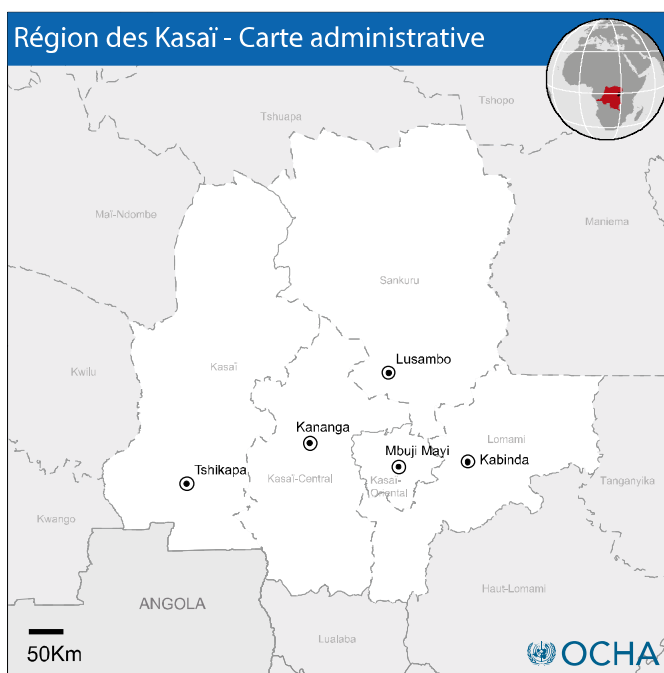




This report was produced by OCHA DR Congo in collaboration with partners in Kasai, Central Kasai and Eastern Kasai. It covers the period from 13 May (following the SitRep n°6) to 31 May 2017. The Kasai region here refers to the provinces of Kasai, Central Kasai, Eastern Kasai, Lomami and Sankuru.

Highlights

- The Humanitarian Coordinator approved a "First Emergency" envelope of USD 3 million from the DRC Humanitarian Fund for a three-month assistance in the areas of protection, logistics, and the health.
- Population movements are continuing, with 11,000 new displaced persons reported since the previous report (12 May), including 8,000 in the Kasai Province and 3,000 in the Lomami. Verification is ongoing for many other alerts received regarding displacements.
- Humanitarian access is gradually improving, notably in the Central Kasai Province where chief physicians are resuming duty, road restrictions in some areas for UN agencies have been lifted facilitating, among other things, the transport of medicine and equipment into previously inaccessible areas.
- The living conditions of the populations in the three Kasai remain precarious: 42% of households are food insecure according to a survey from World Food Program / food security cluster.



Source: OCHA DRC
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

1.3 M

Internally displaced persons¹

140,404

Returnees²

130,000

Host communities' members/ families³

352,000

Persons covered by the current emergency assistance⁴

23,514

Congolese who have fled to Angola⁵

8,414

Congolese expelled from Angola⁶

Source: See endnote on page 6.¹

1 In the volatile context of the complex emergencies in the Kasai Region, population movements are currently dynamic and complex (sometimes involving pendular, preventive or multiple displacements). This complicates the distinction between internally displaced people and returnees in the provinces of Central Kasai, Kasai and Lomami.

2 The number of returnees only applies to the provinces of Eastern Kasai and Lomami, where the reported calm in some areas has allowed internally displaced people to return to their areas of origin.

3 This number of members of the host communities / families refers exclusively to the areas that have undergone a needs assessment.

4 These people receive emergency assistance in one or more sectors for at least the next two months. The number of people covered by the response is conservatively estimated in order to avoid double counting according to the methodology used in the 2017-2019 Humanitarian Response Plan.

5 Source: UNHCR, 22 May 2017. See Emergency update: <https://data2.unhcr.org/en/documents/download/57042>

6 Source: Monitoring reports of January, February and March 2017 from the NGO AJID

For more information, refer to "crisis context" in the end of this report

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The mission of the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) is to mobilize and coordinate effective humanitarian action in compliance with humanitarian principles in partnership with local and national actors.

Coordination saves lives

Situation overview

In the Kasai region, population movement continues with 11,000 new displaced persons reported since 12 May (the date of publication of the previous report), compared with 23,000 a week before. Approximately 8,000 persons moved to the Ilebo and Kamonia territories, Kasai Province, following clashes between the Congolese army and the militia, as well as due to abuses committed by the self-defense groups. In Lomami Province, about 1,500 persons moved from Musadi (Mwene-Ditu Territory) following an incursion of militia; 1,600 others moved to Luilu Territory following clashes between the Congolese army and militiamen. Verifications are underway for many other alerts received regarding displacement.

The emergency in the Kasai region remains, above all, a serious crisis of protection of civilians: civilian populations are the first victims. Although official figures are hard to come by, dozens of deaths, burning of homes, school and medical facilities are reported every week by various local sources. On 23 May 2017, for example, 23 civilians were reportedly killed by men in military uniform within the compound of Kabeya Lumbu health center, Kasai Province.

Despite efforts by the humanitarian community, the living conditions in the three Kasai provinces remain precarious, with 42% of households in food insecurity according to a recent WFP/ Food Security Cluster survey⁷. To cope with food shortages and extend existing food stocks, many families reduce their ration (68% of households) and the number of meals (72% of households). Some displaced persons are also at increased risk of epidemics, for example in the Haut Lomami Province, where a cholera outbreak was reported in Bukama Territory on 12 May.

In Angola's Lunda Norte Province, humanitarian assistance is underway for some 23,500 Congolese who fled the region to seek refuge across the border. The United Nations High Commissioner for Refugees (UNHCR) and WFP are supporting the Angolan authorities in the process of registering asylum seekers (19,135 individuals have already been pre-registered). UNHCR distributed a two-week food ration to 2,500 people on 20 May 2017 and WFP is due to begin food assistance in the coming days.

Regarding the impact of the insecurity on the humanitarian situation, access is improving in the Central Kasai Province, a situation which is reflected by the return of chief physicians, the transport of medicine and medical equipment in hard-to-reach areas, and the lifting of the suspension of the movements of United Nations agencies on some roads – a measure in force since the killing last March of the two UN staff members. Evaluations are underway regarding a possible lifting of these restrictions in the provinces of Kasai and Eastern Kasai. It should be stressed, however, that the still fragile security situation in certain areas could lead to further displacement, particularly in the Mbuji-Mayi area and the Luilu Territory.

Financing

The amount of funding available for the humanitarian response remains largely insufficient vis-a-vis the gravity and scale of the needs. At present, only a few donors have demonstrated a willingness to respond to the USD-64.5 million Flash Appeal launched last April.

The Humanitarian Coordinator approved the allocation of a "First Emergency" envelope from the DRC Humanitarian Fund for \$ 3 million to provide a three-month assistance in the protection sectors (strengthening of the protection monitoring system), Logistics (establishment of a common logistics service to facilitate access for all actors in the area) and health (improvement of access to primary health care including emergency obstetric and neonatal care and the care of victims of gender-based violence). WFP/ logistics cluster and international NGOs Handicap International and Première Urgence Internationale are to benefit from the funding.

On the other hand, the United States Agency for International Development (USAID) has confirmed its intention to allocate funds (OFDA, FFP)⁸ to meet needs in food security, NFI / shelter, logistics, child protection and nutrition. It should also be noted that other donors are still discussing potential allocations.

⁷ DR Congo: crisis in the provinces of Kasai, Central Kasai, Eastern Kasai, n° 1 May 2017, Food Security Cluster. <http://reliefweb.int/sites/reliefweb.int/files/resources/wfp292097.pdf>

⁸ Office of U.S. Foreign Disaster Assistance (OFDA); Food For Peace (FFP).

Humanitarian response

In addition to the lack of funding, one of the main obstacles to the humanitarian response is the lack of visibility on the needs, beyond the figures estimated in the Flash Appeal. In recent weeks, many humanitarian actors have organized exploratory field missions to assess needs and develop suitable project proposals. A joint visit by the heads of FAO, UNESCO, WFP, and international NGO the Cohesive Leadership Initiative, was held in Kananga and Tshikapa from 18 to 22 May to take stock of the situation in the food security and education sectors.

On 16 May 2017, OCHA conducted an Inter-Agency rapid assessment mission (ADRA, Aprobés, Caritas, CISP and UNICEF) in the Central Kasai Province in the Tshikula Health Zone (Dibaya Territory). This mission allowed the supply of nutrition products to the Tshikula reference hospital and the Kamwandu health center. This was the first inter-agency mission organized in Kasai Central since the beginning of the crisis in August 2016. The national Gender-Based Violence sub-cluster also undertook a mission in the provinces of Kasai, Central Kasai and Eastern Kasai. In the Province of Lualaba, some partners have response capacities in some areas: essential household items / shelters (UNHCR), protection (UNHCR), food security (WFP and FAO), and health (WHO).

Education

- In Eastern Kasai Province, 1,610 students from 47 schools receive remedial courses by 27 teachers. School kits were distributed to these students and the examination fees for the National Test for Primary Education were paid for 110 pupils. These activities are part of a UNICEF project implemented by its partner CAAP-T and funded by the Central Emergency Response Fund (CERF). In Kasai Province, Caritas and the NGO National Catholic Child Bureau (BNCE) organized a training workshop on the care of unaccompanied children for 39 volunteers from 18 to 20 May 2017 in Tshikapa. A training for transitional host families also took place on 23-24 May 2017. These activities are part of the implementation of a UNICEF project financed by the CERF to 60 unaccompanied children and 35 wounded children.
- Needs are reported in Kasai Province where 3,667 secondary school and 16,015 primary school pupils were unable to sit state tests due to insecurity. If the insecurity persists, it would be necessary to find alternative solutions for those thousands of children who risk losing this school year.

41,964

Children targeted for emergency education

Nutrition

- In Eastern Kasai Province (Kabeya Kamwanga and Miabi Territories), the Miabi and Cilundu health zones were supplied with nutritional products (1,418 cartons of Plumpy-Nut), tools and materials needed to treat acute malnutrition case. PCIMA A training was provided to 42 health care providers; 131 community referrals were trained in screening and referring cases of severe acute malnutrition. Community sentinels tasked with monitoring cases of malnutrition detected some 328 children out of 1,000 suffering from severe malnutrition; 67 children were referred to treatment centers. Out of 1,828 cases of severe acute malnutrition, 59 (3.2%) were admitted to outpatient therapeutic nutritional units, while 7 out of 18 cases (39%) were referred to the intensive therapeutic units.

4,513

Severely malnourished children targeted for nutritional care

Health

- In Kasai Oriental, 20,554 new free consultations were carried out (out of 18,885 expected) for newly returned children, including 32% of children under the age of 5 in the eight health centers and the General Referral Hospital of Kabeya Kamwanga Territory. These activities were carried out as part of a project conducted by UNICEF from 15 January to 30 April 2017. The facilities targeted by the project were also supplied with drugs and equipment to ensure free care and increase the stock of equipment and materials necessary for the routine immunization program. Two health centers are also being rehabilitated. The mortality rate was reduced by 53% in the supported health areas, compared to the pre-project period.

371,971

People targeted by health assistance

- On 12 May 2017, WHO provided its partner ADRA with a package of drugs consisting of 61 basic kits, antimalarial drugs, a cholera kit and laboratory equipment as part of its "Access to primary healthcare and secondary referral" project targeting 15 health areas of the Kasai Oriental Province. This CERF-funded project targets 25,000 displaced persons and foster families who will receive free care during five months. In the Kasai Province, ADRA launched a 45-day medical support project for 500 beneficiaries in the Tshikapa and Lunyanya health zones.



Food security

- In Kasai Oriental, FAO distributed 2,200 vegetable and food kits as well as agricultural tools to the five health areas in Kabeya Kamuanga health zone (Ciaciacia, Kabeya Kamuanga, Kena Nkuna, Lukula and Matadi). These kits are meant to be used in swamps and are made up of fast-growing seeds in order to fill the drop in harvest due to the absence of crops over the last few months. Farmers are supported by technicians during the implementation phase. 1,708 additional kits are intended for areas with reduced accessibility.

330,354

People targeted by food security assistance



Protection

- In Kasai Oriental, UNICEF and a local partner identified unaccompanied children in four of eight sites in Kabeya Kamwanga Territory (CERF-funded project). These children are being taken care of as identification continues in other sites. Eight playgrounds (hangars, listening points, soccer and volleyball fields) have been set up and eight health facilities have been identified for the treatment of injured children.

408,047

People targeted by protection assistance



Logistics

- The logistics cluster published an updated map featuring access constraints, which is available by clicking on the following link: <http://www.logcluster.org/map/access-constraints-map-kasai-22-mai-2017>
- Regarding air transport, the European Commission's Humanitarian Aid Office (ECHO) has indicated its readiness to facilitate the shipping of tools and equipment upon request. The United Nations Humanitarian Air Service (UNHAS) has added a direct route between Kananga and Tshikapa.



Multisectoral cash assistance

- The NGO Catholic Relief Services (CRS) provided cash assistance to 1,116 households (US\$ 100 per household) in the Ciaciacia health area (Kabeya Kamwanga health zone, Kabeya Kamwanga Territory).

General coordination

At its meeting on 24 May 2017, the HCT decided to maintain the bi-monthly frequency of inter-agency coordination meetings and of the Kasai Task Force in Kinshasa until operational coordination is strengthened on the ground. Participants to the meeting of the Task Force on Kasai held on 30 May agreed to keep advocating with the International NGO Safety Organization (INSO) for a positioning in management and analysis of security constraints related to access. Meanwhile, the United Nations Department of Safety and Security (UNDSS) decided to deploy ten national and two international staff to the field. The logistics cluster also asked humanitarian actors to communicate their needs in order to benefit from the logistics platform that will be set up thanks to an allocation made by the RDC Humanitarian Fund.

In the field, Provincial Inter-Agency Committees continue to hold their meeting in Kasai, Kasai Central and Kasai Oriental provinces. In Kasai, terms of reference are currently being discussed for the establishment of a population movement commission. OCHA maintains a continuous presence in the provinces of Kasai (Tshikapa), Kasai Central (Kananga) and Kasai Oriental (Mbuji-Mayi) through a staff rotation deployment system - pending the recruitment of dedicated staff.

Context of the crisis:

The complex emergency in the Kasai region began in Tshimbulu (Central Kasai), with the violent uprising of a local militia (Kamuina Nsapu) on 8 August 2016. Since then, the crisis spread to the provinces of Kasai, Eastern Kasai, Lomami and Sankuru with repeated militia attacks against symbols of the central government and their clashes with the national security forces. The deterioration of the conflict has resulted in increasingly violent and indiscriminate violent acts against civilians by all parties to the conflict. This crisis is also reflected in an exacerbation of pre-existing inter-community tensions between multiple ethnic groups in the area triggered by the recent redefinition of provincial boundaries, the crumbling of traditional mediation and customary power structures, as well as the local expression of national-level political rivalries. Peaceful coexistence is threatened by communities perceived as supporting the militia and those accused of supporting the government. This situation leads to multiple internal displacements in the various above-mentioned provinces, as well as towards provinces of Lualaba and Haut-Lomami. This generates significant humanitarian needs of emergency multisector assistance and protection. Faced with this situation, the strategic priorities of the humanitarian community are the following: (i) enhance the visibility of the needs throughout the affected territory; (ii) establish a common response strategy and mobilize attention, capacity and resources both at national and at international levels; (iii) improve access to vulnerable communities by overcoming physical and security constraints; (iv) agree on a strategy for community outreach and communication with armed actors in order to facilitate the acceptance of humanitarian aid; and (v) ensure adequate coordination between humanitarian activities and development and stabilization actors.

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Sources of updated figures: all data for all provinces are based on information provided by the Provincial Health Directorate (DPS), unverified alerts from international, national or local civil society organizations, or evaluations (where possible, as is the case in some areas of Kasai and Kasai Oriental provinces). The number of returnees, host families and host communities are still difficult to estimate due to reduced humanitarian access and ongoing population displacements caused by militia activities and FARDC operations. In the immediate future, total reliability is impossible due to the volatility of the situation and of the population movements.