

2017 - 2019

HUMANITARIAN RESPONSE PLAN

— 2018 UPDATE —

DEC 2017

PEOPLE IN NEED



13.1M

PEOPLE TARGETED



10.5M

REQUIREMENTS (US\$)



1.68B



**DEMOCRATIC
REPUBLIC OF
THE CONGO**

2018 UPDATE OF THE 2017 - 2019 HRP

This document is the 2018 Update of the Humanitarian Response Plan (HRP) 2017 - 2019 for the Democratic Republic of Congo (DRC). In 2017, the Humanitarian Country Team (HCT) adopted its first multi-year strategy. The multi-year HRP is grounded in the recommendations emanating from the 2016 World Humanitarian Summit and aims to foster a more effective humanitarian response adapted to the specific humanitarian context of the DRC - namely the scale, the cyclic and acute nature of the crisis. While 2017 was characterized by a dramatic deterioration in the humanitarian situation, the HCT has agreed that the multi-year and multi-sectoral approach of the 2017 - 2019 HRP remains valid. The 2018 edition of the HRP reflects updated objectives, activities, indicators, and sectoral strategies adapted to suit the current context. The document also includes an overview of the progress made in implementing the collective commitments of the humanitarian community on the key themes identified in the 2017 - 2019 HRP.

2017 OVERVIEW

Humanitarian actors worked tirelessly in 2017 under the HCT leadership and in support of the DRC authorities to deliver lifesaving assistance to millions of people across the country. Faced with a dramatic deterioration of the humanitarian situation across much of the country - namely the outbreak of violence in the Kasai region and the resurgence of conflict in the East - the humanitarian community quickly mobilized to launch significant coordination and advocacy initiatives. A Flash Appeal for the Kasais was launched in April which, thanks to the support of donors, led to a major deployment in Kasai region where humanitarian actors have traditionally had little presence. The advocacy by the humanitarian community led the Inter-Agency Standing Committee (IASC) to declare System-wide “Level 3” Emergency¹ in October to rapidly scale up capacity for the crises in Kasai region and provinces of Tanganyika (including Pweto and Malemba-Nkulu territories) and South Kivu (including Maniema), where the situation had deteriorated dramatically. Humanitarian organizations assisted 2.7 million people across the DRC in 2017². However, more efforts are required, as assistance reached only 33 per cent of the people in need. Underfunding was a significant impediment to the response in 2017, with only US\$398 million received – 49 per cent – of the \$812.6 million required under the HRP³.

1. A Level 3 emergency response (Level 3/L3) is defined by the Inter-Agency Standing Committee as “major sudden-onset humanitarian crises triggered by natural disasters or conflict which require system-wide mobilization.” Source: Humanitarian System-wide Emergency Activation: definition and procedures, IASC Working Group Paper, March 2012
2. As of 30 September 2017. The total number of people reached in 2017 will be available in the Quarter 4 dashboard to be published in early 2018.
3. As of 30 November 2017. US\$ 403.1 million as of 27 December 2017 – 50.4 per cent

PREFACE BY

THE HUMANITARIAN COORDINATOR

In January 2017, the Democratic Republic of Congo (DRC) Humanitarian Country Team launched its first multi-sectoral and multi-year Humanitarian Response Plan covering 2017-2019. In addition to implementing the global commitments made at the World Humanitarian Summit, this approach allowed the humanitarian community to focus more strategically on a humanitarian situation that was already deteriorating.

The humanitarian situation worsened dramatically in 2017, exceeding the planning projections. Conflict expanded across several localities in Kasai region and violence intensified in the country's east, exponentially driving up population displacement, food insecurity, malnutrition and the spread of epidemics. Today, the DRC hosts more than 4.5 million internally displaced people, the highest number of any country on the African continent.

The overall objectives and response strategies of the three-year plan remain broadly relevant. However, the figures and the strategy have had to be updated to suit the current context. The 2018 edition reflects these revisions.

In a country nearly the size of Western Europe, humanitarian actors have striven to assist a growing number of people in increasingly large areas amid some of the lowest aid funding in 10 years. The factors contributing to the deterioration in the humanitarian situation severely stretched the capacity of humanitarian actors to respond, prompting the UN Emergency Relief Coordinator to activate the highest level of emergency response – a Level 3 – for the Kasai, Tanganyika and South Kivu crises. A reform of the humanitarian coordination structures is being carried out to streamline the system and improve the flexibility of response.

The projections are alarming: the current high level of vulnerability and need is unprecedented in the history of humanitarian appeals in the DRC, jeopardizing stability and development endeavours. Eighteen of the DRC's 26 provinces face humanitarian emergencies. Around 13.1 million – including 7.7 million children – will need humanitarian protection and assistance in 2018, representing a 50 per cent

increase from 2017. This includes 7.5 million people who are displaced or returned and need assistance to meet basic needs such as shelter and clean water; 9.9 million people who require assistance to meet their food needs; and 4.5 million children who require treatment for malnutrition. The alleviation of suffering – and at times survival – of millions of men, women, girls and boys will depend on the humanitarian community's ability to mobilize in the year ahead.

I take this opportunity to salute the partners who have contributed to the significant collective progress of the humanitarian response in the DRC. Efforts are now required to build on this progress and adapt the response to meet urgent needs across the country. In 2018, US\$1.68 billion is required to assist 10.5 million people. The importance of flexible funding in this volatile environment cannot be understated, and it is essential that contributions to the DRC Humanitarian Fund reach 15 per cent of the total HRP requirement. I would like to encourage donors to prioritize funding over several years in accordance with their commitments under the "Grand Bargain".

Given the huge needs and limited resources, the humanitarian community that I represent are forced to make impossible choices every day. We count on your support so that are not forced to make these choices and can reach the most vulnerable and enable millions of people in the DRC to regain their dignity and humanity, in accordance with the humanitarian principles and standards that we are all committed to upholding

Kim Bolduc
Humanitarian Coordinator

TOTAL POPULATION

PEOPLE IN NEED

PEOPLE TARGETED

PEOPLE DISPLACED AND RETURNEEES

REQUIREMENTS (US\$)

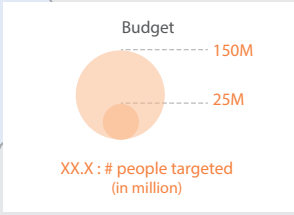
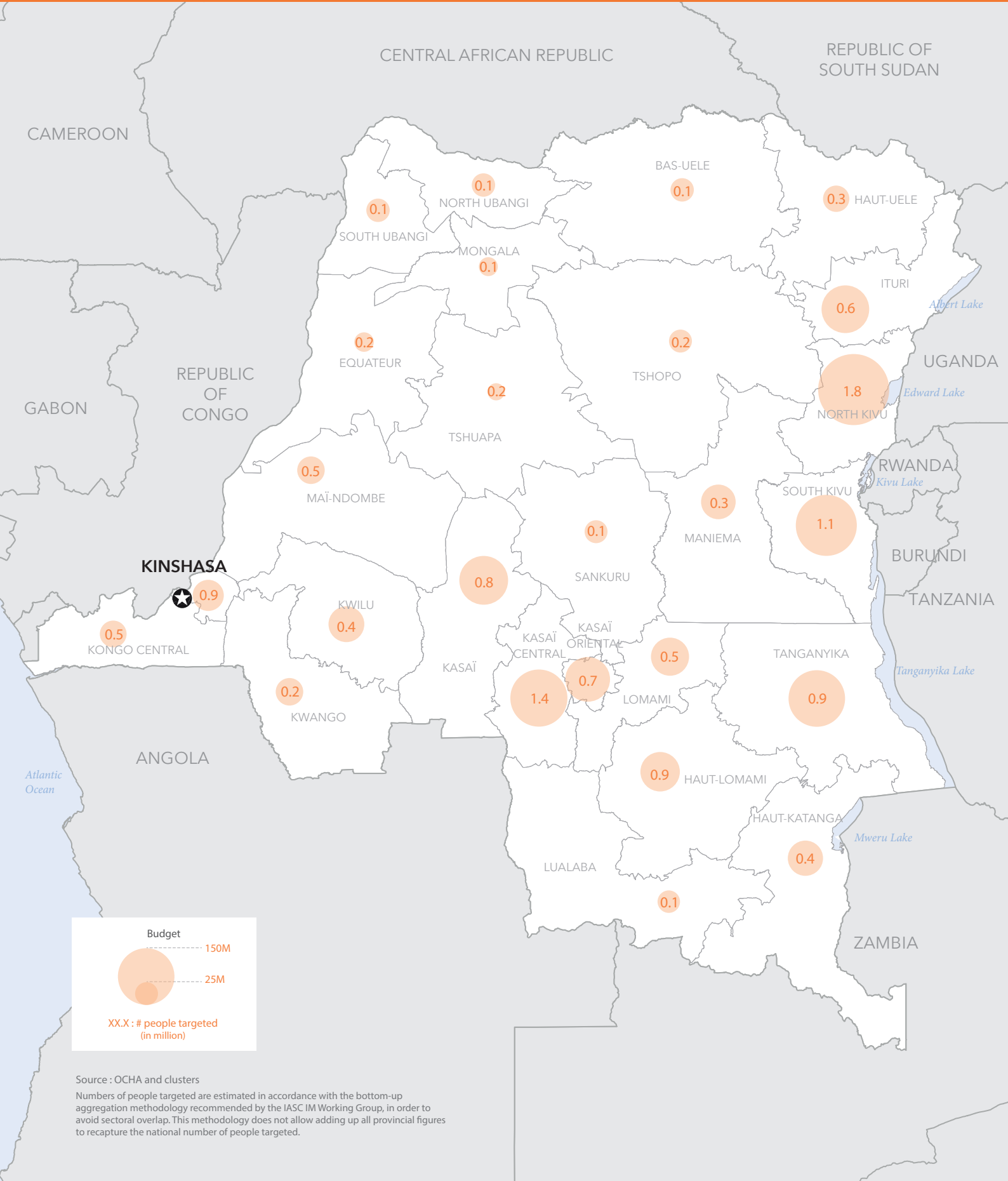
94M

13.1M

10.5M

7.5M

1.68B




Source : OCHA and clusters

Numbers of people targeted are estimated in accordance with the bottom-up aggregation methodology recommended by the IASC IM Working Group, in order to avoid sectoral overlap. This methodology does not allow adding up all provincial figures to recapture the national number of people targeted.

PART I: NATIONAL STRATEGY



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THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

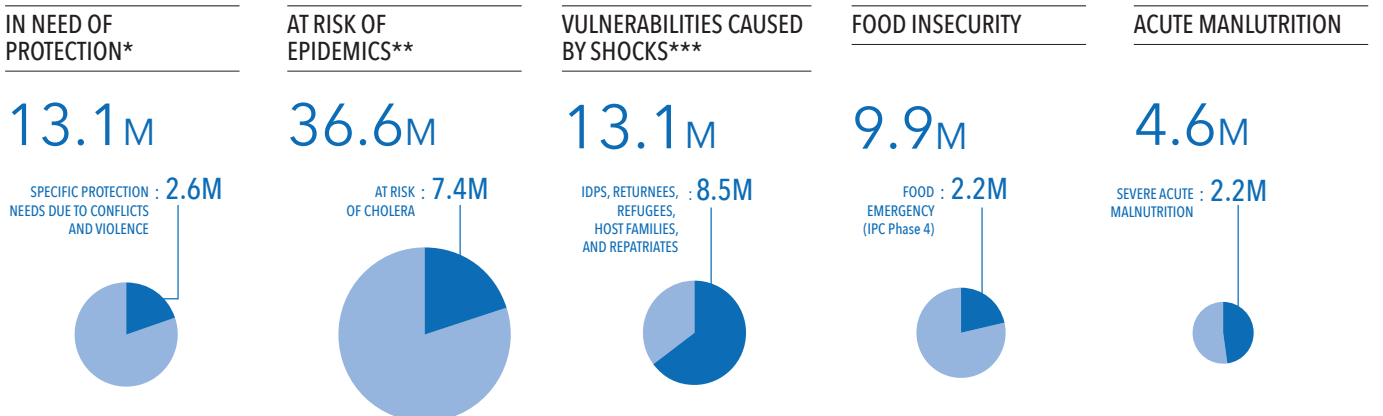
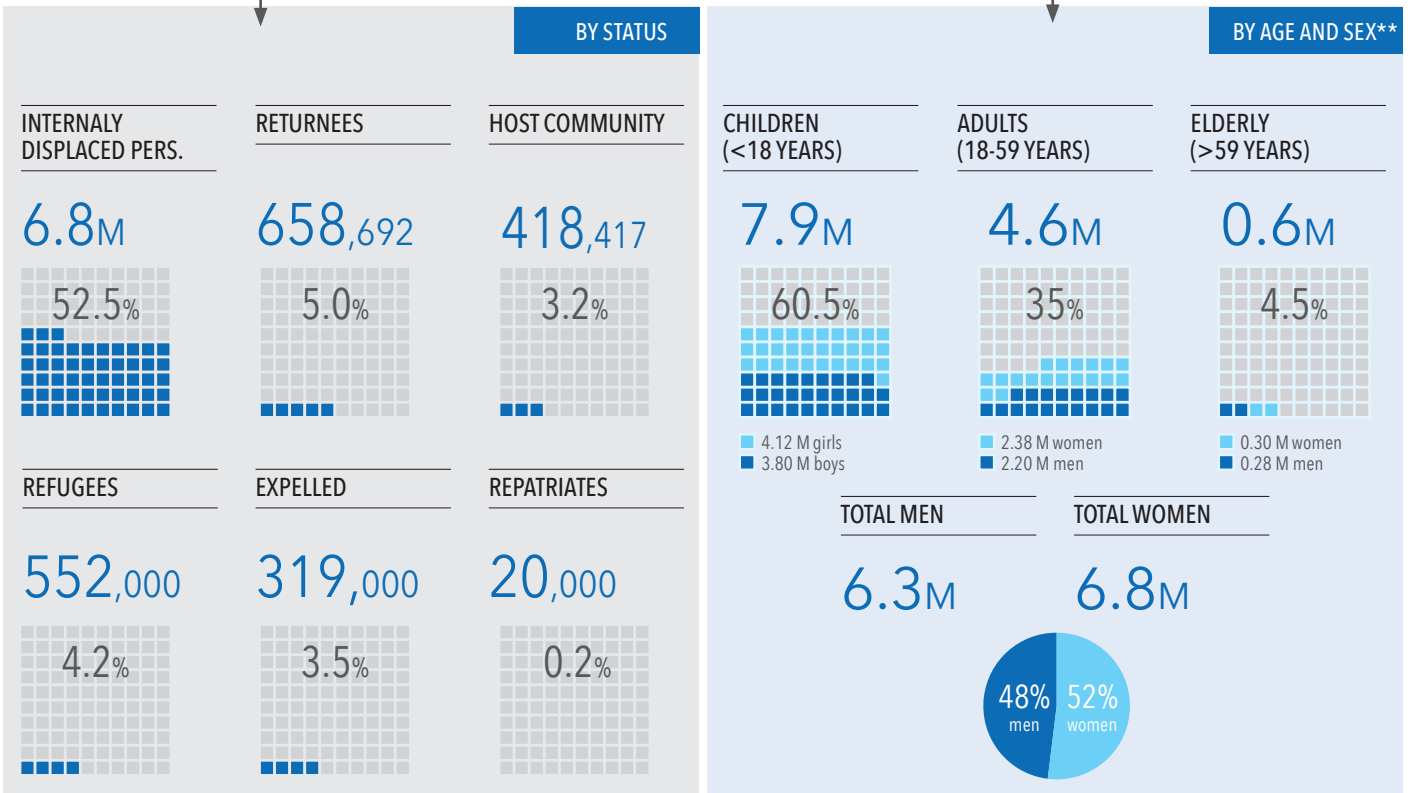
NUMBER OF PEOPLE AFFECTED BY THE CRISIS COMPARED TO THE TOTAL POPULATION



PEOPLE IN NEED OF HUMANITARIAN PROTECTION AND ASSISTANCE



06



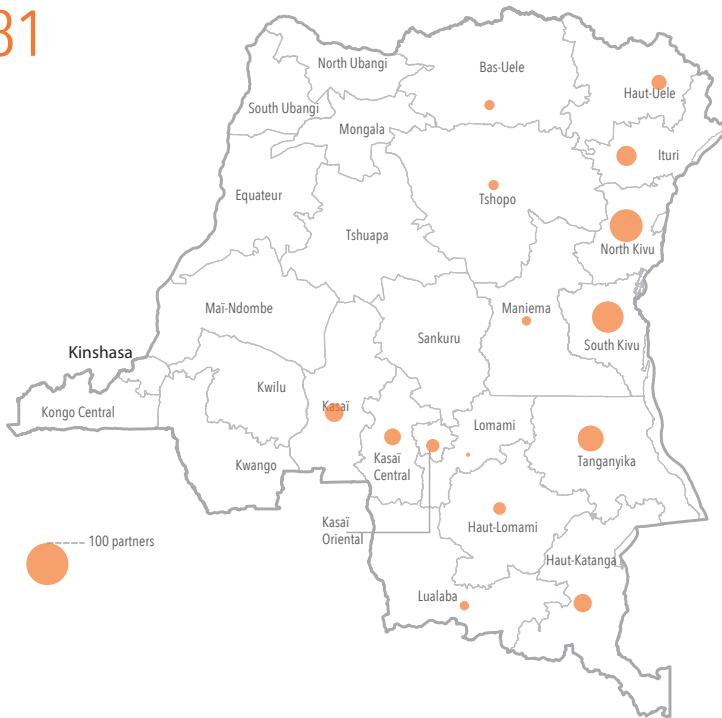
* All people affected by the crisis require protection. 2.6 million of whom require special protection.

** Epidemic (Cholera, Yellow Fever, Measles, Malaria) Health zones .

***XXXXXXXXXXXXXXXXXXXXXXXXXXXX

OPERATIONAL PRESENCE : NUMBER OF PARTNERS

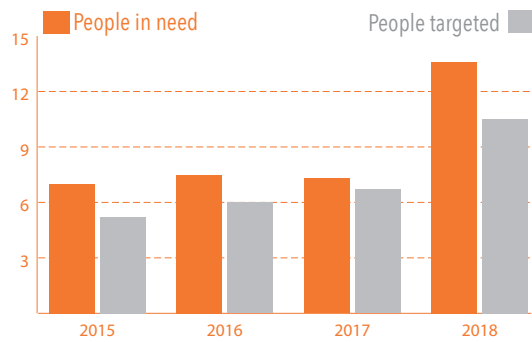
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STRATEGIC OBJECTIVES

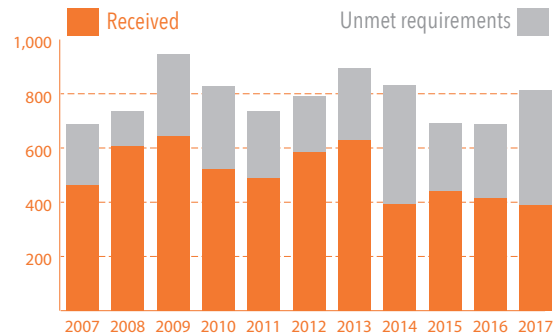
1. Improve the living conditions of people affected by the crisis, starting with the most vulnerable
2. Protect people affected by crisis and ensure respect for human rights.
3. Decrease excess mortality and morbidity among the affected population.
4. Provide rapid, effective and accountable humanitarian action in accordance with humanitarian principles and standards.

PEOPLE IN NEED AND TARGETED 2015 - 2018



Source : OCHA and clusters

FUNDING REQUIREMENTS AND RECEIVED 2007 - 2017 (M. US\$)



Source : Financial Tracking Service (FTS)

MAIN HUMANITARIAN PLANNING SCENARIOS¹

- **Est:** Intensification of violence caused by militias and armed groups; high risk of the electoral process impacting security conditions; Deterioration of the protection situation; Increased socio-economic pressure and risk of increased tension between IDPs and refugees with host communities; risk of epidemics;
- **West:** Persistence of insecurity in the Kasai region; high risk of the electoral process impacting security conditions; Persistence of precarious protection situation; Increased socio-economic pressure in the IDP and refugee reception areas; Persistence of risks related to natural disasters; risk of epidemics;
- **Aggravating factors :** Persistent crises in neighboring countries (Burundi, Central African Republic, and South Sudan); Limited humanitarian resources and capacity, contributing to increased socio-economic pressure and exacerbation of existing tensions; Underdevelopment and structural lack of access to basic services.

1. In this document, "the east" refers to the six provinces of the DRC where the presence of humanitarian actors is strong, as opposed to "the west" (ie the rest of the country, including north west, south west, and center) which have traditionally seen limited humanitarian presence

OVERVIEW OF

THE CRISIS IN 2017¹

In 2017, the humanitarian crisis in the DRC worsened and expanded, affecting people in areas previously considered stable, and deepening the vulnerability of people who were already affected by conflict. Some 13.1 million people (7.7 million children) need humanitarian assistance and protection - nearly 14 per cent of the country's total projected population for 2018. The DRC has recently become the African country most affected by population movements. Around 1.7 million people were newly displaced in 2017, bringing to 4.3 million (52 per cent women) the number of internally displaced people in the country (as of 30 November 2017).

The main factors of the crisis are insecurity that triggers population movements, as well as high mortality and morbidity rates. In addition, there are 74,587 new refugees, bringing 523,850 the number refugees hosted on Congolese territory (as of 30 November 2017). Women, children and people with specific needs remain the most vulnerable. The humanitarian context is aggravated by the current political impasse, the slowdown in economic growth, and structural weaknesses in terms of development. In some areas the situation is also marked by physical and security obstacles to humanitarian assistance.

The collapse of the social fabric and its humanitarian consequences

In 2017, the humanitarian situation dramatically worsened, with the deterioration of the security situation and the exacerbation of vulnerabilities. Areas the most affected are the Kasai region, the provinces of South Kivu, Maniema, Tanganyika, and the territories of Pweto (Haut-Katanga Province) and Malemba-Nkulu (Upper Lomami province of). The situation is also alarming in the North-Kivu province. Several highlights mark the humanitarian situation: renewed violence and inter-community tensions; new waves of population movements; disease outbreaks; and a major increase of malnutrition and food insecurity.

The beginning of the year was marked by the eruption of a new crisis in **Kasai Region**. The tensions were initially triggered by claims related to the recognition of traditional authority in Kasai Central in 2016, that rapidly spread throughout the area during the first quarter of 2017. Pre-existing inter-community tensions, which have become part of the ongoing conflict, accelerated militia mobilization and

the expansion of the conflict. In June 2017, nine provinces were affected by clashes or internal population displacements (Haut- Lomami, Kasai, Kasai Central, Kasai Oriental, Kwango, Kwilu, Lomami, Lualaba and Sankuru). In total, between January and June 2017, some 1.4 million people (three out of five) were forced to flee to escape violence. Despite the gradual lull during the second half of 2017, displacement waves continued due to pockets of insecurity and a climate of fear. In November and December, an increase in the number of clashes was reported in the Mweka and Kamonia territories (Kasai Province).

During the same period, in the eastern parts of the DRC, along Lake Tanganyika, the escalation of inter-community tensions gradually spread from Tanganyika to the neighbouring South Kivu and Maniema provinces. The new cycle of violence occurred following a year of lull that saw progressive return of displaced populations. In the first quarter of 2017, the clashes spread in much of Tanganyika territories, resulting in new waves of massive displacement. In the the second and third quarter, a new peak of clashes occurred, which affected the North of Tanganyika province as well South-Kivu and Maniema. Since June 2017, the conflict continues to spread.

In North Kivu province, the situation has not shown any signs of improvement since the beginning of the year. From 1 January to 30 November 2017, some 442,000 people were forced to flee their villages due to violence by armed groups and militias - bringing the total number of IDPs in the Province to 1.1 million. Beni, Oicha, Lubero, and Rutshuru are the most affected territories (as of 30 November). In Beni, Oicha, Lubero and Ituri, peaks of violence reported during the last quarter have dimmed hopes of improvement of the situation in the short term.

1. Pour plus d'informations, voir l'Aperçu des Besoins Humanitaires de décembre 2016 (HNO) : p. 5-16 "Aperçu de la crise : causes et effets de la crise".

In the North-East and North-West of the DRC, new waves of refugees from neighbouring countries have exerted pressure on access to resources and worsened the living conditions of local populations. Community resilience is already weakened by difficult socio-economic conditions. In the short and medium term, the steady increase in the number of refugees could harm peaceful cohabitation. A total of 65,042 new Central African refugees have arrived in the provinces of North and South Ubangi and Bas-Uélé since the beginning of the year. In the province of Haut-Uélé, 20,347 Sudanese refugees have arrived since January 2017. Additionally, some 7,453 Burundian refugees arrived in South-Kivu province of.

A protection crisis among the most acute in world

The Congolese population is exposed to a serious protection risks due to the resurgence of violence, population movements (internal and from neighbouring countries), and frustrations related to the difficult socio-economic context. Thus, in the third quarter of 2017, 30,953 new cases of protection were reported by the protection monitoring mechanism² (violations of the rights to liberty, property, life, and physical integrity). Some 26,418 new cases of sexual violence were provided care in areas affected by the humanitarian crisis, including 31 per cent in North Kivu (but only 25 per cent of these cases have been documented). Other forms of gender-based violence (GBV) have been poorly reported and the overall response of humanitarian actors provided care for 9,742 GBV cases, half as much as in 2016. In addition, at least 3,270 serious violations of children's rights have been documented in 2017 across the country³, representing a significant rise compared to 2,334 confirmed violations in 2016, which already represented a 75 per cent increase compared to 2015 and the highest level since 2012⁴. The year 2017 was marked by the "delisting"⁵ of the Armed Forces of DRC (FARDC), however the recruitment and use of children by armed groups and militias remains of major concern. More than 2,600 cases have been reported in 2017, especially in Kasai, and Tanganyika where thousands of children were used as combatants or human shields. In addition, in the Kasai region alone, there were hundreds of cases of children killed, wounded and placed in detention for their association (presumed or proven) with armed groups or militias, thousands of cases of children affected by conflicts separated from their family⁶, and hundreds of children survivors of sexual violence (girls between 12-17 years-old representing 68 per cent of survivors).

2. National Protection Cluster (data as of 30 September 2017)

3. Source: Newsletter 2 of the UN Special Team for Children and Armed Conflicts. Vol. 1, figures from January to November 2017.

4. Rapport du Secrétaire Général des Nations Unies sur Le sort des enfants en temps de conflit armé pour 2016, p.11

5. Withdrawal of the UN blacklist for the recruitment of children.

6. Child Protection Working Group, Crisis in Grand Kasai, Secondary Data Review (last update: August 2017)

In addition, looting, destruction and threats to hundreds of schools, health facilities and other services and their staff, deprived thousands of people of access to basic social services, particularly in Kasai, North and South Kivu and Tanganyika. The impact on education is dramatic: in Kasai region for example, one out of ten children of primary school age can no longer attend school due to violence⁷. Protection needs are likely to remain underreported, since monitoring capacities are limited by humanitarian access constraints and by the geographical extent of the crisis. Thousands of people could end up without assistance.

Food insecurity, epidemics and malnutrition reach critical thresholds

The situation is also alarming in terms of food insecurity with a total of 7.7 million people in phase 3 (crisis) and phase 4 (emergency) according to the results of the 15th round of the Integrated Food Security Phase Classification (IPC). This represents a 30 per cent increase compared to the 14th round of June 2016. Similarly, the number of territories in phase 4 went from one in 2016 (Punia) to 11 in 2017. Food insecurity in the DRC has never been so close to phase 5 (famine). The main factors of this situation include: destruction and looting of stocks and livelihoods, displacements, and suspension of productive and commercial activities – which inevitably affect households' capabilities to access basic food. The persistence of insecurity suggests that the situation could deteriorate in 2018.

In addition, nutrition has been negatively impacted by food insecurity, displacements, and limited access to health services. During the third quarter of 2017, more than 255,229 cases of moderate acute malnutrition were taken care of, including 162,864 people belonging to the categories most vulnerable to malnutrition (children under 5, pregnant and/or breastfeeding women, people living with HIV and people with TB). The actual situation could be more serious than the estimates, since available information is limited by security and physical access constraints, non-functioning health centres in conflict areas, and the lack of rapid assessments.

The Congolese population continues to be strongly affected by epidemics. The current cholera outbreak is the most serious of the past 15 years. As of 27 November 2017, some 50,000 cases of cholera were reported (including 1,070 deaths). This represents a 90.3 per cent increase in the number of cases compared to the same period in 2016. Several factors contributed to the epidemic spread: insufficient resources for a rapid response, population movements, humanitarian access constraints, and finally structural weaknesses in access to drinking water and water hygiene and sanitation services. Similarly, for measles, the situation remains of concern, with 41,778 cases (including 502 deaths) reported at week 48. These figures reflect an increase by 134.6 per cent compared to the same period in 2016. Since the beginning of the year,

7. Child Protection Working Group, Crisis in Grand Kasai, Secondary Data Review (last update: August 2017)

59 health zones have been affected by the epidemic. Most of these areas are in eastern DRC (South-Kivu, Tanganyika and Maniema). Regarding yellow fever, the number of cases reported in 2017 (968 cases including 50 deaths) decreased compared to 2016 (3,283 cases including 50 deaths). Risks of major recrudescence remains in 2018, due to degradation of access to water and hygiene and sanitation infrastructures in conflict zones and host zones shelter for displaced persons and refugees.

Moreover, the deterioration of the crisis has led to refugee movements towards neighbouring countries. The situation in Kasai has already pushed 34,556 Congolese to flee to Angola, and this figure could reach 50,000 people by the end of December. In Haut-Katanga, some 13,000⁸ people fled violence in Pweto territory to take refuge in Zambia, with projections up to 15,000 people by the end of the year⁹.

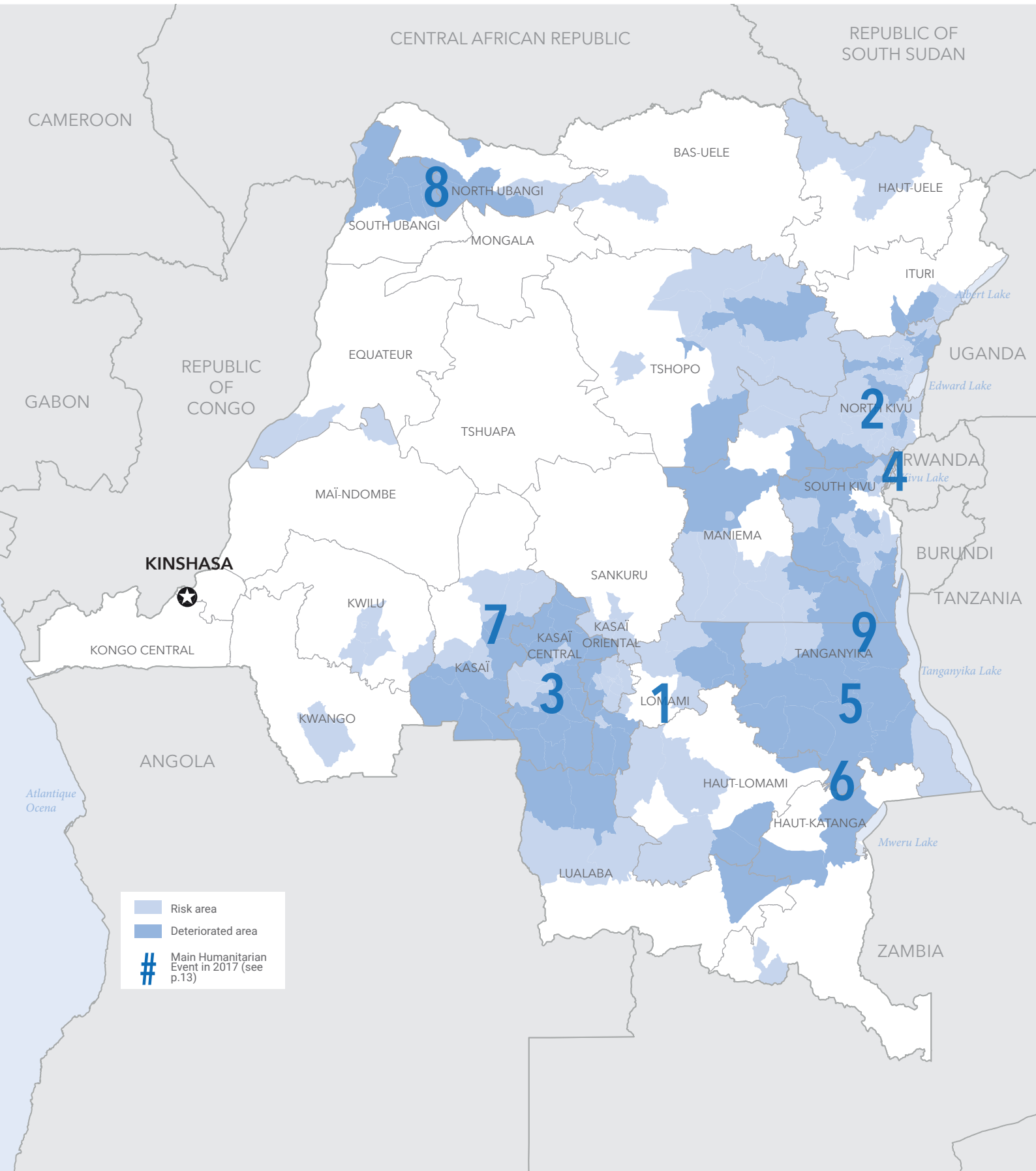
8. Source: OCHA Lubumbashi, December 2017

9. Source: OCHA Lubumbashi, December 2017



MAIN HUMANITARIAN

EVENTS IN 2017



1 IDP INFLUX IN LOMAMI FLEEING CLASHES BETWEEN FARDC AND KASAI CENTRAL MILITIAS AND OTHER ARMED ELEMENTS

PERIOD: JANUARY-MAY 2017

94,000 DISPLACED PEOPLE AND **756,000** AFFECTED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

2 RISKS OF CONFLICTS BETWEEN ARMED GROUPS IN THE SOUTH OF LUBERO (NORTH-KIVU) OVER LEADERSHIP AND LAND CONTROL, GENERATING POPULATION DISPLACEMENTS

PERIOD: JANUARY-FEBRUARY 2017

11,300 DISPLACED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

3 INTENSIFICATION OF CONFLICTS BETWEEN SECURITY FORCES AND LOCAL MILITIA IN CENTRAL KASAI, EXTENDING TO OTHER KASAI PROVINCES

PERIOD: JANUARY-JULY 2017

700,000 DISPLACED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

4 RESUMPTION OF INTERCOMMUNITY CONFLICTS IN BWITO (NORTH KIVU) AFTER THE FAILURE OF THE LOCAL PEACE AGREEMENT

PERIOD: FEBRUARY 2017

HUMANITARIAN ISSUE: 1  AND 2 

5 INTERCOMMUNITY VIOLENCE IN TANGANYIKA PROVINCE GENERATING POPULATION MOVEMENTS IN NEIGHBOURING TERRITORIES OF SOUTH-KIVU

PERIOD: MARCH-APRIL 2017

22 000 DISPLACED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

6 RESUMPTION OF VIOLENCE IN TANGANYIKA, DESPITE THE PEACE FORUM, FOLLOWED BY A NEW WAVE OF DISPLACEMENTS

PERIOD: MARCH 2017

134,000 DISPLACED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

7 RISING INTERCOMMUNITY TENSIONS IN KASAI PROVINCE

PERIOD: APRIL-JULY 2017

300,000 DISPLACED PEOPLE (Y COMPRIS **25,000** DANS LES PROVINCES DE KWILU ET DU KWANGO) ET **34,500** RÉFUGIÉS EN ANGOLA

HUMANITARIAN ISSUES: 1  AND 2 

8 INFLUX OF CENTRAL AFRICAN REFUGEES IN NORTH-UBANGI AND BAS-UELE PROVINCES

PERIOD: MAY-AUGUST 2017

65,000 NEW REFUGEES

HUMANITARIAN ISSUES: 1  , 2  AND 3 

9 ATTACKS ON NEW ALLIANCES BETWEEN MILITANTS IN FIZI TERRITORY (SOUTH-KIVU) WITH A RESURGENCE OF VIOLENCE IN KABAMBARE TERRITORY (MANIEMA)

PERIOD: JUNE-OCTOBER 2017

143,700 AFFECTED PEOPLE

HUMANITARIAN ISSUES: 1  AND 2 

10 CHOLERA SPREADS TO 22 OF 26 PROVINCES OF DR CONGO. THE LARGEST OUTBREAK IN 15 YEARS

PERIOD: OCTOBER 2017

905 DEATH FOR **44,282** CASES

HUMANITARIAN ISSUES: 1  , 2  AND 3 



Acute vulnerability caused by the loss of access to property, basic services and means of subsistence.



Violations of the right to life, dignity and integrity.



Epidemics, acute malnutrition and food emergency.

RESPONSE**STRATEGY**

In the 2017-2019 Humanitarian Response Plan, humanitarian partners developed an innovative multi-year, multi-sectoral strategy that places affected people at the heart of emergency programming. As a guarantee and measurement of this collective commitment, the Humanitarian Country Team has subscribed to the Core Humanitarian Standard of Quality and Accountability. Significant progress has been made on priority commitments in 2017. However, more remains to be done in 2018 and 2019.

Operationalizing the multi-sectoral approach

The 2017-2019 HRP is a marked step forward with the inclusion of three multi-sectoral strategies linked to Strategic Objectives 1, 2 and 3, and definition of multi-sectoral packages of assistance. In 2017, this approach was the basis for the action plan and Flash Appeal for the complex emergency in the Kasai region launched in April 2017, as well as the three operational plans for the humanitarian response in the areas covered by the L3 crisis. In 2018, efforts will focus on strengthening the operationalization of the multi-sectoral approach and encourage more and more assistance in line with the holistic needs of targeted vulnerable people. Joint response strategies have been developed between some sectors, and it appears that synergies in terms of coordination, implementation and reporting are easier to put in place between the sectors with the same Lead agency.

Priority actions for 2018 include: (1) commitment by sectors to develop joint strategic and operational frameworks; (2) promoting the multi-sectoral approach in each stage of humanitarian action (assessments, planning, response, and reporting); (3) advocacy for increased donor commitment to and funding for the multi-sectoral approach; and (4) increased dialogue with donors to better identify the geographical and sectoral complementarities between funded interventions.

Prioritizing the most vulnerable people

In the 2017-2019 HRP, the humanitarian community is committed to prioritizing the most vulnerable people. A note on people with specific needs was developed by the Protection Cluster and OCHA, adopted by the National Inter-Cluster Group and disseminated to the humanitarian community in 2017. Despite these efforts, more is required to improve needs analysis and reporting.

Following actions are envisaged in order to further strengthen consideration of vulnerabilities in the response in 2018 and 2019, (1) maintain an up-to-date analysis of the different categories of people in need according to the evolution of the crisis; (2) strengthen attention to post-response needs assessment reports; (3) to ensure a collective understanding of the concept of diversity for more inclusive and context-sensitive assistance.

Centrality of protection

The HRP 2017-2019 is in line with the Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action, approved in October 2016. In 2017 the humanitarian community made several key commitments regarding protection, particularly around strengthening capacity for monitoring and referral of protection cases and strengthening the coordination mechanism for the protection of civilians in liaison with development and stabilization actors, as well as national authorities.

In 2018 and 2019, these commitments remain relevant, and their implementation is a priority, including through the following priority actions : (1) adoption of an HCT protection strategy (ongoing); (2) the adoption of an autonomous protection information management system by Protection Cluster; (3) strengthening coordination of displacements in and outside the sites; (4) establishment of a protection referral mechanism in the context multi-sectoral assistance; and (5) systematic consideration of the obligations of humanitarian actors with regard to protection from sexual exploitation and abuse. In addition, in 2018 -2019 the HCT will strengthen its commitment to the Call to Action on Protection from Gender Based Violence in humanitarian situations.

Accountability to affected populations

The Strategic Objective 4 in the HRP 2017-2019, aims to deliver of rapid, effective, and accountable humanitarian action, in accordance with humanitarian standards and principles. It is directly linked to the Core Humanitarian Standards, and in particular commitments 4 and 5 on participation of affected communities and feedback mechanisms.

In 2017, despite firm will and initiatives in place by some actors (call centres to collect complaints, post-intervention assessments, ...), the rapid deterioration of the humanitarian situation delayed the full implementation of commitments.

To strengthen momentum, the HCT has committed, as part of the activation of the IASC Level 3 emergency and in line with the IASC Commitments on Accountability to Affected People and Prevention of Sexual Exploitation and Abuse, to put in place a collective mechanism to ensure participation of affected people in planning and programming of humanitarian interventions, and to regularly monitoring of their satisfaction and priorities. This includes the adoption of a collective Code of Conduct and the establishment of a network of focal points for the Prevention of Sexual Exploitation and Abuse.

Timely and efficient humanitarian action

In connection to the commitments to the Core Humanitarian Standard, in particular commitment 2 on effective and timely humanitarian response, the humanitarian community committed in the HRP 2017-2019 to work to improve the timeliness and efficiency of the assistance provided. Particular emphasis is placed on humanitarian watch mechanisms, acceleration of the multi-sectoral rapid assessment process improvement of alert and information management and strengthened advocacy for resource mobilization. The crisis in the Kasai region represented first large-scale opportunity for the humanitarian community to improve expertise and capacities at each step required by the management of a crisis. Additional action is still required, including:

- **Humanitarian watch mechanism:** There are multiple monitoring mechanisms run by UN agencies, NGOs or Congolese authorities, at the national and local levels. However, there is sometimes limited coordination between these different mechanisms, and their efficiency can be affected by conflict of interest or political weight. Alert mechanisms are not as robust in the west of the country where capacity is limited due to the low presence of humanitarian actors.

In 2018 and 2019, the humanitarian watch mechanism will aim to: (1) better communication and coordination among existing different mechanisms; (2) regular exchanges between the national and provincial levels; (3) improving ethical management of sensitive information;

(4) greater accountability of focal points involved in the HCT monitoring system driven by OCHA, through precise terms of reference and clear guidance.

- **Rapid Assessment and Needs Analysis:** In line with the 2017-2019 HRP commitments, a Multi-Sector Rapid Assessment (MRE) toolkit was piloted by the National Inter-Cluster, with technical support from OCHA. The MRE was designed to make use of new technologies such as KoBo and e-Tools.

In 2018, the MRE toolkit will be reviewed, validated and used as a collective tool. Identifying methods to collect data in inaccessible areas, as well as strengthening monitoring of population movement through host families, will be priorities. The information management working group will be key to success in this regard, including at the provincial level, and its capacities will need to be strengthened. Efforts are also required to strengthen centralized processing, management, analysis and archiving of assessment data.

- **Preparedness and prepositioning:** Preparedness is a prerequisite for a rapid and effective humanitarian response, and the 2017-2019 HRP provides for the development of provincial emergency preparedness plans, sufficient capacity, and resources. In 2017, a preparedness plan related to the electoral process was developed based on consultations with key players identified in the field.

For 2018 and 2019, priority actions are: (1) updating multi-risk plans at the provincial level; (2) reinforcing capacities of the actors involved in preparation and monitoring of the risk indicators; and (3) strengthening collective advocacy to mobilize funding for pre-positioned capacities.

Cash transfer

The humanitarian community made commitments in the 2017-2019 HRP in order to improve the flexibility of the response, and to further the implementation of an adequate response, adapted to the needs and priorities of affected communities. In 2017, the most Cash Working Group (CWG) was the one located in Goma, North-Kivu, while the national CWG in Kinshasa only met few times due to lack of human resources.

The actions included in the HRP remain relevant today in 2018: 1) improve information management capacities for cash interventions (including to better quantify the proportion of humanitarian assistance delivered through cash); 2) strengthen activities to promote cash approach in favorable contexts; 3) strengthen cooperation between humanitarian organizations and financial service providers (mobile telecoms sector, etc...). In addition, analyses are currently carried out on the need to strengthen coordination of monetary assistance at provincial level.

Durable Solutions

A special emphasis is placed in the HRP 2017-2019 on finding durable solutions for displaced persons and returnees, especially those who have been displaced for several years and can no longer access humanitarian aid. This vision is reflected under a specific objective and dedicated result indicator in the logical framework of the response strategy. The draft National Strategy on Durable Solutions for IDPs and returnees which was discussed within the HCT in September 2016 has not been yet endorsed.

In 2018 and 2019, continued exchanges on the subject at the national and provincial levels, in particular to deepen the contextual analysis and eventual validation of the Strategy will be priorities (defining limits of the humanitarian actors' role, relevance for the DRC context, ...). A "Durable Solutions" Task Force will also be established, bringing together humanitarian, development and government actors.

Humanitarian access

Improving humanitarian access is one of the key priority in the 2017-2019 HRP. Many efforts have been done in 2017 to strengthen actors' capacity in civil-military coordination, improve the information management and analysis on access (maps, etc...). The situation has generally deteriorated with 186 incidents related to insecurity between June and August, leaving hundreds of thousands of people with little or no aid. By the end of 2017, several attacks directly targeting humanitarian actors have been reported. With regard to physical access, major constraints remain due to poor road conditions throughout the country, leading to major concerns in humanitarian emergency areas.

Within this context, commitments taken in the HRP remain relevant in 2018 particularly through (1) strengthening the civil-military coordination mechanism for more effective protection of civilians, (2)

strengthening emergency response capacities through pre-positioning stocks and the deployment of resources in the field, (3) coordination and advocacy efforts to mobilize resources for the rehabilitation of road infrastructure and air transport to ensure better coverage and access to the most remote areas, (4) Include discussions on access within the National and Provincial Humanitarian Consultation Frameworks (CNCH and CPCH), (5) strengthen advocacy at national level by the Humanitarian Country Team.

Linking with peace and development actors

Given the protracted nature and structural factors of the humanitarian crisis in the DRC, one of the key priorities identified in the HRP 2017-2019 was to enhance complementarity and strategic and operational synergies with development and peace actors. In 2017, the dialogue

took shape within a workshop organized by the Ministry of Planning in October with the objective to readjust the National Strategic Development Plan. A UNDAF workshop took place in December to confirm the results of a preliminary study. In addition, the crisis in the Kasai region provided an opportunity for strategic and operational coordination in an area that had previously been targeted by development funding. Meetings were held at the national and provincial levels to ensure synergy and continuity between emergency and development actors. However, the lack of common indicators has limited the ability to jointly monitor progress.

For 2018 and 2019, several courses of action are planned, including: (1) replicate the resilience system analysis framework at the provincial level; (2) meetings of Provincial Inter-Agency Committees or Provincial Inter-Clusters and development actors on a quarterly basis; (3) encourage the inclusion of a resilience component wherever possible in all humanitarian interventions at national and provincial level.

Resource mobilization

Sufficient and timely funding was underscored as essential for the successful implementation of the HRP 2017-2019. In 2017, important advocacy efforts were made by the humanitarian community, particularly through the development of a Flash Appeal for the Kasai region, and the declaration of the L3 system-wide emergency. Yet, despite all efforts, the 2017 component of the HRP was only 49 per cent funded (as of 30 November). In addition, the donors fund allocation process is still lengthy and not adapted to an emergency context. It is crucial to continue advocacy for a better alignment of donors' priorities with humanitarian community's strategic discussions, in line with the commitments made in the "Grand Bargain" at the World Humanitarian Summit. This includes encouraging donors to allocate funds on a multi-sectoral (more than 2 sectors) and multiannual (over three years) basis, but also

strengthening the effectiveness and quality of the cluster coordination mechanism at the provincial and national levels, and strengthening the national watch, assessment, response and monitoring mechanisms. The development of a resource mobilization strategy taking into account the evolution of the specific context (L3 crisis and post emergency) remains a priority in 2018

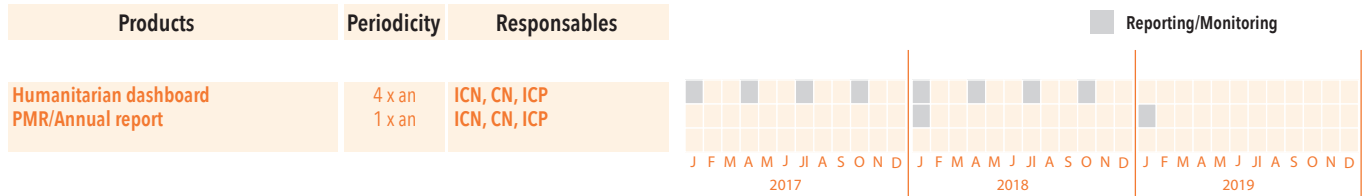
Coordination

The development of the humanitarian situation in the DRC in 2017 has confirmed the indispensable role of coordination, given the geographical scale of the crisis and the major access constraints. The review of the humanitarian architecture in 2017 revealed the need for more flexible and adaptable mechanisms in the contexts of the various affected provinces, avoiding the application of a single "one size fits all" model. The Cluster Capacity Mapping exercise, conducted in the L3

application phase, confirmed the lack of resources available to the sectors, which inevitably has affected the humanitarian community’s ability to monitor, report and analyze. This insufficiency is also of interest to humanitarian actors to participate actively in coordination mechanisms.

The priority for 2018 is to ensure – through the HCT – the implementation of the recommendations from the architecture review; and continue to advocate for more capacities for the Clusters.

REPORTING CALENDAR



CN : National Cluster; **CP** : Provincial Cluster; **CPIA** : Provincial Inter-agency Committee; **HCT** : Humanitarian Country Team; **ICN** : National Inter-cluster; **ICP** : Provincial Inter-cluster; **GHO** : Global Humanitarian Overview; **HNO** : Humanitarian Needs Overview; **HRP** : Humanitarian Response Plan ; **PMR** : Periodic Monitoring Report

SUMMARY OF

NEEDS, TARGET & REQUIREMENTS

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



In 2018, some 13.1 million people require humanitarian protection and assistance, of whom 7.7 million are children and 6.8 million are women and girls. Of those in need, the humanitarian community aims to reach 10.5 million of the most vulnerable people. The revision of the 2018 figures have been developed based on analysis and trends which emerged in the 2018 Humanitarian Needs Overview, and reflect the expanding and deepening needs across the country. While 2017 – 2019 HRP projected a deterioration in the humanitarian situation over the course of the three years, the situation deteriorated at a rate and scale much larger than planned or projected, particularly in the Kasais, Tanganyika and South Kivu. In 2018, the humanitarian community will target 3.4 million people more than in 2017 – an increase of 48 per cent than the original projection. Given the significant increase in needs, the financial requirement


has also increased, to \$1.68 billion (see pp 24 “HRP budget 2018 : explanation”. The 2018 budget was developed using the multi-sectoral approach outlined in the 2017 – 2019 HRP, and the sum of the support costs for each of the four Strategic Objectives. Each sector involved in the response estimated the total number of beneficiaries by strategic objective based on: (i) different calculation to define people in need and targeting criteria, as reflected in the individual sectoral response plans; (ii) implementation capacity; and (iii) access to affected populations. Each sector then estimated the cost for the assistance by referring to the average costs developed for each type of activity and for each target group. The number of refugees targeted for each strategic objective were provided by the office of the United Nations High Commissioner for Refugees (UNHCR).

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	TOTAL		BUDGET						BY SEX AND AGE				
	People in need	People targeted	Beneficiary cost by cluster (\$)	Net Budget without refugees (\$M)	Objective 4 (\$)	Total Budget without refugees (\$M)	People in need (refugees) (M)	People targeted (refugees) (M)	Refugees beneficiary cost (\$)	Refugees Budget (\$M)	GRAND TOTAL (\$M)	% female	% children, adult, elderly*
Protection	13.1M	13.1M	8.2	87.0	2.5	89.5	0.6	0.6	27.3	16.4	105.9	52%	59.4 36.8 3.8%
WASH	13.1M	8.2M	11.4	92.9	0.5	93.4	0.6	0.2	26.3	4.9	98.3	52%	59.4 36.8 3.8%
Health	10.5M	10.5M	18.0	188.9	1.0	189.9	0.6	0.6	20.7	12.4	202.3	52%	59.4 36.8 3.8%
Food Security	9.9M	8.2M	70.7	579.6	0.5	580.1	-	-	-	-	580.1	51%	59.4 36.8 3.8%
Non food items and shelter	4.7M	3.7M	-	142.4	0.5	142.9	0.6	0.2	31.7	5.9	148.8	52%	59.4 36.8 3.8%
Nutrition	4.6M	2.0M	99.3	194.6	0.5	195.1	0.3	0.1	25.5	2.6	197.7	52%	86 14 0%
Education	3.4M	1.7M	65.0	122.8	0.5	110.9	0.4	0.2	33.9	8.4	120.8	52%	100 0 0%
Refugees Non-sectoral Response	0.6M	0.6M	152.1	87.0	-	87.0	0.6	0.6	39.3	22.5	87.0	52%	59.4 36.8 3.8%
Logistics	-	-	-	87.5	1.5	89.0	0.6	0.2	75.3	14.0	100.0	NA	NA
Emergency Telecommunications	-	-	-	1.4	-	-	N/A	N/A	-	N/A	1.4	NA	NA
Coordination	-	-	-	14.3	2.4	16.7	NA	NA	-	NA	16.7	NA	NA
Cash	-	-	44.0	13.2	-	13.2	N/A	N/A	-	N/A	13.2	NA	NA
TOTAL**	13.1M	10.5M	58.6	1 599.3	9.9	1610.6	0.6	0.6	145.2	87.1	1 675.2	52%	59.4 36.8 3.8%

*Children (<18 years old), adult (18-59 years), elderly (>59 years) **Total figure is not the total of the column as the same people may appear several time

PART II: OPERATIONAL RESPONSE PLANS AND ANNEXES



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IMPROVE THE LIVING CONDITIONS OF PEOPLE AFFECTED BY CRISIS, STARTING WITH THE MOST VULNERABLE



DISTRIBUTION OF PEOPLE IN NEED AND TARGETED DISAGGREGATED BY CATEGORY, SEX AND AGE

*Children (<18 years), adult (18-59 year), elderly (>59 years)
 **The total is not the sum of the column, since the same persons may appear more than once

	PEOPLE IN NEED (IN MILLION)					PEOPLE TARGETED (IN MILLION)					BY SEX AND AGE		Requirements
	IDPs	Returnees	Host Family	Food crisis	TOTAL	IDPs	Returnees	Host Family	Food crisis	TOTAL	% female	% Children, adult, elderly*	
NON FOOD ITEMS/SHELTER	4.2	0.4	0.1	-	4.7	3.2	0.3	0.1	-	3.7	52%	60.5 35 4.5%	142.5
WATER AND SANITATION	2.9	0.3	0.2	-	3.4	2.9	0.3	0.2	-	3.4	52%	60.5 35 4.5%	38.5
EDUCATION	-	-	-	-	3.7	-	-	-	-	1.7	52%	100 0 0%	111.0
LOGISTICS	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
NUTRITION	-	-	-	-	-	-	-	-	-	-	52%	86 14 0%	-
PROTECTION	4.8	0.4	0.1	-	5.3	4.8	0.4	0.1	-	5.3	52%	60.5 35 4.5%	-
HEALTH	4.8	0.4	0.1	-	5.3	4.8	0.4	0.1	-	5.3	52%	60.5 35 4.5%	115.8
FOOD SECURITY	-	-	-	7.8	7.8	-	-	-	7.8	7.8	52%	60.5 35 4.5%	392.1
TOTAL**	4.8	0.4	0.2	7.8	7.8	4.8	0.4	0.2	7.8	7.8	52%	60.5 35 4.5%	799.9

PROTECT THE AFFECTED POPULATION AND ENSURE RESPECT FOR HUMAN RIGHTS



DISTRIBUTION OF PEOPLE IN NEED AND TARGETED DISAGGREGATED BY CATEGORY, SEX AND AGE

*Children (<18 years), adult (18-59 year), elderly (>59 years)
 **The total is not the sum of the column, since the same persons may appear more than once

	PEOPLE IN NEED (IN MILLIONS)						PEOPLE TARGETED (IN MILLIONS)						BY SEX AND AGE		Requirements
	GBV	Child Protection	Risk of mines	Housing, land and property	Residents	TOTAL	GBV	Child Protection	Risk of mines	Housing, land and property	Residents	TOTAL	% female	% Children, adult, elderly*	
NON FOOD ITEMS/SHELTER	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
WATER AND SANITATION	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
EDUCATION	-	-	-	-	-	-	-	-	-	-	-	-	52%	100 0 0%	-
LOGISTICS	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
NUTRITION	-	-	-	-	-	-	-	-	-	-	-	-	52%	86 14 0%	-
PROTECTION	0.04	0.03	0.07	0.1	2.6	2.6	0.04	0.03	0.07	0.1	2.6	2.6	52%	60.5 35 4.5%	54.6
HEALTH	0.04	-	-	-	0.04	0.04	-	-	-	-	0.04	-	52%	60.5 35 4.5%	1.7
FOOD SECURITY	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
TOTAL**	0.04	0.03	0.07	0.1	2.6	2.6	0.04	0.03	0.07	0.12	2.6	2.6	52%	60.5 35 4.5%	56.3

REDUCE EXCESS MORTALITY AND MORBIDITY AMONG THE AFFECTED POPULATION






























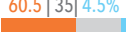




DISTRIBUTION OF PEOPLE IN NEED AND TARGETED DISAGGREGATED BY CATEGORY, SEX AND AGE

*Children (<18 years), adult (18-59 year), elderly (>59 years)

**The total is not the sum of the column, since the same persons may appear more than once

	PEOPLE IN NEED (IN MILLIONS)								PEOPLE TARGETED (IN MILLIONS)								BY SEX AND AGE		\$(IN MILLIONS)
	Acute Malnutrition	Measles	Cholera	Yellow Fever	Haemorrhagic fever	Malaria	Emergency Food	TOTAL	Acute Malnutrition	Measles	Cholera	Yellow Fever	Haemorrhagic fever	Malaria	Emergency Food	TOTAL	% female	% Children, adult, elderly*	Requirements
NON FOOD ITEMS/SHELTER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-
WATER AND SANITATION	0.6	-	7.4	-	-	-	7.4	0.6	-	7.4	-	-	-	-	7.4	52%	60.5 35 4.5%	70.5	
EDUCATION	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52%	100 0 0%	-	
LOGISTICS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52%	60.5 35 4.5%	-	
NUTRITION	4.6	-	-	-	-	-	4.6	2.1	-	-	-	-	-	-	2.1	52%	86 14 0%	198.3	
PROTECTION	4.6	4.3	7.4	3.2	-	0.6	2.2	10.5	4.6	4.3	7.4	3.2	-	0.6	2.2	52%	60.5 35 4.5%	13.8	
HEALTH	0.4	4.3	7.4	3.2	-	0.6	-	10.5	0.4	4.3	7.4	3.2	-	0.6	-	52%	60.5 35 4.5%	71.4	
FOOD SECURITY	-	-	-	-	-	-	2.2	2.2	-	-	-	-	-	-	2.2	52%	60.5 35 4.5%	187.8	
TOTAL**	4.6	4.3	7.4	3.2	-	0.6	2.2	10.5	4.6	4.3	7.4	3.2	-	0.6	2.2	52%	60.5 35 4.5%	541.7	

PLANNING FIGURES : PEOPLE IN NEED AND TARGETED 2018

PEOPLE IN NEED (IN THOUSANDS)	BY HUMANITARIAN ISSUE			BY SEX AND AGE*		TOTAL (IN MILLIONS)	
	Loss of access to basic goods and services and livelihoods	Threats to protection	Excess mortality and excess morbidity	% females	% children, adult, elderly	People in need	Total Population (Projected)
 BAS UELE	151.7 ●	35.4 ●	64.6 ●	52% 	60.5 35 4.5% 	0.18 	1.21
 EQUATEUR	115.5 ●	38.0 ●	182.3 ●	52% 	60.5 35 4.5% 	0.18 	2.31
 HAUT-KATANGA	243.6 ●	211.4 ●	440.9 ●	52% 	60.5 35 4.5% 	0.44 	5.65
 HAUT-LOMAMI	347.2 ●	73.0 ●	919.9 ●	52% 	60.5 35 4.5% 	0.92 	3.77
 HAUT-UELE	60.3 ●	53.7 ●	252.4 ●	52% 	60.5 35 4.5% 	0.25 	1.74
 ITURI	540.4 ●	261.3 ●	554.6 ●	52% 	60.5 35 4.5% 	0.78 	5.35
 KASAÏ	570.6 ●	134.9 ●	301.3 ●	52% 	60.5 35 4.5% 	0.87 	4.35
 KASAÏ-CENTRAL	1,016.6 ●	71.6 ●	383.3 ●	52% 	60.5 35 4.5% 	1.40 	4.39
 KASAÏ-ORIENTAL	459.2 ●	197.6 ●	749.9 ●	52% 	60.5 35 4.5% 	0.75 	5.75
 KINSHASA	371.2 ●	9.1 ●	907.3 ●	52% 	60.5 35 4.5% 	0.91 	9.05
 KONGO CENTRAL	25.3 ●	60.5 ●	501.9 ●	52% 	60.5 35 4.5% 	0.50 	3.76
 KWANGO	294.0 ●	15.6 ●	179.5 ●	52% 	60.5 35 4.5% 	0.34 	2.36
 KWILU	620.9 ●	74.5 ●	446.3 ●	52% 	60.5 35 4.5% 	0.72 	4.73
 LOMAMI	296.4 ●	53.8 ●	417.4 ●	52% 	60.5 35 4.5% 	0.49 	3.03
 LUALABA	72.6 ●	78.7 ●	132.0 ●	52% 	60.5 35 4.5% 	0.13 	2.17
 MAÏ-NDOMBE	210.3 ●	100.9 ●	539.7 ●	52% 	60.5 35 4.5% 	0.54 	1.82
 MANIEMA	486.1 ●	119.6 ●	123.5 ●	52% 	60.5 35 4.5% 	0.63 	2.47
 MONGALA	20.1 ●	30.4 ●	145.1 ●	52% 	60.5 35 4.5% 	0.15 	2.38
 NORTH-KIVU	1506.6 ●	376.4 ●	1,702.7 ●	52% 	60.5 35 4.5% 	2.63 	8.20
 NORTH-UBANGI	110.8 ●	45.4 ●	47.0 ●	52% 	60.5 35 4.5% 	0.13 	1.49
 SANKURU	233.1 ●	77.1 ●	135.1 ●	52% 	60.5 35 4.5% 	0.29 	1.91
 SOUTH-KIVU	888.1 ●	229.6 ●	1,026.9 ●	52% 	60.5 35 4.5% 	1.75 	6.66
 SOUTH-UBANGI	118.3 ●	98.6 ●	128.1 ●	52% 	60.5 35 4.5% 	0.14 	2.71
 TANGANYIKA	1,069.7 ●	103.9 ●	568.3 ●	52% 	60.5 35 4.5% 	1.29 	2.93
 TSHOPO	192.8 ●	91.2 ●	161.0 ●	52% 	60.5 35 4.5% 	0.22 	2.69
TSHUAPA	-	-	87.9 ●	52%	60.5 35 4.5%	0.09	2.00
	7.8M	2.6M	10.5M	52%	60.5 35 4.5%	13.1M	94M

*Disaggregation by age and sex was based on the national average. Children (<18 years), adults (18-59 years), pers. elderly (> 59 years old).

PEOPLE TARGETED (IN THOUSANDS)	BY HUMANITARIAN ISSUE			BY SEX AND AGE*		TOTAL (IN MILLIONS)	
	Loss of access to basic goods and services and livelihoods	Threats to protection	Excess mortality and excess morbidity	% females	% children, adult, elderly	People Targeted	Total Population (Projected)
 BAS UELE	52.1	35.4	64.6	52%	60.5 35 4.5%	0.06	1.21
 EQUATEUR	17.3	38.0	182.3	52%	60.5 35 4.5%	0.18	2.31
 HAUT-KATANGA	182.7	211.4	440.9	52%	60.5 35 4.5%	0.44	5.65
 HAUT-LOMAMI	347.1	73.0	919.9	52%	60.5 35 4.5%	0.92	3.77
 HAUT-UELE	60.3	53.7	252.4	52%	60.5 35 4.5%	0.25	1.74
 ITURI	540.4	261.3	554.6	52%	60.5 35 4.5%	0.55	5.35
 KASAÏ	570.6	134.9	301.3	52%	60.5 35 4.5%	0.84	4.35
 KASAÏ-CENTRAL	1 016.6	71.6	383.3	52%	60.5 35 4.5%	1.40	4.39
 KASAÏ-ORIENTAL	459.2	197.6	749.9	52%	60.5 35 4.5%	0.75	5.75
 KINSHASA	214.0	9.1	522.9	52%	60.5 35 4.5%	0.91	9.05
 KONGO CENTRAL	25.3	60.5	501.9	52%	60.5 35 4.5%	0.50	3.76
 KWANGO	294.0	15.6	77.1	52%	60.5 35 4.5%	0.21	2.36
 KWILU	620.9	74.5	446.3	52%	60.5 35 4.5%	0.45	4.73
 LOMAMI	296.4	53.8	417.4	52%	60.5 35 4.5%	0.49	3.03
 LUALABA	54.5	78.7	78.1	52%	60.5 35 4.5%	0.08	2.17
 MAÏ-NDOMBE	210.3	100.9	539.7	52%	60.5 35 4.5%	0.54	1.82
 MANIEMA	364.6	119.6	95.6	52%	60.5 35 4.5%	0.28	2.47
 MONGALA	20.1	30.4	145.1	52%	60.5 35 4.5%	0.15	2.38
 NORTH-KIVU	1,130.0	376.4	1,702.7	52%	60.5 35 4.5%	1.77	8.20
 NORTH-UBANGI	110.8	45.4	47.0	52%	60.5 35 4.5%	0.07	1.49
 SANKURU	233.1	77.1	66.3	52%	60.5 35 4.5%	0.08	1.91
 SOUTH-KIVU	666.1	229.6	1,026.9	52%	60.5 35 4.5%	1.11	6.66
 SOUTH-UBANGI	44.9	98.6	128.1	52%	60.5 35 4.5%	0.13	2.71
 TANGANYIKA	820.4	103.9	568.3	52%	60.5 35 4.5%	0.93	2.93
 TSHOPO	192.8	91.2	161.0	52%	60.5 35 4.5%	0.16	2.69
 TSHUAPA	-	-	87.9	52%	60.5 35 4.5%	0.09	2.00
	7.8M	2.6M	10.5M	52%	60.5 35 4.5%	10.5M	94M

*Disaggregation by age and sex was based on the national average. Children (<18 years), adults (18-59 years), pers. elderly (> 59 years old).

RATIONALE OF THE

2018 BUDGET

The projections in the multi-year HRP were established at the end of 2016. Following the significant and rapid deterioration of the humanitarian context in 2017, these projections were revised for 2018, taking into account the updated of the planning scenarios. As a result, the number of people in need for 2018 almost doubled, from 7.5 million to 13.1 million people. This increase is explained by the expansion of the crisis and the resurgence of violence in the East.

The factors behind the increase in planning figures are as follows:

- **Increase in the number of IDPs:** Taking into account the deteriorating security context reported in 2017, projections for 2018 of IDPs and returnees increased from 3.3 million (projected 2016 figures for 2018) to 7.5 million (new projections for 2018).
- **Protection:** Similarly, the number of people in need of protection is estimated at 13.1 million in 2018, compared to the estimated 7.8 million people originally projected for 2018.
- **Food security:** Owing to the significant increase in humanitarian needs in 2017 and the overall deterioration of the humanitarian context expected in 2018, the projection of people in need of food assistance for 2018 went from 6 million people (2016 projection) to 9.9 million people.
- **Nutrition:** The number of people in need of nutrition assistance projected for 2018 has increased from 4.3 million people (2016 projection) to 4.6 million people.
- **Epidemics:** The number of people in need of assistance to treat or prevent epidemics in 2018 has increased significantly, from 7 million people (2016 projection) to 10.5 million people.
- **Health:** The cost per beneficiary increased to \$USD- 18 following a review of operational costs carried out by Cluster members.

The number of people targeted in 2018 changed from 7.1 million people, based on 2016 projections, to 10.5 million people.

The overall number of people targeted comes from the aggregation of sectoral estimates. Each sector applies its own methodology to identify the number of people targeted for assistance out of the total number of those in need as identified by the sector. For the revision of the 2018 planning data, the sectoral targeting methodologies remained the same, except for changes made in the calculation methods of two sectors:

- **Nutrition:** The ratio applied for targeting has increased from 20 percent, which was used in the 2016 projections, to 50 percent for 2018. This change aims to align the sector goal with the ambition of the Humanitarian Country Team to ensure better coverage of needs.
- **Education:** In an aim to align the sector goal with the ambition of better coverage of needs, the Education cluster has increased its ration of people targeted from 41 per cent, which was used in 2016 projections, to 47 percent in 2018.

The budget for 2018, originally estimated at US\$ 780.5 million, increased to US\$ 1.68 billion

The increase in the overall funding required for 2018 is due to three primary factors: (i) increase in the number of people in need; (ii) revision of certain sector targeting criteria; and (iii) changes in the cost per beneficiary for certain sectors.

The cost per beneficiary varies by sector of intervention. In 2017, the NFI and Health sectors saw their average cost per beneficiary increase, following the update of the analysis of their actual costs of delivering. Thus, the average cost per beneficiary for NFI/ Shelter has risen from \$36 to \$38.4, and for Health the cost has risen from \$9 to \$18 per beneficiary.

Methodologies for calculating sectoral planning figures

Cluster	People in need	People targeted	Cost per beneficiary
Education	41% of the affected population (3 - 18 years)	47% of people in need (6 - 11 years)	\$65
Food Security	100% of people in IPC 3 and 4	<ul style="list-style-type: none"> 100% of people in IPC 4 00% of people in IPC 3 in zones experiencing population movements. 	\$77.70
Health	<ul style="list-style-type: none"> 100% of people at risk of epidemics; 10% of people in need of nutrition assistance; 80% of displaced people for primary health care; Consideration is also given to total cases of malaria in epidemic areas and cases of GBV 	100% of people in need are targeted	\$18
NFI/Shelter	Based on findings from the needs assessments, the cluster applies different proportions among the people assigned to calculate NFI and shelter requirements. Overall: About 40% of people affected except refugees are in need. 100% of refugees are in need	About 30% of non-refugee affected people (74% of needs) are targeted for NFI/Shelter response and about 45% of refugees are targeted for NFI/Shelter response.	\$38.4 (new 2018 cost per beneficiary after review in 2017)
Nutrition	The cluster considers pregnant and lactating women, children aged 0 - 5 years, and people living with Tuberculosis and HIV/AIDS. Figures are calculated on the basis of the affected population, applying the health zone prevalence rate from new surveys or (in their absence) from the 2013 - 2014 EDH database	The cluster has defined three prioritizations: <ul style="list-style-type: none"> Priority 1: Health zones with GAM greater than or equal to 15% and/or SAM greater than or equal to 5%. Food Insecurity assessed at IPC Phase 4. Priority 2: Health zones with $10\% \leq \text{GAM} < 15\%$ and/or $2\% \leq \text{SAM} < 5\%$ associated with aggravating factors (epidemics, crisis levels of food insecurity (IPC3); population movements; infant-child crude mortality rate $> 2 / 10,000 / \text{day}$; $> 30\%$ increase in admissions to nutrition programs in a 3-month period) 	\$99.3
Protection	100% of the affected population by the humanitarian crisis is targeted, in line with the IASC Policy on Protection in Humanitarian Settings	100% of affected people	\$8.3
Refugees	100% of refugees, asylum seekers, returnees and host families	100% of refugees, asylum seekers and returnees; 25% of host families	

Cluster	People in need	People targeted	Cost per beneficiary
WASH	<p>WASH: 100% internally displaced people, refugees, expelled are affected.</p> <p>"WASH in nut": based on Nutrition data</p> <p>Epidemics: according to the endemic and epidemic area typology, taking into account unclassified areas which have experienced an epidemic</p> <p>Natural disasters: 100% victims of natural disasters</p>	<ul style="list-style-type: none"> • 100% internally displaced people, refugees, expelled in sites since less than 6 months • 50% internally displaced people, expelled, in sites since less than 6 months • 30% of host families for IDPs, expelled, refugees, since less than 6 months • 100% returnees since less than 6 months • 100% victims of natural disasters 	\$11.4

ACRONYMS

CERF: Central Emergency Response Funds

CHS: Core Humanitarian Standards

CNCH: Cadre National de Concertation Humanitaire National/National Humanitarian Consultation Framework (CNCH)

CPCH: Cadre Provincial de Concertation Humanitaire / Provincial Humanitarian Consultation Framework (CNCH)

CWG: Cash Working Group

DRC: Democratic Republic of the Congo

DRCHF: Democratic Republic of the Congo Humanitarian Fund

FTS: Financial Tracking Service

HCT: Humanitarian Country Team

HRP: Humanitarian Response Plan

IASC: Inter-Agency Standing Committee

IDP: Internally Displaced People

IPC: Integrated Food Security Phase Classification

L3: Level 3

M: million

MRE: Multisector Rapid Evaluation

NFI: Non-food items

OCHA: Office for the Coordination of Humanitarian Affairs

SO: Strategic Objective

UNDAF: United Nations Development Assistance Framework

UNDP: United Nations Development Programme

UNHCR: United Nations High Commissioner for Refugees

USD: United States Dollars

WASH: Water Sanitation and Hygiene

GUIDE TO GIVING

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www.rdc.humanitarianresponse.info

CONTRIBUTE THROUGH THE CENTRAL EMERGENCY RESPONSE FUND



The OCHA-managed Central Emergency Response Fund (CERF) provides rapid funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. Contributions from various donors—mainly governments, but also private companies, foundations, charities and individuals—are pooled to support response to crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

CONTRIBUTE THROUGH THE DRC HUMANITARIAN FUND



The DRC Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at country level under the leadership of the Humanitarian Coordinator and jointly managed by OCHA and UNDP. Find out more about the DRC Humanitarian Fund website:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

Individual contributions can be made here :

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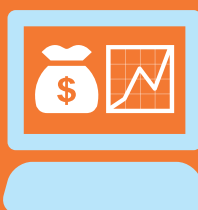
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This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and a joint process of strategic response planning.

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