

# Democratic Republic of the Congo: 2018 Mid Year Report SOUTH SUDAN REGIONAL RRP

January - June 2018



## 93,087

SOUTH SUDANESE  
REFUGEES HOSTED IN  
DRC (30 JUNE 2018)

## US\$ 54.8 M

REQUIRED IN DRC IN 2018

## 2%

FUNDING RECEIVED  
(17 JULY 2018)

## 4

RRP PARTNERS IN DRC  
IN 2018

### SITUATION OVERVIEW

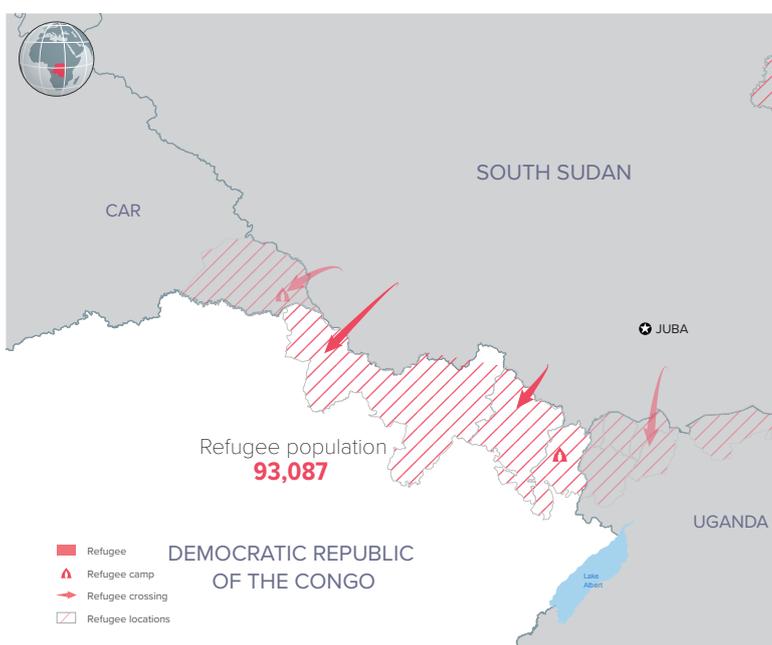
As of end of June 2018, there are over 93,000 South Sudanese refugees in the Democratic Republic of Congo (DRC), out of which 53% are women and girls, and 64% are children below the age of 18. South Sudanese refugees are currently located in the North East of the DRC (Ingbokolo in Aru territory, Ituri province; Aba in Faradje territory and Doruma in Dungu territory, Haut-Uélé province). Following the rise in the refugee population in 2016 and 2017, there was no significant increase in first six months of 2018 with only 3,948 new arrivals and no substantial decrease. RRP partners and the Government had – and continue to have – very limited access to refugees in the north of the Dungu territory due to the volatile security situation and presence of armed groups, including the Lord's Resistance Army (LRA).

South Sudanese refugees are arriving to the DRC against the backdrop of a country which remains the most affected country in Africa by internal forced displacement: nearly 1.9 million people were newly displaced in the DRC in 2017 bringing the total internally displaced population to almost 4.4 million people. The situation is compounded by the fact refugee hosting areas are among the most economically underserved and marginalized of the country. Refugees live alongside host communities with extremely meager resources to share and who also cater for Congolese returnees from South Sudan, IDPs and other vulnerable populations. Hosting regions have experienced prolonged conflict and poverty, contributing to population displacement, chronic food insecurity and limited livelihood activities. The dearth of public services including schools and hospital is also dire.

Negotiations with local and national authorities in mid-2018 have started for land to be allocated for a new site to the south-east, while the financial means for the operation remain key constraint. Once moved, the population will be served through the same programming as other residents in hosting areas.

The demarcation between the Ituri and Haut-Uélé provinces and South Sudan remains uncontrolled due to the insufficient presence of the Congolese police and armed forces, creating opportunities for armed groups to enter, putting populations, both refugees and the host community at great risk. Humanitarian access rests entirely on the ability and capacities of the United Nations Organization Stabilization Mission in the DRC to prioritize protection of civilians in border areas hosting refugees.

As of 30 June 2018, the funding received in DRC for the South Sudan RRRP reached only 2%. The lack of funds critically impacts the provision of the necessary life-saving assistance to both new arrivals and existing caseload: protection challenges for the South Sudanese people are immense while living conditions remain below humanitarian standards with basic needs and standards being unmet. The assistance strategy for the South Sudanese refugees is to make sure the refugees and asylum have access to international protection and life-saving assistance.



\* The projected refugee population from South Sudan by end 2018 remains at the level of 120,000 persons, however trends indicate a slight reduction of arrivals at the end of the year.

## Protection

**100%**   
of identified  
SGBV survivors received  
appropriate support in  
Dungu, Meri and Biringi sites

 **649**  
children registered  
and issued documentation

**Access** remains difficult due to  
insecurity & refugees need to be  
relocated inland away from border  
areas with South Sudan where  
they face **protection risks**

Since the beginning of the crisis in South Sudan, UNHCR and the National Commission for Refugees (CNR) registered biometrically or pre-registered some 93,087 South Sudanese refugees (as of 30 June 2018) in the DRC. The limited number of staff and capacity of the CNR in charge of pre-registration has contributed to a slowdown in the registration process and the registration did not keep up with the pace of the refugee influx: only 70% South Sudanese refugees are biometrically registered, while others are pre-registered only. The lack of registration exposes refugees to a number of protection risks such as harassment and abuse, and limits their freedom of movement, depriving refugees of their rights to protection and assistance.

64% of the refugee population are children below the age of 18. Through the individual biometric registration, a high number of unaccompanied or separated children (UASC) were identified, 964 were identified and 21% have been assisted as of 30 June 2018. However, numbers of UASC need to be further verified for Meri site as continuous registration is not implemented. Work with ICRC is ongoing to support the family reunification process. In Aru, panels for determining the best interests (BID Panels) of the child were set up but are not yet operational. In Aba, the setting up of the BID Panel was a challenge as most Congolese administrative authorities are located far from the site, in Faradje, which is 70 km from Aba.

Expected relocation of refugees from the border areas to a reasonable distance from South Sudan to maintain the humanitarian and civilian character of asylum has not yet commenced, exposing children, and especially those with specific needs to the risk of recruitment by armed groups. The reason for delay is lack of funding. During the first half of 2018, 1,060 children with specific needs have been registered, but due to lack of funding only 200 (19%) have received adequate support.

SGBV remains severely underreported, mainly due to fear for stigmatization, societal and cultural attitudes. Between January and end of June 2018, 108 SGBV cases were reported, while more are assumed having taken place in reality. To date, all of them received medical support despite weak local health services. Many SGBV survivors did not opt for any legal action. Psychological support to SGBV survivors was limited to due to poor health structures and reduced medical staff to service the needs of refugees and their hosts.

## Education

 **5,742**  
South Sudanese refugee  
children **need enrollment** in  
secondary schools

**6,083**  
South Sudanese  
refugee children are  
**enrolled in primary school** 

**2**   
new school buildings  
constructed

Education is a key area for refugee children, especially as absence from school exposes children to many risks, including to forced recruitment or child labour. Positive attitudes were noted in regards to willingness of parents to send their children to school, but some initial advocacy and awareness raising activities were required. The enrolment rate in primary school remained extremely low in 2018 due to the lack of funds. The available funding allowed for the support of 6,083 out of 8,000 refugee children only for the first semester of the year. No funds were available in 2018 in order to continue the rest of the year neither for supporting youth of secondary school age. This does not only deprive them of a solid education but exposes them to considerable protection risks and could lead them to delinquency, vandalism and recruitment by armed groups.

By the end of June 2018, 76% of South Sudanese refugee children were in primary schools (2,070 in Dungu, 3,550 in Aba and 463 in Biringi sites). The support provided included awareness raising campaigns targeting parents on the importance of sending their children to school; identification of all school-aged refugee children, registration of refugee children to schools according to their grades; provision of school kits to refugee children at school (including pens, notebooks and books, books etc.); procurement and distribution of school uniforms; attendance monitoring of refugee children attending school; economic and school reinsertion of child victims of SGBV; and payment of school fees for the most vulnerable refugee and host community children. In addition, two new school buildings, one in Biringi and one in Aba (Meri), were handed over to the local authorities in February 2018. In April, RRP partners handed over the renovated and expanded Momuzi primary school at Kaka site near the town of Dungu (Haut-Uélé Province) to the local authorities. The school helps to reinforce peaceful coexistence with the host community, as refugee and local children study together. However, many children are still unenrolled in either primary or secondary schools, putting children and teenagers at several risks, including economic and protection. Due to budget constraints, preparatory French classes were discontinued in 2018, meaning that South Sudanese refugee children enroll into Congolese schools without proper training in French, the language of tuition. This may lead to high numbers of school dropouts. Already under current arrangements, 13 per cent of children supported by RRP partners for education dropped out of school since the beginning of the school year.

## Food



**38,970**  
refugees received 75%  
or more food rations



**20%**  
reduction of food cash vouchers  
for South Sudanese refugees in DRC  
due to financial constraints

During the first half of 2018, food assistance continued to be provided to 42 percent of refugees in the camps and out of camp sites, transit and reception centres. 36,995 refugees received 75 percent or more food rations, through provision of in-kind food or cash. Targeted refugee households were provided with either dry food rations or a cash transfer equivalent monthly food assistance. However, due to budget constraints, the amount of the cash vouchers for food purchase was reduced by 20 percent in March 2018. This is critical given the constraints experienced by refugees trying to achieve self-reliance and in view of the extremely limited livelihood opportunities, forcing them to be highly dependant on humanitarian assistance.

## Health & Nutrition



**540** boxes of  
medicines distributed

**Health and  
nutrition  
committees established  
at the new Kaka site**



Only **48%** of  
South Sudanese  
refugees in Aru  
have access to primary  
health care facilities

During the reporting period, a health centre was renovated at Kaka 2 site. Newly constructed facilities include latrines, a rainwater collection system, an incinerator, and a garbage pit. The rehabilitated health center also serves the six villages neighboring the site and thus benefits both refugees and host communities. In addition, three psychosocial counselors have been deployed to the community center at Meri site (Haut-Uélé Province), to Nyalanya health center and to the local referral hospital, to provide mental health and psychosocial support to survivors of SGBV. In order to improve access to healthcare for refugees and host populations, RRP partners provided essential drugs and medical products to four health centers in Ituri and Haut-Uélé Provinces. RRP partners targeted health centers in Aba for distribution of key medicines to treat the most frequent diseases (with 156 boxes), Dungu (140), Biringi (86) and Doruma (157). All four health centers will also provide urgently needed drugs to local hospitals. Given the funding limits, only one box of drugs was provided to the transit center for South Sudanese refugees in Aru. Health and nutrition committees were established at the new Kaka site (Haut-Uele

Province), composed of refugee women and men who support identification and referral of sick refugees and in carrying out sensitisation campaigns on disease prevention and nutritional screening.

RRP partners and a team from the National Program against HIV assessed the emergency response initiated in Doruma in 2016 to ensure continuity of antiretroviral therapy (ART) to 1,300 persons living with HIV/AIDS, in partnership with WHO, UNAIDS and the Global Fund. The project will be extended to the other health zones hosting South Sudanese refugees, Aru, Biringi and Aba, and includes capacity building for 45 healthcare providers on HIV/AIDS. Response and prevention capacities for HIV/AIDS remains limited in those health zones, particularly with regard to testing and prevention of mother-to-child transmission.

Prevalence of global acute malnutrition (6-59 months) is stable since the beginning of the year and reaches 5% currently which meets international standards. Structures are in place for the community management of acute malnutrition. In May, 1,165 cases of acute malnutrition were registered at Meri site (including 550 children under five), and 241 cases at Biringi site (85 children under five). During the first half of 2018, food supplements to treat refugees with acute malnutrition were urgently needed but not available through the national system.

## Livelihoods & Environment



**500 households** in Doruma, Dungu, Meri & Biringi received **farming tools and seedlings**

**200 kits** for refugees to manufacture improved fireplaces and briquettes



**Limited funding** for livelihoods jeopardizes access of refugees to jobs

Promotion of self-reliance activities is of utmost importance for refugee households, particularly in light of the 20 percent reduction in cash grants for food provision. Since January 2018, in Meri site (Bas-Uele Province), a cooperative of eight refugees and two locals opened a bakery, as a self-reliance pilot project. In Biringi, a bakery was opened by an association of ten refugees and supported by RRP partners who provided a stove, construction material, baking tools, ingredients and training. RRP partners promoted other income generating activities for South Sudanese refugees, such as agriculture, milling, hairdressing and tailoring with provision of material and technical and management training. They also supported South Sudanese refugees living in sites with the preparation of the upcoming agricultural season, providing trainings and technical advices from agronomists. RRP partners also provided business training to nine bakers and six millers from Meri site and professional training to 43 tailors and hairdressers. In March 2018, 500 households in Doruma, Dungu, Meri and Biringi refugee sites received farming tools and seedlings for the upcoming agricultural season. 1,080 kg of peanut seeds were distributed to six agricultural cooperatives in Dungu as well. Finally, a 3-month trainers' training on manufacturing of improved fireplaces and briquettes was launched at Meri and Biringi refugee sites. At the end of this training in September, 200 kits were distributed to the 59 trainees, including 37 women, all of them persons with special needs and/or SGBV survivors.

## Shelter & NFIs



**3,860** of refugee households received NFI kits in the first half of 2018



**500** refugee housing units arrived to serve as transit centres for new arrivals



**49%** of South Sudanese refugees in the DRC do not have access to adequate shelter

Since the beginning of the year, no shelter kits were distributed due to lack of funds. More than half of South Sudanese refugee households (some 6,700 families) on the sites did not receive shelter kits. This forces refugee families to live in communal hangars for months, which puts them at risk of abuse or theft. Or they live under cramped conditions, in leaking and insecure shelters. However, as a result of RRP partner advocacy efforts, the village chief of Biringi allocated an area of 140 hectares neighboring Biringi site to build shelters. For the first

time, authorities in Biringi allowed the refugees to collect building material from the surrounding forests without restriction. In the new allocated area of Biringi site, RRP partners delimited, cleared and distributed plots to refugees who will be assisted by an engineer for the construction of their shelters.

To date, 500 refugee housing units (RHUs) planned for deployment in Kaka site have reached the DRC border and are on their way to Dungu, while 500 more are on their way to be deployed in Meri. The RHU will be used for different purposes according to the most pressing needs, including to serve as reception points / centres for new arrivals and to address the logistical needs for partners activities in the area of infrastructures (i.e. serve as extra rooms for health facilities etc.).

A total of 3,860 refugee households received NFI kits (mainly in Meri site), including sleeping mats, blankets, mosquito nets and soap. Moreover, 4,542 household received jerry cans. Hygiene kits (sanitary pads, underwear, soap and bucket) were distributed to 9,384 women and girls. Nevertheless, RRP partners cannot provide enough relief items due to funding shortages. Over 10,000 South Sudanese refugees are still in need of non-food items. Refugees in need of NFIs face severe health consequences (e.g. malaria deaths due to lack of mosquito nets). Some venture back into South Sudan to recover their belongings, facing serious protection risks.

## WASH



**14.8 litres**  
of water  
per person per day  
(but still well below  
the 20 L standard)

**1 water drilling machine**  
acquired to serve  
the refugee needs



**3** boreholes  
constructed and  
**2** water sources  
rehabilitated to increase  
access to water in refugee sites

Due to the lack of funding, the WASH situation is a serious concern with a significant lack of latrines and showers in the designated sites (as of June 2018), constituting a gap of over 8,000 latrines.

As a result, many refugees practice open defecation which poses a serious threat to the health and protection of the refugees. Refugees living in poor conditions risk the spread of communicable diseases. The conditions of those living in spontaneous settlements is even more worrisome than those in refugee sites with regard to the sanitation and hygiene conditions.

Since the beginning of the year, despite the fact that RRP partners acquired a water drilling machine, the situation remains of concern. Two boreholes were already drilled at the Aru transit center and in Aru town. A third borehole was constructed in Biringi site in early March. At Kaka site, two water sources were rehabilitated. At Meri site three new wells were finished, nevertheless water supply is still less than half of the minimum standard (between 9.1 liters and 14.8 litres / refugee / day) and more boreholes are needed in order to meet the SPHERE standard in terms of access to water. For refugees living outside the sites, the situation is not much better as no actor is supporting them to get potable water for drinking. Some locations are hard to reach and the provision of appropriate drilling equipment to these remote areas is very difficult.

## CRRF

While the DRC has not yet declared itself a Comprehensive Refugee Response Framework roll out country it has in practice been supportive of its application. Refugee response strategies, policies and plans in response to the needs of refugees and host communities are in line with the spirit of CRRF. RRP partners participated in the finalisation of the National Development Plan for refugees, taking steps to incorporate refugee needs. RRP partners are fully engaged in the UNDAF process. Considering cultural and linguistic affinities of the refugees and host communities, the DRC response is using a community based approach to pursue and build development alliances that will facilitate their peaceful and mutually beneficial coexistence. In this regard, joint programming opportunities aligned with the Sustainable Development Goals and the Transformative Agenda of the Government of DRC were identified and pursued with development actors to ensure that refugees are protected and assisted effectively and are able to achieve solutions without resorting to the establishment of camps and when existing camps are phased out or transformed into sustainable settlements.

In line with UNHCR's policy on Alternatives to Camps, DRC is assimilating all services into the national health, education, water, sanitation, and infrastructures while at the same time collaborating with other responders already providing services in these sectors. In this context, RRP partners plan to initiate the process of integrating refugee education and health services into the national structures while reinforcing the livelihoods activities. In term of education, refugees are attending public schools and RRP partners are assisting the Government with stipends for teachers not yet on government payroll to allow children to attend schools while discussions are ongoing.

Initiative has been undertaken to involve the private sector to support education in the refugee hosting area through the support of Vodacom. Vodacom is supporting refugees' education. The platform will support the education strategy to integrate refugees in the national education system, and RRP partners were engaged in the discussion during the Education conference in Nairobi which led to the adoption of the Nairobi declaration on education in which member states committed to support education and included refugees and IDPs. In term of health, refugee health centers are being used by both refugees and host population. In Lubumbashi refugees have been enrolled in a health care insurance scheme which provides coverage for primary care the scheme known as the Mutuelle' assurance.

### RRP PARTNERS

- Food and Agriculture Organisation
- United Nations Children's Fund
- United Nations High Commissioner for Refugees
- World Food Programme

### FOR MORE INFORMATION

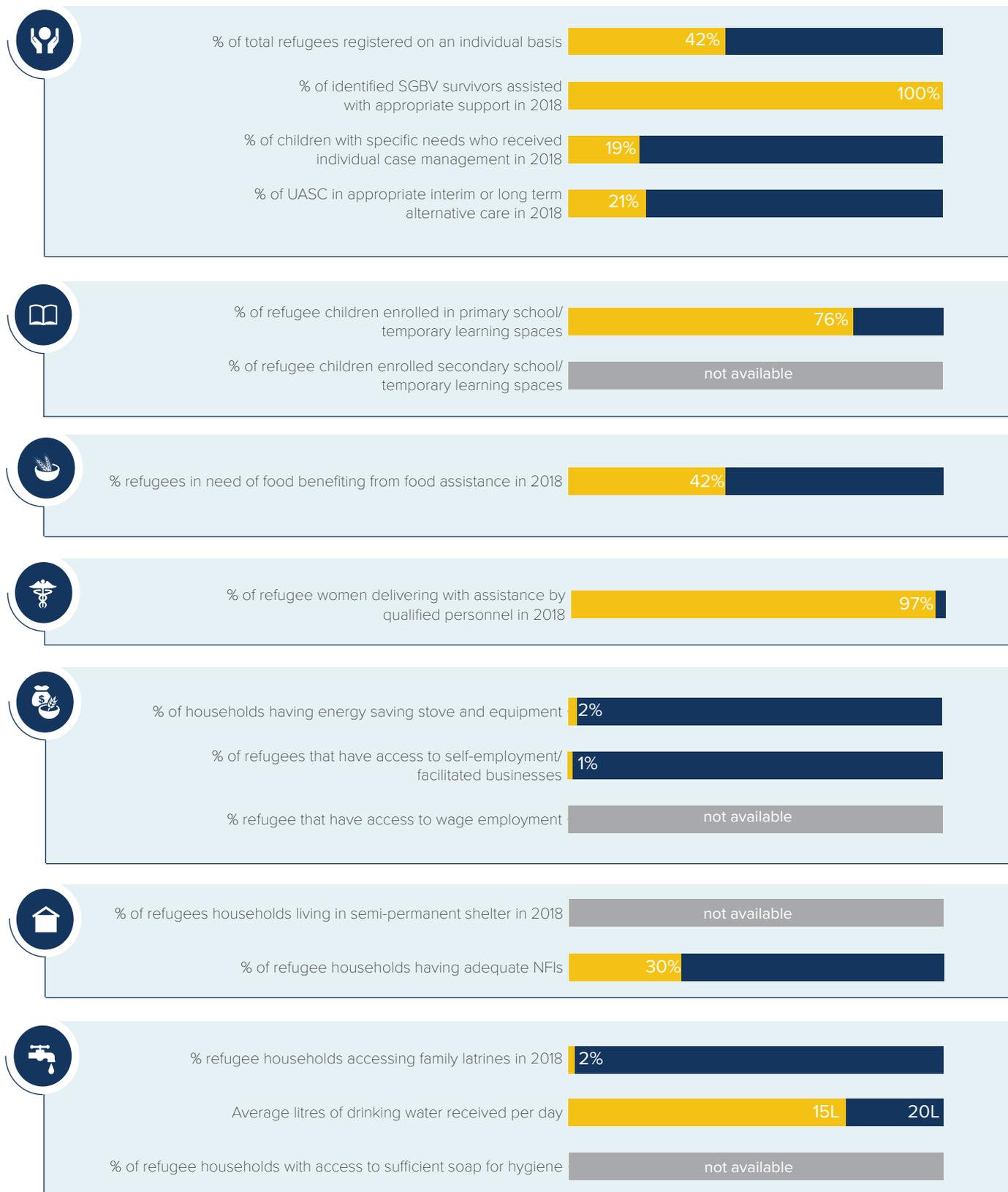
**South Sudan Data Portal** - <https://data2.unhcr.org/en/situations/southsudan>

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### FOR MORE INFORMATION

South Sudan Data Portal - <https://data2.unhcr.org/en/situations/southsudan>

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