

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



UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2008



CORE COUNTRY DATA

Child population (thousands)	32671
U5 mortality rate*	213
Infant mortality rate*	126
Maternal mortality ratio (2000-2006, reported)	1300
Primary school enrolment ratio (% net, male/female)*	52 (55/49)
% U1 fully immunized (DPT3)	77
% population using improved drinking water sources**	22
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1000
% U5 suffering moderate and severe acute malnutrition*	16

Sources: *The State of the World's Children 2008*
* Multiple Indicator Cluster Survey 2/2001
** DRC, Poverty Reduction Strategy Paper

2008 will be a critical transition year in many parts of the DRC as the violence and disruption of years of conflict are replaced by return, reintegration, and recovery. Nevertheless, acute, conflict-related humanitarian needs will persist and potentially worsen, in the volatile North and South Kivu provinces. As part of the humanitarian community's 2008 Humanitarian Action Plan (HAP), UNICEF's own humanitarian priorities for 2008 focus both on accompanying the DRC government, NGO partners, and communities in the post-emergency transition process, while also strengthening preparedness and response across the key sectors of UNICEF humanitarian action and leadership in the DRC.

Summary of UNICEF financial needs for 2008	
Sectors	US\$
Health and nutrition	34,600,000
Water, sanitation and hygiene	10,000,000
Education	8,000,000
Child protection	9,000,000
HIV/AIDS	2,000,000
Mine action	800,000
Cross-sectoral initiatives	
Rapid Response Mechanism for emergencies	20,000,000
Programme of Expanded Assistance to Returns (PEAR)	20,000,000
Cluster leadership and coordination	1,800,000
Total*	106,200,000

*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

While successful elections at the end of 2006 and the surrender of several armed groups have brought relative stability to some areas of the Democratic Republic of the Congo (DRC), an alarming number of people in the country still require humanitarian assistance and support to meet their basic needs. Throughout 2007, armed conflict has persisted and intensified in certain parts of North Kivu and South Kivu provinces. Some zones of central and northern Katanga province, and Ituri district (Province Orientale) that witnessed large-scale violence and population displacement in 2006, are gaining security and have welcomed massive returns of displaced population and cessation of armed hostilities. Other areas, however, such as the southern '*petit Nord*' territories of North Kivu province are experiencing the largest population movements, violence, protection abuses, and the consequent humanitarian needs in years. Since the beginning of the crisis in North Kivu, more than 350,000 persons have been newly displaced. Natural disasters and epidemics also continued to plague areas of the country during 2007, particularly along the Congo River, requiring humanitarian assistance by the DRC government, the United Nations, and international and local NGO partners.

The decade-long conflict in the DRC has deteriorated the well-being and livelihood of children and women throughout the country. Over half the deaths of under-five children are attributed in part to malnutrition and micronutrient deficiencies. An estimated 20 per cent of these deaths could be prevented through appropriate infant and young child feeding practices (*The Lancet* series), but only 24 per cent of infants aged 0-6 months are exclusively breastfed and 60 per cent of infants aged 0-2 months are given water, other liquids or even solid foods (Multiple Indicator Cluster Survey 2 (MICS 2)). These underlying causes of malnutrition combined with continued insecurity in some areas explain the high underweight (31 per cent, MICS 2) and acute malnutrition rates (16 per cent, MICS 2). UNICEF is supporting all therapeutic feeding centres with essential supplies, including therapeutic food, medicines and medical supplies, anthropometric measuring materials, long-lasting insecticidal nets and blankets. Special attention is given to the national-level provision of technical assistance to implementing partners and government services with limited capacity and experience. Community-based management of severe acute malnutrition, which has been piloted in DRC these last two years, will be officially recognized in 2008 as a nationally approved methodology for the treatment of severe acute malnutrition. Throughout 2008, regular monitoring will continue to ensure that the quality of severe acute malnutrition care conforms to nationally approved standards and norms.

Maternal mortality ratio remains among the worst in Africa, at 1,300 deaths per 100,000 live births. Only 22 per cent of the population has access to safe drinking water and 9 per cent to protected water supplies and adequate sanitation facilities. According to the most recent sentinel surveillance data, the estimated HIV prevalence rate among sexual active adults is 4.00 per cent, with significant local disparities between mining and commercial centres (Tshikapa 7.8 per cent; Matadi 6.1 per cent; Goma 5.1 per cent) and remote rural areas (like Mikalayi 1.8 per cent). It is believed that between 1,700 and 2,100 children are still with armed groups and forces in the district of Ituri and in North and South Kivu provinces, and to a lesser extent in Equateur.

As in so many African countries, malaria is one of the most devastating health problems facing children and their families. In the DRC, malaria is the leading cause of morbidity and the third largest killer of under-five children. The average under-five child will experience 6 to 10 episodes of malaria a year. MICS 2 revealed that only 7 per cent of under-five children were sleeping under long-lasting insecticidal mosquito nets.

MICS 2 statistics show that the net school enrolment ratio fell from 59 per cent in 1995 to 52 per cent in 2001 (boys 55 per cent and girls 49 per cent; urban areas 72 per cent and rural areas 53 per cent). The school drop-out rate remains in excess of 10 per cent. More than 4.4 million school-aged children, including 2.5 million girls and 400,000 displaced children, are not enrolled in school. The quality of schooling is affected by low salaries, crumbling infrastructure and educational material shortages, resulting in an inefficient school system – only 25 per cent of pupils reach grade 5.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

As the lead for five out of the ten clusters established in the DRC – nutrition, water, sanitation and hygiene, education, non-food items and emergency shelter, and emergency data communication – UNICEF has been one of the most operational agencies in responding to humanitarian emergencies in the DRC. Response has been focused on the sectors of health and nutrition, education, child protection, water, sanitation and hygiene,

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and emergency shelter materials and household relief supplies (non-food items). Through the management of the Rapid Response Mechanism (RRM), more than 700,000 conflict-affected people have been directly assisted with shelter material and household relief supplies, and some 400,000 people have had access to safe water and sanitation services. The innovative Programme of Expanded Assistance to Returns (PEAR) has been launched in late 2006 to provide rapid assistance to internally displaced persons (IDPs) returning home. In 2007, the PEAR initiative has already reached 200,000 IDP returnees with assistance in the fields of household return kits, emergency shelter materials, and support to restarting primary school education in return zones.

In the area of health, systematic immunization services and performance indicators have been improved through increased technical, material and financial assistance to the Ministry of Health and other partners. Vaccines, materials and operational support costs were provided for the vaccination of 3.7 million children (99 per cent of targeted children) against measles during an integrated campaign. In response to a polio outbreak in late 2006, six rounds of polio campaigns have been organized since the beginning of 2007 reaching some 7.5 million children with at least three doses of vaccine. UNICEF provided all the vaccines and supported part of the operational costs of these campaigns. To strengthen the immunization status of children and pregnant women, UNICEF provided all the vaccines and supported the vaccination of some 600,000 children against all other antigens through the regular vaccination services and the organization of accelerated local vaccination days. UNICEF procured and distributed 180,000 long-lasting insecticidal nets (LLINs) to pregnant women and under-five children during routine activities (immunization, growth monitoring) in North Kivu, South Kivu and Province Orientale. In conflict-affected areas, free medical care was provided to 80,000 IDPs and 51,000 people from host communities in North and South Kivu.

Between January and June 2007, 20,965 children have received emergency nutrition assistance in some 190 therapeutic feeding facilities. With the ongoing crisis in Eastern DRC war-affected North Kivu province and the acute crisis in some western provinces, the total number of severely malnourished children admitted into therapeutic feeding facilities should reach up to 42,000 in 2007. During the past years, UN agencies (UNICEF, FAO, WFP), implementing partners and the government's National Nutrition Programme (*Programme national de nutrition – PRONANUT*) have been able to not only develop and integrate a national nutritional protocol for the treatment of acute malnutrition, but have also successfully trained authorities and their counterparts, including health staff and implementing partners. UNICEF's nutrition programme in acute nutritional crisis is implemented through government counterparts assisted by local and international NGOs, such as Action contre la Faim (ACF), Concern, Save the Children, World Vision, Cooperazione Internazionale (COOPI), GOAL, Diocesan Caritas and Health Offices (Bureau des œuvres médicales diocésaines – BDOM) and the Lutheran World Federation (LWF).

In 2007, more than 500,000 people have benefited from water, sanitation and hygiene services, including those assisted through the RRM programme. The interventions included providing access to a minimum package of safe water, hygiene and sanitation in public infrastructures (schools and health centres) for emergency-affected populations and communities living in cholera endemo-epidemic zones.

In the education sector, UNICEF is the national cluster lead agency. At the provincial level, UNICEF co-leads the education clusters of most provincial inter-agency committees. In 2007 UNICEF's programmes ensured the continued access to education in zones of humanitarian crisis procuring and distributing basic education materials (student kits) for 357,000 students in grades 1 and 2 and providing school equipment that benefited more than 10,000 pupils. Speedy resumption of teaching and learning for IDP returnees was enabled through the distribution of student and teacher kits through the PEAR that reached over 20,000 schoolchildren in return zones and 500 teachers. Over 200 classrooms in vulnerable return zones were rehabilitated by PEAR partners to ensure timely resumption of educational activities for returning primary schoolchildren. Other activities in support of improved access to quality education included the training of teachers and caregivers on peace education as well as a study to collect reliable data on primary school enrolment that targeted some 772 primary schools.

In 2007 UNICEF continued to focus on the release and community reintegration of children associated with armed groups and forces. By December 2007, UNICEF programmes had supported the release of 12,685 children and the community reintegration of 9,249 children. Among these children, 5,919 are currently engaged in reintegration activities through partners, such as Save the Children, the Belgium Red Cross, COOPI and the International Catholic Child Bureau (BICE).

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UNICEF mobilizes tremendous resources and efforts to fight sexual violence, including case documentation, medical and psychosocial care, legal assistance, and economic reintegration of sexual violence survivors. While most of the activities have been developed in areas affected by conflict in eastern DRC, programmes have also been extended to neglected areas in north Katanga, Équateur, and the two Kasais. In the first eight months of 2007, UNICEF partners have provided care to 12,776 survivors.

In addition, more than 50,000 men, women and children have directly benefited from mine-risk education programmes in South Kivu, North Kivu, Maniema, Katanga, Équateur and Province Orientale.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

Since 2006, UNICEF leads five of the ten clusters established in the DRC: water, sanitation and hygiene, nutrition, education, non-food items/emergency shelter, and emergency telecommunications (co-lead with WFP). UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. UNICEF works in close collaboration with all other UN agencies in the framework of the humanitarian action plan covering not only humanitarian emergencies but also post-conflict and transition issues, as well as with local and international NGOs, government authorities and religious communities throughout the country.

Regular programme

UNICEF DRC will start its new Programme of Cooperation with the DRC Government in 2008 for a period of five years until 2012. The programme will focus on advancing the rights of the child through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, water, sanitation and hygiene, legal and social protection of the child, community mobilization as well as HIV/AIDS throughout the country. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by technical experts.

Health and nutrition (US\$ 34,600,000, of which US\$ 11,000,000 for nutrition)

Some 8 million IDPs, host community members and vulnerable persons, with a focus on children, will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 300 health centres;
- Provide vaccines, materials and technical support for the vaccination of 2.7 million children against measles, 6.5 million children against polio and 1 million children against all other antigens;¹
- Provide medicines and operational support in response to cholera epidemics and meningitis outbreaks;
- Distribute insecticide-treated mosquito nets to 1.5 million children and pregnant women, and train community-based health workers in their promotion and use;
- Continue supporting existing nutritional feeding centres for 48,000 malnourished children and their families, in partnership with FAO, WFP and the Ministry of Health, through the provision of therapeutic supplies, medicines, equipments, rehabilitation, and training. This also includes training mothers of malnourished children on good feeding practices, with special emphasis on exclusive breastfeeding in the first six months, and optimal feeding practices throughout the first 24 months, with special attention to infant feeding practices among emergency-affected populations;
- Provide technical assistance to emergency nutrition partners and mapping of areas at risk of malnutrition.
- Expand nutritional surveillance and monitoring networks through support to health centres, community-based management strategies and trained technical partners able to be deployed for surveying at-risk areas.

¹ Note that the number of targeted children represents the total DRC government target for children to be reached. The funding levels included in the *Humanitarian Action Report* are separate from regular vaccination funding and represent a contribution towards meeting these target numbers with a focus on conflict-affected areas and zones with historic low coverage due to conflict and insecurity.

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Water, sanitation and hygiene (US\$ 10,000,000)

Some 500,000 displaced, returnee, cholera-affected and other disaster-affected persons will benefit from a minimum package of safe water, hygiene and sanitation interventions including:

- Provide access to safe water supply through protection of water points, water-trucking and chlorination points, construction of latrines and showers in IDP camps and hygiene promotion;
- Improve/develop protected water points (springs, shallow wells, deep wells), rehabilitate/construct piped water system;
- Promote family latrines through support on slab construction and community awareness and sensitization programmes;
- Promote hygiene education and hygiene awareness in communities for vulnerable persons in order to complement existing water and sanitation services;
- Construct VIP (ventilated improved pit) latrines and handwashing stations in schools and health centres;
- Chlorinate surface water used for drinking and promote awareness-raising/sensitization on cholera;
- Undertake social marketing of point-of-use water treatment product at household level in affected urban areas.

Education (US\$ 8,000,000)

A total of 300,000 displaced and war-affected children and 6,000 teachers will benefit from the following core emergency education activities:

- Provide recreational kits and school supplies as well as teacher kits for 300,000 displaced and conflict-affected children and 6,000 teachers;
- Train 6,000 primary schoolteachers and 500 school principals on HIV/AIDS prevention, gender and equity issues and peace education;
- Rehabilitate 600 classrooms and associated latrine facilities in affected areas of displacement and return;
- Undertake social mobilization and communication activities in host communities to boost access and retention.

Child protection (US\$ 9,000,000)

The programme will address protection needs of some 200,000 children exposed to grave child rights violations in zones affected by conflict, displacement or insecurity through the following activities:

- Strengthen the Monitoring and Reporting Mechanism on grave child rights violations in situations of armed conflict established under UN Security Council Resolution 1612;
- Support the release of those children who remain within armed groups and have not participated in the official disarmament, demobilization and reintegration programme;
- Continue supporting the social and economic reintegration of 5,919 children already released from armed groups and forces;
- Identify needs and provide an integrated response (medical, psychosocial, legal assistance, economic support as appropriate) to ensure the reintegration of 15,000 women and children subjected to sexual violence;
- Ensure protection and psychosocial support to some 184,000 children affected by population displacement, through the establishment of 'child-friendly spaces' in IDP sites, and through support to systems to identify, document, and reunite separated children;
- Provide emergency protection and reintegration services for some 10,000 children in specific situations of risk – such as those exploited in dangerous circumstances or abandoned by their families;
- Support community-based monitoring, awareness-raising, and vigilance programmes using discussion groups, media, and theatre;
- Provide expanded support to sensitization training programmes targeting security forces and military.

HIV/AIDS (US\$ 2,000,000)

Some 500,000 children and vulnerable persons will be reached through the following activities:

- Increase by 10 per cent the number of HIV-positive pregnant women who have access to quality prevention of mother-to-child transmission (PMTCT) services;
- Train 300 peer educators, teachers and community workers in life skills and HIV/AIDS education, and promote knowledge of the disease and preventive measures to limit its spread among youth and vulnerable groups;

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- Strengthen and expand provincial and community-level AIDS prevention networks in targeting the most vulnerable young people;
- Construct 120 needle and syringe incinerators and train 480 health actors in their management.

Mine action (US\$ 800,000)

Some 100,000 at-risk people will be reached through the following activities:

- Train 50 trainers in mine-risk education (MRE);
- Strengthen MRE capacity of international and national NGOs;
- Implement MRE programmes in affected communities via schools, churches, and other community structures;
- Provide technical assistance to the Government and governmental partners.

Rapid Response Mechanism (RRM) for emergencies (US\$ 20,000,000)

The Rapid Response Mechanism (RRM) programme is implemented by UNICEF in collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA). RRM aims to enhance the capacity of the DRC humanitarian community to respond rapidly to acute crises by mobilizing resources in order to preposition humanitarian relief supplies and equip operational partners (focal points) with the capacity to deploy within 48 hours of an identified humanitarian crisis. A contingency fund is also reserved to allow other partners to engage in interventions beyond the capacity of the focal point.

The main activities are to *assess* humanitarian needs resulting from acute, rapid onset crises within 48 hours of identification (security and logistics permitting); to *respond* via NGO partners to the needs of eligible beneficiaries in the sectors of emergency shelter materials and non-food relief items, water, sanitation and hygiene, and emergency education; to *monitor* the utilization of supplies and/or services delivered; to *evaluate* the impact of interventions; and to *advocate* for complementary interventions in key sectors not covered by the RRM programme, such as health, food security, and protection. The core focal points for 2008 will be Solidarités for North Kivu and Ituri and the International Rescue Committee (IRC) for South Kivu. Catholic Relief Services (CRS), RRM partner for the first half of 2007, will remain standby capacity for Katanga in 2008. Ad hoc support to Solidarités in addressing the current North Kivu crisis has already been provided by IRC, Mercy Corps and Norwegian Refugee Council (NRC). A second focal point for North Kivu may be added depending on the evolution of the situation there. In regions where there is not an established focal point partner, UNICEF supports ad hoc partners to use RRM-procured supplies and materials to respond to situations ranging from floods to localized ethnic violence and displacement.

When RRM cannot respond directly to humanitarian crises due to the scale of a crisis or in cases where the RRM is not mandated to respond, UNICEF retains a separate national-level standby capacity to provide emergency family relief kits and clothing to an additional 25,000 families (125,000 people).

UNICEF, OCHA and RRM partners expect to assist more than 130,000 internally displaced families (650,000 people) in 2008.

Programme of Expanded Assistance to Returns (PEAR) (US\$ 20,000,000)

In 2008, some 100,000 internally displaced returnee families (500,000 people) will be assisted through UNICEF's Programme of Expanded Assistance to Returns (PEAR).

The PEAR is implemented by UNICEF in collaboration with key UN agencies and partner NGOs. Its rationale – similar to the RRM initiative – is to enhance the capacity of the DRC humanitarian community to respond to humanitarian needs of displaced families returning to their home communities. The PEAR is intended to assist returnee displaced families in eastern and southern DRC and to support their reintegration and recovery in two of the sectors under UNICEF cluster lead (education, and non-food items/emergency shelter), while providing detailed assessment data in other sectors where UNICEF operates (nutrition, health, community participation and mobilization, HIV/AIDS etc.). This is achieved through the following activities:

- Conduct multi-ectoral assessments in vulnerable return communities in health and nutrition; water, sanitation and hygiene; education; shelter and non-food items; and food security, livelihoods and logistics;
- Compile and disseminate assessment results with the wider humanitarian community through the cluster approach, particularly the return, reintegration and recovery cluster, and other provincial- and national-level humanitarian coordination and information-sharing mechanisms;
- Identify vulnerable return communities for interventions in two sectors: (1) distribution of non-food item return kits; and (2) promotion of renewed access to primary education for returning displaced children

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through the provision of student, teacher, and recreational supplies, and, in the most vulnerable return zones, classroom and school latrine rehabilitation.

Coordination and cluster leadership (US\$ 1,800,000)

UNICEF will continue to strengthen effective, timely and well-coordinated inter-agency response to humanitarian crises by assuming leadership in five out of the ten clusters established in DRC: 1) water, hygiene and sanitation, 2) nutrition, 3) education, 4) non-food items/emergency shelter, 5) emergency telecommunications (co-lead with WFP). It will do so through improved and coordinated planning and strategy development, identification of key partners, standard setting, monitoring and reporting, advocacy, training and capacity-building.