

# Democratic Republic of the Congo

## Consolidated Emergency Report 2018



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*Children play outside of a temporary school set up by UNICEF during a mid-day break, near Mbuji Mayi, Kasai region, Democratic Republic of the Congo, Saturday 27 January 2018.*

**Prepared by: UNICEF DRC**

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## ABBREVIATIONS AND ACRONYMS

AAP	Accountability to Affected Populations
ACF	Action Contre la Faim
AIDES	Actions et Interventions pour le Développement et l'Encadrement Social
AMUKA	Association Mamans Uzima Kalemie
C4D	Communication for Development
CAAFAG	Children Formerly Associated with Armed Forces/Groups
CCC	Core Commitments for Children
CEPROSSAN	Centre de Promotion de Socio-Sanitaire
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CHS	Core Humanitarian Standards
CLIO	Local Inter-Agency Committees
CPWG	Child Protection Working Group
CRIO	Regional Inter-Organizational Committee
cVDPV2	Circulating Vaccine-Derived Polio Virus
C/DRR	Conflict/Disaster Risk Reduction
DRC	Democratic Republic of the Congo
DTP3	Diphtheria, Tetanus, Whooping Cough vaccine
ECHO	European Civil Protection and Humanitarian Aid Operations
EDS	Demographic and Health Survey / <i>Enquête Démographique et de Santé</i>
EPF	Emergency Programme Fund
ERIK	Emergency Rapid Inter-cluster in the Kasais
ETC	Ebola Treatment Centre
EVD	Ebola Virus Disease
GWC	Global WASH Cluster
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
ICR	Regional Inter-Cluster
IDP	Internally Displaced Persons
INGO	International non-governmental organisation
IP	Implementing Partner
IPC	Infection prevention and control
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
KAP	Knowledge, Attitudes and Practices
LLIN	Long-Lasting Insecticide-Treated Net
L3	Level 3 Emergency Response

MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Indicator Cluster Survey
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
mOPV2	Monovalent Oral Polio Vaccine Type 2
MRA	Multisector Rapid Assessment
MRM	Monitoring and Reporting Mechanism
NCA	Norwegian Church Aid
MSF	Médecins Sans Frontières
NFI	Non-food Items
NGO	Non-Governmental Organisation
OCHA	UN Office of the Coordination of Humanitarian Affairs
OFDA	The Office of U.S. Foreign Disaster Assistance
PEAR+	Participatory Empowering Community Approaches for Resilience
PPSSP	Programme de Promotion des Soins de Santé Primaire
PMI	President's Malaria Initiative
PRONANUT	National Nutrition Program
RRMP	Rapid Response to Movements of Population
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SC	Separated Children
SNSAP	National Nutrition Monitoring and Early Warning System
SPARCC	Social Protection and Alternative Responses to Communities in Crises
TPM	Third-Party Monitoring
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WFP	World Food Programme

## EXECUTIVE SUMMARY

The humanitarian situation in the Democratic Republic of Congo (DRC) continued to deteriorate in 2018 due to the activities of armed groups, intra- and inter-ethnic/communal violent conflicts, epidemics, natural disasters, and food insecurity.

According to the updated Humanitarian Response Plan (HRP), an estimated 13.1 million people, including 7.8 million children, needed humanitarian assistance and protection in the DRC at the beginning of 2018. An estimated 4.1 million among them were Internally Displaced Persons (IDPs), the highest number of IDPs in any country in Africa. Sixty per cent of them are children.

During the course of 2018, the escalation of violence and armed conflict in the provinces of North Kivu, South Kivu and Tanganyika, and in the Kasai region forced more than 2.1 million additional people to leave their homes<sup>1</sup>. Between October and December 2018, approximately 400,000<sup>2</sup> Congolese nationals returned from Angola to the volatile Kasai region. Of this number, an estimated 30 per cent are children.

The year saw multiple health epidemics affecting the country, including cholera, measles, polio, and two Ebola outbreaks. The second Ebola outbreak, declared in August 2018, is still ongoing and has become the second largest known Ebola epidemic in history after the outbreak from 2014 to 2016 in Western Africa. By the end of 2018, 560 cases and 320 Ebola-related deaths were confirmed. A Cholera outbreak continues in the Kasai region, with a severe epidemic in the Sankuru province, along the Kasai River (Kwilu and Kasai provinces) and in the Haut-Katanga province. A total of 28,547 suspected cholera cases, with 890 deaths, were registered in 22 provinces. For polio, 22 cVDPV2 (Circulating Vaccine-Derived Polio Virus) cases<sup>3</sup> were reported in 2017, while 20 cases were reported in 2018<sup>4</sup>. Despite the implementation of immunization activities, the Polio Risk Analysis in Quarter 4 of 2018 shows 129 health zones out of 518 are considered high-risk in terms of immunity, with another 384 health zones considered medium-risk.

The humanitarian situation was further characterized by natural disasters and food insecurity. Two million children under five years old suffered from Severe Acute Malnutrition (SAM) in 2018, and an estimated 7.7 million people were affected by food insecurity.



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Dr. Elvis Badianga Kumbu examines baby Marie after his shift at the Presbyterian Hospital in Mbuji-Mayi,

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<sup>1</sup> United Nations Children's Fund, 'Democratic Republic of the Congo', *Humanitarian Action for Children 2019*, UNICEF, New York, January 2019, <[www.unicef.org/appeals/drc.html](http://www.unicef.org/appeals/drc.html)>, accessed 28 February 2019.

<sup>2</sup> OCHA estimates based on data from the Direction Générale des Migrations (DGM). It should be noted that UNICEF estimates based on data from Provincial Direction Generale des Migrations (DGM), CARITAS network, Programme National de l'Hygiène aux Frontières (PNHF), Commission Mouvement de population Kahemba, puts this number as high as 700,000.

<sup>3</sup> In 2017, two cases were reported in Maniema province, seven in Haut-Lomami province, and 13 in Tanganyika.

<sup>4</sup> In 2018, two cases were reporting in Tanganyika province, two in Haut Lomami, four in Haut Katanga, one in Ituri, and 11 in Mongala.





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Every day, children gather in a UNICEF supported recreational playground, in the Kalunga camp, next to Kalemie, the capital of Tanganyika Province. 717,000 people have fled the inter-ethnic violence that ravaged this province of eastern DRC.

Children who attend the recreation area have arrived recently and have not yet returned to school. 123 children are newly enrolled at Maendeleo Primary School in the Kolobondo neighborhood. To welcome them, UNICEF built two new classrooms and rehabilitated two more. School materials, recreational kits, and hygiene kits were also distributed to ensure student attendance and health.

In response to these multiple humanitarian crises, UNICEF, reached more than 1,389,614 vulnerable people through the Rapid Response to Movement of Population (RRMP). The RRMP also provided access to WASH, health/nutrition, and education services. With this multi-sectoral first response mechanism to displacements caused by violent conflict or natural disasters, UNICEF contributed to the saving of lives and the immediate improvement of living conditions for fifty-six per cent of all IDPs in the DRC. In eastern DRC and the Kasai region, resilience at individual and household levels was enhanced through the provision of essential household items, and shelter materials to more than 750,000 vulnerable people as well as through the transfer of multi-purpose cash grants to more than 430,000 individuals.

The rapid response was completed by sectoral actions which led to the following results: 100,000 displaced children were provided with safe access to community spaces for socialization, play, and learning, and around 330,000 boys and girls affected by conflict or natural disasters were also given access to quality education and psychosocial support. Over 240,000 children affected by SAM were treated with nutrition supplements, and more than 940,000 children were vaccinated against measles. UNICEF provided basic WASH services to more than one million people affected by natural disasters and conflicts. Almost 2.4 million people in zones at high-risk for the spread of cholera were provided with WASH services.

UNICEF, in cooperation with the World Health Organization (WHO) and other partners, supported the Government of the DRC to respond to the two epidemics of Ebola Virus Disease (EVD) in the country. The UNICEF response strategy focused on Risk Communication and Community Engagement, WASH/Infection Prevention and Control (IPC), Child Protection and Psychosocial Care, Nutrition, and a cross-cutting Education sector response. As of the end of 2018, a total of 1.3 million people in health zones affected by the second outbreak in North Kivu and Ituri provinces had access to safe drinking water, handwashing, and sanitation services. More than 850 Ebola patients received nutrition care in the Ebola Treatment Centres (ETCs), and around 200 infants, including almost 100 below six months of age, were also provided with nutrition support in the centres and in affected communities. UNICEF and its partners offered psychosocial and material support to more than 623 child orphans and 1,041 families. UNICEF reached 125,694 students with Ebola prevention information in schools, and over 700,000 flyers and posters were printed in three languages, and over 250 radio programs were recorded and broadcasted more than 45,000 times. UNICEF successfully advocated for disaggregated data for children and the inclusion of high-risk groups, in particular pregnant women, lactating mothers, and children from 0 to 12 months in the vaccination protocol.

UNICEF continued to lead the WASH, Non-Food items (NFI) and Shelter, Education, and Nutrition clusters, as well as the Child Protection Working Group (CPWG). UNICEF participated in the various coordination forums at national and sub-national level in accordance with the humanitarian coordination architecture.

In 2018, UNICEF's humanitarian response in the DRC was particularly challenged by limited funding, the inaccessibility of certain areas due to insecurity and difficult physical terrain, as well as the increase in the number and magnitude of disease outbreaks in the country.

As of 31 December 2018, UNICEF had US\$ 119 million available against the US\$ 268.1 million required by the Humanitarian Action for Children (HAC) appeal. UNICEF interventions were thus 48 per cent covered by funding in 2018. UNICEF DRC works with the valued financial support of a dedicated network of partners committed to promoting the rights and wellbeing of children, including the Governments of Belgium, Canada, Germany, Japan, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, the European Union, the European Commission, Latter-Day Saints Charities, Inc. through the United States Fund for UNICEF, the DRC Humanitarian Fund/World Bank, the UN Office for the Coordination of Humanitarian Affairs (OCHA)/Central Emergency Response Fund (CERF), and the UNICEF National Committees.

Thematic funding received from partners was crucial to UNICEF's response to the various humanitarian crises in the DRC in 2018. UNICEF is grateful for the flexibility of such funds. By allowing the organization to support strategic sectors suffering from chronic or conjectural lack of resources, UNICEF's interventions were able to meet otherwise unaddressed critical needs of crises-affected, vulnerable children. Thematic funds in 2018 were utilized to provide quality education in emergencies for crises-affected children nationwide, a comprehensive response to the emergency in the Kasai region, and a response to the two Ebola outbreaks.

In 2019, the UNICEF HAC will target a total of 6.1 million people, including 4.3 million children. In line with the joint multi-year and multi-sectoral HRP 2017-2019 for the DRC, UNICEF will promote a dynamic, flexible, multi-sectoral, and decentralized humanitarian action that addresses the vulnerabilities of children, women, and their households to the multiple emergencies in the country. To further increase effectiveness of the humanitarian response, UNICEF has embarked on developing a new Humanitarian and Resilience Strategy for 2019 which envisages a rapid multi-sectoral and decentralized response, improved coordination and cooperation among humanitarian actors, anticipation and flexibility of funding, and a strengthening of the nexus between humanitarian response and regular development programs.

## I. Humanitarian Context

The humanitarian situation in the DRC further deteriorated in 2018 due to the activities of armed groups, intra- and inter-ethnic/communal violent conflicts, epidemics, natural disasters, and food insecurity.

OCHA estimated that in 2018, 13.1 million people, including 7.8 million children, needed humanitarian assistance. An estimated 4.1 million of them were Internally Displaced Persons (IDPs), the highest number in Africa, and 60 per cent of them are children (HRP, 2018). Displaced families are extremely vulnerable to insecurity and other violent situations, as well as of the effects of malnutrition, limited access to health care, and epidemic risks resulting from their limited access to basic household and personal items for essential daily activities as well as limited access to already overstretched or inexistent public services.



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A family displaced by fighting stand outside their makeshift shelter in Benakuna village, near Mbuji Mayi, Kasai region, Democratic Republic of the Congo, Saturday 27 January 2018.

During the course of 2018, the escalation of violence and armed conflict in the provinces of North Kivu, South Kivu, and Tanganyika, and in the Kasai region forced more than 2.1 million people to leave their homes<sup>5</sup>. Main drivers for violent conflict are linked to the control of mining activities and other natural resources, in a context of inter-communal and inter-ethnic conflicts. In addition to conflict-induced displacements, 400,000<sup>6</sup> Congolese nationals returned from Angola to the Kasai region between October and December 2018. An estimated 30 per cent of this population are children. As of early 2019, Congolese nationals are still arriving from Angola.

As of 31 December 2018, the DRC hosted a total of 529,061 refugees and 5,767 asylum seekers, mainly from Rwanda, the Central African Republic, and South Sudan<sup>7</sup>. On the other hand, 814,975 Congolese are being hosted by other African countries. In 2018, a total of 159,074 Congolese fled to neighbouring countries, with a particularly significant increase in refugee flows to Uganda, Burundi, Zambia, and Kenya<sup>8</sup>.

The DRC Humanitarian Response Plan (HRP) indicated that 7.7 million people were affected by food insecurity, with two thirds of them in the Kasai region alone. Two million children under five years old suffered from Severe Acute Malnutrition (SAM) in 2018. According to data from the early warning nutritional surveillance information system, 276 nutrition alerts were declared in 122 out of the 519 health zones in 2018. This represents a 77 percent increase compared to 2017, and a 193 per cent increase compared to

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<sup>5</sup> United Nations Children's Fund, 'Democratic Republic of the Congo', *Humanitarian Action for Children 2019*, UNICEF, New York, January 2019, <[www.unicef.org/appeals/drc.html](http://www.unicef.org/appeals/drc.html)>, accessed 28 February 2019.

<sup>6</sup> OCHA estimates based on data from the Direction Générale des Migrations (DGM). It should be noted that UNICEF estimates based on data from Provincial Direction Generale des Migrations (DGM), CARITAS network, Programme National de l'Hygiène aux Frontières (PNHF), Commission Mouvement de population Kahemba, puts this number as high as 700,000.

<sup>7</sup> UNHCR (Office of the United Nations High Commissioner for Refugees) Regional Update December 2018 and UNHCR Factsheet DR Congo December 2018

<sup>8</sup> Ibid.

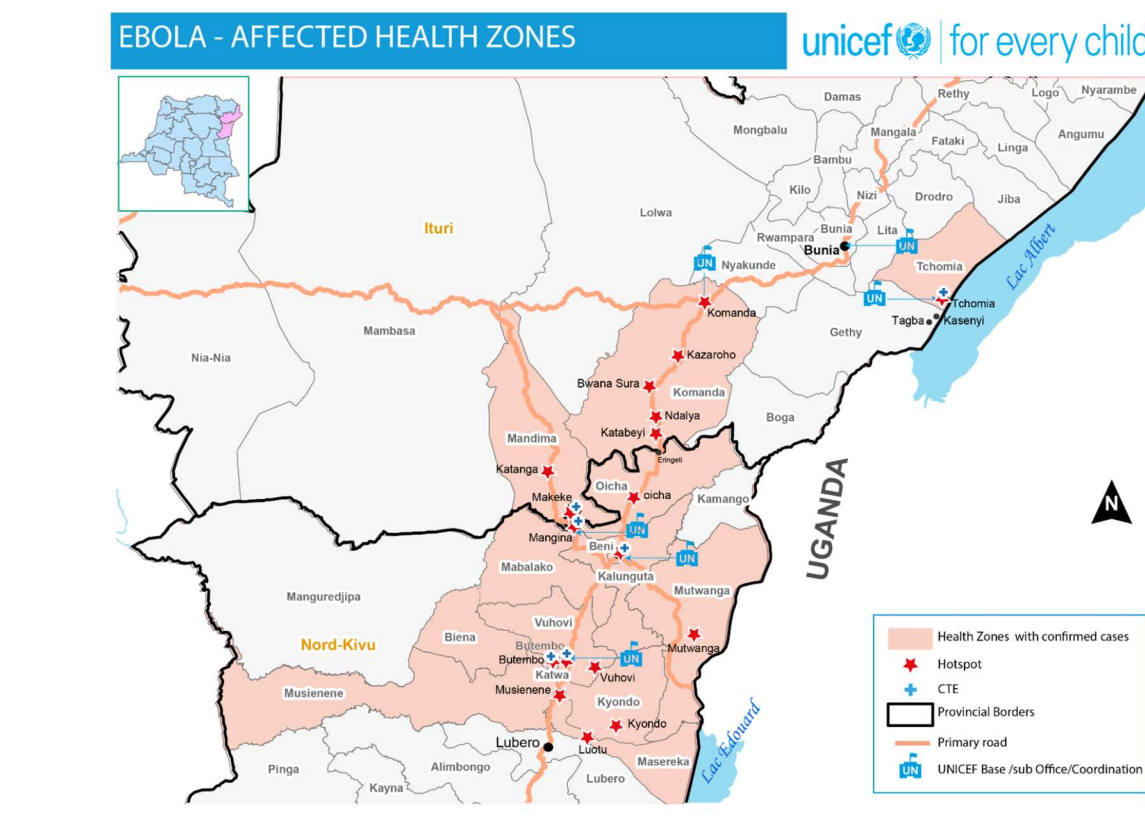


2016. According to the 16<sup>th</sup> Integrated Food Security Phase Classification (IPC) analysis, 13.1 million people in rural areas face severe or emergency levels of food and livelihood insecurity, which accounts to 23 per cent of the rural population in 101 out of 145 territories.

The DRC had an under-five mortality rate of 91.1 deaths per 1,000 live births in 2018, one of the highest in the world.<sup>9</sup> While the vaccination coverage for Diphtheria, Tetanus, and Whooping Cough vaccine (DTP3) has increased over the years to 81 per cent<sup>10</sup>, an estimated 1.8 million children still miss out on a full course of vaccines every year<sup>11</sup>. According to the Demographic and Health Survey (Enquête Démographique et de Santé - EDS) 2013-2014, 49 per cent of the population have access to an adequate water source at national level. However, this percentage drops to only 32.2 per cent in rural and peri-urban areas. Fourteen per cent of the population has access to adequate sanitation at national level, compared to only four per cent in rural et peri-urban areas.

The year 2018 was further characterized by several disease epidemics, including two Ebola outbreaks. The Ebola outbreak in Mbandaka, Equateur province lasted from 8 May to 24 July 2018, with 54 reported cases (38 confirmed) and 33 deaths. Barely a week after this outbreak was declared over, the second and still ongoing Ebola outbreak was declared in North Kivu and Ituri provinces on 01 August 2018. With 627 cases (560 confirmed) and 320 confirmed Ebola-related deaths by the end of 2018, it has become the second largest known Ebola epidemic in history after the outbreak from 2014 to 2016 in Western Africa. The Case Fatality Rate (CFR) was at 61 per cent, and 19 health zones in North Kivu and Ituri provinces have been affected. Women were disproportionately affected by the outbreak, representing 62 per cent of cases, and 30 per cent of confirmed cases were children.

**Figure 1. Ebola-affected health zones as of 25 December 2018**



<sup>9</sup> <https://data.unicef.org/country/cod/>

<sup>10</sup> WHO/UNICEF Estimates, 2017

<sup>11</sup> <https://www.gavi.org/library/news/press-releases/2018/democratic-republic-of-congo-launches-major-vaccination-drive/>

Cholera remains a major and recurrent public health concern in the DRC. Although the situation appears to be stabilizing in endemic areas, an outbreak continues to persist in the Kasai region with a severe epidemic in the Sankuru province, along the Kasai River (Kwilu and Kasai provinces) and in the Haut-Katanga province. A total of 28,547 suspected cholera cases, with 890 deaths (CFR 3.3%) were registered in 22 provinces.

Malaria, yellow fever, and measles also continue to be constant threats to children in the DRC. Just one year after the last measles follow-up campaign, the country underwent a measles outbreak in 2018, with 67,072 suspected cases and 901 deaths reported, for a fatality rate of 1.3 per cent. Nationwide measles incidence reached 46.2/1,000,000, and 100 health zones in 18 provinces reported measles outbreaks. For polio, 22 cVDPV2 (Circulating Vaccine-Derived Polio Virus) cases<sup>12</sup> were reported in 2017, while 20 cases were reported in 2018<sup>13</sup>. Despite the implementation of immunization activities, the Polio Risk Analysis in Quarter 4 of 2018 shows 129 health zones out of 518 are considered high-risk in terms of immunity, with another 384 health zones considered medium-risk.

While at least 92.7 per cent of children are enrolled in primary school<sup>14</sup>, schooling is often interrupted due to unpaid tuition, local conflict, or cultural pressures that impede further education, particularly for girls. Only 32 per cent of children of secondary school age attend secondary school or higher.<sup>15</sup> Those remaining in school receive mediocre instruction from teachers who are often unpaid, untrained, and under-resourced. Adolescents in rural and urban areas must accept these limited options, making enrolment in armed groups and criminal gangs attractive to many, particularly in the eastern part of the country.



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Albert, 16, shows injuries he sustained to his legs from gunfire, at the Centre pour Transit et Orientation (CTO), a UNICEF-sponsored reintegration centre for children associated with armed groups, in Kananga, Kasai region, DRC.

In conflict-affected areas, attacks conducted by armed groups lead to the destruction of school infrastructure and furniture, abduction of children and/or educational staff in schools. Schools are sometimes occupied and used by fighting groups (government security forces or rebels). As a consequence of destruction or looting, and displacement due to insecurity, children are denied access to schools and drop out.

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<sup>12</sup> In 2017, two cases were reported in Maniema province, seven in Haut-Lomami province, and 13 in Tanganyika.

<sup>13</sup> In 2018, two cases were reporting in Tanganyika province, two in Haut Lomami, four in Haut Katanga, one in Ituri, and 11 in Mongala.

<sup>14</sup> Source: UNICEF [www.ponabana.com](http://www.ponabana.com)

<sup>15</sup> Multiple Indicator Cluster Surveys (MICS) 2018

Although the Congolese armed forces were de-listed from recruiting and using child soldiers in 2017, there are still at least 3,240 children active in armed groups<sup>16</sup>. Cases of violence including sexual and gender-based violence (SGBV) have been reported daily. In 2018, a total of 1,703 girls and 112 boys who survived of sexual violence were identified and provided with a holistic response. Reports of human rights violations continue to be on the rise, with 11,542 documented cases of grave violations of child rights between 2014 and 2017, a 60 per cent increase compared to the period 2010 to 2013<sup>17</sup>. In 2018 alone, the Country Monitoring and Reporting Mechanism (MRM) Task-Force verified 3,171 documented cases of grave violations, notably on the recruitment and use of children, sexual violence against children, and attacks, looting, and destruction of school and hospitals.

SGBV remains prevalent, even outside of areas of acute violent conflict. It is estimated that 92 per cent of children from one to 14 years of age have experienced some form of physical violence or severe psychological aggression<sup>18</sup>. Deeper analysis reveals how gender disparities affect young girls with health, social and psychological consequences. Domestic violence, coercion in school, early marriage and early pregnancy are some examples, and include limited economic opportunities. More extreme forms of deprivation and the emergence of high-risk coping practices are the result. Young boys and men also confront a bleak economic landscape with few positive role models, even in better-educated urban settings. In rural areas, young men congregate aimlessly in villages, while women and girls work in subsistence farming. Facing limited livelihood alternatives and often having experienced conflict-related trauma, alcohol and other intoxicants are common distractions for disaffected male youth, further contributing to the cycle of violence and trauma.

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<sup>16</sup> All figures in this paragraph are from the *'Annual report from the Secretary General on children and armed conflict'*, May 2018

<sup>17</sup> Data related to protection are usually under-estimated as protection monitoring activities cover only a limited part of the country.

<sup>18</sup> MICS 2018

## II. Humanitarian Results by Sector

In line with the joint HRP 2017 – 2019 for the DRC and the Humanitarian Action for Children (HAC) Appeal 2018, UNICEF, in cooperation with the Government of the DRC and its partners, were able to provide the most vulnerable crisis-affected children and their families with timely and effective assistance, including improved and equitable access to social services and peaceful conflict mediation for those in post-crisis situations. This was achieved through the results described per sector as follows.

### A. Rapid Response to Movements of Population

	RRMP Target	Total RRMP Result
<b>NUTRITION</b>		
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	2,100	4147**
<b>HEALTH</b>		
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	10,500	4,667
# of people affected by conflict and disease outbreaks having received access to primary health care	105,000	252,595 **
<b>WATER, SANITATION &amp; HYGIENE</b>		
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services	787,500	362,161
# of persons in cholera-prone zones and other epidemic affected zones (yellow fever, FHV, etc.) benefitting from preventive as well as WASH cholera-response packages	393,750	69,913
# of severely malnourished children and host family receiving WASH assistance from the nutrition centres, through to the household level	TBD	1,166
<b>EDUCATION</b>		
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	113,750	97,928
# of school-aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	113,750	73,341
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	2,275	2,710**
<b>NFI/SHELTER (RRMP)</b>		
# of people provided with essential household items, and shelter materials	437,500	719,866**
<b>MULTI-PURPOSE CASH-BASED ASSISTANCE</b>		
# of people who received an Unconditional Cash Grant	437,500	330,472
<b>COMMUNICATION FOR DEVELOPMENT</b>		
# of people reached with key life-saving & behaviour change messages on the humanitarian services available, child rights protection and key family practices	875,000	463,370
** Target exceeded due to increased numbers of alerts and crisis in the DRC, such mass displacements and conflicts in Kasai, Ituri and Tanganyika		



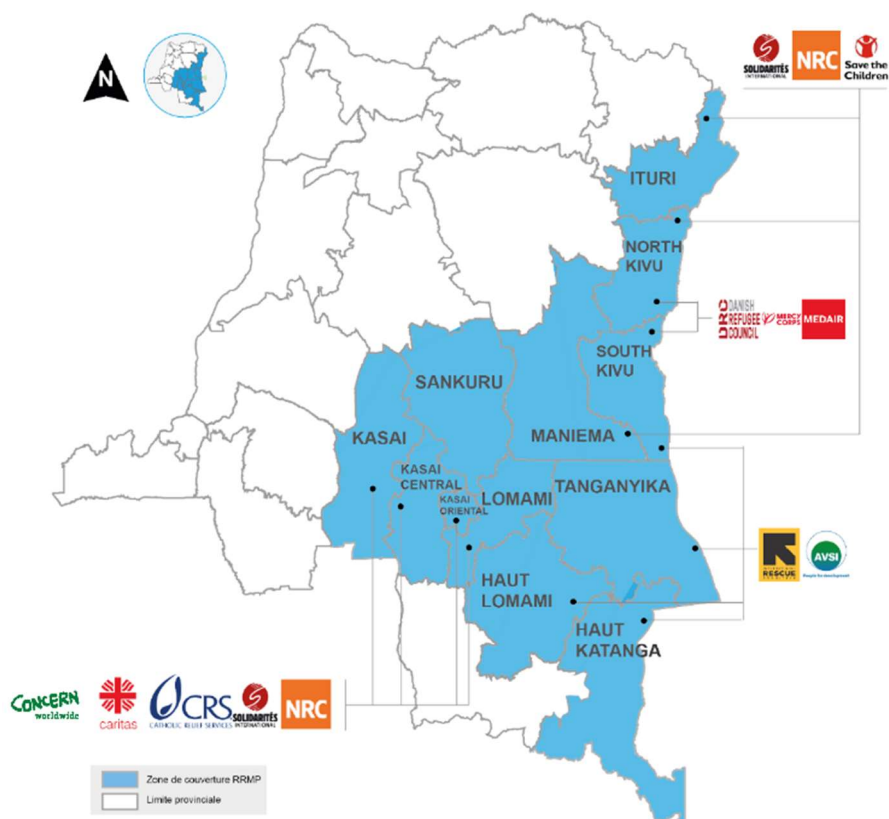
The Rapid Response to Movements of Population (RRMP) is the DRC's largest humanitarian response program. The RRMP has the mandate to rapidly intervene nationwide as a first response in zones affected by mass population movements caused by conflicts or natural disasters, targeting recently displaced persons, returnees, and those vulnerable among families in host communities. By engaging core sectors across UNICEF, for up to three months, the RRMP provides a multi-sectoral life-saving response, including Water, Sanitation and Hygiene (WASH), nutrition, health, cash for humanitarian purposes, access to key social services, child protection and psychosocial support, including family reunification.

The added value of the RRMP lies in the streamlined coordination and operational structure, which ensures rapid needs assessments and timely response to new crises of mass displacements. This includes pre-positioning of relief supplies, staff and logistics capacities as well as pre-allocation of funds to international non-governmental organization (INGO) partners. Contextual analysis, assessment of needs, prioritization of the most vulnerable people, and validation of interventions for each affected hotspot area is ensured by Provincial RRMP Steering Committees – co-chaired by UN OCHA and UNICEF. The assessment follows the reception of humanitarian alerts through the community based humanitarian alert system. With the system and mechanisms already in place, RRMP is easily able to absorb additional funds and ramp up response capacities when required.

In 2018, the RRMP completed its ninth cycle (June 2017 to May 2018) and engaged its ninth cycle (June 2018 to May 2019). Since the beginning of the ninth cycle, the RRMP was confronted with increased major population movements and/or massive, poorly-assisted return movements affecting the Eastern provinces of Tshopo, Ituri, Nord Kivu, South Kivu and Maniema and the Southern provinces of Tanganyika, Lomami and the Kasais, which resulted in 2.1 million additional IDPs in 2018.

**Rapidity of the RRMP:** In 2018, a total of 68 rapid needs assessments were conducted and followed by 72 multi-sector humanitarian interventions. Speaking for the improved effectiveness of the coordination among partners, 100 per cent of RRMP interventions targeting of IDPs living in spontaneous camps and centres started the provision of assistance within seven days after the confirmation of the alert, a significant increase in rapidity since 2017 where it took 25 days. Of the IDPs who were hosted by communities, 62 per cent received the assistance within less than 30 days after the confirmation of the humanitarian alert, compared to 45 days in 2017.

**RRMP Implementing Partners:** The map below illustrates the provinces where RRMP interventions were carried out through its Implementing Partners (IPs) during the reporting period. Partners are organized in consortia to ensure a multi-sectoral response in accordance with the RRMP mandate. In line with the established Partnership Contract Agreements all partners have the mandate and the capacity to work in other crisis-affected areas, as necessary.



**Figure 2: RRMP coverage and implementing partners (Since June 2018)**

**RRMP Results:** The RRMP's goal has been to 'immediately and rapidly improve the living conditions and decrease the mortality and morbidity of vulnerable populations affected by recent displacements, through an effective and timely assistance in accordance with their needs'. As per the HAC 2018, the RRMP aimed to assist 875,000 persons affected by population movements due to conflict and natural disasters with multi-sectoral support packages. Due to the significant increase in humanitarian crises and mass displacements in the second half of 2018, RRMP reached a total of 1,389,614 IDPs, returnees, and families in host communities by the end of the year, exceeding its 2018 target by 59 per cent and reaching 56 per cent of the IDPs in the country. The RRMP has therefore demonstrated its flexibility and ability to rapidly adapt to the changing scale, frequency and contexts of humanitarian crises in DRC.

The "improvement in living conditions" of beneficiaries is generally measured in terms of mortality and morbidity rates as well as food security/nutrition, access to school and drinking water and perceptions of the beneficiaries.<sup>19</sup> In order to promote immediate resilience at the household level, the RRMP multipurpose cash and NFIs were provided as "one-off" package covering the first month following a displacement event. A total of 719,866 IDPs (119,978 households) benefited from NFIs, exceeding the stated target of 437,500 NFI beneficiaries by 65 percent due to the increased mass displacements in Kasai, Ituri, and Tanganyika. Of these, 88 per cent were complemented by food assistance delivered by the World Food Programme (WFP) and other partners. Unconditional multipurpose cash-based assistance was also provided to 330,472 people (55,978 households), reaching 75 per cent of the targeted 437,500 individuals.

<sup>19</sup> Respective assessments are conducted at the end of each RRMP cycle.

Ensuring adherence to the principle of equitable delivery of humanitarian assistance, RRMP interventions used the household size approach to determine the assistance to be delivered to affected populations.

The other RRMP components predominantly targeted entire communities affected by mass population movements through reinforcing critical services, ranging from protection, education, WASH, health and nutrition to reduce the pressure of IDPs on public services, support the response to epidemics, or prevent epidemics in target areas. Thus, improved access to drinking water and sanitation facilities was provided to 362,616 people and complemented by hygiene promotion information. A total of 69,913 individuals in cholera-prone zones and other areas affected by epidemics benefitted from preventive and cholera-response WASH packages. Access to primary health services was facilitated for 252,595 IDPs, exceeding the target of 105,000. In support of the local health system, RRMP teams carried out 252,595 medical consultations in mobile clinics as well as in health centres. A total of 67,004 survivors of SGBV received medical care and HIV prophylaxis within 72 hours; among these were 28,292 girls, 30,955 boys, 7,384 women, and 373 men.

Quality education and psychosocial care was provided to 97,928 children (including 50,922 girls). Appropriate learning materials were provided to 73,341 school-aged boys and girls, and 74 per cent of them also received catch-up classes to facilitate their full reintegration back into school. The reintegration success rate was 100 per cent. Psychosocial support for children immediately after a humanitarian crisis is an important element of the RRMP's education component. The involvement of the communities in these processes contributes to the establishment of follow-up support structures beyond the RRMP's intervention.

A total of 4,147 boys and girls aged 6-59 months with SAM were supported through therapeutic care, exceeding the planned target of 2,100 children due to the high number of SAM-affected children among the displaced. Since a full recovery from severe malnutrition among children requires support beyond the 60-day health intervention window, the RRMP ensures that there are medical supplies available in the health sector for a given duration after the completion of the intervention.

**Gender, Persons with Disabilities and Specific Needs:** The RRMP ensures equitable and safe access to services for the most vulnerable target beneficiaries through gender- and age-disaggregated risk and vulnerability assessments. This has contributed to gender-sensitive, non-discriminatory programme implementation, and increased effectiveness of interventions, such as follows:

- In the NFI sector, programme activities are principally based on the division of responsibilities within the households. Given that women are generally the decision-makers regarding the household preferences, expenditures and their children's health/nutrition, and education, the RRMP targets women over men for receiving cash and NFI vouchers. The existence of a second wife in polygamist households, has been taken into consideration as well as boys and men living alone. Specific items were distributed to respond to particular needs such as hygiene kits for girls and women.
- In health and nutrition, the programme focused on the needs of women - especially pregnant and breast-feeding women - and children.
- The education and protection sectors targeted girls and boys in terms of their equal access to education, and specific needs for psychosocial well-being and protection. Sensitization activities were addressed to teenagers 12 to 18 years old who are very often exposed to protection risks.
- WASH teams ensured that public and institutional latrines were built/rehabilitated in line with gender separation standards. Beneficiaries, especially persons with disabilities, were consulted to identify appropriate locations for the installation of new facilities and infrastructures.

As a short-term emergency programme, the RRMP has focused on gender sensitivity and equity by providing the same opportunities for women as for men to learn, participate, and take leadership roles in various community committees.

**Community Engagement and Accountability to Affected Populations (AAP):** In line with Core Humanitarian Standards (CHS), there is a strong emphasis on AAP in the RRMPs humanitarian activities.

The RRMP accountability framework ensures the systematic participation of beneficiaries in the identification of their needs and solutions along all phases of the programme cycle. Two-way communication with beneficiaries and the wider communities has been ensured through a feedback/complaint mechanism, encouraging community members to raise their concerns and questions through various channels such as suggestion boxes, free telephone calls, and dedicated desk set up at the intervention site. Eighty-nine per cent of complainants expressed that they were satisfied with the way complaints were handled.

The feedback received is handled by a separate team, who is not involved in the service delivery. This increases transparency and contributes to the prevention and timely recognition of fraud cases and the violation of code of conduct by aid workers. In 2018, the RRMP's accountability framework has allowed one partner to identify risks of fraud in the provision of individual assistance. A thorough investigation started at the end of the year and results will be published in 2019.

**Cluster-lead and Coordination:** All respective Cluster leads participate in the RRMP Provincial Steering Committees. While UNICEF has the cluster lead of the represented education, nutrition, and WASH sectors, as well as of the Child Protection Working Group (CPWG), UNICEF also has the lead for the NFI/Shelter Cluster at a national and provincial level, which only operates in the framework of the RRMP. The NFI/Shelter Cluster contributed to inter-agency assessment efforts such as the Emergency Rapid Inter-cluster in the Kasais (ERIK) and other similar exercises. It also contributed additional shelter questions (NFIs were already included) to the Multisector Rapid Assessment (MRA) of the Inter-Cluster and Area Based Protection Monitoring. The gaps in NFI and Shelter assistance are significantly high and the sector is among the most underfunded clusters. Based on the 2018 HRP targets, gaps for NFI remained at 50 per cent, and emergency and transitional shelter gaps were at 89 per cent by the end of the year. All provinces are affected as only few actors and donors are engaged in this critical sector.

**Efficiency:** The initially available RRMP funds for its ninth cycle (estimated US\$ 30M) were allocated to cover the humanitarian needs of an estimated 1,392,000 people<sup>20</sup> over a period of 12 months from June 2018 to May 2019. Despite the significant reduction of UNICEF and IP staff in 2017 and due to the increased cost-efficiency of the recently established consortium partnership model, the RRMP was able to exceed its stated target of reaching 875,000 beneficiaries in 2018 by 59 per cent.

While the number of beneficiaries in need of assistance has been growing and the number of staff and funds have decreased, the RRMP risks not having the means and capacities to effectively respond to all major crises. The effectiveness and efficiency of the RRMP relies on the availability and flexible implementation of funds, allowing UNICEF and its partners to rapidly address the immediate needs of most vulnerable women, men, girls and boys as a first response to displacement situations caused by conflict and natural disasters in the DRC.

Coordinated by [UNICEF](#) in cooperation with [UN OCHA](#), in 2018 the RRMP was able to effectively operate thanks to the generous funding by the Governments of [Belgium](#), [Canada](#), [Japan](#), [Sweden](#), [Switzerland](#) the [United Kingdom](#), the [United States of America](#), and through [CERF](#).

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<sup>20</sup> In accordance with the HAC Appeal 2018, for the year 2018, the total number of beneficiaries targeted was 875,000 persons affected by population movements for the period 01 January to 31 December 2018.

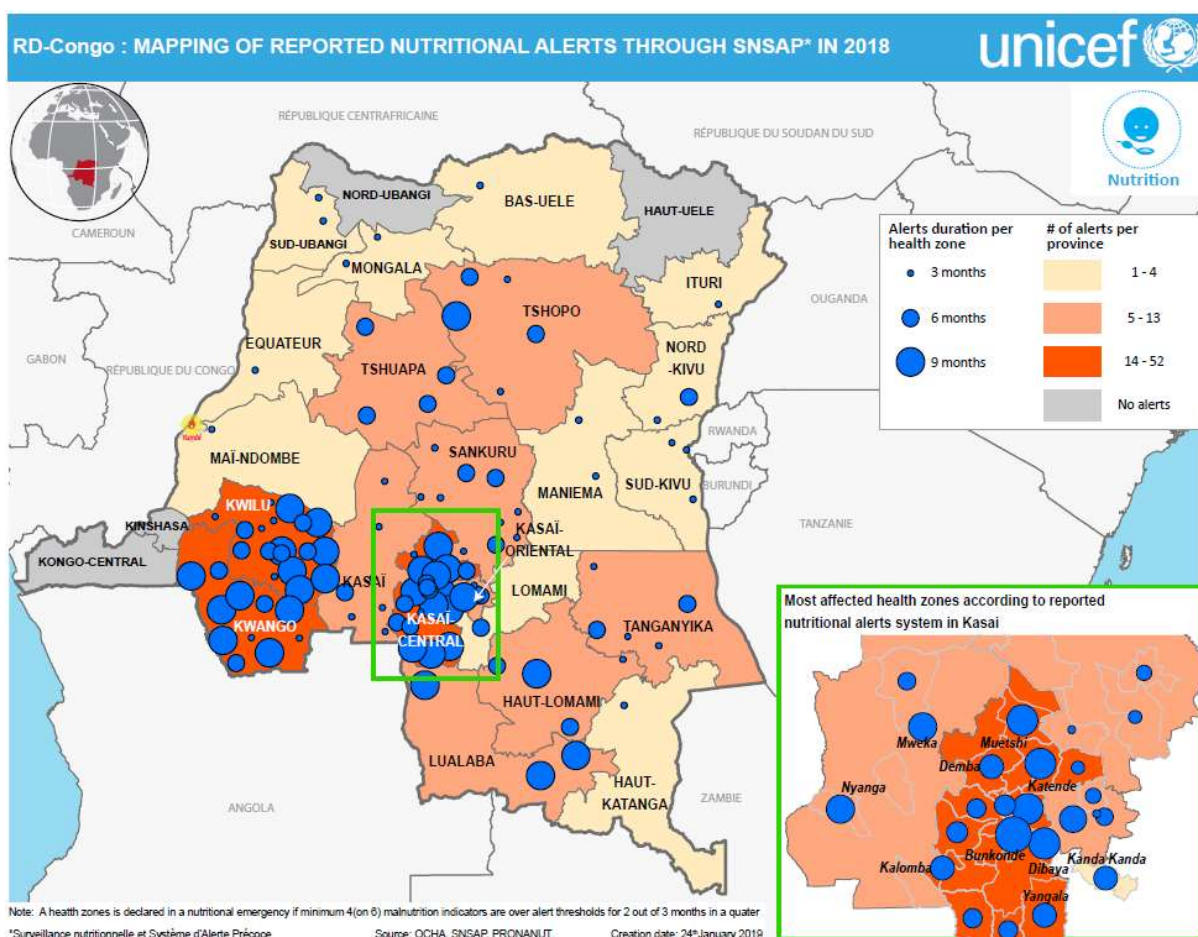


## B. Nutrition

NUTRITION	UNICEF and IPs		Cluster Response	
	2018 Target	Total Results*	2018 Target	Total Results*
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	1,100,000	328,112	1,306,000	364,570

In 2018, UNICEF targeted 1,100,000 cases of SAM amongst children under five in the DRC for a nutrition response. The total number of SAM-affected children was estimated at 2 million. The 2018 targets of UNICEF and the nutrition cluster were focused on all provinces of the country that have a SAM prevalence exceeding the emergency thresholds (two per cent SAM) and focused on provinces where the Level 3 (L3) of response was declared by UN agencies and UNICEF, specifically the Kasai region, South Kivu, and Tanganyika provinces. During 2018, the nutrition situation of children continued to deteriorate due to conflicts and food insecurity. According to data from the early warning nutritional surveillance information system, 276 nutrition alerts were declared in 122 out of the 519 health zones in DRC., representing a 193 per cent increase over alerts in 2016 and a 77% increase compared to 2017.

**Figure 3: Reported nutritional alerts through SNSAP (National Nutrition Monitoring and Early Warning National Nutrition Monitoring System and Early Warning) in 2018**



Over 328,112 SAM-affected children were admitted and treated, with support from UNICEF and its partners. This represents 30 percent of UNICEF targets and 90 percent of the sector's overall results. This included 201,528 SAM cases of children under age five (representing 63 per cent) in health zones in the Kasai region, Tanganyika, and South Kivu. The quality of SAM treatment was aligned with international standards, with a cure rate estimated at 82.5 per cent, a death rate of 3.9 per cent, a default rate of 8 per cent, and a non-response rate of 5.2 per cent<sup>21</sup>.

The 2018 efforts from UNICEF and partners, including donors, resulted in a 56 per cent increase in SAM cases treated with UNICEF support compared to 2017. The “*Child Alert in Kasai*” appeal advocated efficiently to increase funding for the Kasai response and mobilized additional capacity.

UNICEF and its partners, supported the provision of Ready-to-Use Therapeutic Food (RUTF), systematic treatment drugs, supply of anthropometric material, training of health workers, and monitoring. The interventions included infant and young child feeding in emergencies (IYCF-E) in health facilities and in the communities.



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(Right) Dr. Elvis Badianga Kumbu holds a young girl in his arms after she underwent treatment at the Presbyterian Hospital in Mbuji-Mayi, Kasai region, DRC.

Overall, 1,107,213 mothers and caregivers received counselling on IYCF practices through pre-school consultations, services for managing SAM affected children at health facilities, as well as through community health workers in villages across the country. In addition, above 13,8 million children aged six to 59 months received vitamin A supplements through campaigns and routine check-ups.

To respond to the two Ebola Virus Disease (EVD) outbreaks, UNICEF and partners, under the leadership of the Ministry of Health, have supported the implementation of the National Joint Strategic Response Plan. As part of the response, a Joint Nutrition and Food Assistance Strategy was developed by the government and UN agencies (World Health Organization - WHO, UNICEF, WFP). UNICEF support and technical assistance has been crucial in developing the strategy. The strategy is accompanied by three guidelines:

1. National Nutritional and Food Strategy Guidelines for the EVD Response
2. Nutritional Care Protocol for Ebola Treatment Centres (ETCs), with the simplified algorithm for nutritional care for Ebola-affected population
3. Infant and Young Child Feeding (IYCF) in Community guidelines developed in partnership with other partners including WFP, WHO, Médecins Sans Frontières (MSF), ALIMA, and the National Nutrition Program (PRONANUT).

Since the beginning of the second EVD outbreak, UNICEF, in collaboration with the government and other agencies has supported:

- 4,786 pregnant and lactating women that were sensitized on the infant and young children feeding practices by trained nutritionists in three Ebola Treatment Centres (Mangina, Beni, and Butembo).
- Around 200 infants, including almost 100 below six months of age, were also provided with nutrition support in the ETCs and in affected communities. Infants older than six months are monitored in the

<sup>21</sup> Recommended standard thresholds & targets: Recovery >75%; death rate <5%; and default rate <15%

community by partners in charge of psychosocial support through 66 psychosocial community workers who are trained on nutrition care for orphan/separated children

- 857 EVD patients received nutrition care in the ETCs.

**Nutrition Cluster:** As the lead of the nutrition cluster, UNICEF facilitated monthly meetings with the regular presence of 24 nutrition partners, including INGOs, local NGOs, UN agencies, Ministry of Health representatives, donors, etc. The nutrition cluster supported PRONANUT to elaborate and monitor the implementation of the national guidelines related to the nutrition response in the context of the EVD epidemic.

UNICEF, through the cluster, also supported PRONANUT in training 33 people from NGOs and government institutions on the IYCF-E approach in Goma to strengthen the capacity of Implementing partners to design, implement, and monitor IYCF-E activities in different nutrition crises.

The nutrition cluster, in collaboration with PRONANUT, finalized the prioritization of health zones for 2019. A total of 76 health zones were identified with high priority and 211 health zones with medium priority for the provision of minimum packages of intervention.

### C. Health

HEALTH	UNICEF and IPs	
	2018 Target	Total Results*
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	979,784	608,831
# of people affected by conflict and disease outbreaks having received access to primary health care	624,165	286,106



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On 10 August 2018, an Ebola vaccination team member (left) prepares to administer the Ebola vaccine in Beni, North Kivu, DRC.

In cooperation with the Ministry of Health, in 2018, UNICEF responded to several public health emergencies in the DRC. Partly in the context of a volatile security situation and massive population displacements, UNICEF and its partners addressed Ebola, Cholera, and Measles epidemics, as well as Polio, providing lifesaving assistance to affected communities.

UNICEF's health sector made significant contributions to the Ebola emergency response during the two outbreaks and participated actively at national, provincial, and community levels. UNICEF advocated for disaggregated data for children and the inclusion of high-risk groups, in particular pregnant women, lactating mothers, and children from 0 to 12

months in the vaccination protocol. UNICEF's main support included the provision of WASH kits for free healthcare, the capacity building of local health care teams to address the outbreak, logistic and technical coordination support, technical support to community surveillance and active identification of cases, as well as formative research at community and health facility level for advocacy and response adaptation. Through advocacy by UNICEF, in cooperation with the National Institute of Biomedical Research (Institut National de Recherche Biomedical), the inclusion of high-risk groups (pregnant women, lactating mothers, and children under one year in the vaccination protocol was approved by the Ethical Committee of the School of Public of the University of Kinshasa.

Regarding the cholera situation, the most affected provinces in 2018 were Haut Katanga and Haut Lomami. UNICEF offered technical assistance across the sector's programs.

Despite the vaccination against measles during routine immunization of a total of 2,470,873 infants (91 per cent of the target), a total of 67,072 cases of measles in 100 affected health zones were reported in 2018. This resulted in 901 deaths, constituting a fatality rate of 1.3 per cent, exceeding the standard rate of one per cent. Through the provision of vaccines and financial support, UNICEF ensured the measles vaccination of an additional 608,831 children, aged six months to 14 years in the affected health zones, reaching 78 per cent of its target of 979,784 children to be vaccinated. Among those were 20,749 children six months to five years of age who were vaccinated against measles in cooperation with MSF in response to the humanitarian crisis in Kamako, Kasai province. UNICEF provided the vaccines.

In 2018, 20 cases of circulating vaccine-derived poliovirus (cVDPV2) were reported in five provinces in 2018, compared to 10 cases in three provinces in 2017. In cooperation with the Minister of Health, WHO, and other partners, 16 monovalent oral polio vaccines type 2 (mOPV2) campaigns targeting 15 million children under the age of five years in 16 provinces were implemented. UNICEF's social mobilization efforts resulted in a decline in non-vaccinated infants due to refusal from 0.90 per cent (2017) to 0.77 per cent (2018). This effort, together with technical assistance in vaccine management, resulted in the vaccination of more than 17,677,201 children under-five (95 per cent of target).

Following the armed conflict-related crisis in the Kasai region, the UNICEF health section piloted a risk informed programming approach to shift some annual response plan activities and resources to implement key Core Commitments for Children (CCC) interventions such as measles immunization campaigns combined with deworming activities and the provision of vitamin A. In accordance with the LLIN (Long-Lasting Insecticide-Treated Net) strategy, 2,650,000 mosquito nets were distributed in Kasai Central, 750,000 were distributed in Bas Uele and 2,750,000 in Kasai province.

With the technical and financial support of WHO, UNICEF, Global Fund, and the United States Agency for International Development (USAID)/President's Malaria Initiative (PMI), the National Malaria Control Program of the Ministry of Health organized in November 2018 a mass distribution campaign of antimalarial pills and LLIN for 450,000 inhabitants of the Beni health zone affected by Ebola. The purpose of this campaign was to reduce the incidence of malaria in consultations, and thus facilitate the diagnosis of EVD. A total of 411,261 antimalarial pills and 41,384 LLIN were distributed in three days throughout the Beni health zone.

In 2018, health interventions encountered main constraints due to insecurity, the destruction of a number of health care facilities, and community mistrust, especially in North Kivu. Increased nosocomial infections coupled with malaria and/or Ebola co-morbidity and limited financial resources to meet the growing needs of affected populations, posed further challenges for the humanitarian response.



## D. Water, Sanitation and Hygiene

WATER, SANITATION & HYGIENE	UNICEF and IPs		Cluster Response	
	2018 Target	Total Results*	2018 Target	Total Results*
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services	1,208,140	717,944	3,309,971	1,763,478
# of persons in cholera-prone zones benefitting from WASH cholera-response packages	1,514,642	2,462,629	4,302,967	3,506,700
# of SAM-affected care/mother and children who receive hygiene kits with key hygiene message	549,456	45,370	696,440	46,545

As a response to the significant increase of humanitarian crises due to natural disasters, armed conflict, population displacements, as well as Ebola and cholera outbreaks, in 2018 emergency Water, Sanitation and Hygiene (WASH) interventions were implemented with the aim of providing children and families in crises life-saving support. Multi-sectoral approaches such as WASH in Nutrition, WASH in Schools, and WASH in Health, were adopted to the largest extent possible.



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To reach affected populations, UNICEF worked in cooperation with the Ministry of Health and UN OCHA as well as national and international NGOs as implementing partners. These included Solidarités International, DRC Red Cross, Oxfam GB, Action Contre la Faim (ACF), Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Norwegian Church Aid (NCA), CEPROSSAN (Centre de Promotion de Socio-Sanitaire), PPSSP (Programme de Promotion des Soins de Santé Primaire), Mercy Corps, Tearfund, AMUKA (Association Mamans Uzima Kalemie), among others.

In 2018, UNICEF and partners assisted a total of 3,225,943 people, including 1,935,566 children, in twenty out of twenty-six provinces, through the timely provision of quality emergency WASH packages<sup>22</sup> in conflict-affected provinces, as well as partly cholera-prone areas, including Tanganyika, South Kivu, Ituri and in the Kasai region. This represents 99 per cent of the set target in the UNICEF's HAC Appeal.

By leveraging existing partnerships in key intervention areas, 717,944 people affected by natural disasters or conflict benefited from life-saving WASH packages that include safe drinking water supply as well as the provision of sanitation and hygiene services.

As cholera remains a major public health concern in the DRC with an outbreak that continues to deteriorate in the Kasai region along the Kasai River and in the Haut-Katanga province, a multi-sectoral Cholera Response Strategy was developed by the government with support from UNICEF to provide prevention and response packages with the aim of containing the outbreak. In 2018, more than 1,503,276 people nationwide benefitted from UNICEF's emergency Cholera response, almost double the 764,410 beneficiaries reached in 2017. Key interventions supported by UNICEF include a strategic focus on

<sup>22</sup> Emergency WASH package includes: provision of water, sanitation and hygiene in various context

improved access to safe drinking water through chlorination and improved operation and maintenance of supply services, as well as the rehabilitation of adequate sanitation facilities and mass hygiene sensitization. In the anticipation of future outbreaks, contingency stocks are supplied in target health zones to ensure preparedness and the rapid adoption of preventive measures.

WASH/Infection Prevention and Control (IPC) measures were a core component of the UNICEF Ebola response during the reporting period. To harness IPC, UNICEF provided essential WASH services in 130 healthcare facilities, 340 schools, and 675 community sites in the Equateur province. This resulted in 242,230 people accessing safe drinking water, handwashing, and sanitation services.

With regards to the Ebola outbreak in the North Kivu and Ituri Ebola provinces, UNICEF provided essential WASH services in 506 health facilities, 565 schools, and 1,052 public/community sites. As of December 2018, a total of 1.3 million people in affected health zones had access to safe drinking water, handwashing, and sanitation services. Documentation of this strategy is ongoing to strengthen future emergency responses.



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On 12 September 2018 in Beni, after learning that handwashing is among the best ways to protect yourself against the deadly Ebola virus, a group of school children in the DRC visit a UNICEF handwashing station at their school. They live in the Ndindi neighbourhood of Beni, which has been hit particularly hard by a recent Ebola outbreak.

Support to severely malnourished children remains a major gap and challenge as only 45,370 children with SAM were reached with hygiene kits and messages in 2018 out of 549,456 children targeted in the HAC. This was mainly due to limited funding of the WASH in Nutrition approach.

Throughout the year, UNICEF supplied contingency stock and in-kind materials to affected provinces, coordinated the response with its partners, advocated for resource mobilization, especially as the WASH Cluster lead agency, and channelled funding through partnerships with governmental structures and Civil Society Organizations.

**WASH Cluster:** A new humanitarian architecture was adopted on 9 March 2018 organizing the four coordination hubs of Kalemie, Goma, Bukavu, and Kananga into the Regional Inter-Organizational Committee (CRIO) and the Regional Inter-Cluster (ICR) to support coordination efforts. At local level, humanitarian coordination is supported by Local Inter-Agency Committees (CLIO) and multisectoral and sectoral focal points (clusters).

In 2018, the WASH Cluster maintained a strategic role at national level and an operational role at provincial level. UNICEF, as the WASH Cluster lead agency, ensured the coordination of humanitarian activities with the support of the national co-facilitator (the INGO, ACF). Through this, a total of 5,316,723 people affected by humanitarian crises received WASH packages.

To strengthen WASH coordination and operational support on behalf of cluster members, a set of key strategic activities were carried out in 2018, at all levels. The cluster actively supported the review of the DRC Humanitarian Needs Overview 2018, the revision of the 2019 HRP, and was actively involved in regular working groups such as inter-clusters (national and sub-national level), the Information Management working group, as well in other key sector cluster meetings, such as Health, for example.

To improve cluster performance based on the “6+1 Cluster functions”<sup>23</sup>, the DRC WASH Cluster organized a strategic workshop in April 2018 to define an action plan for 2018, and to agree on the content of the 2017-2019 strategic and operational plans, aligning the cluster’s work to the 2017-2019 HRP and the Global WASH Cluster (GWC) strategic plan.

The DRC WASH cluster has benefitted from the support of four deployments to reinforce WASH emergency coordination, information management (data collection – data analysis), as well as WASH assessment capacities in Kinshasa as well as in Kasai, North Kivu, and Ituri provinces. These included a Field Support Team for Ebola, a L3 Cluster Coordinator, an Assessment Specialist, and an Information Management Officer.

## E. Child Protection

CHILD PROTECTION	UNICEF and IPs	
	2018 Target	Total Results
# of children formerly associated with armed forces/groups released and provided with temporary assistance	6,000	4,977
# of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UASC; girls / boys)	11,700	6,044
# of separated and unaccompanied children identified and reunited with their families	2,500	3,758
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	100,000	125,741
# of identified survivors of sexual violence provided with a comprehensive response	5,200	4,225
# of directly affected families who received psycho-social support and/or material assistance	291	1,041

In 2018, with the aim of responding to the most vulnerable children affected by humanitarian crises, UNICEF continued to engage in the setting up of child protection programmes. These actions, undertaken in collaboration with its partners, allowed UNICEF to identify the most vulnerable children and put in place individualised protection and reintegration measures that were as tailored as possible to the context and community into which the child was returned.

Despite a considerable increase in the number of emergency situations directly affecting children, UNICEF managed to develop activities to respond to their needs, notably those of children separated from their families, children released from armed groups, child survivors of violence, including sexual violence, and children living in conflict situations who benefitted from diverse psychosocial activities aimed at improving their wellbeing. UNICEF’s child protection interventions remained mostly focused on attempting to find durable and individualized solutions through care and reintegration measures, especially for children released from armed groups (CAFAAG). These interventions attempt to put in place innovative approaches,

<sup>23</sup> Cluster functions include: i) To support service delivery, ii) To inform the HC/HCT strategic decision making, iii) To plan and implement cluster strategies, iv) To monitor and evaluate cluster performance, v) To build national capacity in preparedness and contingency planning and vi) To support robust advocacy. In addition to supporting the six core functions of the cluster, the designated Cluster Lead Agency is the Provider of Last Resort

considering the contexts of and opportunities available in the locations in which the children find themselves. Particular attention is paid to girls used by the different armed groups and who are often at risk of stigmatisation by the communities.



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Every day, up to 850 children gather in a UNICEF supported recreational playground, in the middle of the Kalunga camp, next to Kalemie, in Tanganyika Province. At the playground, *“artistic activities, songs, drawings, participatory theater are organized in the afternoons, to enable them to express their feelings and to ease their trauma”*, says a facilitator.

All results were achieved in cooperation with the Ministry of Social Affairs and national and international NGOs that work on child protection. Close collaboration with the Child Protection section of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) and the International Committee of the Red Cross (ICRC) contributed to UNICEF's presented results.

UNICEF's child protection programme also supported actions aimed at preventing grave violations against children, notably through the MRM of the six grave violations against children as stated in the UN Security Council Resolution 1612. This also included support to the implementation of the 2012 Action Plan to prevent the recruitment of children and other grave violations committed by security forces against children in the DRC.

In the context of its interventions in emergency situations in crisis areas, UNICEF and its partners provided individualized emergency assistance to 15,246 children, including 4,977 children released from armed groups, 6,044 unaccompanied and separated children of whom 3,758 benefitted from family tracing and reunification and follow-up within their communities, and 4,225 survivors of sexual violence who were provided with care. A total of 125,741 children affected by armed conflict were supported through psychosocial activities through their participation in mobile or immobile Child-Friendly Spaces or in different youth clubs particularly reserved for adolescents.

In the Greater Kasai Region in the eastern part of the country, the establishment of reintegration programmes took longer than planned, mainly due to the lack of educational and vocational opportunities for children as well as due to security restrictions that limit the access to certain dangerous zones.

While seeking the establishment of more thematic partnerships, UNICEF continues to develop programmes exclusively designed to assist children released from armed groups in their reintegration. One of the main challenges remains the lack of funding for long term and sustainable reintegration programs. For all partnerships, UNICEF has put in place an individualised follow-up system to closely accompany children's cases.

UNICEF actively participated in the Ebola response in Equateur province and in North Kivu and Ituri provinces. Through collaboration with the psychosocial commission set up in cooperation with the government, UNICEF and its partners offered psychosocial and material support to more than 623 child orphans and 1,041 families with at least one member who was affected by the Ebola disease.

**Child Protection Working Group (CPWG):** In terms of coordination of Child Protection in Emergencies, UNICEF has been coordinating the Child Protection sub-cluster through one national CPWG, 12 Child Protection Groups at the provincial level, and 12 Sub-CPWGs at the territorial level. Some temporary groups were created to coordinate specific emergencies which occurred in 2018. The capacities of the lead and co-lead have regularly been reinforced as 50 per cent of the co-leads are national partners from the



government or local NGOs. Child Protection needs are thus comprehensively reflected in the Humanitarian Needs Overview (HNO) and HRP and integrated into all key advocacy documents of humanitarian actors in DRC. Ensuring emergency preparedness and contingency plans – including communication and referral mechanisms – have been developed by the Child Protection groups for the most high-risk provinces.

## F. Education

EDUCATION	UNICEF and IPs		Cluster Response	
	2018 Target	Total Results*	2018 Target	Total Results*
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	623,750	334,864	1,700,000	503,578
# of school aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	623,750	315,468	1,700,000	518,018
# of class rooms set up or rehabilitated	9,273	12,672	30,909	21,101
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	427,790	256,484	-	-

Through interventions by UNICEF, in close cooperation with the Ministry of Education and various implementing partners<sup>24</sup>, a total of 334,868 children affected by conflicts gained access to quality education and psycho-social support activities in 2018, 54 per cent on the planned target of 623,750 children (174,129 girls). This number includes 1,280 Congolese returnee children (666 girls) who had to leave Angola with their families. A total of 315,468 children received school supplies, reaching 51 per cent of the target. A total of 12,374 teachers (4,122 women) were trained on different modules of education in emergencies, including peace education, psychosocial support, and peace and child-centered methodologies. These trained teachers then reached at least 680,570 children.



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Students stand outside their temporary tent school setup by UNICEF, following a class in Mulombela village, Kasai region, DRC,

In the context of the Ebola response in North Kivu and Ituri provinces, UNICEF reached 125,694 students with Ebola prevention information in schools, since the beginning of the response up to December 2018, out of 1,090,006 targeted students (12 per cent coverage).

<sup>24</sup> Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE), AVSI Foundation, Association des jeunes pour le développement communautaire (AJEDEC), Enseignement primaire, Secondaire et Professionnel (EPSP), Caritas Mahagi, Samaritan's Purse

Gender-sensitive approaches and the promotion of equal opportunities for girls and boys are being mainstreamed into all education activities. Given the under-representation of girls in schools, for example, UNICEF's community mobilization messages that encouraged the enrolment of children in school focused on the importance of girls' education. In the context of the establishment of peace committees, clubs, or training sessions, UNICEF ensured that the participation of girls and women was equivalent to the participation of as boys and men. Data collection and management is usually disaggregated by the sex of beneficiaries.

Community participation was ensured in various ways, including the development of school support plans by community members that included improvements to infrastructure and financial assistance for school fees for the most vulnerable children. Regular meetings with the community during the implementation phase were also held. This also allowed the receipt and management of complaints from the community. During field visits, UNICEF teams regularly sat with beneficiaries to get their feedback on the quality of services. The complaints were captured, discussed with the implementing partners, and feedback was provided back to the community.

The involvement of communities in the design and implementation of activities has turned out to be key for successful and effective implementation. For example, for peacebuilding activities, UNICEF planned to target parents' committees only. The parents suggested to involve religious and other community leaders since they have major influence on community behaviour. Through this, the expression of interest and the number of participants in peace education sessions exceeded the anticipated 1,000 participants by far.

The training of teachers on child-centred methodologies also served as a bridge between emergency interventions and development. Moreover, the awareness-raising of communities on the importance of girls' education is likely to have longer-term effects. The involvement of community members in the development of school plans also built their capacities and provided them with confidence to promote the education of their children beyond external support.

Major challenges during the implementation of activities included the inaccessibility of certain areas and related delays due to insecurity. The Ebola outbreak in Ituri and North Kivu provinces also led to the partial postponement of activities.

**Education Cluster:** UNICEF effectively carried out its Cluster lead role at national and sub-national level. This included the monitoring of partners' participation in Education Cluster meetings and regularly updating coordination plans. Save the Children International recruited a coordinator on a temporary basis to improve the cluster performance and visibility in inter-cluster coordination. The national NGO AIDES volunteered to co-facilitate cluster coordination at national level, playing the role of cluster secretariat and building their coordination capacities at the same time.



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Every day, up to 850 children gather in a UNICEF supported recreational playground, in the middle of the Kalunga camp, next to Kalemie, the capital of Tanganyika Province. 717,000 people have fled the inter-ethnic violence that ravaged this Province of the eastern DRC.

Children who attend the recreation area have arrived recently and have not yet returned to school. 123 children are newly enrolled at Maendeleo Primary School in the Kolobondo neighbourhood. To welcome them, UNICEF built two new classrooms and rehabilitated two more.

Cluster activities were guided by an annual work plan, and, in the absence of an Information Manager, a focal point supported the compilation, analysis, and consolidation of information.

In the context of the 2018 review of the humanitarian coordination structure at national and sub-national level in the DRC by the Humanitarian Country Team, four hubs and five sub-hubs in the field were created to complement the inter-cluster coordination and cluster coordination mechanisms at national level. This strengthened the decentralization of the education response and the involvement of partners in the field who work directly with the communities. They are key players in prioritizing interventions and monitoring the impact on beneficiaries, based on needs assessments that take into account the particularities of each area of intervention.

## **G. Communication for Development**

With the aim of encouraging essential family practices and promoting individual and collective changes necessary for the survival, development and protection of children, C4D in emergencies responded to severe humanitarian crises in ten provinces of the DRC throughout 2018, related to violent conflict as well as two Ebola epidemics, and polio, cholera and measles outbreaks.

Over 120 national and international consultants were hired for the response to the Polio and Ebola outbreaks to address the urgent need to raise the population's awareness on Polio and Ebola risks and respective prevention and control measures. In addition, 223 community radio stations in North Kivu, Ituri, and Equateur provinces were engaged in the Ebola response to produce and broadcast life-saving messages using a peer-to-peer approach involving youth, women, and other high-risk populations and marginalized groups.

In response to the cholera epidemic, UNICEF DRC participated in the development of the national cholera communication plan and its implementation in six priority provinces. This also served as an opportunity to promote the adoption of certain KFP related to water, sanitation, and hygiene. Approximately 2,300,000 people were informed on cholera and KFP preventive practices through social mobilizers, community radio stations, community and religious leaders, and schools.

With several alerts of circulating Vaccine-Derived Polio Virus (cVDPV) cases, six polio outbreak response campaigns were planned and successfully implemented in 16 provinces. Communication and social mobilization played a critical role in ensuring that communities accept, demand, and were reached with the polio vaccine, particularly in areas where there have already been repeated rounds of supplementary immunization activities. The diversification of communication channels to include radio stations, social mobilizers, and churches, allowed C4D to effectively disseminate information on the disease, the vaccine, its effects, and the expected vaccination activities.

The efforts of 78 C4D consultants, 6,652 community agents, and 13,304 social mobilisers were focused on reducing resistance, recuperating lost children, and advocacy toward local leaders. These were combined with community dialogues, video forums, and the engagement of community members as vaccinators and social mobilizers. Of the 52,628 refusals for vaccination identified by the community agents, 90 per cent or 46,902 were resolved successfully. Post-campaign independent monitoring data showed that 93 per cent of parents were informed before the campaign started, and the percent of children missed by the campaigns due to refusal remained below 1 per cent. Of 284 community leaders who had originally refused vaccination, 236 accepted to participate and became engaged in the campaigns.

UNICEF DRC's C4D team directed a lot of effort on the two Ebola outbreaks in Equateur, Ituri and North Kivu provinces, consuming over 60 per cent of the C4D staffing time since May. For the response to the two outbreaks, C4D engaged over 70 C4D experts, 230 local influencers, 78 local radio stations, and over 14,000 leaders. Six agreements with implementing partners were also signed.

In the current Ebola response, UNICEF remains the co-lead of the communication commissions at national, provincial and sub-provincial levels. Key strategic interventions include engagement of leaders and social networks including women and youth, community-based surveillance, risk communication and promotion of preventive behaviors, prevention and management of community resistance, research and evidence planning, and integration in all other response pillars.

Seven anthropologists were hired to help bridge the rigid medical response and the social empathetic approach. Over 700,000 flyers and posters were printed in three languages, and over 250 radio programs were recorded and broadcasted more than 45,000 times.

Communication teams also play a key role in laying the groundwork for other response and prevention activities, fostering an understanding and acceptance of the response.

889 households benefitted from personalized house visits to address misconceptions about Ebola, refusals to secure burials, or resistance to vaccination. As of 25 December 2018, 98 per cent of listed eligible people for ring vaccination were vaccinated; 53,031 out of 54,028 eligible individuals. Guided visits to ETCs for community leaders are being held twice a week, reaching about 3,000 persons so far. The visits include open discussions, and participants are then able to share to their communities what they observed and learned, improving the community's perceptions of ETCs. Around 3,000 persons have participated in the visits.



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On 13 August 2018, UNICEF Communications for Development Officers, talk to children about the importance of Ebola prevention near Mangina, in the Beni health zone in North Kivu, DRC.

Efforts were also made to cultivate community-led surveillance and self-reporting through an innovative alert system where local chiefs and leaders were provided with telephones, regular phone credit, and bicycles to conduct auto-surveillance and make daily calls to the surveillance and communications teams. 688 village chiefs in Mangina, Beni, and Butembo health zones were provided with phones and weekly phone credit. Through these efforts, more than 4,000 alerts were documented, including alerts of suspected cases, deaths, or acts of serious resistance in communities. These calls to the surveillance and communication teams resulted in the investigation of over 2,000 alerts, 90 deaths, and 930 resistance cases, all resolved by the surveillance and communication teams.

Throughout the duration of the response, 11 surveys have been conducted to determine the level of EVD-related knowledge, attitudes, and practices (KAP) of affected communities; and thereby direct efforts more strategically. Results show that up to 94 per cent of the affected population understood Ebola-related facts including signs, information on transmission, and prevention.

Preparedness activities have also been initiated in neighbouring provinces, including Goma, Kisangani, Maniema, Kisangani, Mbuji-Mayi, Tshopo, Bas-Uele, and South Kivu, to prepare for the possibility of the epidemic reaching these areas. Activities included meetings with community leaders and other stakeholders, engagement of radio stations, broadcasting of prevention messages and other radio programs, mass awareness and engagement sessions, briefing and training of frontline workers, community leaders, animators, and other community groups.



## DRC Humanitarian Programme Reporting (January to December 2018)

Indicators	UNICEF and IPs		Cluster Response	
	2018 Total Target	Total results	2018 Target	Total results
<b>NUTRITION</b> OVERALL NEEDS: 2,000,000				
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	1,140,000	247,892	1,306,000	310,337
<b>HEALTH</b> OVERALL NEEDS: 10,500,000				
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	979,784	942,790		
# of people affected by conflict and disease outbreaks having received access to primary health care	624,165	286,106		
<b>WATER, SANITATION &amp; HYGIENE</b> OVERALL NEEDS: 13,100,000				
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services	1,987,500	1,022,723	3,262,000	2,012,189
# of persons in cholera-prone zones and other epidemic affected zones (yellow fever, FHV, etc.) benefitting from preventive as well as WASH cholera-response packages	1,893,750	2,392,716	4,304,000	3,574,358
# of severely malnourished children and host family receiving WASH assistance from the nutrition centres, through to the household level	549,124	47,702	652,627	48,532
<b>CHILD PROTECTION</b> OVERALL NEEDS: 7,925,500				
# of children formerly associated with armed forces/groups released and provided with temporary assistance	6,000	4,977	7,200	5,861
# of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UASC; girls / boys)	11,700	6,044	13,000	7,971
# of separated and unaccompanied children identified and reunited with their families	2,500	3,758	3,500	4,053
# of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	100,000	125,741	170,000	147,782
# of identified survivors of sexual violence provided with a comprehensive response	5,200	4,225		
# of directly affected families who received psycho-social support and/or material assistance	712	712		
<b>EDUCATION</b> OVERALL NEEDS: 3,400,000				
# of girls & boys (5-11 years) affected by conflict or natural disasters given access to quality education and psychosocial activities	623,750	334,864	1,700,000	503,578



Indicators	UNICEF and IPs		Cluster Response	
	2018 Total Target	Total results	2018 Target	Total results
# of school-aged boys and girls (5 to 11 years) affected by crisis receiving learning materials	623,750	315,468	1,700,000	518,018
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support	9,273	12,672	30,909	21,101
# of school children reached with Ebola prevention information	427,790	256,484		
<b>NFI/SHELTER (RRMP)</b>	<b>OVERALL NEEDS: 4,700,000</b>			
# of people provided with essential household items, and shelter materials	437,500	752,196	3,700,000	1,460,182
<b>Multipurpose Cash-based Assistance</b>	<b>OVERALL NEEDS: 4,700,000</b>			
# of people receive an Unconditional Cash Grant	603,950	432,959	3,971,050	432,959
<b>COMMUNICATION FOR DEVELOPMENT</b>	<b>OVERALL NEEDS: 10,500,000</b>			
# of people reached with key life-saving & behavior change messages on: the humanitarian available services, child rights protection and Key family practices	7,600,000	17,662,732		

### III. Results Achieved from Humanitarian Thematic Funding

Thematic funding received from partners was crucial to UNICEF's response to the various humanitarian crises in the DRC in 2018. UNICEF is grateful for the flexibility of such funds. By allowing the organization to support strategic sectors suffering from chronic or conjectural lack of resources, UNICEF's interventions were able to meet otherwise unaddressed critical needs of crises-affected, vulnerable children.

#### A. The Child Alert Appeal

Following the L3 Emergency declaration in the country in 2017 and the continued deterioration of the humanitarian situation in the Kasai region and throughout the country, a Child Alert Appeal for DRC was launched in May 2018. The thematic funds received through this appeal allowed UNICEF to implement a comprehensive response in the five Kasai provinces of Kasai, Kasai Central, Kasai Oriental, Lomami, and Sankuru throughout 2018. The funds also supported interventions nationwide for the critically underfunded Education sector for interventions in emergency situations.

The thematic funding for the Kasai region was crucial to bring assistance to a region experiencing severe violent conflicts while only having a limited humanitarian presence on the ground to address the humanitarian crisis. Before the crisis, the Kasai region was considered stable and predominantly supported through development activities. As a result of the conflict from 2016 to 2017, hundreds of thousands of people had to leave their homes to save their lives, leaving behind all their belongings. Many children's lives were threatened. Health, malnutrition and access to safe water were among the biggest concerns of the crisis.

Thanks to the flexible funds granted to UNICEF and its partners, it was possible to treat 166,022 children in Kasai region suffering from SAM, and to vaccinate 2,250,590 children against measles. To prevent diseases, epidemics and malnutrition, 502,000 people affected by the crisis were given access to water and basic services. Among those, a total of 27,042 beneficiaries were given access to water, sanitation and hygiene installation in health centres under the WASH nutritional program.

During peaks of violence during the conflict, hundreds of schools and health centres were burned, restraining children from access to education and medical care. Families were displaced from their original village and hiding in bushes from the attacks, while children missed at least one semester of school. Consequently, the education and protection sectors were largely underfunded compared to the growing needs. The flexible funds received were essential to restore 500 classrooms, to provide learning materials to 80,300 children of school age, and to give access to quality education to 98,428 children. A total of 1,886 children formerly associated with armed groups/armed forces were provided with temporary assistance. To strengthen UNICEF's response efforts and programme acceptance and integration in the community, a total of 6.3 million people were reached with key lifesaving and behaviour change messages.

Through first response interventions by the RRMP, a total of 227,685 people received unconditional cash transfers supporting them to address their most basic needs in critical times in a self-determined and dignified manner. NFIs were provided to 142,997 beneficiaries through this programme.

In terms of the nationwide education in emergencies response, the thematic funds contributed to providing a total of 334,864 boys and girls with quality education throughout the country. This number is predominantly made up of children who were part of the returnee influx from Angola to the already volatile Grand Kasai province. In the absence of other humanitarian actors supporting the education of children in the affected areas, the thematic funds received allowed UNICEF to provide temporary learning spaces as well as learning materials and didactic materials to support the education of school-aged children. Through the provision of psychosocial support and recreational kits, the recovery and well-being of children affected by traumatising events was strengthened. The funds received also contributed to ensuring the quality of the education response, through supporting the payment of salaries for technical staff including a

construction engineer who ensured the design and construction of adequate temporary learning spaces adapted to the local context.

Coordination with local and international partners, as well as government counterparts was crucial for the effective implementation of the response. For the response in the Kasai region, UNICEF, as cluster lead of WASH, Nutrition, NFI/Shelter, Education, as well as of the sub-cluster of Child Protection, established a cluster coordination hub in Kananga. Since technical support was necessary to implement needed activities in multiple sectors, thanks to the funds received, the UNICEF Kananga Field Office was supported by specialists in WASH, Nutrition, Education, and Emergency. The education in emergencies response was implemented in partnership with national and international NGOs, and with the ministries in charge of education.

### CASE STUDY: The Child Alert Appeal and Education in Emergencies

**TOP LEVEL RESULTS:** Following the launch of the child alert, the contribution of thematic funds had a significant impact on the L3 emergency response in the Kasai region. Thematic funds also supported the education sector nationwide, a sector largely underfunded compared to the increased education needs in the country. Mass population displacements linked to the armed conflict in the region and elsewhere in the country further exacerbated the vulnerability of the population. Hundreds of thousands of children were prevented from access to schools and adequate education. Throughout the country, a total of 334,868 children affected by conflicts gained access to quality education and psychosocial support activities, reaching 54 per cent of the planned target of 623,750 children (174,129 girls) through interventions supported by UNICEF, the Ministry of Education, and other partners. Specifically, in response to the L3 emergency from November 2017 to December 2018 in the Kasai region, UNICEF also provided access to quality education and psycho-social activities to 98,428 girls and boys from five to 11 years old affected by the conflict.

**ISSUE/BACKGROUND:** Various humanitarian crises in the country resulted in the significant increase of humanitarian needs in all sectors covered by UNICEF, from protection to health, nutrition, education, WASH, and NFIs. Malnutrition, lack of access to education, and specific protection challenges were exacerbated and required an urgent response. For the Kasai region, the humanitarian situation in the region significantly deteriorated since the beginning of the Kasai crisis on August 2016, which caused mass population displacements of over 1,030,000 people<sup>1</sup>. The needs of host communities significantly increased due to the high numbers of IDPs, further putting pressure on local infrastructure and basic services.

UNICEF's presence in the Kasai region as well as in other strategic parts of DRC before the onset of emergencies provided a significant advantage for rapid interventions when the crisis started.

**RESOURCES REQUIRED/ALLOCATED:** In line with the revised inter-agency HRP for the DRC (2017–2019), UNICEF's HAC increased its funding request from US\$ 165,067,070 in 2017 to US\$ 268,121,004 in 2018 to support children and families in need of humanitarian assistance. From January to December 2018, UNICEF DRC received US \$119 million, including US\$ 2.9 million specifically mobilized through the National Committees (Belgian, French, Japan, Netherlands, United Kingdom, United States and German) following the launch of the Child Alert.



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(Third left) Teacher Edouard Kabukapua, 28, accompanies his students as they sing on their way to their class in a temporary tent school in Mulombela village, Kasai region, DRC.

**PROGRESS AND RESULTS:** The under-funded education sector was specifically targeted by thematic funds to cover the specific needs of school children, the principal victims of displacement, violence, and other humanitarian crises in the DRC. The needs of teachers, educational staff, and school committee members were also supported by the funds. Due to the high prevalence of insecurity in many places in the country, long distances to school, financial obstacles, lack or inferior quality of teaching materials, as well as socio-cultural constraints affecting the schooling of girls (early marriage, girls roles in society and other factors of vulnerability), support the education sector had to be a priority.

These funds made it possible to continue the schooling of 334,868 displaced children and returnees including children of returning families from Angola. In addition, a total of 12,374 teachers (4,122 women) were trained in psychosocial support, child-focused methodology education and peacebuilding. Temporary, semi-permanent and fully equipped classrooms were constructed to replace schools that were destroyed, burned or occupied by armed forces or groups. The provision of grants to schools reduced obstacles for parents to send their children to school, such as school fees, for example.

Specifically, in the context of the L3 emergency from November 2017 to December 2018 in the Kasai region, the flexibility of humanitarian funds enabled UNICEF to reach 98,428 children affected by conflict with quality education and psychosocial activities. The funds were also essential to provide learning materials to 80,300 affected school aged boys and girls (five to 11 years) in the region. UNICEF and its partners were also able to rehabilitate 500 classrooms in the region. Furthermore, a total of 3,395 teachers were trained on learner-centred methodologies, peace education, conflict and disaster risk reduction (C/DRR), and psycho-social support.

**CRITICALITY AND VALUE ADDITION:** These education activities supported by thematic funds were critical for UNICEF and vulnerable population. Only a few humanitarian organizations intervene in the education sector while the needs were growing in a very volatile environment. A wider education coverage was needed to improve children's access to quality education as a priority in crisis-affected areas, with a focus on unaccompanied children who were separated from their families, mostly to join armed groups, as a consequence of the crisis. Activities were implemented through the adoption of cross-sectoral approaches in cooperation with child protection, communication for development, and WASH.

**CHALLENGES AND LESSONS LEARNT:** At the end of 2018, the L3 response and education interventions in the Kasai region and elsewhere were still ongoing, notably the rehabilitation of schools that were destroyed during the conflict. One major challenge identified was the prioritisation of the most affected areas. While the needs were extremely high in various locations, the coverage might have been perceived as modest as it was dependent on the presence and availability of partners on the ground. Even without crises, school conditions were already considered poor and not reaching the minimum standards<sup>1</sup>, partly due to a chronic lack of investment and the decay of infrastructures. The teacher emergency package (TEP) including training and capacity-building opportunities implemented in response to the crisis were effective to address the immediate needs, but not sufficient to fully restore secure and adequate conditions for proper education. Catch-up courses for crises-affected children enabled the students to maintain and continue their education. While the conducted activities achieved quality results, the challenge remains to address the needs of a high number of conflict-affected children in the country, as well as to sustain results in a context of a protracted crises, with cycles of violence recurrently interrupting children's access to quality education. The flexibility of thematic funds and UNICEF's support is therefore crucial in scaling up educational activities in affected areas to provide these children with access to education and a brighter future.

## **B. Response to the Ebola Outbreaks**

In 2018, two Ebola outbreaks affected the DRC. The first outbreak in the Equateur province had 54 reported cases and 33 deaths. The second outbreak in the North Kivu and Ituri provinces had 627 reported cases, including 334 deaths, as of 31 December 2018 and is still ongoing. In support of the joint response plan developed by the Ministry of Health with other partners, the UNICEF response strategy focused on Risk Communication and Community Engagement, WASH/IPC, Child Protection and Psychosocial Care, Nutrition, and a cross-cutting Education sector response.

In response to the outbreaks, UNICEF with partners, developed strategic guidance for child protection and mental health and psychosocial support (MHPSS) for children and families infected and affected by EVD. Individualized MHPSS and targeted material support were provided to 1,094 families directly affected by EVD and to 8,539 EVD contact cases. The child protection response also focused on the identification of individualized and durable solutions for each of the 497 identified orphans.



Thanks to the thematic funding received, innovative approaches were piloted and scaled. In November 2018, UNICEF created a nursery in the ETC in Beni, in North Kivu province, to provide care for young children whose mothers are receiving treatment. Between November and December, 54 children, including 26 girls, benefited from the nursery. The construction of a similar nursery for the centre in Butembo is currently underway.

### CASE STUDY: The MHPSS Response to the Ebola Outbreak

**TOP LEVEL RESULTS:** Humanitarian Thematic Funding received from the United States and German Committees for UNICEF enabled the implementation of the Ebola response and contributed to limiting the spread of the virus to other health zones. The funds received supported the overall goal to provide individual psychosocial support through a reference-mechanism for EVD-affected and contact persons, including children, provide material assistance to EVD affected families, identify and provide appropriate care to orphans and children separated from their parents due to the Ebola epidemic as well engage in research to identify long term solutions, and establish or re-establish social and community networks.

**ISSUE/BACKGROUND:** On 01 August 2018, the tenth ever Ebola outbreak in the DRC was declared in the North Kivu and Ituri provinces of the DRC. The disease spread rapidly in an area where prevention and response are difficult due to multiple factors, including the presence of armed groups and regular displacement of populations. Building from the lessons learned and experiences from the most recent Ebola outbreaks in Mbandaka (DRC, May 2018) and in West Africa (2014-2015), the UNICEF Child Protection team in DRC is leading the psychosocial pillar of the Ebola response in North Kivu. Going beyond traditional psychosocial programs, UNICEF and its partners, including the Ministry of Health, have adopted an innovative approach. The Child Protection and MHPSS response is becoming central and integrated in all components of the current response.

**RESOURCES REQUIRED/ALLOCATED:** To support the Ebola response in Ituri and North Kivu provinces, the UNICEF response strategy as part of the Joint Strategic Response Plan focused on Risk Communication and Community Engagement, WASH/IPC, Child Protection and Psychosocial Care, Nutrition, and a cross-cutting Education sector response and is estimated at US\$ 50.14 million. UNICEF DRC was able to mobilize US\$ 24.96 million, including US\$ 503,148 from the German Committee. As of 15 March 2019, the UNICEF Ebola response has a funding shortfall of US\$ 25.18 million.

UNICEF DRC also reinforced its staff presence on the ground to respond to the expanding outbreak in North Kivu and Ituri provinces. As of 15 March 2019, there are 104 UNICEF staff currently working in the affected areas, with an additional 56 persons under recruitment.



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On 6 December 2018, Jemima, an Ebola survivor, cares for six-month old Joshua at a UNICEF supported crèche in Beni, in the eastern DRC. Joshua, whose mother is infected with Ebola, has been separated from her while she undergoes treatment in isolation. The children here are monitored for signs of the virus and receive daily medical check-ups and nutritional assistance; but they also receive love, emotional and psychosocial support from women like Jemima who have been cured and are thus no longer susceptible to the disease.



**PROGRESS AND RESULTS:** The German Committee funds contributed to supporting 659 affected families, including children, with confirmed, suspected, and/or probable cases. These families received psychosocial assistance and/or material assistance in the affected health zones. In addition, 7,428 contact family members, including children, received psychosocial support and/or material assistance.

Five-hundred one separated children and orphans identified received appropriate care and psychosocial support. A nursery was opened in the ETC of Beni for children whose parents were admitted to the ETC. Five individuals cured from EVD were trained and work as caregivers for children in the nursery and for those in the ETC. The nursery is equipped with recreational kits, tents, mosquito nets, and other related NFIs. More specific recreational materials such as toys, playmats, radios, and electronic tablets will also be provided. Children in the nursery are reunified with their parents after being discharged or cured, while children who lose their parents to EVD are placed with their extended families. The construction of a similar nursery for the ETC in Butembo is currently underway.

**CRITICALITY AND VALUE ADDITION:** The joint response plan of the Democratic Republic of Congo (DRC) Government and partners was finalized with an overall goal to reduce the mortality and morbidity rate related to the Ebola Virus Disease (EVD) outbreak in the North Kivu and Ituri province, to prevent the spread of the outbreak to other provinces in the country and neighbouring countries, and to address the immediate humanitarian consequences created by the outbreak. UNICEF's interventions in child protection is critical for the provision of psychosocial support to confirmed and suspected EVD cases, the provision of material assistance, and the provision of training for staff to increase their capacities to provide psychosocial assistance.

**CHALLENGES AND LESSON LEARNED:** The main challenges in the response were high resistance to interventions in the affected areas due to fear and misinformation. For example, some people in affected areas were afraid of vaccinations or thought EVD was not real. Significant insecurity due to armed conflict in the affected areas also negatively impacted the implementation of interventions

Lessons learned include:

- The need for a contingency plan, with material assistance such as hygiene kits ready to be used for the first persons affected by EVD. The provision of this assistance was slow to get started for this response.
- It is important to put measures in place from the start of the response to lower the risk of sexual abuse for vulnerable groups. The provision of tents was found to be useful to protect children from suspected EVD cases during the construction of the ETC to avoid the risk of contamination, but also to avoid the risk of abuse. PEP kits should also be included in the contingency plans.
- Provide kits adapted to children, for those inside the ETCs as well as those discharged and cured from EVD.
- Conduct a rapid assessment of the Child Protection situation in the area to identify places with high-risk of infection such as centres for children released from armed forces and groups, orphanages, detention centres for minors. Prevention/WASH kits and awareness activities need to be conducted in these places.
- Include a flexible line in agreements with implementing partners, to ensure rapid deployment of human resources, logistics, and financial resources during EVD epidemics.

**MOVING FORWARD:** The tenth Ebola outbreak is still ongoing in North Kivu and Ituri provinces. Responding to the Ebola outbreaks in the DRC requires a focus beyond specific Ebola prevention, care, and treatment interventions to address the vulnerabilities of the affected populations and improve access to quality services in the affected areas. The aim is to contribute to the restoration of the primary health care and improve community resilience to respond to health epidemics and humanitarian shocks. UNICEF will continue to play a key role in the response, including in the provision of a MHPSS response to EVD-affected populations.

## IV. Assessment, Monitoring and Evaluation

In 2018, UNICEF DRC continued to be one of the main actors in humanitarian surveillance and early warning systems. UNICEF DRC leads two emergency multi-sectoral response mechanisms: RRMP programme and the Participatory Empowering Community Approaches for Resilience (PEAR+) program. RRMP responds at crisis onset and during early recovery, while PEAR+ supports afflicted communities as they transition towards sustainable recovery and longer-term development. As of 2018, UNICEF has been piloting the Social Protection and Alternative Responses to Communities in Crises (SPARCC), which is a light version<sup>25</sup> of the PEAR+.

### A. Situation Monitoring: Community Surveillance Mechanisms

Through UNICEF's support, the humanitarian surveillance and early warning system has been expended from seven provinces in 2017 to 12 provinces in 2018. As a result, a total of 607 humanitarian alerts were broadcasted in 2018 through a community network of 1,859 Caritas network members, 33 Red Cross volunteers, 303 officials of the provincial divisions for humanitarian action, and 188 civil society members. UNICEF provided financial and technical support to the Ministry of Solidarity and Humanitarian action to strengthen national and provincial early warning system, through a partnership with Caritas Congo.

Via its RRMP mechanism, a partnership with Caritas International Belgium, UNICEF, jointly with OCHA has set up and a strong network of humanitarian surveillance for the Great Kasai to the eastern part of the country, including the northern part (North Ubangui, South Ubangui, Equateur, Mongala, and Tshuapa). To share information and conduct rapid multisectoral assistance, each alert is analyzed with OCHA and humanitarian organizations with response capacity in the field. Reports are shared with the overall humanitarian community and leads to an emergency response. Tools have been jointly developed with OCHA and the humanitarian community.

### B. Humanitarian Performance Monitoring

In 2018, UNICEF has regularly produced monthly Overall Humanitarian Situation Reports (SitRep). In addition to the 12 Overall Humanitarian SitReps, UNICEF has published 28 specific SitReps: one on the refugee situation and response in March, and 27 Ebola Situation Reports.

In addition to allowing for continued tracking of Humanitarian performance, SitReps contributed to inform UNICEF staff, implementing partners, and donors on achieved results and remaining needs. These reports also raise awareness to the public about key humanitarian situations. Furthermore, they provided reliable information that was utilized in ten press releases, relayed by over ten thousand articles, and reaching about 70,000,000 persons in 2018. The visibility afforded by the SitReps and the communication tools contributed to the mobilization of 110,000 persons who took action to support UNICEF interventions for the 2018 HAC.

### C. Introduction of Innovative Monitoring Approaches

**Third Party Monitoring (TPM) in the Kasai region and in North Kivu and Ituri:** Certain challenges faced during project implementation in the DRC were access to conflict-affected areas and restrictions to movement due to heightened insecurity. To increase oversight of implementing partners' operations in difficult areas, UNICEF developed a TPM approach in order to strengthen the offices' capacities. In the

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<sup>25</sup> SPARCC can be started when situation is not fully stabilized

Level 3 response in the Kasai region, an external firm was independently verifying whether resources transferred to implementing partners were used in accordance with agreed work plans and subject to appropriate internal controls, and whether planned results were achieved.

This TPM approach is expected to be scaled-up and reinforced in 2019 with the dedicated module in eTools<sup>26</sup>.

**Use of RapidPro to enhance accountability to affected populations:** As part of its humanitarian response in the Kasai region, UNICEF continues to implement a real-time monitoring approach using an SMS-based platform, RapidPro. This approach monitors programme delivery and gathers qualitative data through focus group discussions with beneficiaries to obtain their feedback and complaints about the delivery of humanitarian assistance.

Due to the effectiveness of the approach, decision-making for programme targeting and delivery was improved. Furthermore, the decision to expand the use of RapidPro in other provinces was made based on the lessons learned from the pilot phase.

In December 2018, UNICEF DRC, in collaboration with the government, launched Edutrack - an adaptation of RapidPro in the Education sector to complement the national Education Management Information system.

**Risk-Informed Flexible Programming:** In a fragile programme setting like the DRC, UNICEF drew on the 'risk-informed flexible programming' approach to adapt programmes to rapidly meet the needs of populations affected by conflict and epidemics, while sustaining long-term development results. The reassessment of the relevance, necessity, and feasibility of the different components of the UNICEF programme in the Equateur and Ituri provinces affected by the Ebola outbreak and inter-communal clashes respectively, informed re-prioritization of UNICEF resources<sup>27</sup> in these areas. Key lessons that facilitated project implementation were the flexibility of donors to support re-programming of funds and the agility of partners to uptake new roles and responsibilities.

#### D. Reviews and Evaluations

In 2018, UNICEF DRC completed one independent Evaluations and one review related to humanitarian action.

**An evaluation of the RRMP mechanism based on performance:** The evaluations main objective was to assess the value of RRMP's contribution in responding to the needs of the displaced and returnee populations and the host families in eastern and south-eastern DRC, and the Kasai region.

The results revealed that the RRMP has a clear added value in the humanitarian crisis context in DRC and is a relevant 'first resort response' mechanism due to the limited capacity of other humanitarian actors and the cluster systems to provide a first response. It is the only mechanism that brings together an appropriate inter-sectoral package at the scale of the humanitarian crisis, including in hard-to-reach areas. Furthermore, in its absence, vulnerable populations would not have the capacities to cope with the protracted crises in the DRC due to limited resources. The evaluation highlights the importance of the RRMP to become more sustainable both in terms of its objectives (humanitarian nexus) and its funding situation.

Some recommendations are to advocate to donors for multi-year funding for better prepositioning of partners/supplies and to improve the transition from humanitarian to resilience building and development. Furthermore, this approach will allow for greater flexibility by allowing the mechanism to extend its mandate beyond the theoretical three-month period of intervention. Another recommendation is to consider further

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<sup>26</sup> Online platform developed by UNICEF to manage implementing partnership and The Harmonized Approach for Cash Transfer

<sup>27</sup> Funds, staff and supplies

options for vulnerability analysis, targeting, and programme design, which factors in the evolving population needs, conflict sensitivity, the 'do no harm' principle of humanitarian intervention, and the need to mitigate unintended negative effects, if any.

Key lessons learned from the evaluation are the importance of refocusing on vulnerability assessments rather than prioritizing the number of households, duration of displacement, and the size of the crisis. Furthermore, UNICEF and partners acknowledge the need for better evidence regarding the differential vulnerability levels among the IDPs.

**Sustainability review of the PEAR+ community approach:** The review aimed to assess, two and a half years after the end of the project, the effectiveness and results of the community strategy.

Among the findings, the progress made by the project in the different areas of PEAR+ intervention can be noted. The constructed infrastructure, such as classrooms, health centres, and water sources, are still functional. People who have received training such as school directors and health workers, were able to explain what the trainings had taught them and give examples of how they put this knowledge into practice. Furthermore, advances in children's and women's rights seem to have been maintained. For example, Child-Friendly Spaces are reported to be still in use and women continue to actively participate in community life. It should be noted the only thing that has deteriorated is the supply system of medicines in the health centres.

Recommendations from the review of the overall project are to:

- Use community plans developed in an area
- Reduce emergency programs to essential cases
- Concretely and pragmatically include sustainability as early as possible in the programme design
- Improve the internal coherence of UNICEF interventions
- When designing projects, take into account and reconcile what is theoretically foreseen in the official texts (such as national strategies) with what is concretely observable in the field.

For the community approach, the recommendations are to:

- Advocate for longer project implementation periods, with a minimum of three effective years, to ensure a period of support to existing structures and to allow the project to gain sufficient momentum.
- Invest more time and effort in the more equitable distribution of tasks between men and women within households.

Recommendations from this evaluative work are being addressed by the office and the generated evidence will help improve UNICEF's future humanitarian interventions.



## V. Financial Analysis

In 2018, UNICEF estimated that US\$ 268,121,004 was needed for its humanitarian work in the DRC. As of December 2018, a total of 41 per cent of the goal was reached, as detailed in Table 1, according to sector. While full funding would have permitted humanitarian assistance to reach a greater proportion of those in need, UNICEF was able to improve the conditions of children and women affected by emergencies in several ways detailed under the section “Analysis of Results”.

**Table 1: Funding status against the appeal by sector**

Appeal Sector	Requirements	Funds Available Against Appeal as of 31 December 2018		Funding gap	
		Funds Received Current Year*	Carry-Over	US\$	%
Nutrition**	US\$ 137,940,000	US\$ 29,100,402	US\$ 9,823,573	US\$ 99,016,025	72%
Health	US\$ 10,583,769	US\$ 18,953,225	US\$ 470,949	(US\$ 8,840,405)	-84%
WASH	US\$ 28,085,485	US\$ 16,700,212	US\$ 1,387,053	US\$ 9,998,220	36%
Child Protection	US\$ 21,290,500	US\$ 6,100,484	US\$ 1,671,341	US\$ 13,518,675	63%
Education	US\$ 16,269,000	US\$ 7,097,636	US\$ 1,076,773	US\$8,094,591	50%
Rapid Response to Population Movements (including cash-based interventions)	US\$ 52,302,250	US\$ 37,589,373	US\$ 14,497,499	US\$215,378	0%
Cross sector / sector coordination	US\$ 1,650,000	US\$ 3,525,863	US\$ 0	(US\$ 1,875,863)	-114%
<b>Total</b>	<b>\$268,121,004</b>	<b>\$119,067,195</b>	<b>\$28,927,188</b>	<b>\$120,126,621</b>	<b>45%</b>

**Table 2: Funding Received and Available by 31 December 2018 by Donor and Funding type (in US\$)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2018</b>		
<b>a) Thematic Humanitarian Funds</b>		
German Committee for UNICEF	SM1899100151	919,059
	SM1899100232	65,730
	SM1899100262	503,148
	SM1899100388	341,297
French Committee for UNICEF	SM1899100208	805,575
United States Fund for UNICEF	SM1899100179	400,000
	SM1899100392	11,875
Belgian Committee for UNICEF	SM1899100244	321,075
Netherlands Committee for UNICEF	SM1899100249	142,898
Japan Committee for UNICEF	SM1899100248	61,194
United Kingdom Committee for UNICEF	SM1899100329	19,691
	SM1899100178	2,047,086
<b>Total Thematic Humanitarian Funds</b>		<b>5,638,628</b>

<b>b) Non-Thematic Humanitarian Funds</b>		
Belgium	SM180559	1,137,656
	SM180276	2,903,600
UNICEF-Argentina	SM180360	250,000
	SM180490	241,410
The United Kingdom	SM170495	605,814
	SM180326	16,952,184
	SM180509	15,306,122
Japan	SM180058	2,500,000
	SM180282	700,000
USA USAID	SM180253	2,000,000
	SM180362	2,000,000
	SM180492	2,000,000
SIDA - Sweden	SM180181	1,203,369
European Commission / ECHO	SM180287	555,556
	SM180375	699,301
Germany	SM180510	852,273
Canada	SM180269	384,615
	SM180158	2,719,503
USA (USAID/The Office of U.S. Foreign Disaster Assistance – OFDA)	SM180342	8,000,000
United States Fund for UNICEF	SM180570	980,000
	SM180191	490,000
Democratic Republic of the Congo	SM180429	16,710,382
World Bank - Washington D.C.	SM180353	4,540,000
USAID/Food for Peace	SM180281	3,152,263
	SM180437	1,259,712
<b>Total Non-Thematic Humanitarian Funds</b>		<b>88,143,760</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b>		
UNOCHA	SM180035	499,984
UNOCHA	SM180111	1,658,421
UNOCHA	SM180550	403,497
UNOCHA	SM180361	900,450
UNOCHA	SM180552	749,978
UNOCHA	SM180116	6,084,537
UNOCHA	SM180143	1,410,608
UNOCHA	SM180553	371,399
UNOCHA	SM180038	1,364,399
UNOCHA	SM180030	1,467,855
UNOCHA	SM180091	2,498,230
UNOCHA	SM180244	399,730
	SM190010	1,410,567

<b>Total CERF Grants</b>		<b>19,219,655</b>
<b>d) Other types of humanitarian funds</b>		
United States Fund for UNICEF	KM180042	321,000
USAID/Food for Peace	KM180011	3,338,000
	KM180013	2,406,154
<b>Total other types of humanitarian funds</b>		<b>6,065,154</b>
<b>Total humanitarian funds received in 2018(a+b+c+d)</b>		<b>119,067,197</b>

<b>II. Carry-over of humanitarian funds available in 2018</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM149910	<b>1,125,751</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
USA (USAID) OFDA	SM170457	2,573,285
	SM170462	560,430
USAID/Food for Peace	KM160058	291,034
	KM160057	2,160
	SM160463	253,491
The United Kingdom	SM170495	824,496
	SM170671	9,942,829
French Committee for UNICEF	SM170575	215,082
The United Kingdom	SM170630	8,963,198
United States Fund for UNICEF	SM170636	907,407
Belgium	SM170555	785,601
	SM170429	561,234
UNOCHA	SM170482	164,104
UNOCHA	SM170485	106,258
UNOCHA	SM170484	389,850
UNOCHA	SM170483	166,764
Japan	SM170060	11,218
Switzerland	SM170672	1,035,080
European Commission / ECHO	SM170164	47,917
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>27,801,438</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>28,927,189</b>

III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
EPF expanding life-saving activities DRC** (carry-over)	GE170033	4,190,305
EPF	GE180013	787,838
EPF	GE180021	1,675,673
EPF	GE180028	4,700,000
<b>Total other resources</b>		<b>11,353,816</b>

\* Amounts received of donor contributions, including recovery cost.

\*\* 2017 loans have not been waived; COs are liable to reimburse in 2018 as donor funds become available.

**Table 3: Thematic humanitarian contributions received in 2018**

Donor	Grant Number	Total Contribution Amount (in US\$)
German Committee for UNICEF	SM1899100151	919,059
	SM1899100232	65,730
	SM1899100262	503,148
	SM1899100388	341,297
French Committee for UNICEF	SM1899100208	805,575
United States Fund for UNICEF	SM1899100179	400,000
	SM1899100392	11,875
Belgian Committee for UNICEF	SM1899100244	321,075
Netherlands Committee for UNICEF	SM1899100249	142,898
Japan Committee for UNICEF	SM1899100248	61,194
United Kingdom Committee for UNICEF	SM1899100329	19,691
	SM1899100178	2,047,086
<b>Total Thematic Humanitarian Funds</b>		<b>5,638,628</b>



## VI. Future Work Plan

In 2019, the UNICEF HAC will target a total of 6.1 million people, including 4.3 million children. In line with the HAC and the joint multi-year and multi-sectoral HRP 2017-2019 for the DRC, UNICEF will promote a dynamic, flexible, multi-sectoral, and decentralized humanitarian action that addresses the vulnerabilities of children, women, and their households to the multiple emergencies in the country, focusing on areas affected or prone to outbreaks, displacement, malnutrition/food insecurity, and/or natural disasters. A new UNICEF DRC Humanitarian and Resilience Strategy is currently being developed, that also builds resilient community structures and capabilities and fosters linkages to development systems.

The new strategy focuses on a few major components including i) expanding the alert network ii) retaining decentralized rapid response capacity, iii) equipping the fields offices with adequate capacity to respond to recovery needs, iv) strengthening coordination (clusters, forums at national and sub-national levels), and v) developing sets of partnerships which would help in the implementation of the different phases of the strategy.

In 2019, the **early warning** system, developed in partnership with local partners and authorities in several provinces, will be reinforced and scaled up, and preparedness activities will be further developed at national and sub-national levels through the provincial Emergency Preparedness and Response Plans.

The revised, improved **rapid response and community recovery mechanisms**, focusing on life-saving interventions and the restoration of community structures respectively, will target areas affected by shocks nationwide, and provide a flexible integrated multi-sectoral package covering NFIs, multi-purpose unconditional cash transfers, education, and child protection, as well as health and WASH services. The mechanisms will hence continue to be a great support to UNICEF standard emergency interventions, such as education in emergencies, child protection in emergencies, and health in emergencies. It will continue to innovate through specific humanitarian research and to foster accountability towards the affected population.

The **resilience** approach and programme seek to re-establish institutions, community structures and capabilities, and mobilize them towards resilience and sustained development, especially in post-conflict and stabilization zones.

UNICEF DRC will actively identify opportunities **to link humanitarian, recovery and resilience interventions with development programming**, especially in zones of convergence<sup>28</sup>. The next Government of DRC and the UNICEF country programme (2020-2024) have also prioritized the linkage of humanitarian and development assistance and has defined a programme component on social inclusion and resilience. UNICEF will also pursue on-going pilot programmes with other UN agencies on the nexus of humanitarian and development interventions, actively identifying thematic and geographic areas where the continuum can be strengthened.

In terms of sectoral strategies and plans for 2019:

The UNICEF **Education** in emergencies response will focus on supporting access to quality education in a safe and protective learning environment for children affected by conflicts, displacements, natural disasters, and epidemics based on needs assessments conducted in 2018. The target is to reach 785,660 children from age three to seven years this year. UNICEF will continue to ensure the effective coordination

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<sup>28</sup> In specified geographic areas, UNICEF's programmes will come together (that is, converge) to deliver integrated multi-sectoral packages of interventions, addressing overlapping deprivations and geographic disparities. Specifically, in these convergence zones, a minimum package of interventions is to be delivered which includes: immunization, complimentary feeding, primary education, safe drinking water, and birth registration. Investing in such an approach offers long-term results throughout the life of a child

of the education cluster and to build partners' capacities, at national and sub-national levels, in particular with regards to education in emergencies. UNICEF will continue risk-informed programming and preparedness in a nexus emergency-development way. The Education section will negotiate safe and protective learning environment in emergencies, especially for adolescent girls. This includes various measures to prevent or manage violence against children, especially school-related gender-based violence. Moreover, the section will develop capacities on peace education and psychosocial support for teachers and students. Likewise, the capacities of the communities around schools will be reinforced on conflict and disaster risk reduction. UNICEF will work on the promotion of synergies between partners on the ground as well as between the Education Cluster and other clusters/sectors.

In 2019, the UNICEF **health sector** aims to address all crises, including epidemics, natural disasters, displacement, and nutrition-related crises, through an appropriate and timely response and the provision of basic and complementary health packages in areas with displacement of populations. This includes the effective mobilization of communities in the prevention and management of epidemics. In line with existing provincial plans for the Ebola and cholera response, UNICEF will contribute to an effective coordination of the health emergencies response, as well as the updating of contingency plans, assessments, and management of interventions.

The response to disease outbreaks such as cholera and Ebola will be further harnessed through **WASH** interventions, with a focus on solutions that will contribute to increased community preparedness and resilience. The WASH programme will continue to target Ebola- and cholera-prone zones with prevention and response packages and services, thus contributing to WASH/IPC synergies. UNICEF will continue to deploy and further improve the use of the 'WASH in emergency package', developed during the Government of DRC/UNICEF 2013-2018 Country Programme, to meet the humanitarian needs of displaced and vulnerable communities affected by violence, conflicts, and/or health emergencies. UNICEF will adopt a sustainable approach to emergency response to the largest extent possible and facilitate a nexus transition. This is to be achieved through the inclusion of communities in the government's Healthy Schools and Villages National Programme as implemented during the Ebola responses in Bas-Uélé and Equateur provinces in 2017 and 2018. Quality emergency WASH packages are central to the 'WASH in Nutrition' approach designed with the nutrition sector for rapid delivery of hygiene kits to mothers and children who are severely malnourished.

In 2019, the **Nutrition** cluster is targeting 986,708 out of 1,294,393 estimated SAM cases (people in need or caseload), and UNICEF is targeting 888,037 SAM cases. UNICEF's SAM target is representing 69 per cent of the SAM caseload countrywide and 90 per cent of the sector/cluster target. The main objective of UNICEF and its partners is to scale up quality SAM treatment in DRC. UNICEF anticipates many challenges in 2019 to reach its SAM target, in particular with regards to the availability of supplies, mainly RUTF. According to the 2019 supply pipeline, including donor firm pledges, a gap of 371,200 cartons of RUTF has been noted. A scaled-up plan for SAM care and prevention for 2019 and 2020 will be endorsed by cluster and partners and integrate a prevention component.

In 2019, the UNICEF **Child Protection** section will continue to intervene in emergency situations for children who are both directly or indirectly affected by humanitarian crises, including by those affected by conflicts and the Ebola epidemic, focussing on durable and personalised solutions that will contribute to improving their resilience and their reintegration into their communities. UNICEF will focus on responding to urgent needs by reinforcing individualized approaches that reduce the time children spend in temporary care arrangements through the establishment of individual follow-up systems (case management). UNICEF will promote innovative approaches when it comes to reintegration activities, including vocational training projects adapted to and useful in contexts to which the children will be returned. Through the strengthening of partners' family tracing methods in collaboration with ICRC, family reunification will be achieved more rapidly, allowing for sufficient time to follow-up on the children's individual reintegration projects. UNICEF will implement a strategy that aims to prevent and reduce violations against children during humanitarian

crisis. Based on an evaluation of the CPWG, an action plan for 2019 will be developed to improve the coordination of the sector and reinforce the capacities of child protection actors.

**C4D** in emergencies will be planned with government, NGOs, community-based organisations, and other partners in line with the sectoral responses, focusing on key life-saving and behaviour change messages, child rights protection, and key family practices<sup>29</sup>, as well as on the humanitarian services available. C4D in emergencies will focus on several strategies that enhance community engagement, increase resilience and strengthen social cohesion during the crisis and transition period. To better access vulnerable populations during response measures, advocacy interventions with different stakeholders will be conducted. Edutainment interventions will be implemented to convey messages related to child rights and protection, in a way that is sensitive to the impact of trauma on children. Efforts will be made to increase the scope and intensity of C4D interventions, as well as accountability mechanisms towards the affected population.

## UNICEF DRC HAC 2019 Funding Requirements

FUNDING REQUIREMENTS	
Sector	2019 requirements (US \$)
Nutrition	143,861,994
Health	17,398,569
WASH	23,961,326
Child Protection	7,550,000
Education	60,260,103
RRMP (including Cash-based interventions)*	48,895,000
Cluster/Sector Coordination	1,621,102
<b>Total</b>	<b>326,108,294</b>

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<sup>29</sup> It includes key life-saving & behaviour change messages about Vitamin A supplementation, deworming, Polio and Measles vaccination, Long-lasting Insecticide-Treated Mosquito Net, cholera preventive behaviours, etc.

## UNICEF Targets for 2019 (last review: January 2019)

	Total Humanitarian Needs	Cluster's Target	UNICEF's Target
<b>NUTRITION</b>	<b>1,420,788</b>		
# of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care		986,708	911,907
<b>HEALTH</b>	<b>5,480,998</b>		
# of children (6 months-14 years) in humanitarian situations vaccinated against measles			1,028,959
# of people affected by conflict and disease outbreaks having received access to primary health care			607,832
<b>WATER, SANITATION &amp; HYGIENE</b>	<b>12,774,955</b>		
# of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services		2,232,120	1,277,848
# of persons in cholera-prone zones and other epidemic affected zones (yellow fever, FHV, etc.) benefitting from preventive as well as WASH cholera-response packages		6,436,482	2,582,293
# of severely malnourished children and host family receiving WASH assistance from the nutrition centres, through to the household level		323,598	282,749
<b>CHILD PROTECTION</b>	<b>4,000,000</b>		
# of children associated with armed forces/groups identified and who benefited from individual follow-up		7,200	6,000
# of children associated with armed forces/groups who benefited from integration/reintegration support		7,200	6,000
# of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements		10,000	8,000
# of Unaccompanied and Separated Children (UASC) reunified with their families or provided with long term solutions		10,000	8,000
# of children benefited from psychosocial support, including access to child friendly spaces		150,000	120,000
# of girls and boys survivors of gender-based violence provided with a comprehensive response			5,000
# of EVD orphans identified who received appropriate care and psycho-social support as well as material assistance			1400
<b>EDUCATION</b>	<b>5,237,732</b>		

	Total Humanitarian Needs	Cluster's Target	UNICEF's Target
# of girls & boys (5-17 years) affected by conflict or natural disasters given access to quality education and psychosocial activities		2,618,866**	908,283
# of school aged boys and girls (5 to 17 years) affected by crisis receiving learning materials		2,618,866	908,283
# of teachers trained on learner-centered methodologies, peace education, conflict/disaster risk reduction (C/DRR), and Psychosocial support		47,616	16,787
# of school aged children reached with Ebola prevention information in school			1,090,006
<b>NFI/Shelter (RRMP)</b>	<b>6,700,000</b>		
# of people provided with essential household items, and shelter materials		3,756,122	481,250
<b>Multipurpose Cash-based Assistance</b>	<b>3,337,673</b>		
# of people receive an Unconditional Cash Grant		TBC	481,250
<b>COMMUNICATION FOR DEVELOPMENT</b>	<b>10,500,000</b>		
# of members of the formal community development structures and frontline workers trained, certified and actively engaged in community surveillance and participation			75,000
"# of at-risk people in Ebola-affected zones engaged through face-to-face activities and mass media			1,500,000

## VII. Expression of Thanks

UNICEF in the DRC would like to take this opportunity to express its sincere appreciation to 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.

UNICEF DRC would like also to thank the Thematic funding support for humanitarian interventions, which is essential to allow UNICEF and partners to respond immediately to the needs of children and women affected by humanitarian crises in DRC.



## Annexes

### a) Two-pagers and Donors Statements

Grant Reference	HAC Appeal	Donor Name	Programme Name
KM160057	HAC DRC 2016	USAID/Food for Peace	Nutrition
KM160058	HAC DRC 2016	USAID/Food for Peace	
SM160463	HAC DRC 2016	USAID/Food for Peace	
SM170457	HAC DRC 2017	USAID - OFDA	RRMP / Kasai Emergency Response
SM170462	HAC DRC 2017	USAID - OFDA	RRMP
SM170555	HAC DRC 2017	Belgium	Multi-sectoral
SM170575	HAC DRC 2017	French Committee for UNICEF	Protection
SM170636	HAC DRC 2017	Latter-Day Saints Charities, Inc. through the United States Fund for UNICEF	Education
SM180158	HAC DRC 2018	Canada	RRMP
SM180181	HAC DRC 2018	Sweden	RRMP
SM180191	HAC DRC 2018	United States Fund for UNICEF	Nutrition
SM180269	HAC DRC 2018	Canada	Ebola Response - Equateur Province
SM180276	HAC DRC 2018	Belgium	RRMP
KM180011	HAC DRC 2018	USAID/Food for Peace	Nutrition
KM180013	HAC DRC 2018	USAID/Food for Peace	
SM180281	HAC DRC 2018	USAID/Food for Peace	
SM180437	HAC DRC 2018	USAID/Food for Peace	
SM180282	HAC DRC 2018	Japan	Ebola Response - Equateur Province
SM180342	HAC DRC 2018	USAID - OFDA	RRMP
SM180360	HAC DRC 2018	UNICEF Argentina	Protection
SM180490	HAC DRC 2018	UNICEF Argentina	Nutrition

## b) Human Interest Stories

***“I cried every day and I just wanted to die at the thought that my whole village knew that I had become the wife of a militiaman.”***

Rachel was only 11 years old when she was abducted by members of an armed group while returning with her parents from the field near her village in South Kivu province. A young militiaman took Rachel as his wife as soon as they had reached the forest. *“I cried every day and I just wanted to die at the thought that my whole village knew that I had become the wife of a militiaman.”*

Two years later, Rachel had a child and had lost all desire to return to her village. *“I was afraid of becoming the laughing stock of my friends and being rejected by my family, so I withdrew myself completely to assume, in silence, my responsibility as mother and wife.”*



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Rachel's life in the forest consisted of moving with the armed group, taking care of her family and listening to the radio. One night, a programme on children's rights caught her attention. It talked about children associated with armed groups and their reintegration into society. That night, Rachel became aware of her situation and realized that she could have a different future. *“I had to leave the armed group as soon as possible”*, Rachel recalls. Taking advantage of her second pregnancy, Rachel asked to travel a few kilometers to attend a prenatal consultation. With the permission of her husband, Rachel left the camp knowing that she would never return.

Instead of going to the health centre, the young mother went to a base of the United Nations Organization Stabilization Mission (MONUSCO) where a UNICEF partner organization took care of her. Rachel was placed in a foster family and, three months later, she was reunited with her biological family. *“It is with joy that I have been welcomed back at home and in my community”*, said Rachel with a big smile.

Now 17 years old and a mother of two, Rachel is learning to live in her community again. *“I am farming to provide for my two children,”* concludes the girl after having spent six years with the armed group.

More about this story: <https://www.unicef.org/drcongo/en/stories/abducted-rachel-became-wife-militiaman>

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### Playgrounds to escape the violence

Julie, barely 10 years old, arrived to Kalunga camp, near Kalemie, the capital of Tanganyika Province on foot from a village called Kasala, about 100 kilometers away: *“I walked 3 days. I left my village because my father and mother were killed. They died in front of me. I managed to flee and joined others who left the village, but I had to abandon my one-year old sister. Here at the camp, I do not have family.”*

Like 717,000 other people, Julie fled the inter-ethnic violence that ravaged Tanganyika province in the eastern DRC, and 48,000 have settled in several camps around Kalemie where they receive shelter and food.

Every day, up to 850 displaced children gather in a UNICEF supported recreational playground. In the midst of laughter and games, they forget for a few hours, the violence and their tragic stories. At this recreational playground, *“artistic activities, songs, drawings, participatory theater are organized in the afternoons, to enable the displaced children to express their feelings and to ease their trauma”*, says a facilitator. Children who attend the recreation area facilitated by UNICEF usually arrived recently and have not yet been integrated into school. 123 displaced children have newly enrolled at Maendeleo Primary School in the Kolobondo neighborhood. To welcome them, UNICEF built two new classrooms and rehabilitated two more. School materials were also distributed to student and the school benefited from recreational kits and hygiene kits to ensure student attendance and their health and well-being.

More about this story: <https://www.unicef.org/drcongo/en/stories/playgrounds-escape-violence>

***“Now, Shiela is eating well and playing again like other children her age!”***

Miabi territory in the heart of Kasai-Oriental province, experienced large-scale atrocities during clashes between Kamuina Nsapu militia and security forces. Located 35 km from the city of Mbuji-Mayi, the Miabi area comprises 14 health areas, including Boya I, which was abandoned by its inhabitants during the clashes. Entire populations sought refuge far from access to basic social services and children were exposed to multiple diseases.

As the situation calmed down again in Miabi territory, communities gradually returned to their villages and UNICEF supported their resettlement: the health centre was refurbished and equipped, hygienic latrines were built, a water source was put in place and cases of severe acute malnutrition were treated.

At first sight, the situation seems to have been stabilized and restored in Boya I. Little Shiela, whom I meet in front of the family home is a good example. For months, Shiela's mother did not have enough food to feed her three children. Shiela quickly fell ill and suffered from severe acute malnutrition. When the health centre returned to service, Shiela was treated with nutrition and vitamins. After three weeks of nutritional rehabilitation based on ready-to-use therapeutic foods, Shiela's condition had significantly improved: *“Now, Shiela is eating well and playing again like other children her age”*, her mother confirms.



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More about this story: <https://www.unicef.org/drcongo/en/stories/children-continue-suffer-malnutrition-kasai>

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***After months of violence and living in the bushes, calm returning has become a synonym for school returning.***

In the school year 2017-18, only half of the children in Miketa village in Miabi territory of Kasai-Oriental province were registered at school. The Kasai region had been shaken by violence since August 2016 and inhabitants that had fled the area have slowly started to return as the situation stabilized and humanitarian aid arrived.

Chantal returned to her village and found her children, safe and well, with her neighbours who had fled in the opposite direction. Chantal's own house was destroyed during the fighting. Despite that, she was determined to have a quiet life again, and to give her children the chance to go to school.



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Schools were in a bad state, however – chairs, benches, chalkboards and textbooks had been stolen or were destroyed. The walls were covered with black marks of smoke from fire. In September, the *“Send the children to school”* appeal was launched by the Miabi territory's administrator. To encourage parents to send their children back to school, UNICEF provided textbooks, recreation kits and school supplies for the students. Thanks to this support, families in Miketa sent their children back to school.

UNICEF's support was timely for Chantal – her five children were given books, pens and pencils. *“Thanks to the help we got, and as we won't have to pay any school fees, I can guarantee that all my children will get to study”*, Chantal concludes, happily.

More about this story: <https://www.unicef.org/drcongo/en/stories/returning-school-after-months-violence-kasai>

**Francine, and more than 17,000 other displaced persons, received a kit composed of tarpaulins, blankets, mats, soap, cups, and plastic buckets**



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Francine, mother of five children was part of the hundreds of thousands of people who were forced to flee their villages because of the inter-ethnic violence ravaging the Djugu area in Ituri province. *“It’s our own brothers who started to kill us,”* Francine says. *“They were chopping and killing people with axes, machetes, and arrows. Others had firearms. This is why we had to flee to here,”* she elaborates.

Of the more than 111,000 people who fled towards neighbouring Uganda and towards the city of Bunia and its surroundings, some internally displaced persons are accommodated by host families but most of them find shelter in schools, churches, and healthcare centres, including Francine and her children.

Deprived of everything, Francine and her children struggle to eat a meal a day. They drink water from the river and relieve themselves in the open, exposing them to risks linked with diarrheic diseases.

The violence in the Djugu area had devastating effect on children. At least three healthcare centres and seven schools were set on fire or damaged, depriving children of healthcare and education: *“My five children all went to school but since we arrived here, they no longer go because of a lack of space and means,”* Francine says.

To alleviate the suffering of vulnerable displaced families who lost all their belongings, UNICEF and its partners distribute essential household items. More than 17,000 displaced persons who have found refuge on the site of the Bunia General Hospital received a kit composed of tarpaulins, blankets, mats, soap, cups, and plastic buckets. UNICEF also installed works for water, hygiene and sanitation for the displaced and the recipient communities.

*More about this story:* <https://www.unicef.org/drcongo/en/stories/responding-needs-displaced-persons-during-interethnic-violence>



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