



REPORTING PERIOD: JANUARY - JUNE 2018

SITUATION IN NUMBERS

Highlights

- As of 28 June 2018, a total of 15,425 refugees from the Democratic Republic of the Congo (DRC) were registered at Kenani transit centre in the Luapula Province of Zambia.
- UNICEF and partners are supporting the Government of Zambia to provide life-saving services for all the refugees in Kenani transit centre and in the Mantapala permanent settlement area.
- More than half of the refugees have been relocated to Mantapala permanent settlement area.
- The set-up of basic services in Mantapala is drastically delayed due to heavy rainfall that has made access roads impassable.
- Discussions between UNICEF and the Government are under way to develop a transition and sustainability plan to ensure the continuity of services in refugee hosting areas.

15,425

of registered refugees in Nchelengue district
(UNHCR, Infographic 28 June 2018)

79%

of registered refugees are women and children

25,000

of expected new refugees from DRC in Nchelengue District in 2018

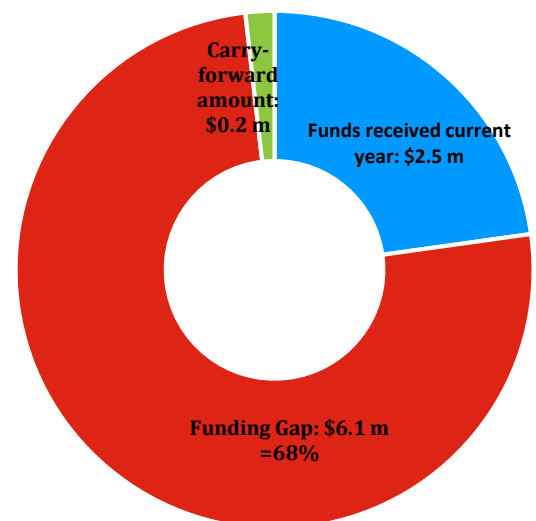
US\$ 8.8 million

UNICEF funding requirement

UNICEF's Response with Partners

	UNICEF		Sector	
	UNICEF Target	Total Results*	Sector Target	Total Results*
Nutrition: # of children admitted for SAM treatment	400	273	400	273
Health: # of children vaccinated against measles	11,875	6,690	11,875	6,690
WASH: # of people provided with access to safe water	15,000	9,253	25,000	15,425
Child Protection: # of children receiving psychosocial and/or other protection services	5,500	3,657	9,000	4,668
Education: # of children accessing quality education	3,540	1,422	11,800	1,448

Funding Status 2018



Funds available include funding received for the current year as well as the carry-forward from the previous year.

Situation Overview and Humanitarian Needs

The protracted political instability in the Democratic Republic of the Congo (DRC) has led people to flee into neighbouring Zambia for refuge. The Congolese refugees and asylum seekers are fleeing conflict and violations of human rights in the DRC as government soldiers fight militia in the eastern regions of the country. Since August 2017, Zambia has been receiving an increased number of refugees from the DRC, mainly from Pweto in Haute Katanga and Moba in Tanganyika Province. A total of 18,486 refugees have been registered since then, of which more than 15,000 arrived through the Chiengi border area, in Nchelenge district of Luapula Province.¹ Of these, 58 per cent are children below the age of 18 years, and 51 per cent are female (including children and adults). While the majority of the Congolese refugees have arrived in Nchelenge district, a smaller number has arrived in Western and North-Western Provinces and Lusaka who after registration are transferred to Meheba and Mayukwayukwa refugee settlements.

As at end of June, the total number of refugees and asylum seekers from DRC in Zambia stands at 42,570, of which some 23,000 are children under 18 years old. Depending on how the situation unfolds in DRC in view of the upcoming referendum and the anticipated elections later this year, more fighting and instability may occur, leading in turn to a fresh influx of refugees to Zambia, requiring increased response and resources.

While a refugee transit camp has been set up in Kenani (Nchelenge district) which is designed to hold 5,000 individuals, the congestion and insufficient basic services, including health facilities at Kenani, is putting the population at serious risk of water-borne disease as well as other communicable diseases.

The Government of the Republic of Zambia, with the support of humanitarian partners, in March 2018 started to relocate Congolese refugees from Kenani to a newly opened permanent settlement site, Mantapala, 40 kilometres from the transit centre. The new site is meant to host 25,000 refugees. Access to basic services in the new settlement has been a priority for all the partners since March 2018. Nevertheless, the heavy rains and the poor state of the roads have drastically slowed down the development of Mantapala refugee settlement. The relocation process had to stop for several weeks and resumed on 27 April 2018. The total number of refugees in Mantapala was 10,359 individuals as at 28 June 2018.

The UNICEF Response Plan in line with the revised 2018 inter-agency Regional Refugee Response Plan (RRRP), focuses on activities to respond to the needs of the new arrivals in Mantapala resettlement for 12 months from January to December 2018, as well as to ensure life-saving and protection services remain in place in Kenani for the remaining refugee population.

Estimated Population in Need of Humanitarian Assistance (Estimates calculated based on initial figures from UNHCR, 14 February 2018)			
Start of humanitarian response: January 2018			
	Total	Male	Female
Total Population in Need	25,000	12,319	12,681
Children (Under 18)	14,500	7,221	7,278
Children Under Five	5,500	2,684	2,816
Pregnant and lactating women	1,805		1,805

Humanitarian Leadership and Coordination

The Government of Zambia is leading the refugee response through the Commissioner for Refugees (COR), within the Ministry of Home Affairs, mandated through the Refugee Act. Based on the Refugee Coordination Model, UNHCR is coordinating the response efforts in support of the Government.

¹ UNHCR-Zambia Refugees and Asylum Seekers from DRC in Zambia, 27 May 2018

UNICEF participates in the Refugee Protection Group, sectorial groups and Inter-Agency meetings that take place on a bi-weekly basis in Nchelenge District and Lusaka. UNICEF maintains a response team composed of health, nutrition, WASH, child protection and education specialists in Nchelenge District, Luapula Province, and is working closely with the line ministries at district level, as well as UNHCR and partners on child protection, WASH, nutrition, health and education.

Humanitarian Strategy

The projected Congolese refugee population targeted by the 2018 RRP is 941,000 of whom 76,000 is the planned caseload for Zambia. The RRRP focuses on the needs of the new arrivals. Whilst acknowledging its predominantly humanitarian focus, this plan also attempts to embrace activities and approaches that help refugees, host communities and refugee-hosting districts with a longer-term sustainable and equitable response. The Government of Zambia has adopted the Comprehensive Refugee Response Framework (CRRF) to improve economic productivity in refugee-hosting areas.

The area where the refugees have arrived, Luapula Province has poor pre-existing health indicators, with very low measles vaccination coverage (39 per cent), high prevalence of malaria (21 per cent), low knowledge about HIV/AIDS (39 per cent), and very low use of modern contraception (<4 per cent) and other factors that increase vulnerability of the population to major endemic diseases. Indicators were also poor for nutrition with 13.1 per cent of children affected by wasting, including 5.9 per cent severe wasting (source: RRRP 2018-Zambia). In an effort to improve indicators in the area, the response being implemented ensures access to services for both refugees and host communities. Furthermore, the Mantapala settlement health unit will be integrated in the Nchelenge District Health Office's Medium-Term Expenditure Framework Plan (2019-2021) and therefore into the Ministry of Health's national budget. This will ensure continuity and sustainability of services in the permanent refugee settlement area.

UNICEF is prioritising the delivery of life-saving humanitarian services in Kenani transit centre and Mantapala refugee settlement in Nchelenge District, for a total of 25,000 refugees by end of December 2018. UNICEF has ensured a continuous presence of technical specialists since the beginning of the response, covering WASH, health and nutrition, education and child protection sectors, working with Government authorities and humanitarian partners. An emergency coordinator has been deployed to provide continuous support for the implementation and coordination of the response.

Summary Analysis of Programme Response

Nutrition

According to initial assessments, and based on a population of 25,000 refugees, it was estimated that 400 children with Severe Acute Malnutrition would require appropriate malnutrition management, 1,805 pregnant and lactating women would need iron and folic acid supplements, while 5,500 children would be in need of Vitamin A supplementation. UNICEF coordinated with the National Food and Nutrition Commission (NFNC) and the Ministry of Health, other UN Agencies and Non-Governmental Organizations (NGOs) to support the orientation of health workers and community volunteers in nutrition assessment and inpatient and outpatient management of SAM.

The objective of the UNICEF response is to reduce malnutrition-related mortality and morbidity in children under 5 years among refugees through improved access to quality service delivery via integrated management of Severe and Moderate Acute Malnutrition (SAM and MAM). Activities implemented include the procurement and distribution of emergency nutrition supplies, capacity strengthening of the health and community systems for community mobilization, screening and early identification, referral and management of SAM, and coordination and supervision of SAM treatment activities. To date, 273 children have been admitted for SAM treatment and 523 children for MAM treatment. A total of 328 pregnant women out of 450 registered for antenatal care have received both iron and folic acid. In addition, 2,536 (80 per cent) out of an estimated 3,200 children under 5 currently registered in the camp have received the first dose of vitamin A supplementation during the mass immunization campaign. UNICEF and the Ministry of Health trained 17 health staff in treatment of SAM and MAM since the beginning of the response in September 2017. UNICEF and the Ministry of Health have oriented eight staff in Infant and Young Child Feeding (IYCF) which includes guidance on counselling HIV

mothers. In addition, 34 community volunteers were trained in IYCF counselling, SAM active case finding and defaulter tracing during 2018. This is in addition to the 21 community volunteers trained in 2017.

Health

The health status of children is of significant concern and implementing a minimum health service package for all refugees with an emphasis on preventive and promotive health care has been a key priority. The Mantapala settlement had no health facilities for refugees to access quality integrated health services. This was putting the refugee population at risk of illness, disease outbreaks, and possible death. UNICEF and partners set up emergency health facilities both in Kenani and Mantapala. Health services in the transit and settlement sites include emergency referrals and provision of life-saving primary health care services for all cases of severe and complicated diseases, and routine immunization including for measles and polio. Health services are delivered in partnership with the Ministry of Health at national, provincial and district levels, UN agencies and NGOs. UNICEF provides technical guidance, capacity building for health workers and community volunteers, and procures medicines, commodities, supplies and equipment.

In line with the CRRF, UNICEF and its partner, Plan International, are constructing a semi-permanent health centre in Mantapala. The health structure will benefit the refugee population and the host community. Due to heavy rainfall over the last five months, the access road to the settlement site has become impassable, drastically delaying the construction.

As of 17 June 2018, 6,690 children aged between 6 months and 15 years, have been vaccinated against measles, while all the children below 24 months receive routine vaccination upon arrival at the registration point and subsequently through the routine immunization services as appropriate for age. Severe medical cases are referred to the district hospital. From January 2018 until 17 June 2018, 13,727 people have been attended to for various ailments at both the Kenani and Mantapala outpatient departments (OPDs). Around 35 per cent of all the consultations are children under 5. Malaria is the major cause of morbidity with 34.6 per cent of all OPD attendance. Antenatal care services are also provided in both sites. Since January 2018 there were a total of 232 deliveries. More than 14,500 individuals have been reached by health promotion and disease prevention messages including early health seeking of health care, through 30 community-based volunteers. Finally, HIV services are integrated in the services offered in the health units.

WASH

UNICEF, together with UNHCR and partners including World Vision, Oxfam, Norwegian Church Aid (NCA) and the Zambian Red Cross, is providing WASH services to the refugees in the Kenani transit centre and Mantapala refugee settlement.

Currently, in Kenani transit camp, five water supply systems, including one water treatment plant, one borehole with a handpump and three mechanized boreholes, are functional producing about 143,000 m³/day of water, giving an average of 23 litres of water per person per day, exceeding the minimum Sphere standards. There are 293 emergency latrines and 295 emergency bathing facilities in Kenani, which translates to 21 persons per latrine and 23 persons per bathing facility. Community mobilization is also ongoing to promote safe hygiene practices among the refugees.

In Mantapala refugee settlement, UNICEF and partners have set up a water treatment plant and are drilling boreholes to provide safe water to the refugees. A total of 20 boreholes have been drilled of which 18 are functional. The overall water production is estimated at 143,000 litres per day, which is equivalent to 15 litres per person per day. Due to heavy rains, the bad state of the roads and flooding in some areas of the settlement, the construction of household latrines has been delayed. In the meantime, to address the sanitation concern and prevent disease outbreak, UNICEF has built 197 emergency latrines and 164 emergency bathing facilities in Mantapala. Hygiene promotion activities are also under way. Institutions, including child friendly centres, health centres and temporary learning structures, are also being provided with WASH facilities both in Kenani and Mantapala.

Education

Of the projected 25,000 people expected to arrive in the Nchelenge district under this refugee influx, it is estimated that 14,500 will be children under 18, with approximately 11,800 children in need of immediate access to early childhood learning and development, primary and secondary as well as non-formal education opportunities for out-of-school

children and adolescents. This requires the provision of temporary learning spaces through the construction of 155 semi-permanent classrooms for Early Childhood Education (ECE), primary and secondary levels, as well as adequate training of teachers.

UNICEF and its education partners Plan International and Save the Children, in collaboration with the Ministry of General Education, are constructing semi-permanent structures that will be compliant with Government standards and allow for later upgrading to permanent, quality structures. In the first phase, UNICEF, through its implementing partners, is building 24 semi-permanent classrooms in Mantapala settlement, for a total of 3,540 children. Monitoring is done to ensure the proper implementation of education activities, not only in terms of access for the targeted children but also in terms of the quality of the education services for boys and girls, including special education needs for children.

As of 17 June 2018, a total of 1,422 children (702 girls and 720 boys) are accessing education (primary school and ECE) in Temporary Learning Spaces (TLS) in Mantapala. The TLSs have been supplied with school-in-a-box kits and other education supplies. Assessment and placing of learners (3,897) and teachers (48) has been done in Mantapala and this has led to placement of learners in appropriate grades in the TLSs. In-depth orientation of 24 Congolese teachers to the Zambian Primary School Curriculum and Child Safeguarding took place on 11 - 15 June 2018. In addition, 550 children are benefitting from drama, football and other recreational activities.

Child Protection

Together with its implementing partners, UNICEF is supporting the Ministry of Community Development and Social Services in the area of child protection both in Kenani and in Mantapala. Urgent actions implemented to ensure protection of unaccompanied and separated children, include fast and effective registration, and where possible, activation of tracing and reunification procedures in collaboration with the main stakeholders.

UNICEF and its partner Save the Children, are constructing four Child Friendly Spaces (CFSs) as well as two youth centres in Mantapala settlement to respond to the increasing number of children that are accessing the new site. As the relocation to Mantapala is taking place gradually, the temporary CFSs already set up in Kenani Transit Centre continue to respond to the needs of the children awaiting to be relocated to Mantapala. Interventions include tracing of unaccompanied children and psychosocial activities. As of 17 June 2018, a total of 3,657 (2,007 boys and 1,650 girls) children have been enrolled in psychosocial and recreational support activities in Mantapala and Kenani in temporary CFSs. During those activities, 42 children with specific needs have been identified of whom 31 were referred for psychosocial support (PSS) counselling, and 11 were referred to health services. A total of 98 unaccompanied children have been identified, benefit from counselling and are regularly monitored, while 30 unaccompanied children referred for tracing have been successfully reunited with their families. In addition, 80 community members have been trained in basic child protection and child safeguarding concepts and will be part of the community based child protection system.

Ebola Virus Disease (EVD) Outbreak in DRC

On 8 May 2018, the Ministry of Health of the DRC notified the World Health Organization (WHO) of an EVD outbreak in Bikoro Health Zone, Equateur Province. The outbreak epicentre is far from Zambia, however, being a neighbouring country, Zambia is classified as high risk by WHO.

The Zambian Ministry of Health, together with its partners, is meeting on a weekly basis to monitor the situation and draw up a preparedness and prevention plan. The Ministry of Health has directed all provinces, specifically those bordering DRC, to strengthen preparedness and surveillance. There is however need to map and prioritize points of entry (PoE) in the country, and to comprehensively approach emergency preparedness at the PoEs. The Ministry of Health is also assessing the status of commodities required for response and an isolation facility has been identified in Lusaka. The Ministry of Health continues to assess its operational capacity.

WHO and UNICEF are participating in the Ebola related meetings, and are supporting the preparedness activities, such as contingency planning, and a readiness assessment.

Supply and Logistics

More than US\$ 200,000 worth of health, nutrition, education and child protection supplies have been procured offshore, of which two-thirds has already been delivered to the implementing partners to serve approximately 20,000 children and women in Nchelenge District.

Media and External Communication

UNICEF continues to regularly communicate on the refugee response on social media, and has published several articles including on UNICEF.org, on the UNICEF Connect [blog](#), and on the UNICEF Zambia [website](#).

Funding

The inter-agency RRRP was launched in Zambia on 23 May 2018. The Government through the COR and the Ministry of Home Affairs has led the process for Zambia, together with the different agencies included in the plan. The Zambia component of the plan amounts to US\$ 79 million with 16 partners involved.

UNICEF has received US\$ 2,554,395 from the Central Emergency Response Fund (CERF). The funding is being used to implement key life-saving interventions for the refugees relocated to Mantapala refugee settlement, as well as for the refugees who are still in Kenani transit centre.

Against the total requirement of US\$ 8.8 million, the funding gap stands at 68 per cent.

Funding Requirements (as defined for a period of 12 months from January to December 2018)					
Appeal Sector	Requirements US\$	Funds available US\$*		Funding gap	
		Funds received current year	Carry-Over**	US\$	Percentage
Nutrition	460,000	113,685	0	346,315	75%
Health	695,000	234,341	0	460,659	66%
WASH	5,337,000	1,823,045	173,000	3,340,955	63%
Child Protection	738,000	125,704	42,000	570,296	77%
Education	1,600,000	257,620	16,000	1,326,380	83%
Total	8,830,000	2,554,395	231,000	6,044,605	68%

* Funds available include funding received against current appeal as well as carry-forward from the previous year.

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**Who to
contact for
further
information:**

Noala Skinner
Representative
UNICEF Zambia
Tel: +260-211 374200 ext 2001
Email: nskinner@unicef.org

Shadrack Omol
Deputy Representative,
UNICEF Zambia
Tel: +260-211 374200 ext 2003
Email: smol@unicef.org

Annex 1

SUMMARY OF PROGRAMME RESULTS

	Overall needs	UNICEF and partners		Sector Response	
		2018 Target	Total Results*	2018 Target	Total Results*
NUTRITION					
# of children admitted for SAM treatment	400	400	273	400	273
# of pregnant women receiving iron and folic acid	1,805	1,805	328	1,805	328
# of children aged six to 59 months receiving vitamin A supplementation	5,500	5,500	2,536	5,500	2,536
HEALTH					
# of children vaccinated against measles	11,875	11,875	6,690	11,875	6,690
# of children under two provided with routine immunisation	3,465	3,465	314	3,465	314
WATER, SANITATION and HYGIENE					
# of people provided with access to safe water	25,000	15,000	9,253	25,000	15,425
# of boreholes drilled and equipped	100	45	18	100	18
# of people provided with appropriate sanitation services	25,000	15,000	9,253	25,000	15,425
# of households latrines constructed	6,250	2,700	149	6,250	149
# of children with access to safe water, sanitation and hygiene facilities in their learning environment	11,800	3,540	1,422	11,800	1,422
CHILD PROTECTION					
# of children receiving psychosocial and/or other protection services	9,000	5,500	3,657	9,000	4,668
# of unaccompanied and separated children receiving protection services	700	250	98	700	1,042
# of children at risk/vulnerable identified and referred to available services or community based care and support	1,020	605	42	1,020	109
# of parents trained in peer support and good parenting	1,800	600	62	1,800	62
# of community members reached with child protection messages	10,000	6,000	350	10,000	700
EDUCATION					
# of children accessing quality education	11,800	3,540	1,422	11,800	1,448
# of pre-primary, primary, secondary classrooms constructed	155	24	0	155	0
# of children and adolescents benefitting from drama/music/sport program	9,250	660	550	9,250	3,523
# of volunteers/teachers identified, selected and trained	164	28	24	164	24