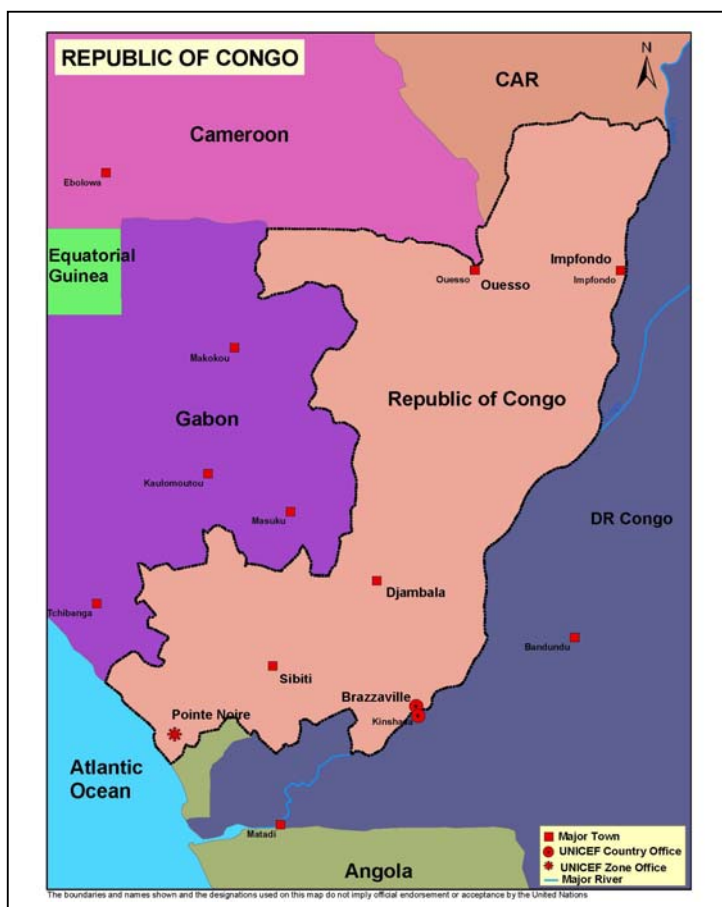


# UNICEF HUMANITARIAN ACTION

# REPUBLIC OF THE CONGO

## IN 2007



### CORE COUNTRY DATA

Population under 18 (thousands)	2153
U5 mortality rate	117*
Infant mortality rate	75*
Maternal mortality ratio	781*
Primary school enrolment ratio, 2000-2005, net (male/female)	55/53
% U1 fully immunized (without yellow fever)	52.1*
% U1 fully immunized (with yellow fever)	25.5*
% population using improved drinking water sources	58
HIV prevalence rate (total population)	4.2**
% U5 suffering from moderate and severe stunting	26

Sources: *The State of the World's Children 2007*  
\* Congo Demographic and Health Survey (DHS), 2005  
\*\* National Council for the Fight against HIV/AIDS (SEP/CNLS), Government of Congo, 2006

### Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	1,515,360
Water and environmental sanitation	1,005,312
Education	319,200
Child protection	1,147,440
<b>Total*</b>	<b>3,987,312</b>

\* 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 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. 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 right and of access to basic social services. Congo's Pygmy population represents approximately 5 to 10 per cent of the country's population.

The recent Congo Demographic and Health Survey (2005) shows a deterioration of important basic indicators related to children and women as compared to 1990: the under-five mortality rate is 117 per 1,000 live births and the infant mortality rate 75 per 1,000 live births. Twenty-six per cent of children are chronically malnourished. The full immunization rate is still low, at 52.1 per cent (disregarding yellow fever vaccination, without which the rate drops to 25.5 per cent). Maternal mortality is still 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. The HIV prevalence rate 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 at 2 per cent in rural areas. Net primary school enrolment ratio is estimated at 55 per cent for boys and 53 per cent for girls. 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 to 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. An estimated 1,500 children in this Department are still armed and/or associated with armed groups. Since the demobilization, disarmament and reintegration (DDR) process has not yet started despite the Peace Accord of March 2003, 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, although several health centres have re-opened, 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 lack access to clean water and sanitation. The consequence is a high degree of water-borne diseases, such as diarrhoea and parasitic and skin diseases. 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, the lack of furniture and school supplies as well as trained teachers shortage have resulted in poor teaching quality, in the closure of many schools, and in low school attendance. Many children are therefore two, sometimes three years behind in their schooling, girls being most affected because of sexual violence in particular. Most school buildings have yet to be rehabilitated.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Throughout 2006, UNICEF has continued to respond to the humanitarian needs of the Pool Department's population, 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 by continuing insecurity and poor road infrastructure. Both of these problems have made it impossible for UNICEF to access some areas within the Department for months on end.

Major achievement in 2006 were, among others, the rehabilitation of two health centres (Mbandza Ndounga and Kimpanzou), coupled with the supply of furniture, equipment, essential drugs, nutrition kits and non-food items. Two rounds of local vaccination days against polio were conducted in the Department and routine EPI vaccination supported, reaching 54,732 children aged 0-5 years. In addition, 29 health staff have been trained in the identification and treatment of severe malnutrition.

In partnership with local NGOs, UNICEF is completing 50 wells (with pumps India Mark) in primary schools, kindergartens, health centres and markets, in addition to 55 latrines and two shower rooms, and has protected two springs. Hygiene training and the setting-up of 62 water management committees are taking place. UNICEF has equipped with furniture and pedagogic materials two kindergartens that were rehabilitated in 2005 and has rehabilitated two additional ones (Boko and Kinkala) as well as three primary schools (Kimba, Mayama and Nkoue). In the area of child protection, UNICEF has continued to support late birth registrations: 5,195 unregistered children were identified and 599 birth certificates signed. UNICEF is currently providing trauma counselling training to religious organizations, supporting youth clubs against HIV/AIDS and training peer educators in the Kinkala youth club.

## 3. PLANNED HUMANITARIAN ACTION FOR 2007

### **Coordination and partnership**

UNICEF's humanitarian interventions are implemented in collaboration with other humanitarian actors, NGOs and UN agencies, within the coordination framework provided by OCHA. Two main structures have been set up to ensure effective coordination: the Permanent Committee of Humanitarian Agencies, and the Sectoral Coordination Committee. Both of these Committees meet monthly. In addition to consultations, sharing of information and, in some cases, joint planning, these Committees have been pivotal in the development of the Inter-Agency Contingency Plan relating to the potential post-electoral problems in the Democratic Republic of the Congo. In this regard, a simulation exercise has also taken place, and its results have been analysed and incorporated within the updated Plan.

### **Regular programme**

UNICEF emergency interventions are fully integrated within the Country Programme of Cooperation. Technical support is provided through 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\$ 1,515,360)**

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 routine immunization and supplementary immunization;
- Undertake de-worming of children;
- Provide vitamin A supplementation for children aged 6-59 months;
- Distribute impregnated mosquito nets to pregnant women and under-five children;
- Procure treatment for malaria cases;
- Provide vitamin A supplementation for post-partum women;
- Undertake de-worming of pregnant women;
- Identify and treat moderately and severely malnourished children, following the national protocol recently developed: identify malnourished children at the health centres and at community level, with the support of community-based volunteers, who will 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.

In addition, 275,631 children aged 0-5 years, and 55,125 children aged 6-59 months in Pool Department will benefit from an integrated package of interventions in the course of the measles campaign planned for 2007. This package includes:

- Vaccination against measles;
- Vitamin A supplementation;
- De-worming;
- Distribution of impregnated mosquito nets;
- Education on handwashing.

### **Water and environmental sanitation (US\$ 1,005,312)**

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 latrines (three doors) and organize handwashing points near them;
- Sensitize and educate on hygiene in intervention areas;
- Set up and train 50 water management committees (this training will include cost recovery);
- Train 50 local artisans in pump maintenance and well chlorination.

### **Education (US\$ 319,200)**

UNICEF will work in partnership with UNESCO to provide primary education to 12,000 children in Pool Department, via the training of volunteer teachers. Activities will include:

- Train 250 volunteer teachers;
- Enrol in school 10,000 children and provide additional classes to 2,000 under-educated children;
- Distribute school kits and schoolbooks to 12,000 children.

Also in partnership with UNESCO, in refugee camps alongside Congo and Oubangui rivers and in surrounding communities, UNICEF will help train teachers to provide basic education and run extra-curricular activities for children from refugee and host populations. Activities will include:

- Train 5,000 teachers and trainers in basic education and life skills activities;
- Increase children's awareness about AIDS, hygiene and peace;
- Procure sport equipment for 17,000 children;
- Administer nutritional supplements and de-worming tablets to children in need.

### Child protection (US\$ 1,147,440)

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

- Undertake in-depth evaluation of the scope and modalities of sexual violence;
- Train social workers and health staff in appropriate and quality medical and psychosocial care of victims of sexual violence;
- Provide integrated interventions for victims' care, treatment and psychosocial rehabilitation at selected health facilities;
- Put in place community-based mechanisms in order to prevent and fight against sexual violence;
- Promote sensibilization campaigns against sexual violence.

Additionally, young people aged 10-24 years and women of childbearing age from Pool Department and Likouala, as well as combatants and ex-combatants from Pool Department, will benefit from behaviour change interventions aiming at reducing the risks of contracting HIV/AIDS.

Another programme will target approximately 7,000 very vulnerable children from ethnic minorities who 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 the issues of 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 mechanism to guarantee that assistance provided to minorities' children does effectively reach them.