

January 1-31 2014

DEMOCRATIC REPUBLIC OF THE CONGO



Water/Sanitation (p.5)

24,200

people benefitted from preventive and response packages in cholera-prone zones

Education (p.6)

68,099

school-aged children affected by conflict accessed quality education / psychosocial activities

Health (p.7)

2,018

cholera cases in the DRC

Nutrition (p.8)

45,342

Children under 5 treated for severe acute malnutrition (SAM)

Child Protection (p.9)

433

children formerly associated with armed forces/ groups released and provided with assistance

Non-Food Items (p.10)

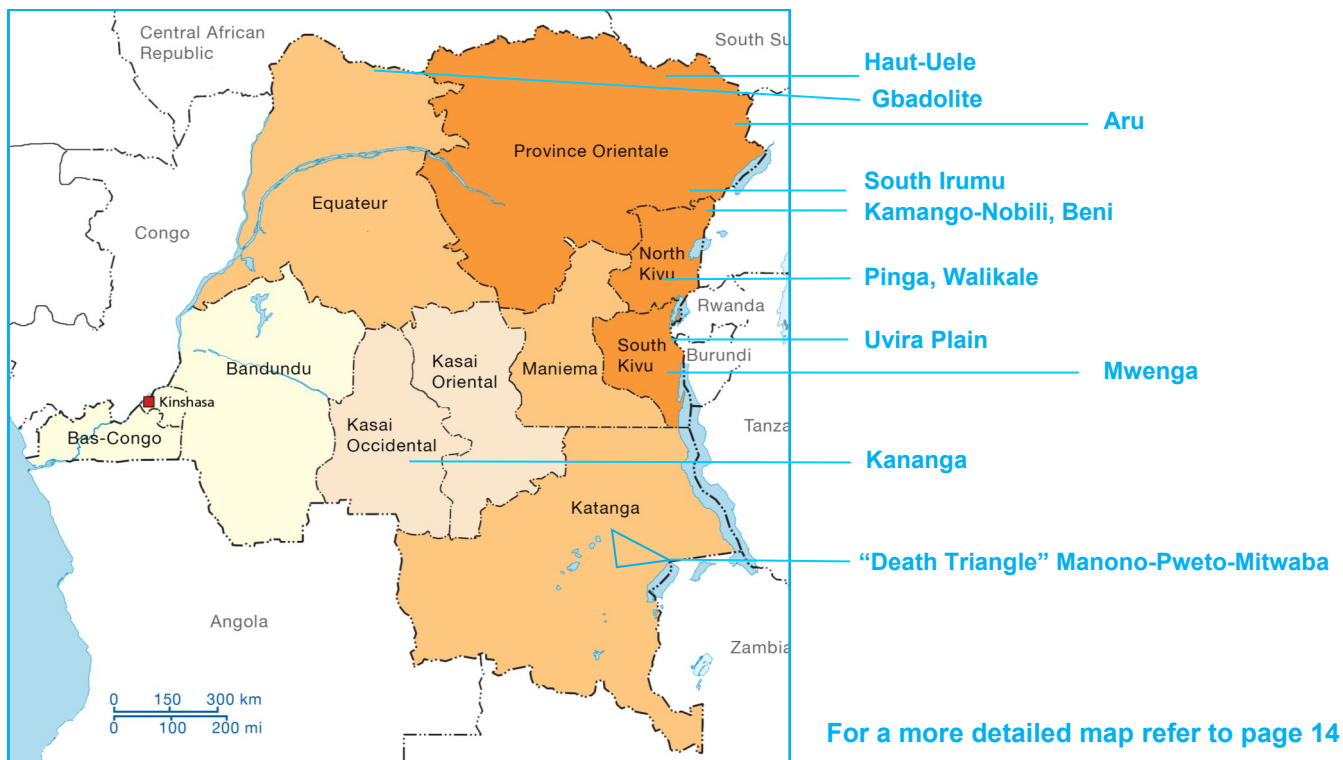
1,671

returned families reached in Aru, South-Kivu, by NFI cash voucher fairs coupled with food fairs

Highlights

- **National:** Yoka Brandt, the Deputy Executive Director of UNICEF, visited DRC from 21-25 January together with her counterparts from WFP and UNHCR. The purpose of their trip was to increase international attention to the complex crisis in DRC, better understand the implications of the MONUSCO mission reconfiguration on humanitarian operations, and strengthen collaboration between the three agencies. They met Prime Minister Mr. Matata Ponyo and the Special Representative of the Secretary General (SRSG) Mr. Kobler, and visited displaced people and host communities in South Irumu (Province Orientale), IDP sites in Goma, and the Zongo refugee camp in Equateur.
- **Equateur/CAR:** Arrivals of refugees from the Central African Republic continued in small waves of 30 to 40 people throughout the reporting period. In the first week of February the city of Gbadolite (Equateur province) registered a peak of 1,100 arrivals. This brings the total of refugees from CAR in DRC to 60,157 people (53,583 in Equateur, 6,574 in Oriental Province) with almost 54% living with host families outside of the 4 UNHCR-managed refugee camps.
- **Grand Nord/Kamango:** Military operations began against the Ugandan rebel group Allied Democratic Force (ADF-Nalu) on January 17. No major population movements have been reported, with the exception of preventive movements from Kokola towards Oicha. Humanitarian interventions continue in Nobili for more than 80,000 people, but continuing combat may limit access for humanitarian actors depending on how the situation evolves.
- **North Kivu:** 359 children formerly associated with armed forces and groups were verified and released in the province this month. This sharp increase is largely due to the 112 children (20 girls) identified via the Bweremana verification center which has been put in place by a UNICEF partner. The proportion of girls is significantly higher than in previous reporting periods due to advocacy and outreach.
- **Measles** (Equateur, Oriental Province, South and North-Kivu): The end of 2013 mass campaign targeting 11,069,187 children (6 months-10 years) has contributed to a sharp decrease in measles cases in these provinces (graphic p.7).

Focus areas



Conflict and Displacement in Katanga's "Triangle of Death"

Since the end of December 2013 Katanga province has experienced increasingly widespread insecurity, particularly in the so-called « Triangle of Death » region covering Pweto, Manono, Mitwaba territories, as well as neighboring Malemba Nkulu territory. Increasingly the Kata Katanga and other Mayi Mayi have fragmented into smaller groups, without a common leadership or agenda. This complicated situation has taken a high toll on communities, who have been victims of "punishment" raids by Mayi Mayi and are caught in fighting between FARDC and these groups. Entire villages are burnt down and schools and health centers often affected. Population movements are continuous, with OCHA currently reporting a total of over 409,000 IDPs in the province of Katanga, of which almost 70% in the "triangle of death" and Malemba Nkulu alone.

In 2013 UNICEF and its partners separated 759 children from Kata Katanga and other groups in Katanga. These significant results were possible due to increased awareness raising and community mobilization by child protection partners in the latter half of 2013, but the rate of children coming out has reduced since October 2013 due to the absence of conflict resolution and a formal demobilization process for adult combatants. UNICEF is particularly concerned about recent reports of violence and displacement in villages where children were recently reunited with their families.

Humanitarian response is challenging due to security and logistical access constraints. UNICEF and its partners are deploying RRMP teams from South Kivu to provide increased NFI response for at least 5,000 additional households, and are working to cover identified gaps in health (cholera and malaria treatment), severe acute nutrition (Manono only), WASH (Pweto and Mitwaba), and emergency education (Manono, Pweto and Mitwaba).

Political, Security & Humanitarian Situation (1/2)

North Kivu

Masisi/Walikale: During the last several months the region of Pinga has been affected by clashes between the armed groups Alliance des patriotes pour un Congo libre et souverain (APCLS), Nduma Defense of Congo (NDC) led by Cheka, and the FARDC for control of the area. These caused the displacement of thousands of people towards more secure zones in Walikale and Masisi. Despite the return of more than 15,000 inhabitants after weeks of security, the situation deteriorated mid-January, when NDC attacked FARDC's positions in Pinga. In the meantime fighting between APCLS and FARDC in the neighboring area of Kitchanga caused panic among the population.

Beni: The security situation has been deteriorating since the death of popular FARDC commander Colonel Mamadou on 02 January and the launch of military operations against the ADF-Nalu, including the killing of a MONUSCO personnel on 5 February. Humanitarian and UN agencies have reduced their movements there as a precaution.

South Kivu

Humanitarian actors have raised concerns regarding a potential security vacuum following military redeployment from South-Kivu to other provinces, which may lead to renewed activities from armed groups.

Mapimo, Shabunda: Raia Mutomboki exactions and clashes between them and FARDC forced populations from Maniema (Babira-Bakwami) to move towards Mapimo (around 872 households, from 13 February). The situation is being assessed by RRMP partner AVSI.

Luvungi, Uvira: torrential rains damaged 1,000 houses, 4 schools, leaving 500 households homeless in Luvungi and Kiliba in Ruzizi plain. UNICEF partners are conducting assessments.

Oriental Province

South Irumu: more than 2000 IDPs households fleeing FARDC operations against Ugandan rebel group ADF/NALU in neighboring Beni region (North-Kivu) are reported along Luna-Komanda axis. A team from RRMP partner Solidarites International is conducting a Multi Sector Assessment. A group of ADF/NALU fighters are said to have preventively moved from Rwenzori mountain (Beni territory) towards Boga area (South Irumu).

Population movement continues to be observed, with the number of people in some sites (ie Lagabo) increased in January while over 2,500 returnee households have been registered by local authorities in other areas (Kagaba Nombe and Kaguma). Large scale returns are still hampered by the lack of trust by the local population of FARDC soldiers deployed in some localities, as well as fear of FRPI militia who still make sporadic incursions in some villages.

Katanga

In addition to the violence due to Mayi Mayi activities (described on page 2) the province has also been affected by additional insecurity and protection abuses due to inter-communal fighting between bantus and pygmies, and FDLR threats in Northern Tanganyika. District authorities with the support of civil society have been promoting dialogue and peaceful cohabitation to reduce communal conflict in Tanganyika district, particularly between bantus and pygmies. The first result of the dialogue was the release of 7 bantu hostages being held by pygmies.

Equateur

CAR refugee response: Ongoing arrivals of refugees in small waves of 30 to 40 people, mainly in Zongo and surroundings. However, since 1 February, Gbadolite town registered 1,100 new arrivals, mainly women and chil-

Political, Security & Humanitarian Situation (2/2)

dren (HCR). They come from towns in Basse Kotto Prefecture (Mbomu, Mufunga, Yamangumbele, Ngwala, Yamaotto, Banguikete and Mobayi-Banga or surroundings, and from Gbada-Djovo, Yama II, Bandafara, Ngouala and Mofounga).

As of 06 February there are 60,157 refugees from CAR in DRC (53,583 in Equateur, 6,574 in Oriental Province). In Equateur, they are 27,448 living in camps (10,289 Inke, 8,088 Boyabu, 9,071 Mole) and 26,135 living outside camps (15,883 in Gbadolite, 2,105 in Libenge, 8,147 in Zongo). In Oriental Province, 458 refugees only live in Mboti camp (Ango territory), the others outside. In total, 27,906 refugees live in camps (46.39%) and 32,251 outside (53.61%).

UNICEF is finalizing a response plan covering its priority intervention sectors and clarifying its contributions to the interagency contingency plan, which was developed in early 2013 under UNHCR lead and was based on a likely scenario of 70,000 refugees with a worst case scenario of 150,000. Funds received from the Belgian Government (1,303,781 USD) will make it possible to continue activities started in 2013, but gaps remain following new refugee arrivals and additional resources are needed.

Kasai Occidental

Tshikapa/Kamonia: From 02 to 26 January 1,406 Congolese migrants (1,101 men, 213 women, 40 boys, 52 girls) expelled from Angola arrived in Kamonia, Kamako and Mayanda territories. 6 women and 4 girls were victims of sexual violence.

Dimbelenge/Kabeya Kamwanga: Following conflict between 2 communities from Kasai Occidental and Kasai Oriental in December, a mixed delegation from the 2 provinces carried out an evaluation in the affected area. The Governor launched road works on Kananaga—Mwenyambulu axis (Luiza territory) to improve access between Kasai Occidental and the Angolan province of Dundu.

Kasai Oriental

Mbuji Mayi: An explosion of a national army ammunition warehouse on 24 January due to a thunder storm caused 22 deaths, 56 injured, 146 houses destroyed and unexploded ammunitions scattered around town. The government supported the victims' burial and medical expenses. UNMAC and MAG carried out an evaluation of the unexploded devices. WHO, through the Ministry of Health, supplied medical supplies, and multisectorial evaluation is ongoing. The provincial government also pledged cash support for affected families.

UNICEF & Partner Response



Water, Sanitation and Hygiene (WASH)

24,200 people benefitted from preventive and response packages in cholera-prone zones

Indicator	UNICEF operational partners				Sector / Cluster		
	UNICEF Target	Results for the period	Cumulative results (#)	% Capacity Target Achieved	Cluster Target	Cumulative results (#)	% Target Achieved
# of conflict affected people access to water, hygiene and sanitation basic services	500,000	40,513	40,513	8%	2,100,000	166,678	8%
# of persons in cholera-prone zones benefitting from preventive as well as WASH cholera-response packages	1,500,000	24,200	24,200	2%	6,000,000	115,000	2%
# of people affected by natural disaster assisted with WASH package target	50,000	0	0	0%	222,500	0	0%
# of severely malnourished children and host family receiving WASH assistance from the nutrition centers, through to the household level	400,000	0	0	0%	847,946	0	0%

Analysis of results

Katanga

Over 600 cholera cases reported in January, with a decreasing trend in Tanganyika District. Pooled Fund supported the response in Moba, Pweto and Lubumbashi, UNICEF in Likasi and Fungurume, in partnership with TFM mining company. OCHA led a humanitarian situation update, sectorial response plans were done. There is a need to reinforce WASH interventions and expand WASH actors focus to include the support to IDPs and returnees.

North Kivu

Nearly 700 cholera cases in January, with an additional threats along the shores of Lake Edward. UNICEF supported the response there with Solidarités International and through WASH cluster coordination. WASH response to displaced people is currently focused on the current priorities of Pinga, Birambizo, Masisi and Nobili camps, and the north of the province.

South Kivu

1,023 cholera cases registered in January. Most affected areas are Ruzizi (321 cases), Fizi (159), Kadutu/Bukavu (118) and Uvira (123 cas). Preventive response is ongoing in these areas and the epidemic is decreasing. WASH cluster members, through ECHO and UNICEF funds, are supporting response through water treatment, hygiene promotion mass campaigns, disinfection, and emergency rehabilitation of water points. 467 family latrines were built in Shabunda (Kikamba, Idumbu and Milanga) for around 3000 returnees.

Oriental Province

The emergency WASH response currently focuses on the 80,000 IDPs in South Irumu where UNICEF is supporting partners CESVI and Solidarites.



Education

68,099 5-11 years old children affected by conflict or natural disasters were given access to quality education and psychosocial activities

Indicator	UNICEF operational partners			
	UNICEF Target	Results for the period	Cumulative results (#)	% Capacity Target Achieved
# 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	68,099	68,099	34%
# of schools and/or temporary learning spaces providing these services to emergency-affected children	1,500	28	28	1%
# of teachers trained on learner-centred methodologies, peace education, disaster risk reduction, and how to identify and refer children in need of psychosocial care and support to available protection services	3,300			

Analysis of results

Oriental Province

Aru: 15 of 35 elementary schools reported closed in Ig bokolo region since October 2013 following ALPCU rebel activity were evaluated by RRMP partner Save the children. 13 have resumed their activities in January 2014. Save the Children is deployed in the area to accompany them and bring necessary emergency assistance.

South Irumu: As school activities restart in their villages of origin, more than 1,500 children whose families are still in Lagabo and Soke sites have to walk 10 to 14 km a day to attend school in Kagaba, Nombe, Kaguma, Rudjoko and Kinywamubaya. Save the Children is deployed in the area, conducting sectorial evaluations and planning for an appropriate response.

Haut Uele: Distribution of educational material via cash transfer in Faradje I and II, Dungu and Djugu. Up to 66,279 first grade children have been reached through local partners (Caritas Bunia, AJEDEC, Les frères de l'Instruction Chretienne). During the distribution, partners also collect information on schools, and 90% of the 390 schools in the sub-division have been mapped.

South-Kivu

Kalehe: 2,632 children reached by an intervention in 23 schools along Kalonge axis (AVSI, RRMP)

Idjwi: second phase of assistance delivered to 5 schools, 28 latrine doors built in 9 targeted schools following damage caused by torrential rains on the island (AVSI, RRMP).

Maniema

Punia: through partner RHA 28 classrooms in 14 schools for 1,820 children have been completed. 39 Minister of Education staff received training on school management.

Equateur/CAR

Educational materials to cover 9,760 refugee children in camps has been given to UNHCR for distribution.



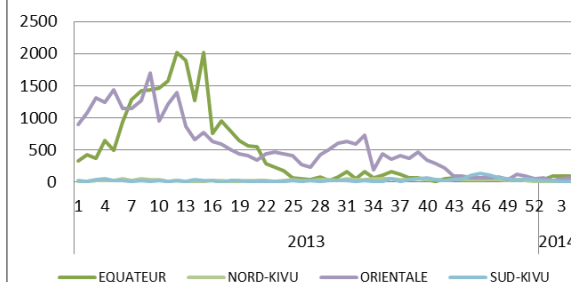
Health

2,018 cholera cases in the DRC

Cholera cases notification in DRC (2013-2014)

Provinces	Week 1-52(2013)				Week 1-4 (2014)		
	Cases	%	Death	Lethality	Cases	Death	Lethality
KATANGA	11685	53	264	2,3	552	15	3
SUD-KIVU	4747	21	18	0,4	961	2	0,2
NORD-KIVU	3736	17	24	0,6	473	11	2,3
ORIENTALE	1237	6	52	4,2	16	2	12,5
EQUATEUR	263	1	6	2,3	6	0	0,0
BANDUNDU	232	1	4	1,7	9	0	0,0
KINSHASA	215	1	13	6,0	0	0	—
BAS CONGO	19	0	1	5,3	1	0	0,0
TOTAL	22134	100	382	1,7	2018	30	1,5

Measles situation in provinces that received SIAs in 2013



Analysis of results

South-Kivu

Vaccins received for routine immunization of 0-11 months children: 60,200 BCG doses ; 216,000 OPV ; 152,820 DTC-HepBHib ; 100,035 PCV-13 ; 135,000 VAT ; 26,600 VAA ; 6,500 VAR.

Cholera: supply capacity reinforced by 3,500 L of Ringer Lactate for the next 3 months.

North-Kivu

Cholera: UNICEF has supported the Provincial Health Division in coordinating the response and reinforcing supply capacity.

Equateur

Increase of cases of malaria with severe anemia in Ikela Health Zone, mainly among children under 5. As of 6 February, 657 cases were registered (102 deaths among children under 5, 51 cases over 5). UNICEF is sending 2 malaria kits (to treat 2000 cases) and will deploy a C4D consultant to reinforce prevention messages.

Katanga

About 15 HZ are affected by cholera outbreaks. UNICEF continues to support responses, providing cholera kits and technical assistance to Minister of Health and partners, with ALIMA in Likasi, Kapolowe and Kikula. The Health Provincial Divisions in Kalemie and Lubumbashi received supplies pre-positioned for treatment of cases.

Measles: As of week 4, 885 measles cases had been notified, with 9 deaths (1%). Key action is to emphasize case management. 80 measles kits are available in Lubumbashi enable to treat 800 cases.

Bandundu

Measles: Idiofa and Sia Health Zones are the most affected. 20 measles kits prepositioned. Vaccines are available in Idiofa.

Kasai Occidental

113,895 severe malaria cases (290 deaths) have been reported, more than in the same period in 2012 and 2013. The last general distribution of MILD was in 2010. The worst affected health zones are Kamonia, Kakenge, Demba, Mutena, Mwaka, Tshikapa and Maswika. These zones are situated on the national road, where huge rehabilitation works are ongoing, with a lot of stagnant water and insalubrity surrounding houses. With AASP/SANRU/DFID support, affected health zones have benefited from subsidized health assistance for affected people, and for the sensitization of communities on hygiene and sanitation.



Nutrition

1.4 MT of therapeutic supplies pre-positioned in Kalde health zone, South-Kivu

Indicator	UNICEF operational partners				Sector / Cluster		
	UNICEF Target	Results for the period	Cumulative results (#)	% Capacity Target Achieved	Cluster Target	Cumulative results (#)	% Target Achieved
# of children under 5 treated for SAM	300,000	45,342	45,342	15%	N/A	N/A	N/A

Analysis of results

In 2013, 248,184 children aged 6-59 months were treated for severe acute malnutrition (SAM). Compared to the country needs, programme coverage remains extremely low (around 15%). Quality of care as illustrated by various performance indicators are in line with international standards. Recovery rate is as high as 83.5 %, death rate estimated at 0.9 % and defaulter rate around 10%. Significant effort is required to reduce defaulter rate.

Kasai Oriental

Effective involvement of community health workers in case findings and referral made it possible to treat increasing numbers of children aged 6 to 59 months suffering from SAM. In a nutrition emergency response started in December 2013, the number of children treated rose from 1,217 cases in the first month to 4,272 in the second month, thanks to the involvement of community health workers. This emergency response carried out in Citenge and Cilundu health zones is planned to continue until the end of March.

Equateur/CAR

UNICEF with partners UNHCR and ADES continue to provide treatment for children affected by SAM in refugee camps as well as in the host community.

Katanga

UNICEF and partners continue to implement nutrition emergency response in 8 health zones confronted with nutrition crisis. In the last quarter of 2013, more than 1,700 children with SAM were admitted for treatment. More children are expected in the program during the next months due to the outreach activities planned.

North Kivu

An increase in the number of cases of SAM among children aged 6 to 59 months has been observed in Pinga health zone, where an Inter-Agency assessment was carried out recently, followed by an active case finding and referral. Six metric tons of Ready to Use Therapeutic Food (RUTF), enough to treat approximately 420 children, and required quantities of essential medicines for systematic treatment, have been positioned in the health zone to ensure adequate response.

South Kivu

Though overall prevalence of Global Acute Malnutrition in Kalde health zone is estimated at 10.1%, the number of cases of SAM is of concern due to aggravating factors. 1.4 MT of therapeutic supplies is already pre-positioned.

Results of the nutritional survey in Kalole (GAM: 10.1%, MAM: 8.0%, SAM: 2.1%) and Kaniola (GAM: 6.2%, MAM: 4.8%, SAM: 1.4%) are available. Nutritional supplies have been given to Kaziba, Ibanda, Nyatende, Walungu and Mubumbano Health Zones to treat SAM.

Maniema

An alert has been raised for Kasongo health zone. In partnership with Action Contre la Faim (ACF), a nutrition emergency response is being carried out by the DFID funded PUNC Project.



Protection

81 newly separated children were identified and benefited from transit care and psychosocial support in foster families in Goma and Nobili-Kamango

Indicator	UNICEF operational partners			
	UNICEF Target	Results for the period	Cumulative results (#)	% Capacity Target Achieved
# of children formerly associated with armed forces/groups released and provided with assistance	3,700	433	433	11.7 %
# of separated and unaccompanied children identified and reunited with their families and followed up on	1,900	81	81	4,2 %
# of displaced and returnee children received in child-friendly protective spaces for psychosocial support, educational activities, sensitization and non-formal education activities	80,000	9,545	9,545	11.93 %
# of identified survivors of sexual violence that had access to a comprehensive response, including access to medical care, psychosocial support, reintegration assistance and referral for legal counselling and assistance	10,000	361	361	3,61%

Analysis of results

North Kivu

North Kivu has recorded 359 releases of children formerly associated with armed forces and groups (CAFAAG) due to the operationalization of Bweremana verification center by UNICEF partner CAJED, where 112 children have been verified and released. The proportion of girls is significantly higher than in previous reporting periods due to advocacy and outreach sensitization. Children leaving armed groups are expected to increase as more armed groups surrender to FARDC.

Following military operations against ADF/NALU in Beni territory, PEP Kits have been prepositioned to ensure a quick response to any forthcoming sexual violence cases.

Katanga

Family reunifications of CAAFAG continues (68% of children assisted have been reunified). UNICEF and partners are concerned about reports of a resurgence of Mai Mai attacks in some villages where children were previously reunified in Mitwaba, Manono and Malemba Nkulu territories. The situation is being monitored.

Oriental Province

18 CAAFAG (3 girls, 15 boys) from South Irumu and Mambasa were identified and referred to the foster families in Bunia.

128 children (72 girls, 56 boys) from South Irumu and Mambasa were received in transit centers and listening points in Bunia. 17 had a close counseling session and 22 had access to medical care.

79 new SGBV survivors (39 women, 40 girls) have benefited from medical and psychosocial support in Mambasa territory through a UNICEF partner. 33 cases among them (21 girls, 12 women) received medical care in less than 72 hours.

South-Kivu

To improve psychosocial assistance to SGBV survivors 30 psychosocial agents were trained on the national protocol and on tools to identify symptoms and follow up. Minova health zone in Kalehe territory reported the highest number of cases of sexual violence in 2013. 42 new cases of sexual violence (9 girls) were identified and received medical and psychosocial assistance through UNICEF's partners in Uvira and Minova territories. 25 cases received emergency medical assistance.

As spontaneous demobilization of Raia Mutomboki in Shabunda territory continued, 22 children were identified, separated from the group and reunified with their families. A mission of partners (was conducted from 23-29 January in Shabunda territory to assess and map child protection needs.



Non-Food Items (NFI) and Shelter

1,671 returned families reached in Aru, South-Kivu, through NFI cash voucher fairs, coupled with food fairs supported by partners

Indicator	UNICEF operational partners				Sector / Cluster		
	UNICEF Target	Results for the period	Cumulative results (#)	% Capacity Target Achieved	Cluster Target	Cumulative results (#)	% Target Achieved
# of people accessing essential household non-food items and shelter materials	800,000	14,835	14,835	1.9%	1,830,500	22,890	1.3%
# of people assisted through multi-sector voucher fairs and unconditional cash grants	75,000	0	0	0	N/A		

Analysis of results

In January there were two major NFI interventions for UNICEF and partners; both were part of the RRMP programme.

Province Orientale

Solidarités International organized cash voucher fairs to assist 1,350 displaced families to access essential household and personal NFI in Igbo-kolo, Aru territory. In South Kivu's Mwenga territory RRMP partner AVSI reached 1,617 returned displaced families through cash voucher fairs for NFI, combining them with food fairs supported by other partners.

North-Kivu

UNICEF and RRMP partners NRC and Solidarités have been mobilizing since the end of 2013 for large-scale distributions for the displaced populations in the Nobili area of the northern 'Grand Nord' part of the province who have fled from fighting between the ADF-NALU rebel group and DRC Armed Forces (FARDC) in Kamango since last year. UNICEF and partners have positioned family NFI relief kits for an estimated 13,000 families in the Grand Nord for distributions planned to reach all displaced (blanket coverage) in Nobili town and surrounding villages. Security conditions have not yet allowed for these distributions to take place as FARDC operations are under way against the ADF-NALU in the zone.

Resource Mobilization

In February 2014 UNICEF will launch its global Humanitarian Action for Children (HAC), which includes funding requirements for humanitarian action throughout DRC in 2014. In line with the 2014 inter-agency Strategic Response Plan, UNICEF is appealing for **US\$125,945,000** to meet the humanitarian needs of children in the Democratic Republic of the Congo in 2014.

Requirements by sector are as follows:

Appeal Sector	Requirements by Sector
Nutrition	45,000,000
Health	11,500,000
Water, sanitation and hygiene	7,445,000
Child protection (including sexual and gender-based violence and mine risk education)	12,500,000
Education	6,000,000
RRMP	39,000,000
Non-food items and cash-based response (beyond RRMP)	3,700,000
Cluster/sector coordination	800,000
Total**	125,945,000

Reference Map

