

# UNICEF HUMANITARIAN ACTION REPUBLIC OF THE CONGO IN 2009



Core Country Data	
Population under 18 (thousands)	1,825
U5 mortality rate	125
Infant mortality rate	79
Maternal mortality ratio (2000–2007, reported)	780
Primary school enrolment ratio (2000–2007, net, male/female)	58/52
% U1 fully immunized (DPT3)	80
% population using improved drinking-water sources (rural/urban)	35/95
HIV/AIDS prevalence rate	3,5
% U5 suffering moderate and severe underweight/stunting	14/26

Source: *The State of the World's Children 2009*

The Pool Department is progressively returning to peace and reintegrating the national political agenda. However, with regard to the deterioration of basic social services as well as the alarming level of children's vital indicators, UNICEF continues responding to the humanitarian needs of the population aiming to accelerate access to a package of essential services, commodities and practices for the survival, development and protection of children and women. A total of 13,000 children under age five, 7,000 primary school-aged children and 3,100 women are expected to be reached through the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,124,077
Water, Sanitation and Hygiene	750,043
Education	310,000
Child Protection	450,000
<b>Total**</b>	<b>2,634,120</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* 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 AND WOMEN

UNICEF continues supporting the Pool Department, the least-assisted area during the post-conflict period, which faces a deterioration of vital indicators related to children and women and of basic social infrastructures. As incidents with militiamen have diminished, the Pool Department has been able to participate in local elections. These trends confirm a progressive return to peace as well as the Department's reintegration into the national political agenda. Although development partners are showing increased interest in investing in the Pool, assistance is slow due to persistent pockets of insecurity, to the armed militia's lack of confidence in the management of the disarmament, demobilization and reintegration (DDR) process and to the unachieved dialogue between the Government and the opposition led by Pastor Ntumi, which is mainly based in the Pool. This leaves the population in a situation of greater vulnerability in comparison to the remaining part of the country, increases the spread of waterborne diseases and negatively affects the nutritional status of children and women. A rapid assessment conducted in Goma Tsé-Tsé District in November 2007 showed that 8 per cent of children were severely malnourished, indicating that as many as 230 children may require treatment in this area. UNICEF's support to the Pool includes rehabilitation of health facilities, construction of water and sanitation facilities in health centres and schools, community-based nutrition activities, prevention and treatment of acute malnutrition, and communication for behaviour change in nutrition and hygiene.

On the education front, despite efforts carried out by the Government and its partners, the situation is still worrying. The destruction and the pillage of most of the infrastructure and the lack of trained teachers have led to a drop in teaching quality, to the closure of many schools, and to low schooling rate. Many children are therefore in need of special interventions aiming to help them catch up the missed school years, with girls being most affected, mainly because of gender-based violence. Most school buildings have yet to be rehabilitated.

As regards child protection, support to orphaned and other vulnerable children is covered under the regular activities of the child protection and HIV/AIDS components of the Country Programme.

In Bouenza Department, bordering the Pool, a cholera outbreak was detected in Loudima and Loutete in February–April 2008. With unprotected wells, rainwater and rivers as the main sources of drinking water, sanitation systems almost inexistent, and poor hygiene behaviours at community and household levels, the Department is an endemic centre for cholera. In addition, its location along the railway linking Pointe Noire to Brazzaville represents yet another risk factor for the expansion of any epidemic due to contacts and population movements. Heavy rains during the first six months of 2008 increased the spread of waterborne diseases. As a consequence, 47 cases of cholera were reported between February and April 2008. During the previous April–May 2007 cholera epidemic, 527 cases had been notified in the same areas. These figures show a decline in cholera episodes during a similar period, which is attributable to improved surveillance and control mechanisms, to the impact of social mobilization and hygiene promotion and to household water treatment to prevent cholera.

The main challenges faced by the Pool include weak mechanisms for the prevention, detection and treatment of malnutrition at community level, combined with low capacity of health personnel. Barriers placed by local militias have been levered out by the national police and no major constraint was encountered during the first six months of 2008. However, access to target population is still complicated due to potential threats linked to persistent pockets of insecurity in this part of the country. Furthermore, the depreciation of the dollar is increasing the actual cost of rehabilitation materials compared to initial planning, affecting the timely implementation of activities due to frequent budget reviews. As regards the prevention and control of cholera, the absence of latrines makes it difficult to entirely interrupt the contamination chain despite an intensive door-to-door sensitization campaign. With the return of the rainy season, surveillance mechanisms will need to be maintained and reinforced, while pursuing communication activities in high-risk areas.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In the Pool Department, as a result of the joint assessments conducted with other partners for planning purposes, planned interventions focused on communities, while supporting health centres and schools in selected localities, and partnerships were developed with local actors for their implementation. Nutrition interventions targeted 28,900 children under age five (22 per cent) and 6,230 pregnant women (66 per cent) and water, sanitation and hygiene (WASH) activities reached 50,000 inhabitants (21 per cent). To prepare the conditions for an effective start-up of nutrition and WASH interventions in Goma Tsé Tsé and Mindouli Districts, UNICEF constructed a nutrition education centre at Linzolo (Goma Tsé Tsé District) for mothers with severely acutely malnourished children referred by community relays (the treatment of severe acute malnutrition is being ensured by the existing nutritional therapeutic centres – two in Kinkala, one in Mindouli and one in Goma Tsé Tsé);

developed tools for the early detection and management of acute malnutrition at community level; trained 28 health workers to monitor nutrition interventions at community level; procured therapeutic food as well as essential drugs and equipment for community relays benefiting 300 children; provided therapeutic centres with ready-to-use therapeutic food (RUTF), ReSoMal, vitamin A, therapeutic milk and anthropometric equipment; produced educational materials on infant and young child feeding, breastfeeding, vaccination, oral rehydration salts and prevention of malaria; and purchased materials and spare parts for WASH activities. In the area of child protection, UNICEF conducted a study on sexual violence in the Pool Department as well as a birth registration campaign in collaboration with Association de l'éducation en milieu ouvert (AEMO), a local NGO, which reached more than 8,000 children (37 per cent) out of 21,786 children without birth registration.

The cholera epidemic that hit Bouenza Department was declared under control in May 2008 after three months of emergency interventions consisting of the detection and treatment of cases, the provision of essential commodities for the prevention of cholera and for home-based treatment of drinking water as well as the promotion of key hygiene practices (e.g., handwashing with soap, well disinfection, water purification, sanitation and primary environmental care). During the emergency phase, 47 cases of cholera were notified and successfully treated. Cholera preparedness built on lessons learnt from the success of the riposte to the 2007 epidemic, by strengthening surveillance and reporting mechanisms in areas at risk, and combining hygiene promotion activities with the provision of essential commodities for home-based treatment of drinking water.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF has established partnerships with NGOs and faith-based organizations to conduct assessments, implement nutrition interventions, construct/rehabilitate works as well as undertake community-based communication activities. For cholera prevention and control, there is a clear distribution of tasks between ministries, the World Health Organization (WHO), UNICEF and other actors. Coordination structures are in place at central and local levels.

#### Linkages of HAR with the Regular Programme

UNICEF's emergency interventions are fully integrated within the Country Programme of Cooperation. A major effort is taking place to progressively ensure appropriation by relevant ministries. In order to ensure the sustainability of interventions, UNICEF provides technical assistance for capacity-building at department and district levels, and in the areas of project planning, management, monitoring, evaluation, and reporting.

For 2009, in line with the Country Programme strategies, the emergency programme will focus on improved access to basic social services, while stimulating the demand from communities and families. This will be achieved by accelerating the availability for 13,000 children under age five and 3,100 women of a package of basic services, commodities and practices for child survival, development and protection, in combination with a national communication strategy aiming to promote lifesaving behaviours at community and household levels.

#### Health and Nutrition (US\$ 1,124,077)

For 2009, the overall goal is to improve access of children under age five and pregnant/lactating women in Goma Tsé Tsé and Mindouli Districts to a package of basic survival services by strengthening routine activities and organizing 'Mother and Child Health Weeks', with the following activities targeted at 13,000 children and 3,100 women:

- Administer vitamin A to 10,400 children under age five and 2,480 pregnant/lactating women (80 per cent of target population);
- Distribute Mebendazole to deworm at least 9,200 children aged 6–59 months (80 per cent of target population);
- Ensure correct treatment of severe acute malnutrition without medical complications for at least 500 cases (50 per cent) at community and health centre levels, referring complicated cases to hospitals;
- Distribute long-lasting insecticidal nets (LLINs) to at least 10,400 children under age five (80 per cent of target population) during 'Mother and Child Health Weeks';
- Ensure access to intermittent preventive treatment (IPT), distribute LLINs and provide iron/folic acid supplementation to at least 2,480 pregnant/lactating women (80 per cent of target population);

- Provide adequate information to at least 42,000 people (60 per cent of households) to prevent childhood diseases and to ensure early detection of complications for referral to health centre;
- Strengthen community-based prevention of acute malnutrition for at least 1,000 children at risk through early detection and communication for the adoption of key nutrition practices;
- Provide vaccines, essential drugs, vitamin A and mineral supplements as well as other essential commodities to at least 80 per cent of health centres and to communities in the targeted areas, reaching at least 10,400 children under age five and 2,480 pregnant/lactating women.

### **Water, Sanitation and Hygiene (US\$ 750,043)**

For 2009, the overall goal is to improve access to safe water for 17,000 people in Goma Tsé Tsé, Mindouli and Bouenza and to provide adequate sanitation for 750 people in Goma Tsé Tsé and Mindouli, through the following key activities:

- Construct/rehabilitate 10 improved wells, equipped with handpumps to meet the needs of 5,000 people in Goma Tsé Tsé and Mindouli;
- Construct 10 latrine blocks (three cabins each) for the needs of 750 people in Goma Tsé Tsé and Mindouli;
- Construct a reinforced concrete tank with a capacity of 20m<sup>3</sup> and a well equipped with an electric pump as well as a mini drinking-water distribution network with standpipes at Loudima centre (Bouenza Department) to serve 12,000 people;
- Sensitize population on key hygiene and sanitation practices in the targeted areas, reaching 13,000 children under age five and 3,100 women aged 12–38 years.

### **Education (US\$ 310,000)**

For 2009, the overall goal is to improve access to quality basic education for 7,000 primary schoolchildren in Goma Tsé Tsé and Mindouli, through the following key activities:

- Rehabilitate 10 schools, including the installation of water and sanitation facilities for the benefit of 3,000 pupils;
- Procure school materials for 7,000 primary schoolchildren;
- Train 150 teachers in basic education and life skills activities, with special emphasis on hygiene and water-related practices;
- Provide remedial teaching for 600 pupils for catch-up purposes, with special focus on girl teenagers;
- Provide nutritional supplementation and deworming to 1,000 children in need.

### **Child Protection (US\$ 450,000)**

For 2009, the overall goal is to protect the most vulnerable groups in Goma Tsé Tsé and Mindouli, through the following key activities:

- Facilitate birth registration activities for 6,000 children (17 per cent), including social mobilization, identification, provision of registers and registration process;
- Engage in social mobilization against sexual violence at the school level and in religious congregations to reach 3,000 pupils aged above 10 years and 2,000 members of congregations.