

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION REPUBLIC OF THE CONGO (BRAZZAVILLE) IN 2008



CORE COUNTRY DATA	
Population under 18 (thousands)	1788
U5 mortality rate *	117*
Infant mortality rate *	75*
Maternal mortality ratio *	781*
Primary school enrolment ratio (net)	54
Primary school enrolment ratio for girls (net)	48
% U1 fully immunized (without yellow fever) *	52.1*
% U1 fully immunized (with yellow fever) *	25.5*
% population using improved drinking water sources (total)	58
HIV prevalence rate (total population) **	4.2**
% U5 suffering moderate and severe underweight	14

Sources: *The State of the World's Children 2008*
* *Congo Demographic and Health Survey 2005*
** SEP/CNLS, GoC, 2006

The Republic of Congo is still suffering from the consequences of 10 years of armed conflict (1993-2003) that have devastated its infrastructure, ruined its economy and brought about massive suffering and population displacement. Compared to 1990, important basic indicators related to children and women have deteriorated. Especially worrying is the situation of the people living in Pool department, where the security situation has not yet improved, and of the indigenous population (Pygmies), living in the forested areas of the North-West, almost completely deprived of any human rights and access to basic social services.

Summary of UNICEF financial needs for 2008	
Sector	US\$
Health and nutrition	1,650,000
Water, sanitation and hygiene	1,000,000
Education	350,000
Child protection	500,000
Total*	3,500,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Republic of the Congo is still suffering the consequences of 10 years of armed conflict (1993-2003) that have devastated its infrastructure, ruined its economy and brought about massive suffering and population displacement. Despite the progressive return to peace, the socio-economic situation remains characterized by very low access to basic social services of acceptable quality, high child and maternal mortality rates, high urbanization, high unemployment and widespread poverty. Especially worrying is the situation of the people living in Pool department where the security situation has not yet improved (approximately 200,000 people have returned into the department after the 2003 Peace Accord), and of the indigenous population (Pygmies), living in the forested areas of the North-West, almost completely deprived of any human rights and access to basic social services. Congo's Pygmy population represents approximately 5 to 10 per cent of the country's population.

The Congo Demographic and Health Survey 2005 (DHS 2005) shows a deterioration of important basic indicators related to children and women as compared to 1990. Under-five mortality rate is 117 per 1,000 live births and the infant mortality rate 75 per 1,000. The moderate and severe malnutrition rate stands at 14 per cent. Full immunization coverage remains low, at 52.1 per cent, disregarding yellow fever vaccination, without which the rate drops to 25.5 per cent. Maternal mortality remains very high, at 781 deaths per 100,000 live births, despite high rates of assisted deliveries (86 per cent) and high access to antenatal services (88 per cent) – a result of the poor quality of maternal services. HIV prevalence is at 4.2 per cent nationally, with 7 to 8 per cent prevalence among pregnant women. Access to water of acceptable quality is 58 per cent nationally and access to improved latrines is estimated at 7 per cent in urban areas and 2 per cent in rural areas. Net primary school enrolment is estimated at 54 per cent. Birth registration is 81 per cent nationally for children under 10 years. Girls' rape is still a common phenomenon, and gang-rape is spreading, essentially as a result of the post-conflict deterioration of social values and the prevailing impunity. Children in conflict with the law are usually detained with adult prisoners. Due to extreme poverty, sexual exploitation is widespread.

It needs to be noted that most of the above indicators hide important regional, gender and ethnic disparities, not all of them fully documented. For example, most of the indigenous children in the Congo are not registered at birth and thus do not have access to primary education and other basic social services.

Particularly difficult is the situation in the Pool department, with a population of approximately 200,000 returnees. This department (which surrounds Brazzaville) suffered especially severe fighting and destruction in the course of the conflicts, and still presents some degree of insecurity. The demobilization, disarmament and reintegration (DDR) process has not yet started in Pool department despite the Peace Accord of March 2003. The attempt to integrate Pastor Ntumi (leader of the ninja guerrilla) in the government has so far failed. An estimated 1,500 children in the department are still armed and/or associated to armed groups. These young people – in some cases not controlled by opposition leaders – constitute a permanent source of insecurity, as they use arms to attack trains and commercial convoys. Sexual exploitation and violence are widespread. The high presence of armed groups and sexual violence puts particularly at risk young people – and especially girls.

On the health front, despite the fact that some health centres have reopened, the majority still require basic rehabilitation. They are very poorly equipped, lack qualified staff and essential drugs, and cannot offer basic health care of acceptable standard. Many health centres and primary schools do not have access to clean water and sanitation. The consequence is a high degree of waterborne diseases, such as diarrhea and parasitic and skin diseases. Another outstanding consequence was the cholera epidemic that caused 1,005 deaths from December 2006 to May 2007. In addition, the last cholera outbreak has shown the weak response capacity of the government as well as surveillance and social mobilization. Market gardening and farming are only timidly restarting due to limited security, shortage of tools and seeds, and absence of basic conditions for economic recovery (roads, means of transport, credit). This situation continues to negatively affect the nutritional status of children and women.

On the education front, the destruction of almost 80 per cent of the infrastructure, lack of furniture and school supplies, as well as the shortage of trained teachers, lead to poor teaching quality, the closure of many schools, and a low school attendance. Many children are therefore two, sometimes three years behind in their schooling, girls being most affected, mainly because of sexual violence. Most school buildings have yet to be rehabilitated.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Throughout 2007, UNICEF has continued to respond to the humanitarian needs of the population of the Pool department, in close collaboration with local, national and international partners. UNICEF has focused on the priority areas of health, nutrition, water and sanitation, education and child protection. These interventions have been severely hindered, on one side by the continuing insecurity, on the other by the poor road infrastructure. Both of these problems have made it impossible for UNICEF to access some areas within the department for months on end. Main achievements in 2007 were the following:

Health, nutrition and water, sanitation and hygiene (WASH)

- Rehabilitation of Linzolo hospital's therapeutic feeding centre (building, kitchen and sanitary facilities);
- Renovation of the maternal and child health centre for nutritional education activities and treatment of children;
- Training of 31 health staff from 7 health centres in the district of Ngoma Tsé Tsé, including staff of Linzolo hospital, on managing moderate and severe malnutrition;
- Provision of anthropometric equipment and equipment related to the treatment of malnourished children to seven health centres in the district of Ngoma Tse Tse.
- Organization of expanded programme on immunization (EPI) advanced and mobile strategies in Kinkala-Boko, Mindouli and Kindamba health district. During the first semester of 2007, coverage rates were 73.5 per cent (or 4,190 children) for diphtheria-tetanus-pertussis-poliomyelitis vaccines; 54.8 per cent (124 children) for the measles vaccine and 53.4 per cent (3,048 children) for vitamin A supplementation;
- During the first round of the polio campaign 55,910 children aged 0-59 months were vaccinated, including deworming and vitamin A supplementation of 55,500 children aged 6-59 months. Vitamin A supplementation was also administered to 1,084 post-partum women.
- In response to the cholera epidemic that spread between November 2006 and August 2007, and in collaboration with Médecins sans Frontières and the World Health Organization (WHO), UNICEF supported advocacy, information, social mobilization and hygiene awareness activities in six cholera-affected districts (Brazzaville, Kouilou, Pointe-Noire, Bouenza, Niari and Pool), reaching approximately 2 million persons. Door-to-door sensitization campaigns on water treatment strengthened households' capacities to disinfect houses and to treat the borehole water. UNICEF also supported the improvement of chlorine content in the piped water system. All of these interventions prevented the further spread of the disease and finally resulted in the control of the epidemic.
- During the national measles campaign conducted end-October, 275,631 children aged 0-5 years and 55,125 children aged 6-59 months in Pool department benefited from an integrated package of interventions that included: vaccination against measles, vitamin A supplementation, deworming and distribution of impregnated mosquito nets.
- The following activities were conducted in Mindouli, Loumo, Kimba, Kindamba, Mayama and Vindza districts:
 - rehabilitation and construction of 43 boreholes equipped with handpumps for 21,500 people;
 - building of 39 latrines for 780 users;
 - establishment of 9 rainwater collection systems (impluviums);
 - training and creation of 22 management committees;
 - building of a shower block.

Education

- Ordering of education material for the emergency supply stock;
- Rehabilitation of one school in Mayama.

Child protection

- In-depth evaluation of the scope and modalities of sexual violence in Pool department.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

UNICEF's humanitarian interventions are implemented in collaboration with other humanitarian actors, NGOs and UN agencies. The Office for the Coordination of Humanitarian Affairs (OCHA) is no longer present in the Congo.

Regular programme

UNICEF's emergency interventions are fully integrated within the Country Programme of Cooperation. Technical support is provided by relevant sectoral programmes, within a coordination set-up. A major effort is taking place to progressively ensure appropriation by relevant ministries, as the political and security situation slowly improves.

Health and nutrition (US\$ 1,650,000)

Some 40,000 children aged 0-5 years, 8,000 pregnant women and 7,800 women in post-partum in Pool department will benefit from the following interventions:

- Supply vaccines, impregnated mosquito nets, essential drugs, therapeutic and supplementary food and various equipment to health centres;
- Undertake emergency immunization in hard-to-reach areas in Pool department in complement to routine immunization, and emergency polio campaigns in departments bordering Angola and DRC;
- Provide deworming treatment to children;
- Administer vitamin A supplementation to children aged 6-59 months;
- Distribute impregnated mosquito nets to pregnant women and under-five children;
- Procure treatment for malaria cases;
- Administer vitamin A supplementation to post-partum women;
- Provide deworming treatment to pregnant women;
- Identify and treat moderately and severely malnourished children, following the national protocol recently developed: identify malnourished children at health centre/community levels, with the support of community-based volunteers, who will provide the link with health centres and follow up on children already treated at health centre level and discharged. A communication component focusing on parental education will also be part of this intervention;
- Cholera preparedness: replenish emergency stock to ensure adequate immediate response capacity; preposition emergency stocks at two sites (Pointe Noire and Brazzaville) to ensure rapid response in a context of scarce logistic facilities; retrain partners involved in cholera preparedness and response in the fields of health, nutrition and protection.

Young people aged 10-24 years and women of childbearing age from Pool and Likouala departments, as well as combatants and former combatants from Pool department, will benefit from behaviour change interventions aiming to reduce the risks of contracting HIV/AIDS.

Water, sanitation and hygiene (US\$ 1,000,000)

Some 75,000 vulnerable persons in Pool department will benefit from the following interventions:

- Construct/rehabilitate 50 wells (equipped with India Mark handpumps);
- Build 10 water reservoirs to catch rain water;
- Build 50 ventilated improved pit (VIP) latrines (three doors) and organize handwashing points near them;
- Sensitize and educate local population in interventions areas on hygiene promotion;
- Set up and train 50 water management committees in intervention locations (this training will include cost recovery);
- Train 50 local artisans in pump maintenance and well chlorination.

Education (US \$ 350,000)

The following activities will be implemented in the Goma Tsé Tsé, Loumo and Mindouli districts:

- Rehabilitate 10 schools, including the installation of water and sanitation facilities;
- Provide school materials for approximately 10,000 primary schoolchildren;
- Train 150 teachers.

Child protection (US\$ 500,000)

In Pool department, 500 children and women survivors of sexual violence, 50 children born out of rape and 20 social/health workers from Pool department will benefit from the following interventions:

- Train social workers and health staff in appropriate and quality medical and psychosocial care of victims of sexual violence;

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- Provide integrated interventions for survivors' care, treatment and psychosocial rehabilitation at selected health facilities;
- Set up community-based mechanisms in order to prevent and fight sexual violence;
- Promote sensitization campaigns against sexual violence.

In addition, approximately 7,000 very vulnerable children from ethnic minorities will benefit from the following interventions:

- Conduct emergency situation analysis on the survival and development of these vulnerable children, as no data whatsoever exist at the present time;
- On the basis of the above evaluation, develop an emergency programme on the survival and development of these very vulnerable children (water, sanitation, vaccination, basic health services and primary education);
- Undertake advocacy and social mobilization on sexual violence against minorities' children and on the lack of birth registration that prevents them from accessing health services, primary education, legal protection and other basic human rights;
- Develop a monitoring and evaluation system to guarantee that assistance provided to minorities' children does effectively reach them.