of children formerly associated with armed forces/groups released and provided with assistance	3,700	3,422	92.5%	3,700[12]	3,475	93.9%
# of separated and unaccompanied children identified and reunited with their families	1,000	1,248	124.8%	1,500	1,255	83.7%
# 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	136.1%

e

8 The percentage is higher than 100 per cent, but the number of cases was much higher than foreseen (more than 28,000 instead of 19,000) so the gap that is note large

9 Natural disasters are not taken into e a crisis in the d

10 WASH in nutrition interventions suffer from a lack of funding, also because this is a relatively new approach in DRC; advocacy to donors and implementing partners is ongoing.

11 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.

12 Please note that UNICEF targets and Cluster data are the same because at the moment UNICEF is the only organization in DRC who is working on children associated with armed group.

# 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	452,953[13]	62.9%	2,040,751	979,213[14]	48.0%
MULTIPURPOSE CASH BASED ASSISTANCE						
# households assisted with an unconditional cash grant or multipurpose voucher fair	21,100	33,281	157.7%	60,000	46,841	78.07%
% of household who spent part of the assistance to access health and education services	27%	83.5%	309.3%	ND	ND	ND
% Variation of the children health services access rate	30%	54.7%	182.3%	ND	ND	ND
% Variation of the children education services access rate	20%	91.6%	458.0%	ND	ND	ND

[13] NFI results for UNICEF include interventions (total of only 3,707 person) 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.

[14] These results include interventions by the International Committee of the Red Cross (ICRC) and MSF organizations who operate outside the HRP.

Rapid Response to Movements of Population

Responding to the humanitarian needs of displaced populations, returning displaced persons, and vulnerable host families in a context of recurring displacement, such as in the eastern and southern provinces of the DRC, is a major challenge for humanitarian organizations. Childrens' and families' needs may vary greatly from one area to another and from one moment to another given the dynamics and nature of displacements and returns. New displacement is primarily caused by armed conflicts--or the fear of imminent conflict--often in areas of difficult access.

Mobilization of resources requires time, often leading to delays in delivering assistance to affected populations. It is to meet this challenge that a rapid response program—RRM (Rapid Response Mechanism)--was created in 2004, managed jointly by UNICEF and OCHA, and implemented by international NGO partners. In 2010, the programme was merged with a programme targeting return areas (PEAR – Programme for Expanded Assistance to Returns), and renamed *Rapid Response to Movements of Population* (RRMP). RRMP's modus operandi is based on two main pillars that make for its uniqueness and the added value of this program: 1) Pre-positioning of evaluation and response capacities in human, material and financial resources, 2) Multi-sectoral evaluations and sector-appropriate interventions in Non-Food Items (NFI) and shelter reinforcement materials, WASH, Education and Health aimed at improving the living conditions and reducing the morbidity and mortality of children, families and communities displaced by armed conflict. Five international NGOs were involved in the implementation of field activities in 2016: AVSI and International Rescue Committee (IRC) in Haut Katanga, Lualaba, Tanganyika and South Kivu provinces; Solidarités International in Ituri, and Norwegian Refugee Council (NRC), Save the Children and Solidarités International in North Kivu.

RRMP's ability to pre-position resources and partners in different provinces of eastern and southern DRC offers flexibility to the program which can deploy multi-sectoral and integrated interventions in sectors according to the needs identified. Thanks to this pre-positioning of resources, RRMP is able to intervene quickly without having to establish new partnership agreements for each new population movement, thus offering gains in terms of speed. All RRMP interventions respect humanitarian principles, including three principles established by the 1949 Geneva Convention on International Humanitarian Law, and adopted by the entire humanitarian community (Humanity, Neutrality and Impartiality). In addition, UNICEF promotes other principles such as Do no Harm, Participation of affected populations (especially women and children), and respect for culture and customs. In addition to these principles, implementing partners also ensured compliance with the RRMP's Accountability to Affected Populations (AAP) Framework, which incorporates most of the commitments of the Core Humanitarian Standards (CHS). In addition to performance analysis in terms of timeliness, UNICEF has also introduced into the logical framework of the RRMP, the measurement of accountability indicators and has developed harmonized tools for their collection.

In terms of outputs and outcomes in 2016, RRMP has achieved the following: The RRMP programme reached a total of 1,302,629 people in 2016[15], out of which 607,461 were in WASH (46 per cent), 449,246 in NFI (35 per cent), 138,848 in Health (11 per cent) and 107,074 in Protection and Emergency Education.

During 2016, RRMP partners conducted 214 rapid assessments in six provinces (Haut Katanga, Ituri, Lualaba, North Kivu, South Kivu, and Tanganyika). Of these, 129 were comprehensive

[15] This total result is higher than the 1.2 million reported in the DRC Humanitarian Action for Children (HAC) appeal as it includes reporting during the final months of 2016 which were not yet compiled when the HAC was developed.

multisector assessments or MSA (60 per cent); 59 were sectoral assessments (53 in health, 4 WASH, 1 in education and 1 in NFI), representing 28 per cent of all evaluations; and 26 rapid humanitarian updates in areas where information from recent MSAs was available (12 percent).

Based on data obtained from ActivityInfo (UNICEF's on-line database where all information concerning RRMP evaluations and interventions is available), 53 per cent of RRMP assessments were followed by an RRMP intervention in 2016 (34 per cent in 2015). The majority other MSAs were used by other actors in order to prioritize their interventions, demonstrating the importance of the RRMP MSAs as a tool of humanitarian actors in the DRC. The MSAs are systematically shared throughout the whole humanitarian community (www.rrmp.org). In addition, in 2016, RRMP focused on improving and accelerating the process for validating decisions about deploying assessment and response teams particularly in response to large scale crises. This focus has also enabled the RRMP to improve the quality and consistency of the needs assessment reports.

Non-Food Items (NFI)

The objective of RRMP's NFI component is to improve the access of conflict-affected populations to essentials goods to help them to carry out daily activities that are essential in terms of their survival and dignity. As noted above RRMP persons reached a total of 449,246 people with access to essential household, personal, and hygiene NFI in 2016. This was 76,886 families for an average household size of 5.8 persons. Of the families assisted, 56.0 per cent per cent, returning displaced; 11.8 per cent other vulnerable families. Geographically, 42.8 per cent of families were in North Kivu; 19.4 per cent, in South Kivu; 15.3 per cent, in Ituri; 9.1 per cent, in Tanganyika; 9.1 per cent in Haut Katanga; and 4.3 per cent in Lualaba.

Women and girls in the DRC perform the majority of essential activities which require basic NFI such as preparing meals and storing food; hygiene management of the household and children; water-collection and management. As such, it is essential that women and girls are at the center of NFI assistance. To this end, the DRC NFI and Shelter Cluster promotes six core gender practices including the registration of the female adult in the household as the primary beneficiary or aid recipient. Having women represent their families at distributions and fairs helps reinforce their ownership and control of these items—and in the case of voucher fairs—selection of items of most importance to them. It also ensures that second wives, in polygamous families where additional wives essentially constitute a separate household, receive the full assistance necessary. In 2016, 87.2 per cent of RRMP NFI beneficiary families were registered with the adult female household member as the primary aid recipient.

In addition to collecting data on the number and profiles of families assisted, RRMP has been a lead in using the DRC NFI and Shelter Cluster recommendation to look at changes—hopefully improvements—in NFI vulnerabilities before and after interventions. The key results indicator for NFI is improvements in household-level NFI vulnerability scores[16]. The RRMP target is to see an

[16] The NFI Score-Card Vulnerability Assessment tool was designed by UNICEF and the NFI and Shelter Cluster in DRC in 2006. It is based on aggregation of household-level surveys looking at access to eight essential items – scored by quality and quantity. The scores are based on a range from 0 – 5 with higher scores indicating higher vulnerabilities. The DRC NFI and Shelter's HRP target is to see improvements of at least 1.0 in pre and post intervention surveys. Without a formal impact evaluation, these improvements cannot be attributed with full certainty to RRMP interventions, but in the absence of other assistance or significant changes in the beneficiary families' situations, it is highly likely that the RRMP interventions have significantly contributed to these improvements. With support from the Global Shelter Cluster, REACH conducted an external evaluation of the DRC Score-Card approach

improvement -or decrease- of a least 1.0 between the pre-intervention NFI score and the post-intervention one. This target was exceeded in 2016 with an average decrease of 1.26.

In terms of reduced vulnerability for specific items, the most significant variation concerned cooking pots with an average decrease of 1.85; followed by clothing for women and children (1.70); and bedding (1.48). It should be emphasized that these positive results in 2016 are likely due in large part to the 'family size' approach adopted by all RRMP partners in the second half of 2016 of modifying the total value of NFI vouchers based on family size. Based on pilots conducted by RRMP partner NRC in North Kivu in 2015, partners are now providing families with different total voucher amounts based on family size: an average of $55 for families of 1-3 persons; $75, for 4-6 person families; and $90-100 for families of 7 or more people. Previously it was a one-size-fits-all $75-85 per family. In line with Sphere best practices in NFI—tailoring the amount of assistance to family size—this 'family size' approach is now standard practice in RRMP for NFI voucher fairs. It is logical that this approach has resulted in better outcomes as previously larger families were limited in their abilities to meet the basic needs of all household members. In terms of cost, this approach has actually been somewhat cheaper as partners have reported average voucher amounts per family under $75.

Water, Sanitation, and Hygiene (WASH)

The WASH sector activities area also designed to improve the access of affected population to essentials WASH services with the objective of reducing morbidity and mortality, especially from water-borne illnesses. In 2016, the RRMP directly benefitted a total of 607,461 people: 218,553 in North Kivu; 109,122 in Haut Katanga and Tanganyika; and 144,437 in South Kivu with access to sanitation and water. 606.847 people were reached through WASH-related awareness raising activities.

One key indicator RRMP measures to look at how the programme contributes to improving WASH conditions for affected communities is the diarrhoea rate among children under 5. RRMP WASH partners measure diarrhoeal rates during the two weeks prior to the survey (pre and post intervention). The program targets a reduction of the rate to 20 per cent. Results shows that interventions succeeded in contributing to a drop the rates to a 21 per cent average. Other outcome indicators showed that, among beneficiary communities, 63 per cent of households have improved their access to clean drinking water.

Other measured indicators include:

- The use of soap or ash for hand washing by individuals in beneficiary communities: 80 per cent
- The use of emergency latrines by individuals in beneficiary communities: 93 per cent.
- The knowledge of individuals in beneficiary communities of three diarrhoea transmission causes: 51 per cent (compared to an average of 17 per cent prior to the intervention).

Several challenges, however, were identified in the sector, particularly in the provinces of Haut Katanga and Tanganyika where water is a scarce resource. The best technical options to address access to water in these provinces tend to be the rehabilitation of existing water distribution systems or the construction of new systems. Such solutions, however, do not align with, the programme's short-term intervention mandate. This has been partially addressed by improving

in November of 2016. Based on recommendations from this evaluation, modifications are being made to the approach in 2017.

the level of coordination with longer-term resilience-oriented programs that can offer long-term interventions for sustainable solutions.

Health

For RRMP's health component, the objective is to contribute to the reduction of mortality and morbidity of affected population by improving their access to primary health services. Monitoring results show that 138,848 people were directly assisted in 2016: 71,346 in North Kivu; 41,121 in Haut Katanga and Tanganyika, and 26,381 in South Kivu. Awareness-raising activities, focused on promoting best health and hygiene practices and on how to prevent children' malnutrition among other topics, reached 492,601 people.

One of the key strategies RRMP health partners use is to deploy mobile clinic directly managed by skilled partner staff provided in zones where existing health centers are not functional, accessible or do not exist. In other areas where a health center is functional and accessible to the affected population, but overwhelmed by the needs of the new displaced persons in the zone, RRMP partners have also supported these centers by deploying two RRMP agents, medical supplies and training of staff and "*rélais communautaires*" community outreach workers on how to deal with the new situation.

Protection and Education

RRMP's protection and education components aim to reduce the protection risks of displaced population, especially children, by facilitating their access to protected spaces like schools. The RRMP7 strategy was therefore based on community-based sensitization and awareness-raising activities with the objective of raising awareness of children's protection risks and rights, as well as on supporting schools to integrate new displaced children who have are no longer in school because of their family's displacement.

In 2016, RRMP activities in this sector directly benefited 107,074 people: 103,849 children – 47 per cent girls and 50 per cent boys -- as well as 3,225 teachers, school principals and community leaders from both displaced and host communities. Some of challenges still remaining for this programme component are related to the difficulties in targeting vulnerable children no longer in school as a result of displacement in communities with a mix of older caseload and new displaced persons, and where the school enrolment rates among host community children is already low. This has been addressed by implementing awareness-raising activities to increase the understanding of communities on targeting criteria and by working with local authorities.

Another challenge has been linked to the use of conditional cash grants to conflict-affected schools according to their improvement plans. In 2016, 21 per cent of grant funds were used to address priorities of the schools other than ones identified in the improvement plans. One of the solutions already being used to address this has been to increase the level of participation of different key stakeholders (parents, teachers, school principals, and community leaders) in the development and monitoring of the plans, as well as the involvement of local authorities.

The last challenge is related to the drop-out rate of displaced students who had been integrated into RRMP-targeted schools (about 21 per cent) for the reasons other than return to zones of origin (38 per cent), such as economic problems (15 per cent), and health issues (11 per cent). As a result, RRMP teams have continued reinforcing awareness-raising and sensitization activities on the importance of school as a basic children's right as well as a way to protect them.

Partners have also reinforced the involvement of local authorities in monitoring displaced children who have been integrated into schools. Psycho-social trainings for school principals, teachers, and community leaders were also used as a way to sensitize actors directly involved in education on special care to be given to children who have been the victims of violence.

Coordination with food security actors

During 2016, coordination with actors implementing Food Security activities has been enhanced in order to ensure a more holistic response to the needs of affected populations—specifically to ensure families access both NFI and food needs. The percentage of coordinated interventions was as follows: Ituri, 75 per cent; North Kivu, 82 per cent; South Kivu, 78 per cent; and Haut-Katanga and Tanganyika, 62 per cent. Despite these improvements in joint and coordinated programming with food security actors, some challenges remain such as the need to align targeting approaches, the different timelines of different implementing partners, and lack of joint monitoring mechanisms.

Improving Quality and Accountability

In 2016, RRMP continued pursuing its efforts to ensure accountability to affected populations (AAP) throughout all interventions—beginning with the identification of needs and targeting of most vulnerable households and communities through to post-intervention feedback. A strong feedback and complaints mechanism is put in place for each RRMP intervention and a database allows quick analysis and means to address feedback and complaints received. This is done in collaboration with community leaders to ensure impartiality.

UNICEF and partners have standardized all post-intervention monitoring tools and accountability indicators have been integrated into the logical framework and monitoring system of the program.

Multi-Purpose Cash-based Assistance

The needs of the affected populations are often very diverse and can extend beyond the basic needs assistance package provided by RRMP. For this reason, UNICEF believes that multipurpose unconditional cash assistance is an appropriate approach to meet the diverse needs of conflict-affected population.

The Alternative Responses for Communities in Crisis (ARCC) initiative is a humanitarian multipurpose cash program aimed at responding to basic needs, providing access to basic services and assisting in livelihood recovery of the targeted families. Similar to RRMP, in 206, ARCC has prepositioned partners responsible for coverage of a specific geographic area. These partners are able to deploy their teams for rapid assessments and market analysis to determine whether cash transfers are an appropriate response. Market analysis also includes assessment of the possible delivery mechanisms to get cash to beneficiary families. If a cash response is determined to be appropriate, the ARCC teams will proceed with targeting vulnerable families based on community-based approaches to determine targeting criteria, and then organize cash transfers operations. Finally, they will conduct monitoring and evaluation activities to analyze beneficiary purchasing patterns—the percentage of money spent in different expenditure categories as well as the percentage of families who spend any portion of their transfer in different categories. Monitoring activities also include measuring variation across a variety well-being indicators of beneficiary families before and after assistance.

UNICEF worked with three international NGO partners in the implementation of the ARCC programme in 2016: AVSI for South Kivu Province, CRS for the provinces of Tanganyika, Haut Katanga and Kasai Central and Mercy Corps for North Kivu.

The partners conduct feasibility studies of cash delivery mechanism in each intervention area before every multipurpose cash intervention, this consists of:

(1) Verifying market conditions in order to decide whether the cash transfer is the most appropriate method of intervention or whether voucher fairs or vouchers on open markets should be considered,
(2) Exploring the capacity of the private sector in the area to provide assistance in a timely and reliable manner (Mobile Network Operators (MNOs), banks and other financial institutions, local traders, etc.),
(3) Verifying that the transfer plan (the amount of the transfer and whether it is delivered in one single or multiple instalments) is scaled in accordance with the basic needs of the beneficiaries and to contribute to livelihood recovery.

As with RRMP, UNICEF and partners closely monitored the use and application of ARCC's guidance on accountability to affected population (AAP) during multiple field visits. This has helped to ensure that beneficiaries, members of the community, and stakeholders in general have had access to the right channels to seek clarification or to file a complaint related to program activities. This initiative has also ensured that corrective actions and improvements are made throughout the program cycle, ensuring the professionalism of the implementing partners and high standard of intervention for the beneficiaries, with particular attention to people with special needs.

In terms of humanitarian coordination, ARCC has maintained close collaboration with other humanitarian actors in order to ensure adequate coverage and responsiveness. This has included participating in meetings of the provincial RRMP Steering Committees and the Goma-based Cash Working Group of which UNICEF is one of the Co-leads.

A remarkable achievement in 2016 was the organization of the first two joint multipurpose cash intervention in DRC humanitarian history. UNICEF's ARCC team led the overall coordination of ARCC partner, Mercy Corps, WFP and their partners (Diakonie and PAP RDC) and ECHO implementing partners (NRC) to deliver a holistic responses to internally displaced households in Lubhyria (Beni Territory, July 2016) and along the Kanyabayonga-Kayna Axe (Lubero Territory). UNICEF, WFP and ECHO partners worked together to provide two cash transfers (one from WFP or ECHO food security partners and one from UNICEF/ARCC) simultaneously to the same beneficiaries through the same financial services provider. The WFP/ECHO transfer was to cover food needs and the UNICEF transfer to support non-food item needs and access to services, the arrangement reduced the time that the agencies collectively spent on registration, targeting, delivery and monitoring.

In 2016, the ARCC program reached a total of 207,719 people (33,281households), of which 27,775 (5,555 households) were in South Kivu (13.4 per cent); 34,278 (5,174 households) in Tanganyika and Haut Katanga provinces (16.5 per cent), 13,600 (2,720 households) in Kasai Central (6.5 per cent) and 132,066 (19,832 households) in North Kivu (63.6 per cent). All of these beneficiaries received unconditional multi-purpose cash assistance, the value of which was determined by a robust market analysis and/or by using the tool for calculating the minimum expenditure basket developed by the CWG and validated by the North-Kivu Intercluster. The transfer amounts per family varied based on a variety of factors including household size, purchasing power in the given area, the severity of vulnerabilities as assessed by the partners, and whether or not the transfer was part of a joint programme as in Beni and Lubero

territory. During the course of 2016, ARCC transfers ranged from $ 86 to $ 143 with an average of $ 106 per family.

The results of the post-intervention monitoring show extremely positive results—with all targets exceeded[17]:

- Out of a target of 21,100 households, the program reached 33,281 who were assisted through multipurpose cash transfer, this was possible thanks to the mobilization of different donors: UKaid, CIDA (Canadian International Development Agency), Japan, CERF (Central Emergency Response Fund), ECHO (European Civil Protection and Humanitarian Aid Operations) and UNICEF;
- 63.1 per cent of assisted households spent part of their assistance in livelihood activities (target = 20 per cent);
- 66.1 per cent of assisted households spent part of their assistance in essential goods (target = 50 per cent);
- 78.5 per cent of assisted households spent part of their assistance in accessing basic services (target = 30 per cent);
- The average NFI score in the assisted community one month after interventions decreased by 1.0 (target = 0.7);
- 93 per cent of those assisted said that they were satisfied with the assistance received (target = 70 per cent).

In 2016, the three ARCC partners registered a total of 2,100 feedback/complaints through their feedback and complaints response mechanism. All these cases were addressed by independent committees and received in turn received some kind of response. The response depended in part on the way the original complaint/feedback message was received. Those which were received at complaints desks or via local committees could be addressed immediately with direct responses, clarifications. Partners would review all complaints received, including those received via the suggestion boxes or toll free number and regroup them by category to address in public forums. The major types of issues about which ARCC partners received feedback were request for support due to the loss/ theft of the voucher used to redeem cash, request for clarification concerning reason of inclusion or exclusion from the assistance.

Nutrition

In 2016, UNICEF targeted a total of 300,000 cases of severe acute malnutrition amongst children under five in DRC for a nutrition response. The total burden for the year was estimated at 2 million children affected by severe acute malnutrition (SAM). As per the DRC Humanitarian Needs Overview (HNO) and based on the capacity and risk, the UNICEF and the nutrition cluster have targeted 15 per cent of this total number.

The targeted cases are present in all provinces of the country that have a SAM prevalence of exceeding the emergency thresholds (2 per cent SAM). A total of 358,182 cases have had access to the full treatment package according to the national protocol for the management of SAM.

[17] Extraction from the on-line monitoring and tracking tool used by ARCC - ActivityInfo - from 1 January 1 2016 to 31 December 31 2016

Treatment took place in 3,246 *Unité Nutritionnelle Thérapeutique Ambulatoire* and in 413 *Unité Nutritionnelle Thérapeutique Intégrée*.

Regarding the performance of the treatment, 86 per cent of the children fully recovered. Some constraints were identified that could help explain the number of defaulters in some areas; these include rural work or displacement of the family or the head of household. Other challenges this year were linked to shortages in Ready to Use Therapeutic Food (RUTF) and mismanagement of RUTF. In Kasai, Haut Katanga, and Maniema, measures were put in place by the population and the government in order to spotlight the issue of mismanagement of supplies and to increase control (social and legal). In order to decrease the drop-out or defauter rate, awareness-raising activities were held with community workers (Infant and Young Child Feeding (IYCF) and key family practice messages and cooking demonstrations). Also during 2016, UNICEF and partner, Save the Children completed a pilot study in Kasai Central looking at the role cash transfers might have in increasing or accelerating recovery rates or reducing relapse rates for households with SAM children. The results are yet to be published, but the preliminary findings are encouraging, particulalry with regard to reducing the number of relapses.

In 2016, the DRC nutritional surveillance, food security and early warning system was operational in 800 sentinel sites in all 516 health zones in the country. Through monthly and quarterly bulletins, a total of 64 nutrition alerts (Global Acute Malnutrition (GAM) >10 per cent and SAM >5 per cent) were made in 36 health zones (estimation of 60,000 SAM cases). Overall, 18 alert verification SMART surveys were conducted by INGOs partners and 15 confirmed the alert. Due to limited response capacity among nutrition actors, only eight of the 15 health zones received a rapid emergency nutrition response.

Health[18]

In 2016, UNICEF led and participated in timely and appropriate emergency health responses in multiple health emergencies in DRC. This work was focused on response to cholera, measles, and yellow fever epidemics as well as population affected by conflict and displacement.

With regard to epidemic outbreaks, UNICEF and its health partners contributed to controlling yellow fever outbreaks in nine provinces including Kinshasa. Similarly, cholera outbreaks in seven provinces (Maniema, Tshopo, Mongala, Equateur, Mai Ndombé, Kinshasa and Kongo Central) along the Congo River have been addressed by providing cholera kits and strengthening coordination in the affected areas. Measles outbreaks in Maniema, Tanganyika and South Kivu were controlled through immunisation reactive campaign and case management. In addition UNICEF provided medical supplies to support the response to the South Sudan refugee arrivals in the northeast of the country.

In 2016, UNICEF supported emergency health emergency responses in 260 health zones in DRC: cholera (149), measles (25), yellow fever (45), and population displacement (41). During the year 28,334 cholera cases, with 771 deaths, were reported (fatality rate: 2.7 per cent). Cholera affected 14 of the DRC's 26 provinces. This high fatality rate can be explain by the rapid spread of the cholera outbreaks in non-endemic health zones along the Congo River which are difficult to access and extremely weak structurally in terms of emergency preparedness and response; the last cholera epidemic in many of these areas dates back to 2012). In coordination with WASH

[18] Note that this section is focused on UNICEF emergency health response outside of the RRMP programme. For additional information on RRMP's health response, please see the section above on RRMP.

interventions, UNICEF provided medicines for the management of more than 45,000 cases, and mobilized resources through a joint cholera epidemic response plan, focusing on provinces along the Congo River. The additional stock of medicines was pre-positioned in order to continue the provision of treatment as the cholera outbreak is ongoing.

In 2016 more than 15,147 suspected cases of measles were reported with 212 deaths (fatality rate: 1.4 per cent). Subsequent to the declaration of measles outbreaks in 24 health zones, UNICEF supported case management by mobilizing measles kits to five provinces to cover the needs of 10,000 affected children. UNICEF supported the vaccination of 351,029 children against measles in affected health zones.

The first case of yellow fever arrived in the DRC from Angola in February 2016; the epidemic quickly spread to 45 health zones across nine provinces including Kinshasa. With support from the Global Alliance for Vaccine and Immunization (GAVI) and the World bank, UNICEF procured 5.8 million doses of yellow fever vaccines and provided technical and financial support for epidemiological surveillance, logistics and communication. 78 cases among which 13 were not linked to Angola were confirmed with 16 deaths (fatality rate: 20.5 per cent). The immunization response to the yellow fever outbreak involved 62 health zones and reached more than 14.2 million people.

At the end of 2016, other than the yellow fever epidemic which was successfully controlled, the majority of remaining health emergencies (cholera, measles and displacement by conflict) persist and are not in control: cholera is spreading and population movement as well has hit new provinces such as the Kasais. To face to these growing needs, the major challenges in the response to health emergencies remain insufficient mobilization of resources and the limited commitment and accountability of the DRC government at national, intermediate and operational levels in preparedness and management of epidemics.

In 2017, emphasis will continue to focus on resources mobilisation. Focus will also be placed on improving partners' capacity respond to emergencies through capacity building at operational level including advocacy for commitment and accountability of government counterparts. Emergency health supplies will be pre-positioned at the provincial level to rapidly respond to disease outbreaks, including cholera, measles and malaria, and to provide effective coordination of contingency stocks between provincial and national level.

Water, Sanitation and Hygiene [19]

During 2016, UNICEF assisted 1,932,114 children and their families by providing quality emergency WASH packages. This figure represents 85 per cent of the target set in UNICEF's 2016 HAC appeal. In total, WASH Cluster partners provided assistance to 3,741,282 people, which represents 54 per cent of the target set in the 2016 DRC HAP (6.9 million targeted). Through RRMP and WASH-specific emergency programs, UNICEF reached 309,000 people affected by conflict, 1,616,714 people affected by cholera epidemics, and 6,400 severely

[19] Note that this section is focused on UNICEF emergency health response outside of the RRMP programme. For additional information on RRMP's health response, please see the section above on RRMP.

malnourished children and their families (respectively 49 per cent, 100 per cent and 25 per cent of HAC targets).

To reach affected populations, UNICEF worked with a number of implementing partners including the Ministry of Health (MoH), the Ministry of Plan, through the Provincial Action Committees for WASH (CPAEHA), as well as NGOs and INGOs (i.e *Solidarités Internationale*, Adventist Development and Relief Agency (ADRA), *Vijana Ya Panda Tujengeni* (VIPATU), Eagle House Business (EHB), DRC Red Cross, Oxfam GB, P*rogramme de Promotion des Soins de Santé Primaire* (PPSSP), *Assistance aux Communautés Demunies* (ACD), Alima, *Action Contre la Faim* (ACF) and *Cooperazione Internazionale* (COOPI)).

Although prevention and preparedness activities contributed to keeping the number of cholera cases within the usual range in most of the endemic provinces, extended and heavy flooding facilitated the spread of the disease within the Congo River watershed, affecting neighboring countries. This contributed to the rise in the number of cases to 28,334 (771 deaths) by the end of December – an increase of 48 per cent compared to the same period in 2015. Cases recorded in DRC during this period constituted more than 90 per cent of cases recorded in all of West and Central Africa.

To support the government to control to the outbreak, UNICEF delivered WASH supplies to the affected provinces, coordinated the response, and advocated for and channeled funding through partnerships with the government and NGOs. Within the framework of the Multisectoral Plan for the Elimination of Cholera (PMSEC), UNICEF worked with state institutions for the implementation of Provincial Operational Plans. On February 29 and March 1, 2016, under the framework of the PMSEC, a national workshop was organized by the government in Lubumbashi to advocate for the official adoption and practical application of Provincial Action Plans through the identification of priority activities and the development of a 2016 work plan. UNICEF set up partnerships with government counterparts in seven provinces for preparedness activities in at-risk health zones and successfully advocated for the adoption of Provincial Action Plans (PAP) by authorities in 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. In collaboration with the regional WASH team (WCARO), a field trial for research aiming at detecting Vibrio cholera in water samples using a Rapid Diagnostic Test (Pasteur Institute, UNICEF Regional Office, and Kalemie Sub-Office) was successfully implemented. The investigation team was able to detect Vibrio cholera in one of the water containers at a patient's home. While the research project is still ongoing in other epidemic contexts, if successful, this technique may improve the effectiveness and rapidity of cholera detection during an outbreak, allowing for a more focused and efficient response. A study regarding household level disinfection in cholera response was also launched in late 2016.

In May 2016, a yellow fever outbreak was also reported in provinces along the border with Angola. In response to this outbreak, UNICEF contributed to the development of Information, Education and Communication (IEC) materials for vector control activities. An initial yellow fever survey on knowledge, attitudes, and practices (KAP) was carried out in each of the identified high-risk provinces (Kinshasa, Kongo Central, Kwango, Kasai, Kasai Central and Lualaba).

In collaboration with the Red Cross, awareness-raising campaigns were carried out in the six at-risk provinces, and awareness-raising initiatives continued through radios, churches, schools, community organizations, etc. Community Animation Units (CACs) were set up in 118 villages, and 60,300 leaflets, 5,000 posters, one radio spot, and radio local micro-programs in five local languages on yellow fever were produced and disseminated to respond to the humanitarian emergency and reinforce prevention in these six high-risk provinces in collaboration with the Ministry of Communication and Media. Innovative strategies were also employed to increase

knowledge and promote preventive behaviors at both the community and the household levels. Activities included the use of mobile technology to spread messaging on WASH and yellow fever through SMS and interactive voice response mechanisms, to reinforce other awareness raising activities.

In view of fostering transition from humanitarian response towards durable solutions for populations affected by emergencies, a pilot project was implemented in cholera-endemic HZ in conjunction with the Healthy Villages and Schools program. Pilot projects promoting the use of chlorine products for household water treatment also underwent evaluation, the outcome of which will confirm the potential of this approach.

Humanitarian access to affected populations was hampered in areas where needs have increased, due to the resurgence of conflicts and a declining security situation in the East and South, in addition to the resurgence of latent tensions in the West, resulting in part from socio-economic and political crises. Humanitarian needs were bigger than expected and the gap in emergency funding continued to increase during the year; funding for the WASH emergency program decreased in 2016 to approximately US$2.4 million (compared to US$4.3 million in 2015). Main contributions came from the Government of Japan, the DRC Pooled Fund and ECHO.

Child Protection

In 2016, UNICEF and its partners met targets to assist children in need, with the exception of targets to provide holistic response to sexual violence. Due to limited funds, the provision of services reached only 68.9 per cent of targeted survivors. However, UNICEF continued to deliver on its promises of the Core Commitments for Children in humanitarian action despite growing needs (for example, escalating violence in Tanganyika and the Kasaï) and declining funds.

Emergency preparedness, coordination and response remained core interventions with implementing partners providing the backbone for work in emergencies and transition for more than 98,000 children and 6,800 survivors of SGBV in 2016.

UNICEF's child protection programme maintained its focus on children affected by the conflict and in particular on long term support for the reintegration of former CAAFAG and vulnerable children, as a strategy in line with Paris Principles to reduce the unwanted motivation to join armed groups. The programme uses a gender-sensitive approach, working closely with a national men's organisation to strengthen men's and boys' understanding in order to prevent SGBV in armed conflict.

The above-mentioned results were achieved through strategic partnerships, with relevant Government Ministries (Defense, Social Affairs), MONUSCO, UN Agencies, ICRC and I/NGOs. This approach has supported the prevention of grave child rights violations in conflict through the MRM/MARA and the implementation of the 2012 Action Plan to fight child recruitment and other grave violations committed by security forces.

Working closely with the protection sector, C4D supported the production of a radio microprogram on the enrolment of minors by the Independent Electoral Commission (CENI) to support outreach and voter education. The C4D messages on child protection were shared with local populations following the flooding in Boma in Kongo Central. Furthermore, the C4D section worked with the

Joint Technical Work Group on Children and Armed Conflict to update the Communication Plan for the prevention of recruitment and use of children by armed forces and groups.

The above results were achieved despite significant funding gaps, which have limited the operational capacity of national and sub-national Child Protection Working groups (such as the delivery of capacity-building activities and the conduct of joint field assessment missions).

Education[20]

In 2016, the primary objective of UNICEF's response in emergencies in the area of education was to guarantee access to quality education for all children affected by crises. This has been done through the distribution of pedagogical and recreational material, psychosocial support, teacher training on education for peace and conflict/disaster risk reduction and protection mainstreaming, and community-based construction/rehabilitation of classrooms. In order to strengthen children's resilience, interventions have focused on: a) supporting the return to school as soon as possible, so as reduce the time children are out of school; b) providing sensitization sessions on life-skills and peace education for all children, including youth(i.e. in school, children can learn how to avoid landmines, how to protect themselves from sexual abuse, how to prevent HIV/AIDS, and how to access health care and other services); c) providing psychosocial support to build up children's resilience to cope with different sources of stress; d) strengthening children's participation in humanitarian response, through children committees that participate in the development of School Improvement Plans (SIP). Populations targeted for such assistance included children displaced by the activities of non-State armed groups in the East, as well as inter-tribal tensions between Luba and Pygmy groups in Tanganyika province. The influx of refugees from the Central African Republic, Burundi and South Sudan towards the former provinces of Equateur, South-Kivu, and Oriental Province led to further emergency education response. In addition, education interventions contributed to the fight against cholera outbreaks in Maniema, Tanganyika, Katanga, and Equateur provinces. This was achieved jointly with the Communication for Development (C4D) and WASH sections, using schools as an entry point for sharing messages that targeted families and the community as a whole.

In 2016, funding for education in emergencies increased to approximately US$ 7.1 million (up from US$4.5 million in 2015), thanks to contributions from the Central Emergency Response Fund (CERF), the DRC Pooled Fund and the Government of Japan. To reach affected populations, UNICEF worked with a number of implementing partners including the Ministry of Education, NGOs and INGOs (i.e Norwegian Refugee Council (NRC), *Associazione Volontari Servizio Internazionale* (AVSI), *Action et Intervention pour le Développement et l'Education Sociale* (AIDES), and *Collectif Alpha Ujuvi*). More children between 6 and 11 years were provided with access to school than planned (target reached 150 per cent of the target). This can be mainly attributed to the fact that the pedagogical materials (school-in-a-box) purchased through the 2015 CERF underfunded initiative, were delivered to the field in early 2016. While targets for classroom construction and rehabilitation were not met (almost 16 percent), this can be attributed to the fact that: a) not all schools were destroyed or occupied; (b) a double shift (morning and afternoon classes) were offered to guarantee access to school to more affected children; (c) access and quality indicators were merged. Therefore, the distribution of pedagogical kits was counted towards the access to school indicators; (d) the Back-to-School enrolment campaign also targeted children in humanitarian crisis-prone areas.

[20] Note that this section is focused on UNICEF emergency health response outside of the RRMP programme. For additional information on RRMP's health response, please see the section above on RRMP.

Despite the results achieved, overall funds have not been sufficient to cover the needs of all children of school age affected by the humanitarian crisis. The education of internally displaced, returnee and host community children was negatively impacted by conflicts and natural disasters. Schools were looted, destroyed, and/or occupied by armed groups. School enrolment and attendance were seriously affected, and there is a high risk for girls, who are the most exposed, to become victims of sexual and other forms of gender-based violence (i.e. marginalization from decision-making, discrimination, and exploitation) in and around schools.

Allegations about attacks on schools continue and, unless timely response is provided, the likelihood of affected children completing the school year and accessing quality education is jeopardized.
The chronic nature of the conflict, means that the education of many children has been interrupted, sometimes for more than six months. Interventions to promote education even in emergencies is essential, not only the wellbeing of individual children, but the future of an entire generation. Investing in the education that provides children with life skills and a sense of civic responsibility, will help them to rebuild their society, to overcome psychological traumas caused by conflict, and will reduce the potential for replicating the violence they have experienced.

In 2016, the education in emergency and peacebuilding components of the education programme have been pursued in an integrated manner in order to address the root causes and drivers of conflict, and to foster community resilience, in view of securing lasting peace.

CLUSTER/SECTOR LEADERSHIP

Nutrition Cluster

While the nutrition crisis in DRC is not seen as a major humanitarian crisis, there are four million people affected by acute malnutrition. UNICEF has been actively coordinating the Nutrition Cluster at national level and within three provinces, in close collaboration with NGOs and Government partners. The cluster has adapted its strategy in line with the Humanitarian Action Plan and the Monitoring and Evaluation guidelines and the communication framework were updated to integrate cross-sectoral commitments (ex. gender, WASH, food security, and advocacy). Surveillance and food security warning systems provide key information for rapid response mechanisms within the cluster. An advocacy strategy and tools are now available and, with the active involvement of provincial clusters, partners are able more quickly advocate for additional funds to ensure rapid response. Other initiatives include: database on nutrition data available on DRC's humanitarian website that is updated on a monthly basis; information exchanges and sharing of new approaches and research in nutrition; and, Cluster Coordination Performance Monitoring exercise was conducted and an action plan was elaborated to address the weakness of the national nutrition cluster.

WASH Cluster

During 2016, the WASH Cluster maintained a strategic role at the national level and an operational role at provincial levels. UNICEF, as the WASH Cluster lead agency, ensured the coordination of humanitarian activities at national and provincial levels, with the support of Caritas Germany/Caritas Congo as a national co-facilitator. Each provincial cluster also renewed their co-facilitation mandate with one or two NGOs or governmental structures. 13 national WASH Cluster meetings were held, two of them in Lubumbashi and two in Goma in order to allow main members based outside of Kinshasa to actively participate in sectoral coordination. Regular exchanges

between national and provincial clusters allowed for constant monitoring, update, and follow-up of emergency situations. The activities implemented by all WASH sector stakeholders ensured that more than 3.7 million people affected by conflicts, natural disasters, malnutrition and epidemics had access to a WASH response. This is equal to 54 per cent of HAP 2016 WASH Target, through 134 projects implemented by 47 actors, while funds covered 44 per cent of the 2016 sectorial appeal.

In addition to response programming, the WASH Cluster participated in the development of the DRC Humanitarian Needs Overview 2016 and of the multi-sectorial and multi-year DRC Humanitarian Response Plan 2017-2019 and was an active member of the National Inter-Cluster, contributing to meetings, documents, reports.

A new Strategic Advisory Group (SAG) was elected, and has held two meetings during the year and technically reviewed the project proposals submitted to Humanitarian Common Funds. The SAG also validated the main documents produced by the Cluster, including the 2016 WASH Cluster Strategy, the Cluster Guidelines Summary, and the Inter-Sectorial Strategy for Cholera Response along the Congo River. As part of the response to the cholera outbreak along the Congo River watershed, the WASH and Health Clusters prepared a joint strategy and advocacy document for use by key actors and donors to further mobilize resources for this crisis and strengthen multi-sectoral coordination. Based on the analysis of the ongoing response, the strategy included a targeted package of activities for communities living on the islands in the river and river harbour areas, and for fishermen, and a modified communication plan focused on these at-risk areas. The strategy was presented in different fora and was critical in mobilizing a further emergency allocation of US$3 million.

As a result of the five Technical Working Groups established in 2016, a draft of the Cluster Cholera Strategy was discussed during a workshop in November and a draft of a standard MoU with governmental partners produced.

Information management was a key activity for improved coordination quality, through the timely updates of response capacity maps and the 4Ws (who is doing what, where and when), updates regarding available WASH emergency stock, production of crises infographics, updates to the project database, and active participation in the inter-cluster IM working group. An SMS-based system was developed to geo-locate cholera cases, water points and Cholera Treatment Centres and Units in order to prepare maps and other tools to analyse disease transmission and guide the response. The WASH Cluster has presented this application with members of the WASH and Health Clusters.

The WASH Cluster contributed to strengthening its members' capacities through four briefing sessions organized in Lubumbashi, Kalemie, Goma and Bukavu about rapid needs assessment data collection using a smartphone application. Moreover, two free online trainings - "WASH in Emergency" and "Rapid Needs Assessment" - were launched for Cluster members with 62 people (4 women) participating, representing 38 organizations out of the 153 that comprise the Cluster. By the end of 2017, all WASH Cluster members should have completed the two online trainings to participate in Cluster activities.

The DRC WASH Cluster also participated in the Cluster Coordination Training in Geneva, sharing the experience of the emergency WASH coordination system in DRC with other WASH Cluster and Sector Cooridnation Platforms, and contributed to the new WASH Global Cluster Stetegy.

During the year, the Cluster Coordination Performance Monitoring (CCPM) process was concluded with the support of the Global Cluster in Geneva, and inputs from national and provincial clusters were used to establish a cluster improvement action plan. Results showed that, in general, cluster members were satisfied with cluster performance and only one point was

identified as needing improvement. The WASH Cluster also launched an online survey to evaluate WASH actors' familiarity with and use of the five minimum commitments for protection mainstreaming by the cluster members. Results showed that this area needs to be improved next year, especially in project implementation.

Education Cluster

A Cluster Coordination Performance Monitoring (CCPM) exercise was conducted with the support of the Global Cluster in Geneva. This exercise has shown that the members of the Education Cluster are satisfied with its performance and further involvement of local NGO participants has been requested. Such enhanced involvement of local NGO's in the cluster's operations has also been requested by the Country-Based Pooled Fund, which has provided funds to local NGOs either directly or through consortiums between local and international NGOs.

Following advocacy efforts by the Education Cluster and its partner, an important programme result was achieved in the the endorsement of the Oslo Declaration on School Safety and Protection by the Government of DR Congo (July 2016). Advocacy on the Monitoring Report Mechanism (MRM) 1612 Resolution and the need to respect the neutrality of schools preventing their occupation by armed forces has been pursued throughout the year, via the support of the Oslo's Declaration.

In line with this activity, the Education Cluster also contributed to the ratification of the Inter-Ministerial Decree setting up a National Commission on Peace Education and Education in Emergency (with the Commission being composed of two Committees and two technical teams). The cluster is an active member of the two committees and the two technical teams, and it is providing technical expertise in the development of the national strategy on peace education and education in emergency.

Finally, activities implemented by all education sector stakeholders ensured access to quality education to 153.3 per cent of HAC targeted beneficiaries.

The provision of conditional cash grants to schools in affected areas has led to the free enrolment of vulnerable, emergency-affected and out-of-school children belonging to host populations. This has been achieved through the development of School Improvement Plans, whose have proved to be a successful approach for eliminating barriers to education. In affected areas, the cash grant approach guarantees free access to quality education for affected children, mostly displaced and vulnerable children from host communities, thus allowing the provision of educational services to a wider range of children.

Non-Food Item /Shelter Cluster

The DRC is the only country in the world where, in addition to the traditional UNICEF sectors, UNICEF is also the lead of the Non-Food Item (NFI) and Shelter cluster. This is largely due to UNICEF's management of large programmes with significant activities in NFI and shelter reinforcement materials like RRMP. Since the start of the cluster approach in the DRC in 2006, UNICEF and a network of NGO co-facilitators[21] have committed to the leadership of this cluster, contributing to the recognition of the NFI/Shelter cluster as one of best functioning clusters in the DRC. In addition, the national cluster coordinator served throughout 2016 as the cluster coordinator representative on the Humanitarian Country Team. The national and provincial

[21] CRS (National); AVSI (South-Kivu) IRC (Haut Katanga, Tanganyika), Solidarités (North-Kivu, Ituri), Caritas Kindu (Maniema)

coordinators, co-facilitators and shelter focal points (under UNHCR coordination) work to fulfil all core responsibilities of cluster leads. There is a strong tradition of cluster members contributing resources and time; good examples including CRS commitment in 2016 to a staff with national-level co-facilitation responsibilities among her functions, and the active contribution of cluster members to strategic initiatives and learning events.

In 2016, a particular accent was placed on four key priority areas: (1) information management and monitoring; (2) advocacy; (3) capacity building; and (4) learning and innovation. This is in line with national and provincial action plans drawn up in the beginning of the year and monitored throughout the year.

With regard to information management, the cluster continues to use the ActivityInfo platform designed and initiated by UNICEF in DRC in 2008. The majority of actors in the NFI and shelter sectors use ActivityInfo for reporting which allows for regular updates on levels of activity compared to HRP targets. In 2016, national and nearly all provincial clusters featured analysis of results vs. HRP targets based on ActivityInfo reports as part of all cluster meetings. The disaggregation of data collection and reporting by in-kind distribution and vouchers has also been highlighted as a best practice in cluster information management allowing the NFI/Shelter Cluster to report on the volume and location of cash-based response activities.

In 2016, the Cluster was successful in advocating with the Country-Based Pooled Fund and CERF (Central Emergency Response Fund) for significant resources to the NFI and Shelter sectors both through regular and emergency allocations. In total the CBPF allocated $3,183,652 to NFI and Shelter and CERF, $4,040,374 in 2016, for a total of $7,224,026. There was also significant progress on advocacy with the Global Shelter Cluster (GSC) for more support to countries with large levels of NFI activity. The GSC held the first-ever workshop of the newly created global NFI Technical Working Group in December. The workshop featured heavily experiences from the DRC which are seen as global best practices, including the use of cash-vouchers, The NFI Score-Card, and the incorporation of NFI within flexible multi-sector assessment and response mechanisms like RRMP.

Finally, the NFI/Shelter cluster continued to promote innovation and learning in 2016 through two major initiatives. With support from the GSC, the DRC cluster and RRMP partners NRC and *Solidarités International* worked with the REACH initiative to undertake an evaluation of the current NFI vulnerability assessment methodology used by NFI actors in DRC—the NFI 'Score-Card.' The evaluation included detailed quantitative analysis of years of score-card assessment data as well as field observations of UNICEF partner teams conducting NFI vulnerability assessments. Based on recommendations from this evaluation, modifications will be made to the NFI Score-card tool and the overall NFI vulnerability assessment methodology in early 2017. The second initiative was a national workshop (also supported by the GSC) on different beneficiary targeting approaches in NFI and Shelter actors. Based on outcomes from this workshop, in early 2017 the Cluster will finalize new guidance notes on different beneficiary targeting approaches and the situations and contexts where different approaches may be the most appropriate.

Child Protection Working Group Coordination

In 2016, UNICEF, as lead of the Child Protection Working Group (CPWG), strengthened the functioning of the Group in line with the Child Protection Area of Responsibility of the Global Protection Cluster's strategic priorities, notably through: increased participation of national actors, including the Government; consolidation of its operational framework; enhanced support to the sub-national level; and greater contribution to strategic humanitarian fora and processes.

UNICEF fostered the participation of the Government in the coordination of CPiE activities by organizing meetings on government premises, co-facilitating meetings and co-representation of the CPWG in various meetings. UNICEF also supported government officials' participation in a capacity-building workshop organized by WCARO and in developing a yearly Action Plan on the Government's strengthened co-leadership of the CPWG for 2017 (Dakar Action Plan). By the end of 2016, the national CPWG started the transition towards a UNICEF-government co-leadership and, in North-Kivu, elections brought a national NGO as co-lead of the provincial CPWG alongside UNICEF and the Government, illustrating the increased involvement of national actors (out of the 18 sub-national groups, 14 national NGOs and seven governmental authorities are currently involved as CPWG co-leads).

The structure and functioning of the national CPWG has been reinforced through the consolidation of a thematic group on preparedness, which coordinated the development of a collective contingency plan for Kinshasa that was implemented during a period of electoral tensions, as well as the setting up of a new thematic group on advocacy, which has increased the CPWG's visibility. Moreover, the national IMO provided increased tailored technical support to members on data collection.

In addition, the CPWG collaborated with the Protection Cluster throughout the Humanitarian Programme Cycle (HPC) processes, notably through the regular submission of reports; contribution to protection analysis; support to multisectoral assessments; as well as joint advocacy on the centrality of (child) protection in core strategic humanitarian fora, pooled funds and other key processes. As a concrete outcome, protection was mainstreamed in all multisectoral response strategies of the Humanitarian Response Plan (HRP) for 2017-2019[22]. UNICEF also contributed to the setting-up of the GBV AoR in October 2016 and fostered its close co-operation with the CPWG, while mainstreaming CPiE into the work of other clusters such as the education cluster.

MONITORING AND EVALUATION

UNICEF DRC ensures monitoring of agreed results at appropriate frequencies for each level of result in accordance with UNICEF programme processes and procedures.

Depending on the level of results subject to monitoring, there are implementation monitoring, results monitoring, and situation monitoring. For implementation monitoring, focus of monitoring is inputs, activities and outputs. For results monitoring, focus of monitoring is outputs and outcomes. For situation monitoring, focus of monitoring is outcomes and impacts. This level of monitoring evaluates how the situation of children or the wider context changes.\

Programme visits and spot-checks are conducted based on but not limited to the HACT assurance plan that includes the names of all implementing partners (IP), risk ratings determined by results of micro-assessments, disbursed amounts of cash to the IP in the reporting year and frequency of visits.

Programme visits as well as spot-checks allow UNICEF to monitor inputs against FACE form & Itemised cost estimate (ICE) as well as supply requests. Reports on programmatic visits include

[22] HNO highlights that children represent 4.2 M out of 6.9 M people in need of urgent humanitarian assistance and 60.5 per cent of internally displaced persons. It further foresees an estimated budget of 8.9 M for CPiE and includes additional budget for children under GBV and Mine Action sub-clusters.

specific recommendations addressed to the implementing partner, which must be considered in all future partnership agreements with that partner prior to their approval.

Programmatic visits also allow UNICEF to monitor activities and outputs against work plans signed with the DRC government as well as Programme documents under the umbrella Project Cooperation Agreement (PCA). Activity and output monitoring is also conducted through meetings with key stakeholders and through the submission of progress reports (annexed to partnership programmed documents) by the implementing partner.

Output monitoring by programme component is achieved by organizing biannual programme reviews with the Government. These involve consultative exercises with each of the 12 decentralized offices plus at national level, bringing together government and CSOs. Beyond collecting data on output indicators, these reviews provide the opportunity to reflect on best practices and lessons learned from programme implementation, with a view to adjusting programming.

Outcome level results are agreed with government in the Country Programme Action Plan (CPAP)/Country Programme Document (CPD) as well as United Nations Development Assistance Framework (UNDAF) and are subject to annual monitoring where possible. In certain cases, outcome level results require household surveys such as MICS or DHS, which are only conducted every three years approximately. Given that several household surveys have been conducted in the past, it is possible to observe trends on the evolution of indicators at the outcome level, in the absence of up-to-date data on an annual basis.

In addition, DRC Office explored third party monitoring for the WASH programme in 2016. This approach allows for independent monitoring of results achieved by UNICEF and its partners.
In the case of the emergency programme, UNICEF DRC has developed a web-based partner reporting interface 'Activity Info'. This allows for implementing partners as well as other organisations active in the humanitarian clusters led by UNICEF (notably NFI/shelter, Education and WASH cluster), to report on the results of activities in a simple manner.

UNICEF Emergency section leads the innovation in DRC in terms of digital data collection systems through its two flagship humanitarian programmes ARCC and RRMP. Both programmes developed harmonised data collection tools to be used by implementing partners on the common open source platform Open Data Kit (ODK). This harmonisation in terms of tools allows partners to collect standardized data through android data collection forms using harmonised questions and data control measures. The data collected through ODK, allows for electronic informed consent diligence and they can be downloaded offline in the field in order to increase the decision making rapidity based on the evidence from the field. UNICEF emergency team keeps a constant control on data quality thanks to its monitoring staff who analyse and validate assessment, targeting and M&E data.

IV. FINANCIAL ANALYSIS

Table 1: 2016 Funding Status against the Appeal by Sector (in USD):

Appeal Sector	Requirements	Funds available*	Funding gap	
			$	%
Nutrition	42,300,000	8,461,493	33,838,507	80%
Health (beyond RRMP)	7,000,000	1,508,445	5,491,555	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	37,070,941	5,929,059	14%
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**	**62,997,960**	**67,362,040**	**52%**

* Funds available' includes funding received against current appeal as well as carry-forward from the previous year. DRC HAC appeal has a target of $130.3 million and has received a total of $62.9 million of which $48.5 million is new funding and $14.4 million is carry forward from previous year. The appeal is 48% funded.

In 2016, UNICEF DRC appealed for US$130.3 million for humanitarian response programming and coordination 2016. As of 31 December 2016, UNICEF DRC had received 48 per cent (almost US$63 million) of the US$130.3 million 2016 HAC appeal including US$14.4 million carried forward from 2015. Compare to the previous year, the overall funding of the 2016 Humanitarian Response plan was significantly lower. Despite the significant gap, UNICEF has allocated Other Regular Emergency resources to support the emergency response in 2016 with a total of US$48,510,115.75. UNICEF is still earning donors' confidence and investment through consistently high levels of funding for Rapid Response for Movements of Population (RRMP) with a total of US$37 million raised out of US$43 million requested. In addition, UNICEF has been able to raise almost US$9 million to scale up a large scale unconditional cash transfer programme.

Table 2 - Funding received and available in 2016 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Amount
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/14/9910	1,082,857
b) Non-Thematic Humanitarian Funds		
Canada	SM/16/0144	2,584,934
Japan	SM/16/0080	5,000,000
SIDA - Sweden	SM/16/0561	2,206,531
The United Kingdom	SM/14/0398	3,315,650
The United Kingdom	SM/15/0587	5,257,372
USA (USAID) OFDA	SM/16/0422	5,390,000
USAID/Food for Peace	SM/16/0463	1,593,000
European Commission / ECHO	SM/16/0222	6,200,676
Total Non-Thematic Humanitarian Funds		**31,548,163**
c) Pooled Funding **(i) CERF grants** **(ii) Other Pooled funds**		
UNOCHA	SM/16/0338	611,901
UNOCHA	SM/16/0438	796,399
UNOCHA	SM/16/0439	2,440,335
UNOCHA	SM/16/0449	1,056,917
UNDP - MDTF	SM/15/0289	2,144,927
UNDP - MDTF	SM/16/0278	755,660
UNDP - MDTF	SM/16/0305	1,806,000
UNDP - MDTF	SM/16/0306	817,000
UNDP - MDTF	SM/16/0307	516,000
UNDP - MDTF	SM/16/0308	602,000
UNDP - MDTF	SM/16/0309	559,000
d) Other types of humanitarian funds		
USAID/Food for Peace	KM/15/0014	284,658
USAID/Food for Peace	KM/16/0057	2,177,280
USAID/Food for Peace	KM/16/0058	1,251,018
Total humanitarian funds received in 2015 (a+b+c+d)		**48,450,115**
II. Carry-over of humanitarian funds available in 2015		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM/14/9910	374,858
f) Carry over of non-thematic humanitarian funds		
Belgium	SM/15/0387	174,484
European Commission/ECHO	SM/15/0173	124,278
European Commission/ECHO	SM/15/0258	2,020,896

Japan	SM/15/0067	165,788
SIDA - Sweden	SM/14/0235	21,493
SIDA - Sweden	SM/15/0201	3,840
Switzerland	SM/15/0633	658,687
The United Kingdom	SM/15/0587	2,788,934
The United Kingdom	SM/14/0398	3,588,815
The United Kingdom	SM/13/0093	14,969
UNDP - MDTF	SM/15/0289	284,984
UNOCHA	SM/15/0357	8
USA (USAID) OFDA	SM/15/0480	1,644,477
USA (USAID) OFDA	SM/15/0464	915,217
USAID/Food for Peace	KM/15/0014	921,991
USAID/Food for Peace	KM/15/0027	22,032
USAID/Food for Peace	SM/15/0330	762,093
Total carry-over non-thematic humanitarian funds		**14,112,985**
Total carry-over humanitarian funds (e + f)		**14,487,844**
III. Other sources		
Regular resources		0
Regular resources set-aside		0
Total other resources		**0**

Table 3: Thematic Humanitarian Contributions Received in 2016

Donor	Grant Number	Programmable Amount	Total Contribution Amount
		(in USD)	(in USD)
United Kingdom Committee for UNICEF	SM/14/9910/1355	142,857	150,000
Allocation from global thematic humanitarian*	SM149910	940,000	1,000,000
Total		**1,082,857**	**1,150,000**

**Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.*

United Kingdom Committee for UNICEF Contribution

The Thematic Humanitarian funds and United Kingdom Committee for UNICEF funds have been used (i) to pre-position medicines in country to respond to cholera outbreaks, and to allow the rapid start of activities in most of the affected health zones, resulting in the reduction of the high fatality rate observed at the start of the epidemic; (ii) for technical support provided by UNICEF staff and (iii) for funding of provincial and operational-level for implementation and supervision of partners to strengthen capacities and improve quality of cholera management in the affected provinces (Haut Katanga and Haut Lomami).

Thematic humanitarian funds

Thanks to Thematic Humanitarian funds, UNICEF was able to achieve the following results:

Education

- 3,320 students (including 741 girls) in Maniema benefitted from two distributions of pedagogical and recreational material;
- 80 teachers (including 18 women) have been trained on psychosocial support to children;
- 60 teachers (including 11 women) received pedagogical kits made available locally through cash transfers.

Child protection

- US$139,760.32 to the local partner ODH on Prevention of Sexual Exploitation and Abuse (PSEA) in Beni and Mavivi, North Kivu. Activities were related to raising awareness within the communities in Beni and Mavivi on PSEA. Community participation was a key component. Results include:
    - 75 community leaders (45 women and 30 men) were trained on SGBV and PSEA;
    - 8,761 people were sensitized through community activities;
    - A KAP study was realized to get a better understanding of perceptions on SGBV including SEA;
    - 26 radio sessions were organized (13 via RTM and 13 via RTGB) within the Grand Nord, reaching an estimated 388,912 people.
    - Communication tools were produced (leaflets, images, etc.)
- US$150,000 was provided to to CAJED, US$49,945 to Caritas Kasongo and US$99,995.5 to ICCN. Thematic funds contributed to DDR children activities from prevention to family reunification of children released from armed forces and armed groups in Goma and Masisi (Nord Kivu)). Results include:
    - 286 CAAFAG (11 girls and 275 boys) benefited from PSS within transit care (including old and new cases)
    - 173 children (10 girls and 163 boys) were released (new cases)
    - 274 CAAFAG (11 girls and 263 boys) were reunited with their families
    - 51 unaccompanied and separated children (23 girls and 28 boys) were documented and cared for in foster families. 44 children (18 girls and 26 boys) could be reunited.
    - 642 new-borns (202 girls and 440 boys) were registered at birth at DDR-Children verification centers.
- US$57,513 was used to support the CPWG coordination throughout DRC Eastern Zone.

WASH

A contribution of US$26,355 complimented the funds received from the DRC Humanitarian Funds for the multisectoral cholera response that has helped to control the outbreaks of cholera in the former province of Katanga. These funds helped to finance the actions implemented through the partnership with local partners in Tanganyika, Haut Lomami provinces. In addition, this funding contributed to the provision of inputs for financing the transport of emergency WASH stock to risk areas and the replacement of contingency stock used during 2016. Finally, the funds promoted cluster coordination and response by contributing to the salaries of the WASH Cluster Coordinator and WASH Cluster IM Officer.

Emergency Coordination

Finally, the thematic funds supported UNICEF emergency response capacity by funding emergency sectoral staff at national and provincial levels. UNICEF is engaged in conducting close

monitoring of humanitarian response and promoting strong accountability to affected populations. Staff deployment during and after emergencies is critical to ensuring good quality response to the most affected children. Preparedness is key in order to respond as fast as possible and remains essential to save lives.

V. FUTURE WORK PLAN

In line with the country's inter-agency 2017–2019 HRP, UNICEF is requesting US$119,125,000 to help children and families in need of humanitarian assistance in the Democratic Republic of the Congo in 2017. Without continued strong support for this protracted and often forgotten humanitarian emergency, UNICEF and partners will be unable to continue to support vulnerable populations. UNICEF will aim to adapt its strategies according to the evolving humanitarian environment in 2017.

Sector	2017 requirements (US$)
Nutrition	37,200,000[23]
Health (beyond RRMP)	5,000,000[24]
Water, sanitation and hygiene (beyond RRMP)	16,550,000
Child protection	4,375,000[25]
Education (beyond RRMP)	6,000,000
Non-food items/shelter (beyond RRMP)	500,000
Rapid Response to Population Movement (WASH, NFI/shelter, education, health)	30,000,000[26]
Multipurpose cash transfer	18,000,000[27]
Cluster/sector coordination	1,500,000
Total	**119,125,000**

[23] Although the Democratic Republic of the Congo HRP is a multi-year document, it has been established with a strategy, cluster needs assessment, targets and funding requirements for one year. This Humanitarian Action for Children appeal is accordingly aligned in duration.

[24] The requirement takes into account the costs of supplies and technical support for children affected by SAM; SAM programme management will be made by international non-governmental organizations funded directly by donors.

[25] UNICEF decided to focus its resources and capacity on key issues where UNICEF has an added value in the Democratic Republic of the Congo such as disarmament, demobilization and reintegration; children associated with armed forces and armed groups; sexual and gender-based violence and socio-economic reintegration. In addition, the caseload of unaccompanied and separated children is very low in the Democratic Republic of the Congo compared with other countries facing massive displacement.

[26] The RRMP budget was adjusted according to its latest review of sector packages.

[27] In 2016, UNICEF developed an assessment tool to determine the minimum basket expenditure for its cash intervention. In addition, UNICEF will use the RRMP mechanism to reach part of its targeted population. Going at scale has demonstrated a drastic decrease in the cost of transfer ratio

VI. EXPRESSION OF THANKS

UNICEF in the Democratic Republic of the Congo would like to thank Governments, National Committees, NGO and UN partners for their continued support, which allowed UNICEF to achieve the above-mentioned results for children and women affected by humanitarian crises in the DRC.

Abbreviations and Acronyms

BTS - Back to School
C4D - Communication for Development
CAAFAG - Children Associated with Armed Forces and Groups
CCC - Core Commitments for Children
CCL - Cold Chain Logistics
CFS - Child Friendly Spaces
CPiE - Child Protection in Emergencies
CPIMS - Child Protection Inter Agency Information System
CMAM - Community-based Management of Acute Malnutrition
CPWG - Child Protection Working Group
CRC - Convention on the Rights of the Child
CRS – Catholic Relief Services
CSO - Civil-Society organizations
CSD -
DDR - Disarmament, Demobilization and Reintegration
DFID - Department for International Development (UK)
DHS - Demographic Health Survey
DPS - Provincial Health Directorate
DRC - Democratic Republic of the Congo
EAC - Educate a Child
ECD - Early Childhood Development
EFP - Essential Family practices
EPF - Emergency Programme Fund
EPI - Expanded Programme of Immunisation
EPR - Emergency Preparedness and Response
GAP - Gender Action Plan
GAVI – Global Alliance for Vaccine and Immunization
GWC - Global WASH Cluster
HAC - Humanitarian Action for Children
HAP - Humanitarian Action Plan
HRP - Humanitarian Response Plan
HZ - Health Zone
IASC - Inter-agency Standing Committee
ICT - Information and Communications Technology
INGO - International Non-governmental Organisation
IRC - International Rescue Committee
ISSSS - International Security and Stabilization Support Strategy
IYCF - Infant and Young Child Feeding
LLIN - Long-Lasting Insecticide-Treated Net
MICS - Multiple Indicator Cluster Survey
MNCH - Reproductive, Maternal, Newborn and Child Health
MNT - Maternal and Neonatal Tetanus
MoRES - Monitoring Results for Equity System

MRM - Monitoring and Reporting Mechanism
NFI - Non-food Item
NGO - Non-governmental Organisation
NRC - Norwegian Refugee Council
OCHA - UN Office of the Coordination of Humanitarian Affairs
OOSC - Out-Of-School Children
OR - Other Resources
ORE - Other Resources - Emergency
ORR - Other Resources - Regular
PMSEC - Multi-sectoral Plan for the Elimination of Cholera
PMTCT - Prevention of Mother To Child Transmission
PRONANUT - National programme for Nutrition
PRISS - National School Infrastructure Construction and Rehabilitation Programme
PRONANUT - National Nutrition Programme
RRMP - Rapid Response to Movements of Populations
RUTF – Ready to Use Therapeutic Food
SAM - Severe Acute Malnutrition
SGBV - Sexual and Gender Based Violence
SIA - Supplementary Immunization Activities
SNIS - National Health Information System
SNSAP - National Nutrition Monitoring System and Early Warning
SUN - Scaling-Up nutrition
UN - United Nations
UNHCR - Office of the United Nations High Commissioner for Refugees
UNTA - *Unité Nutritionnelle Thérapeutique Ambulatoire* or Mobile therapeutic nutritional unit
UNTI - *Unité Nutritionnelle Thérapeutique Intégrée* or Integrated therapeutic nutritional unit
USAID - United Stated Agency for International Development
WASH - Water, Sanitation and Hygiene
WFP - World Food Programme

VII. ANNEXES TO THE CER

Two-pagers attached to the CER 2016 report:

Annexes	HAC Appeal	Grant #	Sponsor Name	Programme Name
1	HAC-14-DRC	SM140235	SIDA - Sweden	Humanitarian Appeal 2014-2016 DR Congo
2	HAC-15-DR CONGO	SM150201	SIDA - Sweden	SIDA Humanitarian Appeals during 2015
3	HAC-15-DR CONGO	SM150330	USAID/Food for Peace	Scale up of effective coverage of Severe Acute Malnutrition (SAM)
4	HAC-15-DR CONGO	SM150464	USA (USAID) OFDA	Health, WASH, Logistics
5	HAC-15-DR CONGO	SM150480	USA (USAID) OFDA	Protection measures and services available to children affected by conflict and victims of GBV in Eastern DRC
6	HAC-DRC	SM150633	Switzerland	Rapid Response to Movements of Population
7	HAC-DRC	SM160144	Canada	UNICEF Humanitarian Action for children 2016
8	HAC-DRC	SM160422	USA (USAID) OFDA	Rapid Response to Movements of Population
9	HAC-DRC	SM160463	USAID/Food for Peace	Support UNICEF's Nutrition Programme
10	HAC-DRC	SM160561	SIDA - Sweden	Rapid Response to Movements of Population

Human Interest Stories

HIS on RRMP is available at the following link:
- in French: http://ponabana.com/apres-le-deplacement-une-foire-pour-acquerir-les-articles-essentiels/
- In English: http://ponabana.com/a-trade-fair-for-the-displaced-to-buy-basic-items/?lang=en

All emergency related HIS are available at the following link:
http://ponabana.com/category/urgences

Photos/Videos

All publication on UNICEF DRC Emergency activities can be find at the following link: http://ponabana.com/category/urgences

All Videos are available at the following links:

- Un personnel de santé dévoué contre le choléra: https://www.youtube.com/watch?v=pE7ghuTzhkE
- A Pweto, les enfants retournent à l'école malgré les conflits : https://www.youtube.com/watch?v=wqlsQtq4_2A
- Les enfants n'auront plus le choléra à Lubirhya: https://www.youtube.com/watch?v=BfZNoA4bHl4
- A Beni, une foire d'articles ménagers améliore la vie des déplacés: https://www.youtube.com/watch?v=Y9Y37BCoHpQ
- L'histoire de Sarah, éducation pour la paix: https://www.youtube.com/watch?v=ToW965xGA_w
- Giving drinking water to returnees in Mwenga: https://www.youtube.com/watch?v=vePElGBSRAc

Donor Feedback Forms

In order to improve our future reporting to you we would appreciate your feedback via our donor report feedback form accessible under: English

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