Violence and conflict, epidemics, malnutrition and natural disasters continue to affect some 15 million people—nearly 20% of the total population—in the Democratic Republic of Congo. As well as costing the lives of many people, recurring crises have deprived thousands of their livelihoods, property and basic services. In 2015, 937,000 people were newly displaced, raising the total number of displaced people in the country to 3,359,000.

The humanitarian community has identified four main areas of need for 2015:

• Protection, food security, and access to essential household items and basic services for around 6.5 million people
• Malnutrition among four million children, as well as pregnant and lactating women, and people living with HIV or ill with tuberculosis (TB)
• Access to healthcare, safe water and sanitation services for approximately 12 million people in areas affected by epidemics
• Strengthening capacity to prepare and respond to natural disasters

Health Sector Situation

Violence and armed conflict, particularly in eastern Democratic Republic of the Congo, has caused widespread degradation of basic services. Thousands of people who have been displaced or affected by the crisis have difficulty accessing clean water, sanitation facilities and health care, putting them at high risk of contracting diseases.

Three epidemic-prone diseases pose the greatest humanitarian risk: cholera, measles and viral haemorrhagic fever. The country continues to face recurrent epidemics of cholera and measles. Between January and September 2014 there were 15,591 cases of cholera and 30,223 cases of measles, causing 262 and 341 deaths respectively. Viral haemorrhagic fevers are also of concern. An Ebola epidemic between August and November 2014 in Boende, Equateur province, resulted in 66 cases and 49 deaths.

Low immunization rates in affected areas are a major factor contributing to the presence and spread of epidemics. Insecurity and the difficulty of accessing isolated areas are the main challenges preventing better coverage. The country is facing a severe malnutrition crisis. Around four million children in the country suffer from malnourishment. One in ten children do not reach their fifth birthday, with malnutrition responsible for 45% of these deaths. Pregnant and lactating women and people living with HIV or TB are particularly affected.

Health Cluster Objectives

Objective 1: To address health concerns in areas affected by armed conflict and violence.

Planned Outputs:

• Pre-position health kits and surgical teams at the provincial level and in affected health zones
• Establish a minimum package of primary and secondary health care activities, including emergency reproductive healthcare and treatment for major diseases
• Provide holistic care for victims of sexual violence
• Provide reproductive health services including management of victims of sexual violence and prevention of HIV/AIDS
• Introduce mobile primary healthcare clinics
• Provide free emergency health care
• Reinforce the capacity of individuals, communities and the public sector to provide healthcare using appropriate tools and protocols
• Monitor and respond to epidemic-prone diseases (e.g. measles, cholera and viral haemorrhagic fever)
• Respond to cholera and other diarrheal diseases through integrated services in health facilities and cholera treatment centres
• Vaccinate internally displaced children under 15 years of age against measles
• Monitor the protection of health workers

**Objective 2:** To respond to epidemics.
**Planned Outputs:**
• Decrease the incidence of cholera in endemic areas, especially North Kivu, South Kivu and Katanga, by analyzing risk factors, introducing a package of integrated activities for the management of cases and pre-positioning materials, providing the capacity to treat 22,714 cases. The cluster will also consider the benefits of using a cholera vaccine to complement traditional activities
• Provide case management and vaccination against measles for vulnerable people affected by measles outbreaks in health zones with less than 80% vaccination coverage, with the capacity to reach 4.2 million girls and boys
• Respond to viral haemorrhagic fever epidemics through epidemiological surveillance for early case detection, isolation, management, identification and contact tracing. The response will include infection control in supported health facilities and communities, and strengthening community resilience by advocating for behaviour change. The response will cover a total of 800,000 people at risk
• Build capacity among individuals and public sector institutions to prepare for epidemic responses

**Objective 3:** To respond to nutritional crises
**Planned Outputs:**
• Ensure adequate care for children with severe acute malnutrition and medical complications, in collaboration with the Nutrition Cluster
• Provide assistance regarding hospital hygiene and the surveillance of disease with epidemic potential in health zones affected by food insecurity and malnutrition

**Objective 4:** To respond to the health consequences of natural disasters
**Planned Outputs:**
• Support the health system in emergencies according to national and provincial contingency plans
• Prepare and respond in the event of natural disasters such as volcanic eruptions, floods, landslides
• Provide equitable access to guaranteed emergency care for men, women, girls and boys, according to identified needs
• Strengthen the response capability of individuals and health services

**Beneficiaries targeted by health partners in 2015**
Health partners are targeting a total of 7,947,354 people
- 4,327,300 people affected by violence and armed conflict
- 315,263 people affected by malnutrition
- 3,256,050 people affected by epidemics (1,275,330 men, 1,381,607 women and 599,113 children)
- 48,741 people affected by natural disasters

**Geographical areas targeted by health partners in 2015**
Katanga (2,192,697), Nord-Kivu (1,743,988), Sud-Kivu (1,356,854), Maniema (689,657), Orientale (662,976), Kasai Oriental (313,434), Bandundu (275,398), Equateur (274,915), Kinshasa (154,647), Kasai Occidental (52,174), Bas Congo (130,615)

**Health Cluster funding requirements for 2015**
US$ 43,800,000 for 2015 (80 health partners including WHO)

**WHO funding requirements for 2015**
WHO is requesting a total of US$ 20,000,000

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<tr>
<th>Health Cluster projects</th>
<th>Requested funds (US$)</th>
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<tr>
<td>Cluster requirements not yet attributed to specific organizations</td>
<td>43,800,000</td>
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