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Report on the field visit of Executive Board members to the Democratic Republic of the Congo, 13 -23 March 2004

I. Introduction

1. Members of the Executive Board took part in the field visit to the Democratic Republic of the Congo (DRC) and obtained invaluable insight into the implementation of the country programme, other operational activities of UNICEF and the actual situation on the ground in the country. The team was comprised of the following members:

- (a) Mr. Geert Vansintjan, First Secretary, Permanent Mission of Belgium to the United Nations;
- (b) H.E. Mr. Luis Gallegos Chiriboga, Permanent Representative of Ecuador to the United Nations;
- (c) Mr. Ram Babu Dhakal, First Secretary, Permanent Mission of Nepal to the United Nations;
- (d) Mr. Erik Nürnberg, Second Secretary, Permanent Mission of Norway to the United Nations;
- (e) Ms. Leysa Faye, First Secretary, Permanent Mission of Senegal to the United Nations;
- (f) Mr. Andrej Medica, Third Secretary, Permanent Mission of Slovenia to the United Nations;
- (g) Mr. William Brisben, Representative of the United States to the Executive Board;
- (h) Mr. Youssouf Oomar, Assistant Secretary, Executive Board.

2. Given the immense size of the country, difficulties in terms of access, the socio-political environment and the ongoing conflicts, the team concentrated its visit on UNICEF operations in Kinshasa (the capital), North Kivu, South Kivu and Katanga provinces.

3. This report provides general observations of UNICEF programmes and operations on the basis of its assisted projects; the overall programming environment in which they operate; and the strategies adopted by UNICEF, including capacity-building of national, provincial and local

* Submission of this report was delayed due to consultations between members of the team.

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authorities and communities, decentralization and community participation. The projects visited were selected by the country office and are listed in the annex.

II. Background

4. The team appreciates the programmes and activities being carried out by UNICEF in cooperation with the transitional authorities established after the Peace Accord. The efforts of UNICEF, other United Nations agencies and non-governmental Organizations (NGOs) have facilitated the implementation of programme activities in areas that have been inaccessible for the past five years. The team observed that despite the difficult and unpredictable situation, the UNICEF contribution to efforts to alleviate the harsh conditions facing women and children, mobilize resources and enhance local capacities for sustainable interventions in the social sectors have had a positive impact.

5. UNICEF plays a unique role as a credible and critical partner of the transitional authorities, at central, provincial and community levels, in promoting and supporting programmes that focus on the rights of women and children. The country programme accords the highest priority, *inter alia*, to reducing infant and maternal mortality rates; addressing nutritional and health needs; improving access to quality basic education and increasing school attendance; eliminating gender disparity; the social reintegration of vulnerable children and women, especially child soldiers, and children who are working and living on the streets; protection against all forms of violence, sexual abuse and exploitation of children, including child labour; reducing the vulnerability of children, adolescents and women to HIV/AIDS; and promoting the full participation of children in civil life. An emergency component of the programme attempts to respond to the pressing needs of those who have been displaced and seriously affected by prolonged periods of conflict.

6. The team observed that the decentralized approach to programme planning, management and monitoring, with the participation of local technical services and the community at large, in the acceleration of the mid-term strategic priorities, especially immunization, girls' education, and the fight against HIV/AIDS, responded adequately to the many problems facing the country. The interventions of UNICEF in the zones of convergence, in partnership with other United Nations agencies and NGOs, have made positive contributions to strengthening capacity-building at the local level, awareness creation and policy formulation.

7. A number of innovative approaches have mobilized the attention and participation of communities and the national authorities. These include: "safe schools" for education in emergencies, "reach every district" for immunization; the community-based, country-wide child protection network for prevention and reintegration of marginalized and separated children; life-skills clubs in schools and intersectoral collaboration in the area of HIV programmes for young people; and promotion of dialogue on social policies within provinces and between the central Government and the provinces in relation to the children's and women's rights, the Millennium Development Goals and the Poverty Reduction Strategy Paper. However, the response of the Government in allocating adequate resources to the social sectors, particularly health and education, has not been very encouraging.

8. UNICEF emergency assistance to the victims of human rights abuses, especially sexual violence against women and children and particularly in the eastern part of the country, is critical to the survival and development of these victims. The magnitude of sexual violence is an

unprecedented phenomenon in the context of Eastern DRC, where various foreign armies and indigenous armed factions (government and non-state) have opposed each other in constantly changing alliances since 1998. Despite progress in the peace process and the formation of a transitional Government, the civilian population, particularly women and children, continue to suffer from random attacks by almost all the fighting forces. Reports indicate that almost all armed groups have used sexual violence against women and children as a weapon of war to torture, humiliate, punish and break families apart in cruel and inhumane ways, largely facilitated by *de facto* impunity.

9. UNICEF supports two hospitals to treat rape survivors which provide medical and surgical operations, post-rape counseling and treatment for sexually transmitted infections (STIs) and HIV/AIDS, and facilitate referral systems and reintegration through grass-roots organizations. A medical outreach programme has been established to enhance the capacities of front-line health centres and provide increased access to medical and psychosocial care and counseling at the community level. UNICEF works with existing local authorities and international agencies both to prevent such attacks and to support survivors through advocacy with armed groups, policy leaders and national authorities. Support is also provided to community and grass-roots organizations to raise awareness and promote behavioural change at the family and community levels to end the social stigma and discrimination survivors currently face.

10. Discussions with government officials, civil society, UNICEF staff members, other United Nations agencies, the donor community, NGOs and beneficiaries of the country programme provided the team members with opportunities for understanding the on-the-ground reality where UNICEF is working.

III. Factors affecting programme implementation

11. The UNICEF programme in DRC aims at building national capacities for ensuring children's survival, development, protection and participation, which are fundamental to guaranteeing children's and adolescents' rights. The team observed that the multisectoral approach to programme delivery in such activities as early childhood development (ECD), the struggle against HIV/AIDS, gender equity and programme communication, is yielding encouraging results, in partnership with the transitional Government and its authorities at the provincial level, as well as communities, civil society, the donor community and international humanitarian organizations. However, there continues to be sense of insecurity and confusion among the population at the village level because of the threats posed by the armed groups. This threat is a major concern because it is likely to jeopardize the encouraging results obtained so far.

12. It is clear that communities are tired of the never-ending conflicts and the ensuing hardships and misery. However, the team noted a willingness of their part to be fully engaged in development programmes which have brought some relief and comfort to their families. The decentralized approach has been instrumental in spearheading this community support, including financial contributions wherever possible, despite the quasi-inexistence of social infrastructure and services. UNICEF has taken a leading role in the expanded programme on immunization (EPI), intermittent preventive treatment in antenatal clinics, the distribution of insecticide treated nets, the prevention of mother-to-child transmission of HIV (PMTCT) and the Integrated Management of Childhood Illness (IMCI), among other initiatives. The community-based nutrition programme (*nutrition à assise communautaire* (NAC)) illustrates vividly the strategic importance of the community

approach in the country programme. Community mobilization for behavioural change and to prevent malnutrition through volunteers (community relays, referred to as the *Mama and Papa NAC*) has met with overwhelming success, on the basis of resulting healthy growth of exclusively breastfed children and decreased morbidity rates.

13. Financial, human and technical weaknesses of the central and provincial authorities have seriously hampered progress and hopes for more durable programme delivery. While a willingness to formulate, implement and monitor social programmes was more clearly prominent among the provincial technical departments, it was clear that the role of the central authorities was either somewhat vague or non-existent. The team had great admiration for the dedication and combative spirit of the communities, which had a manifestly high degree of awareness and recognition that the solution to the tragic situation lay with them. Against the backdrop of inefficient management of the country's economy, rampant poverty, eroded purchasing power, increase in petty thefts and criminality, relatively high school fees and poorly paid teachers, communities want their children to go to school. Such a positive attitude will undoubtedly contribute to peace-building and development in the country. The team urged the authorities to assume their responsibility in the development process through appropriate budgetary allocations and better participation in UNICEF-assisted programmes for the achievement of the Millennium Development Goals. The team commented on the country's huge resource potential, which needs to be tapped efficiently by the Government.

14. UNICEF interventions for the reintegration of child soldiers (boys and girls) and street children are commendable. The team shared the views that progress of the disarmament, demobilization and reintegration programme is slow, and that the grief and pain suffered by a large number of victims of rape perpetrated by the armed groups require immediate appropriate justice and compensation.

15. The programme's focus on young people's participation in raising awareness of HIV/AIDS and the rights of adolescents is paving the way for a broader alliance with community-based groups. In the urban areas, conditions caused by poverty could attain the dangerous stage of deprivation, a recipe for social unrest. In addition, such traditional practices and religious beliefs as early marriages, domestic work, child labor and the culture of giving priority to boys impede progress in girls' education. Thus, the UNICEF emphasis on advocacy, communication and participation is important to achieve positive results.

16. The team noted that progress was being achieved in the localities visited and on several occasions expressed to the provincial and central authorities that it was urgent to: (a) invest in health and education infrastructures, accompanied by efficient management systems; (b) strengthen the decentralization and community empowerment processes; (c) ensure maximum protection to the most vulnerable groups, namely women and children whose rights have been violated and who have been sexually abused by the armed groups; (d) put in place an appropriate social sector policy framework, with corresponding budgetary resources and facilities; and (e) assume more responsibility in the coordination and monitoring of social sector development.

17. The governmental authorities expressed great satisfaction with the UNICEF programmes and recognized that more support from the international community was warranted to attain sustainable peace, a *sine qua non* condition for the economic and social development of the DRC.

The team observed inadequate response from the international community to the Inter-Agency Consolidated Appeal for 2004.

IV. Coordination within the United Nations system

18. The team met representatives of the United Nations agencies present in the country and noted that collaboration among the agencies in operational activities was very strong. Collaboration cut across emergency, post-conflict and regular development programmes. For example, the process for the demobilization and reinsertion of children associated with armed groups has taken a joint approach, with the agencies assuming roles relevant to their mandates and comparative advantages.

19. The United Nations Mission in the Democratic Republic of Congo (MONUC), where present, has been instrumental in a significantly improved security situation. The presence of the peacekeeping forces has brought peace and security in the conflict zones and thus facilitated the delivery of emergency and relief programmes, and paved the way for the safe return of many displaced persons to their place of origin. However, one must appreciate that within such a fragile peace and security environment, MONUC, with a force of 10,000, is very limited in ensuring country-wide security. The team noted with much satisfaction the comments of the Head of MONUC on the excellent work carried out by UNICEF.

20. The collaboration between the World Food Programme (WFP), UNICEF and NGOs in the camps for internally displaced persons (IDPs) is exemplary and deserves special mention. The team appreciates the briefing provided by the Special Representative of the Secretary-General and the Head of MONUC.

V. Country programme strategy

21. With a view to providing an integrated, efficient and rapid response to the needs of communities and families, the country programme requires better synergy and complementarities between emergency and regular programme activities. Both UNICEF and the Government need to strengthen the strategy for decentralized programme planning, management, monitoring and evaluation, and programme communication. UNICEF enjoys comparative advantages in the areas of immunization, PMTCT activities, basic education, demobilization, disarmament and reintegration of child soldiers, and sexual violence against women and children. UNICEF has adopted strategies for : (a) maintaining the attention of donors and the Government on the acceleration of strategic priorities, especially immunization, girls' education, and the fight against HIV/AIDS, that conform to the global strategies of UNICEF; (b) expanding its coverage of children's and women's needs in the newly accessible areas, especially women and girls who are victims of sexual violence; (c) providing inputs for sectoral social policies; and (d) increasing and diversifying the number of donors, and strengthening the focus on regular programme activities.

22. The team observed with satisfaction the active role played by the communities in the implementation of the UNICEF programmes for girls' education, child protection, immunization and prevention of HIV/AIDS. Communication and social mobilization for behavioural change and partnership with school heads and communities to waive school fees for orphans are commendable efforts.

23. Demobilization of children is underway. Although the Family Code was harmonized with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, the lack of enforcement hinders the release of children from armed groups. There is no reason to believe that recruitment of child soldiers has stopped in the eastern part of the country.

24. Training of peer educators would help young people to work together for prevention of HIV/AIDS. Communication and interventions would be better coordinated to improve synergy and systematic intersectoral collaboration between partners and authorities at the community level. In order to ensure better sustainability of local actions as well as programme visibility, the technical capacities of such strategic allies as the public, private and community-based media need to be strengthened.

25. The establishment of community mobilization cells, the development of integrated communication plans in all eight provinces and the establishment of “life-skills clubs” would help to enhance the capacities of local communities and mobilize local civil society groups in rural areas.

26. The team noted that no reliable data on HIV/AIDS are available at the national level, despite the high prevalence among adults, young people and orphans. The number of street children who have been rejected by their families, accused of sorcery, or are working in the mines, as sex workers or associated with armed groups is high and will undoubtedly increase if appropriate measures are not taken immediately to reinforce the encouraging results obtained so far under the programme. The team observed with appreciation the assistance of UNICEF to survivors of sexual violence and concurred with the urgent need for interventions to address underlying causes and promote long-term strategies to reduce violence and social stigma and raise social awareness. UNICEF should reinforce advocacy with community-based approaches for the establishment of an effective judicial system to pursue these cases

VI. Country office

27. The team appreciates the quality of the work of UNICEF, which is carried out with a team spirit in the country at a time when its programmes and activities are acutely appreciated. The country and zonal offices are staffed by highly qualified personnel, both national and international, who demonstrated a keen sense of professionalism and willingness to achieve results. The team observed their high level of dedication and commitment. The country management team seemed to have worked well, as evidenced by the working atmosphere of cordiality that prevailed, and the horizontal implementation of programme activities.

28. The morale of the staff was high, despite the enormous size of the country, the lack of well-developed transport facilities, and the demands of a heavy workload, the humanitarian crisis and the emergency. The team understood the feeling of the staff that the decentralized approach adopted by the country programme required spending more time in the field to better supervise and monitor programme delivery. The team observed with appreciation the relentless efforts of the UNICEF country and zonal offices in order to address the needs of the targeted communities and people.

VII. Conclusion

29. The Democratic Republic of the Congo is witnessing an historic moment in the reconstruction and development phase of a nation shattered by five years of unabated armed conflicts. People in the countryside and provinces not only face daily threats from armed groups and militia, but suffer from acute poverty and the absence of a basic infrastructure for development. The means of the Government, communities and the international community are insufficient to provide even a basic health and education infrastructure.

30. UNICEF plays a catalytic role in creating awareness among the Congolese people and authorities of the commitments they have made under the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and other international human rights instruments to protect such vulnerable groups as women and children. The country has enormous resources in terms of gold, diamonds, minerals and other natural resources. The government authorities informed the team of their long-term goals of sustained peace and development in the country. They mentioned that the lack of adequate financial, capital, technical and human resources is a major challenge facing the country.

31. The UNICEF programme for 2003-2005 supports a multitude of activities related to children and women throughout the country, which are geared towards both emergency humanitarian needs and the establishment of systems for the protection of children's and women's rights.

32. The team observed that UNICEF plays a leading role in catering to the needs of the community in which a large section of society, including women and children, are victims of sexual violence by armed groups who operate with impunity. Poverty, illiteracy, malnutrition and disease have crippled communities in rural areas. The problems of street children, child soldiers, child labour, girls' education and sexual violence should be urgently addressed. The team was encouraged by the keenness of participation of the communities in the UNICEF activities.

33. In conclusion, the team is of the view that pursuant to the Pretoria Peace Accord, the transitional Government consisting of former rival factions and parties has a series of preoccupations and obligations, all inevitable for creating conditions conducive to long-lasting peace, stability and democracy: (a) keep the promise made to the Congolese people and the international community to lead a smooth transition and hold free and fair elections next year, and therefore get all parties to cease immediately all armed conflicts; (b) develop plans and policies aimed at restoring governance, law and order, security and socio-economic development in cooperation with the international community; and (c) endeavor to allocate adequate resources to the social sectors.

34. The team calls for urgent attention to:

(a) The immediate stopping of all acts of violence against women and children, thereby also ensuring access of humanitarian assistance to the deprived communities, particularly women and children caught in the quagmire of violence;

(b) Immediate enforcement of appropriate legal action against the perpetrators of sexual violence;

(c) The immediate disarmament, demobilization and reinsertion into communities of children associated with armed groups;

(d) Ensuring a smooth and successful transition process, with support of the international community;

(e) The need for increased funding in support of community-focused activities, particularly for reinforcing partnerships and local capacities;

(f) The reinforcement of UNICEF programme activities, building on the success of the decentralized and community approach.

VIII. Acknowledgements

35. The team would like to express its sincere gratitude to the UNICEF Representative in the DRC for his invaluable assistance and support during the visit. The team also extends its sincere appreciation to the staff of the country and provincial offices in Goma, Bunia, Bukavu and Lubumbashi, particularly those who accompanied the team to various appointments and who extended courtesies upon arrival and departure.

36. The team would like to thank the Special Representative of Secretary-General and the officials and peacekeeping forces of MONUC for their briefing and cooperation extended to the team.

37. The team would also like to thank the Assistant Secretary of the Executive Board, who accompanied the team throughout the visit and contributed immensely to the team's understanding of the dynamics of the UNICEF programme. The team extends its sincere gratitude for advice, information provided and support, which played important role in making the visit an interesting and successful one. The team would like to express its appreciation to the government authorities and the organizations and individuals who extended their valuable cooperation during the visit.

Annex

Projects visited in the Democratic Republic of the Congo

Kinshasa

1. **Project for street children.** The project caters to abandoned children, mainly girls, as well as street children, orphans, displaced and refugee children, children who have been sexually abused, malnourished children, demobilized children and child workers. Poverty is the main reason for their being abandoned. Some 70 per cent of children being cared for are accused of sorcery and have left home voluntarily or have been rejected by their family and/or community. Some of these children have been tortured and rarely are the perpetrators punished. With UNICEF support, an NGO, Solidarity Action for Children in Distress (SADC), identified over 1,110 children aged 3-18 years living in the streets. At present, some 110 children sleep in the centre, with many more coming during the day. SADC also uses an outreach base in the town centre, where social workers are available to advise and assist children. Medical care and basic education are provided at the centre and where possible, children are reinserted into the formal school system. To date, 130 children have benefited from training and around 90 girls under the age of 15 years receive non-formal education every year. SADC is also developing a care-taking approach for children under six years of age which integrates intellectual development, protection and health and nutrition activities. Family tracing and mediation are also carried out as necessary. Once they are back with their families, the project follows up with the children.

2. Parents of reunified children have organized themselves into an association for income-generating activities thanks to a credit provided by SADC. The parents are also involved in sensitizing the community and helping to identify for support vulnerable families at risk of rejecting their children. SADC also works with local communities to encourage them to protect rather than marginalize and stigmatize vulnerable children, including those who are at risk of being turned out into the street and those who are already living in the street. SADC has received considerable assistance from the Italian Committee for UNICEF, which funded the medical wing of the centre and whose staff have visited the centre twice.

3. **Community-based nutrition and the fight against malaria in Makanza village, N'sele Health Zone.** This health zone, which covers 1,400 square kilometres and has a population of 109,000 inhabitants, is divided into 17 health areas, six of which have been "revitalized" with the community-based nutrition (*nutrition à assise communautaire (NAC)*) programme. The NAC, which covers 60 per cent of the total population in the health zone, enables communities themselves to manage the nutritional status of children under five years of age. The NAC uses promotion of exclusive breastfeeding as entry point, and also provides complementary feeding, teaches growth-monitoring skills and refers severely malnourished children to health centres.

4. The focal points who provide the nutritional support in the communities are called the NAC community relays or *Mama and Papa NACs*. Their role is to provide nutritional advice to families, especially to parents of children under age five years. The NAC is run by a committee composed of representatives of the community relays, who coordinate the community nutritional and health activities promoted in the NAC strategy. Twenty community relays are engaged in the project and with UNICEF support, have been trained and provided weighing scales, growth monitoring cards, vitamin A supplements and iron tablets for pregnant women. Other components of the project

include the promotion of insecticide treated bednets to prevent malaria in pregnant women and young children, community agricultural activities to grow corn, peanuts and green vegetables, and channeling of water sources nearer to the communities.

5. **Mobikisi Health Centre, N'Sele Health Zone.** "Revitalized" since early 2002, Mobikisi Health Centre is one of the few such centres that are in good physical condition. The revitalization has resulted in reinforced capacities of the health staff through training in the IMCI approach, and in the overall management of primary health care to prevent illness and death. UNICEF provides essential medicines and basic medical supplies to these health centres. The community plays an important role in the monitoring of the functioning of the centre. Villagers from Makanza and surrounding localities come to the centre for treatment of diseases and care for malnourished children. Severely malnourished children are then referred to the therapeutic feeding centres found in nearby communities. The Mobikisi Centre covers two health areas with a total population of 10,000 inhabitants from Pecheur and 4,000 from Bahumbu.

Goma

6. **Psychosocial support to street children and other vulnerable children.** Since December 2003, UNICEF has been collaborating with CAJED (*Concert d'Action pour Jeunes et Enfants Défavorisés*), a local NGO, to provide psychosocial support to vulnerable children, including street children and unaccompanied minors in Goma, the provincial capital of North Kivu. As the project focuses on community reintegration, activities include counseling, family tracing and mediation and ultimately, family reunification. To ensure that reunified children do not leave home again, they are oriented to formal and non-formal education and/or provided with skills training, such as carpentry, tailoring, bakery, etc. More than 200 children, including 66 girls, have been assisted through this project. Of these, only 58 children are still in transit at the centre.

7. **Quality medical and psychosocial care for survivors of sexual violence.** UNICEF collaborates with Doctors on Call for Service (DOCS), a medical training organization, to enhance access to specialized surgical and psychosocial care for survivors of sexual violence. With UNICEF support, since July 2003 DOCS has treated more than 2,000 rape survivors between the ages of 5 and 80 years, many of whom come from remote areas of North Kivu. Over 150 of the survivors treated required surgery for post-rape physical complications (i.e., fistulae). UNICEF has supported the establishment of an additional hospital ward and provides essential medicines and surgical equipment, as well as non-food items for survivors. Due to the high number of patients, UNICEF is also supporting the construction of a convalescent home, where recovering women benefit from continued medical and psychosocial follow up, while freeing up hospital beds for new patients.

8. **Young people fighting HIV/AIDS.** *Hange na SIDA* ("Watch out for AIDS" in Kiswahili) is a local NGO actively involved in HIV/AIDS prevention. With support from UNICEF, it promotes education of young people aged 12-25 years on the dangers of HIV/AIDS, using peer education and a mix of communication approaches, including door-to-door education, radio and television educational programmes and films and songs that promote the prevention of HIV/AIDS. It also targets young female sex workers. Thirty peer educators disseminate information on HIV/AIDS in six neighbourhoods in Goma. The NGO also promotes voluntary testing and counseling for HIV at the local general hospital.

9. **Psychosocial support and reintegration of children associated with armed forces and groups.** In cooperation with UNICEF, the Karibu Transit and Orientation Centre (*Centre de transit et d'orientation (CTO)*) was established by the NGO *SOS Grands Lacs* in April 2002 to provide interim care to demobilized children associated with armed groups. Since its establishment, the CTO has provided transitory care to 281 children from various armed groups, of whom 247 have been reintegrated in their communities (184 reunified with parents and 63 placed in foster families) and 34 are currently at the centre. Demobilized children are provided with psychosocial care including counseling and non-formal education. *SOS Grands Lacs* is also involved in community-based awareness-raising activities and advocacy for the prevention of recruitment and re-recruitment of children.

10. **Cold chain for vaccines.** Goma houses the two cold rooms used to supply Eastern DRC with vaccines, one of which is located at MONUC headquarters and the other at the provincial EPI offices. Until December 2003, these cold rooms were providing vaccines for all territories controlled by the *Rassemblement congolais pour la démocratie (RCD-Goma)* (North Kivu, Orientale province, South Kivu, Maniema, Northern Katanga and parts of Kasai), targeting a total population of 23 million inhabitants, 800,000 of them children under one year of age. UNICEF provides financial support for the functioning and maintenance of the cold room at the EPI office, which is managed by the EPI coordination team in North Kivu. In line with the national integration plan for the distribution of vaccines throughout the territory, these cold rooms will in due course be handed over to the EPI coordination team for North Kivu to serve only North Kivu province, with continued UNICEF financial support.

11. **The provincial committee for coordination and monitoring of the country programme** is composed of provincial divisions/services of the Government and UNICEF in the context of the 2003-2005 programme of cooperation, and has the main role of ensuring the joint annual planning and reviews of the programme as well as regular monitoring of programme implementation. The committee meets on a bimonthly basis and organizes regular multidisciplinary field visits to monitor programme progress on the ground. The committee is led by the provincial governate, particularly the chief of the provincial planning division.

Ituri

12. **The IDP camp (know as the Airport Camp)** was established in May 2003 to provide a safe haven for those who had been displaced from their homes following the escalation of ethnic violence throughout Ituri. Most of the camp residents are from insecure areas of Bunia town and areas north of the town of Fataki. Residents are of mixed ethnicity, and currently number 12,000.

13. UNICEF has been active in the camp since its establishment, providing plastic sheeting for shelter and latrine construction, non-food kits (soap, blankets, jerry cans and cooking sets), BP5 high-protein supplementary food, and drug kits for the neighbouring hospital run by Doctors Without Borders- Switzerland. UNICEF also assisted with the construction of camp latrines. UNICEF recently started a project with NGO partners *Agro Action Allemand* and *Première Urgence* to facilitate the return home of 30,000 families throughout Ituri. Via these partners, UNICEF will provide non-food items to each returnee family in the Djugu and Irumu zones, and support for restarting education (through school, teacher and student supplies, and teacher refresher training). Many of the families in the camp will eventually be beneficiaries of an additional programme of

reinsertion, once security levels in their home regions allow them to leave the camp and restart their shattered lives.

14. **The primary school for internally displaced children.** Some 1,400 displaced children from the surrounding areas who live in the Bunia IDP camp have been provided access to primary education through the construction of a semi-permanent school overlooking the camp. Since October 2003, 10 classes per day have been functioning with double shifts. A parent-teacher association supports the 25 displaced teachers teaching in the school. Teachers have been trained by the local education authorities on the national curriculum, gender equity and HIV/AIDS prevention. UNICEF also provided school equipment and teaching and learning materials for teachers and children.

15. **The therapeutic feeding centre.** This feeding centre was established in 2001 by *Cooperazione Internazionale (COOPI)*, an Italian NGO. UNICEF is one of the key contributors to the centre, supplying F75 and F100 therapeutic milk, essential medicines, resomal (oral rehydration salts for malnourished children) and other equipment. This centre's caseload was very high from the outset owing to the inflow of IDPs to Bunia following the violence in Ituri. The caseload currently stands at an average of 61 admissions per month, showing that the nutritional situation is stabilizing in Bunia town itself. Elsewhere in Ituri, COOPI manages five UNICEF-supported therapeutic feeding centres and 11 supplementary feeding centres. The former have an average monthly caseload of 370 severely malnourished children. The nutrition situation could be far worse than these figures indicate, however, because the lack of humanitarian access to much of the population of Ituri has allowed only limited nutritional screenings and limited access of patients to the therapeutic feeding centres over the past year.

16. **The transit and orientation centre for demobilized girls associated with armed forces and groups.** With UNICEF support, COOPI is providing interim care for girls associated with armed forces and groups in Bunia. The centre works with a network of women's associations in raising community awareness and providing psychosocial activities, including counseling and skills training. To date, 38 girls have benefited from the project's activities. While the majority of beneficiaries have already been reunified with their families, family tracing and reunification, including mediation efforts, are underway for the remaining eight girls. As most of these girls have been subjected to sexual violence, beneficiaries also have access to medical and psychological care, through a UNICEF project implemented in cooperation with COOPI in Bunia.

17. **Psychosocial care and counseling for survivors of sexual violence.** In collaboration with COOPI, UNICEF started this project, which is aimed at providing medical and psychosocial support to survivors of sexual violence in Ituri. Free medical access for survivors is facilitated through collaboration with Doctors Without Borders. The project supports a team of psychologists and social workers who provide quality individual and group counseling. Medical and psychosocial referrals are facilitated by 28 members of community watch groups covering all areas of Bunia. Their tasks also include awareness-raising, monitoring and advocacy. When necessary, the community watch groups work with community and religious leaders in family mediation activities. More than 1,500 children and women survivors have benefited from project activities.

18. **The primary school in Virunga Nord.** Following the eruption of the Nyiragongo volcano in January 2002, 45 schools were destroyed, leaving 24,000 children without access to primary education. In response, UNICEF rehabilitated and equipped nine schools and distributed

educational materials to 20,000 students and teachers. UNICEF supported Caritas in the rehabilitation of Virunga Nord primary school, which benefited 819 students (325 of them girls) and 15 teachers. The school was subsequently included in the UNICEF focus schools which are supported by the regular country programme. Teachers benefit from two in-service trainings per year, parents associations are trained and students receive education materials.

Bukavu

19. **Psychosocial support to vulnerable children, focusing on girls.** UNICEF has been supporting the provision of psychosocial support to vulnerable children, focusing particularly on assisting child mothers and girls who are survivors and/or are at risk of sexual exploitation. There are currently over 250 children in this programme, 47 per cent of them girls. The centre works closely with the parents of these children, conducting regular family visitation and mediation activities to ensure that children are in a stable and supportive family environment. Social workers at the centre provide children with counseling and non-formal education, including skills training activities such as carpentry, tailoring, and mechanics. In addition, the project also has activities aimed at increasing awareness on STIs and HIV/AIDS through promoting behavioral change.

20. **Strengthening local women's network in South Kivu.** With UNICEF support, the German Agency for Technical Cooperation (GTZ) is managing a grass-roots project aimed at empowering women and communities to prevent and address sexual violence in South Kivu. Community-based organizations known as "CADEAL" (*cadre d'ecoute et d'alerte* or "listen and warn") carry out a series of activities to support survivors of sexual violence. Under the coordination of a network of women's organizations (*Comite du Rayon d'Action Femmes*, the CADEALs conduct identification, referral and documentation, as well as psychosocial support. To date, CADEALs have supported more than 2,817 survivors.

21. **Community integrated early childhood development.** In Mbobero, 40 children aged three to five years are attending a pre-school programme in a community nursery supported by UNICEF in the framework of its integrated ECD project. The two caretakers, who volunteer to work in Mbobero's kindergarten, have been trained by UNICEF in ECD. UNICEF also provides a basic start-up kit for each nursery. The communities remunerate the caregivers and provide the shelter and sanitation facilities for the nurseries. The enthusiasm shown by the communities so far has made it possible to open 30 community-based nurseries within a short period of time in the South Kivu region.

22. Community-based nutrition activities have been carried out since December 2002 in four health zones of South Kivu. This project is implemented by the NGO CEMUBAC (*Centre Scientifique et Médical de l'Université Libre de Bruxelles pour ses Activités de Coopération*). The project reaches 230 villages through 780 community-based animators. UNICEF contributes to their training and has supplied such materials as scales, measuring instruments, nutritional cards, registers and informational materials. Children are being weighed and measured in their villages each month. Data collected by the community workers are analyzed and presented to the community. Severely malnourished children are referred to the nearest health centre for referral to a series of nutritional centres that exist in South Kivu. There is a very close correlation between this project and health education and food security activities. Some centres provide demonstration gardens for growing local vegetables and other local dietary staples. The project is implemented in

close partnership with the Food and Agricultural Organization (FAO) of the United Nations and WFP.

23. **Prevention of mother to child transmission of HIV.** The Kavumu health centre is one of 26 institutions implementing PMTCT activities in South Kivu province. Partners in the programme are the provincial health authorities, the NGOs BDOM (*Bureau Diocésain des Oeuvres Médicales*) and AMI (*Aide Médicale Internationale*). Started in February 2003, the PMTCT project is viewed positively by pregnant women and their communities. Available data and statistics show a notable increase in the use of antenatal consultations. Between February and December 2003, the Kavumu centre received a total 924 pregnant women, who all agreed to be tested for HIV. Ten women (1.1 per cent) tested positive and eight newborn infants have been treated with antiretroviral (ARV) therapy at birth. UNICEF is providing HIV tests and ARV drugs to these NGO partners. Statistics indicate that from the 26 institutions implementing the programme in South Kivu, 82 per cent of women receiving antenatal care agreed to be tested for HIV. The average rate of seroprevalence of the women tested was 2.6 per cent and 30 infants have received ARV treatment at birth, in addition to the eight at Kavumu centre.

Lubumbashi

24. **Health and education in Kapolowe.** The hospital in Kapolowe was certified as “baby friendly” in 2001 and since then, the NAC programme has been implemented progressively in the revitalized areas of the health zone. NAC is also being used as an entry point for integrating health, nutrition, education and protection activities to reach children and women in targeted areas. In Kapolowe, NAC community health workers have promoted immunization and the distribution of insecticide treated bednets for malaria control for young children and pregnant women. As a result, immunization coverage rates in the health zone are well above the provincial average (84 per cent for tuberculosis, 69 per cent for measles and 79 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine). Moreover, 12 schools, covering 3,554 pupils and 133 teachers, have benefited from UNICEF support, including provision of basic school supplies and equipment and training of teachers. An important link is being developed between health and education is the “child-to-child” strategy, an initiative that has enabled children to disseminate vital information (in the form of songs, poem recitals, etc.) on diverse issues to their peers, their parents and the community at large.

25. **PMTCT in Kikula.** UNICEF and the Provincial Inspection of Health have agreed to start promoting PMTCT in the health zone of Kikula, in addition to the regular health and nutrition activities. The objective is to expand the experience to the town of Likasi and to other health zones in the province. Some 81 health workers were trained in monitoring and counseling and 34 community health workers were trained to promote PMTCT. HIV testing equipment and Nevirapine treatment were provided beginning in January 2004 and to date, 39 pregnant women have been tested. The next step will be to promote and increase antenatal consultation and voluntary counseling and testing for pregnant women and then to reach young people through the development of “youth-friendly” services.

26. Mme. Therese Ilunga has been operating the Bumi Health Centre since 1992 to help meet the needs of vulnerable children (street children, orphans, displaced children, sexually abused children, abandoned babies, etc.). About 20 per cent of these children are accused of sorcery and have left home after being rejected. The centre offers basic health care, pre-school and formal

education and professional training. UNICEF support includes provision of medicines, surgical kits for basic medical care and a water pump for the Centre; capacity-building in mediation, tracing and family reunification; and sensitization and advocacy activities in the surrounding health zone in collaboration with the local authorities to ensure that children are protected against abuse and violence.

27. **The Association Maendeleo – Women’s association at Katuba.** This is a group of about 400 women, in the locality of Katuba, calling themselves *Association Maendeleo* (in Kiswahili), which literally translates into “association for development”. It is a very dynamic and zealous association which is engaged in small-scale income-generating activities such as cultivation and livestock farming. The association is supported by the FAO urban and periurban agriculture project, and promotes horticultural activities in urban and semi-urban localities. The support includes training and microcredit promotion. A first visit to the area revealed that this association is a fertile ground and a favorable gateway for the promotion of community-based centres for early childhood care activities. Having realized the justification for and the benefits of setting up early childhood care centers in the community, the group has already taken the initiative of counting children aged three to five years old, identified the animators and is negotiating with the community for the acquisition of a proper location for the centre. UNICEF support will consist of materials such as plastic sheets, didactic and playing materials and training for the animators.

28. **Child protection centre – Oeuvre Maman Margeurite. Bakanja Ville** is a reception centre for street children opened in 2002 by the Fathers of Don Bosco in Lubumbashi. In this centre, the children are welcome and given temporary shelter services where they can lodge, take care of their hygiene as well as cook and feed themselves. Some of them go back to their families if tracing and mediation are successful and lead to family reunification. Others who accept are referred to other centres, including the Bakanja Centre, which offer non-formal education and professional training. The interventions of UNICEF include sensitization on the overall problem of street children to support family tracing and reunification, financial support to social workers and materials and equipment for health, sanitation and non-formal education.
