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UNICEF HUMANITARIAN ACTION
DEMOCRATIC REPUBLIC OF CONGO
DONOR UPDATE 24 March 2005

US$ 3.5 MILLION IMMEDIATELY NEEDED TO EASE IMPACT OF CONFLICT ON CHILDREN

- **To provide 180,000 Internally Displaced Persons (IDPs) with emergency shelter and household items**
- **To provide 180,000 IDPs with clean water, sanitation and hygiene**
- **To support 100,000 returnee children for attending primary school**

1. CRITICAL ISSUES FOR CHILDREN

Despite the various peace initiatives and an improvement in the overall security situation in the DRC, armed clashes continue to prevail in Ituri and North Kivu, killing hundreds and displacing tens of thousands of people. Homes, villages, markets, fields, health structures and schools have been looted and often destroyed, leaving families without access to basic services or shelter. Children and women are the most affected by the on-going fighting. They are 'recruited' as porters, sex slaves, cooks, or combatants into the same armed groups that are preying on them. Sexual violence is perpetrated mostly against women, but increasingly, this phenomenon is also affecting children.

In Ituri, since the beginning of 2005, some 80,000 people are estimated to have been displaced from their villages across the territory because of recent conflict, with the possibility of important numbers of displaced people still inaccessible. Until recently, the majority of the displaced were inaccessible to the humanitarian community due to insecurity. Many villages have been systematically pillaged and burned, the number of cases of sexual violence is increasing rapidly, schools have been burned, children are unable to attend school and the health status of the displaced population continues to deteriorate as they are unable to access adequate medical attention and safe water/sanitation.

The unfortunate events of 25 February, in which nine MONUC soldiers were killed in Kakwa, severely interrupted access to displaced populations for up to a week in some locations, compounding the humanitarian crisis and leading to a deterioration of conditions in the displaced zones, some of which are reporting up to six deaths per day due to disease. Presently, there appears to be a sufficient lull in militia activity to allow displaced that have been hiding in the bush to emerge, evident from reports of growing numbers of displaced arriving in the sites mentioned above. The need to respond is therefore expected to continue, both in the short-term (for new arrivals) and in the medium-term, as it appears unlikely that significant numbers of displaced will have the confidence to return home soon.

The humanitarian situation in North Kivu deteriorated in the end of 2004, with more than 100,000 displaced in the Kanyabayonga/Kayna crisis alone. The cause of crises in North Kivu over recent months has been an escalation of conflicts between armed groups, characterized by pillaging, rape and murder of civilians by military forces, leading to mass movement of populations to host communities or to isolated forest areas**.** Epicentres of displacement in North Kivu include Kanyabayonga/Kayna/Kirumba, and north as far as Lubero, where up to 150,000 were estimated to have fled from their villages during the end of November/start of December due to conflict between ex-ANC and FARDC (Kinshasa) military; Nyabiondo town was systematically looted by ex-ANC following an advance of their position against Mayi-Mayi forces, leading to 100% displacement of the population of the town and surrounding localities (estimated at 26,000 people); and Mangerudjipa, west of Butembo, which was totally deserted following Mayi-Mayi movement into the town, which has been subsequently retaken by FARDC forces.

South Kivu also experienced a number of acute emergencies in recent months, including flooding in Uvira, displacements in Walungu and Minova due to conflict, and an outbreak of cholera throughout the province. UNICEF has responded to all these emergency needs through a variety of partners.

2. ACTION AND ACHIEVEMENTS

UNICEF in each humanitarian crisis has been poised to respond as soon as security conditions would allow. In Ituri, UNICEF is currently responding in four locations that have been secured by MONUC forces – Tchomia/Kasenyi (adjacent villages), Kakwa, Tche and Jina. These locations are hosting an estimated 70,000 displaced from collectivities throughout the territory. The access to the different sites hosting IDPs is difficult due to presence of militia groups that are increasingly aggressive, notably after the MONUC military operation in Loga, during which at least 60 people lost their lives. Over 15,800 families received humanitarian assistance with UNICEF resources by early March, through provision of Non-Food Items (NFI), emergency nutrition, health care, emergency education materials, and provision of clean water and sanitation facilities. Response to additional IDPs arriving in these sites is ongoing but dependent on security conditions. Most interventions to date have been funded through the Rapid Response Fund (RRF) mechanism. Partners have included AAA, CESVI, Oxfam-GB, and MSF-S.

In North Kivu, more than 660 families were provided with NFI kits following the Mangerudjipa displacement, and a further 20,000 people provided with access to health care through UNICEF support to health centres in the area. UNICEF also responded to an outbreak of cholera in Goma, providing cash and material support to partners MSF-H and AMI-Kivu for the treatment of cholera patients and in preventive action through supporting 24 water chlorination points in and around Goma.

In South Kivu, UNICEF responded to the needs of the IDPs in and around Minova, in the provision of clean water, as other humanitarian actors were able to provide response in other sectors of need. In December, UNICEF in collaboration with RRF partner IRC intervened to respond to the needs of a displaced community in Walungu, providing water and sanitation and NFI. February saw torrential rain wash away the homes of 1,000 families in Uvira, to which UNICEF responded by providing NFI and emergency nutrition to families who had lost essential household items and food. However, the largest emergency in South Kivu during the last quarter has been the cholera outbreak across the province, to which UNICEF has been responding since mid-January 2005. From that time UNICEF established an action plan which included four major partners who were supported in the response to the crisis, and who are continuing to intervene to ameliorate the epidemic using UNICEF RRF cash, and inputs. The epidemic has already begun to stabilize, with the number of new cases reported reducing week by week. Statistics from IPS (Provincial Health Inspector) in early March indicate that a total of 3,014 cases were reported during the epidemic, with at least 50 deaths to date. (Full statistical information will be available from partners). UNICEF Partners for cholera response in South Kivu include MSF Holland, IRC, AMI and the Congolese Red Cross. UNICEF support of these partners is both for treatment and prevention, with 18,000 litres of ringers lactate pre-positioned in Bukavu for release to partners (sufficient for treatment of over 3,500 cases), plus ORS equivalent to 45,000 litres (sufficient for treatment of over 5,500 cases) and 765kg of chorine, sufficient to purify water for 80,000 people (110,000m³ of water, i.e. 15 litres of water per person per day for 80,000 people for 3 months). Not all stock has been required by partners

to date, however more stock is also available in Goma for immediate dispatch if necessary. In total, four dedicated Cholera Treatment Centres in South Kivu have been supported with UNICEF resources, managed by MSF-H and IRC, in addition to four Health Centres being supported via partner AMI. The Congolese Red Cross has been provided with funding to support 14 water chlorination points in the province. More recently, the level of displacements in Walungu has increased sharply over the last three weeks due to military activity predominantly by an armed group known as the Rasta (reportedly a Rwandaphone group). UNICEF's RRF partner has already begun to respond to this crisis with distributions in the stadium in Walungu to 930 families. Further response is expected to be needed in coming weeks.

Over the past month, UNICEF has participated in several interagency assessment missions. These have included locations such as Tchomia/Kasenyi, Tche, Luma and Bule, all within Djugu Territory. Such assessments have been in collaboration with partners including Oxfam-GB, Agro Action Allemand and CESVI, UNICEF's Rapid Response Fund partner in Province Orientale. These and other agencies continue to partner with UNICEF in responding to the current crisis. UNICEF was also present at the first assessment missions to the Lubero-Kanyabayonga crisis, and played a large coordinating role in the response, which included the participation of a number of humanitarian actors including Save the Children, Solidarites, AAA and World Vision, among others. Over 5,200 NFI kits were immediately on standby in Butembo during the crisis, 2,900 of which were distributed east of Kayna in and around Kamandi during March (security conditions have prevented earlier intervention). By the end of December/early January, 19 medical kits and 15 MT of BP-5 were provided to local health structures via partners MSF-F and Solidarites to meet essential needs for some 20,000 people. Nyabiondo was assessed by a UNICEF team in January, and through partner Solidarites 7,000 NFI kits and 7 MT of BP-5 were distributed to families who are rebuilding their lives as they begin to return to their devastated villages. Other actors are intervening in the sectors of health and sexual violence, and UNICEF support to the education sector (schools were also the target of pillaging) is also being discussed with potential partners.

With the escalation of armed conflict in North Kivu and in response to sexual violence against women and children, UNICEF is training counsellors and establishing community watch groups among IDPs and host populations to prevent and respond to sexual violence. In addition to awareness raising, identification and referral to medical structures, counsellors will also provide survivors with psychosocial support. 100 counsellors supported by 1,000 members of Community Watch Groups from a local women's network have already been trained and are working in Lubero and Beni territories.

3. PLANNED HUMANITARIAN ACTION FOR 2005

While UNICEF is thankful to donors who have responded to the appeal, contributions received have been inadequate to respond to the humanitarian emergency, especially in the key areas of health, education and water and sanitation. In general, the major constraint in implementing emergency activities in the Democratic Republic of Congo has been a combination of both low response to funding appeals and extraordinary levels of need throughout the country. For its 2005 CAP appeal for DRC, UNICEF has until now received US$ **12,373,398** out of **34,620,414.**

UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipient of UNICEF's humanitarian assistance will be approximately 13,500,000 vulnerable persons living in conflict affected zones, including 2,700,000 children aged under five years and 6,210,000 pregnant women and mothers.

Health and nutrition (US$ 16,750,000)

9,000,000 beneficiaries affected by the conflict, host communities and impoverished persons will benefit from the following activities:

- Procure and distribute essential emergency drugs and equipment to 200 health centres
- Provide essential drug supplies in 10 health zones for 2,000,000 people affected by conflict
- Provide vaccines, materials and support for the vaccination of 6,000,000 children against measles
- Provide vaccines, materials and support for the vaccination of 683,000 children and pregnant women against the 5 key vaccine preventable diseases
- Provide medicines and construction support in response to cholera epidemics
- Continue supporting the 91 therapeutic feeding centers previously established and run by partners for 80,000 severely malnourished children
- Train 800 health staff in treating severe malnutrition

- Support the implementation of 20 nutritional surveys, assessments and evaluations

Water and environmental sanitation (US$ 3,295,454)

Some 750,000 displaced persons with host communities, focusing particularly on children and women, will be reached through the following key activities:

- Rehabilitate and construct 75 wells and boreholes and install hand pumps to provide safe drinking water to some 800,000 individuals in permanent and areas of return
- Construct latrines, showers and water evacuation systems to serve 50,000 vulnerable families in conflict-affected zones
- Distribution of water containers to 75,000 vulnerable families as well as hygiene kits for an additional 25,000 vulnerable or displaced families
- Train 100 local water authority management teams in sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems
- Promote hygiene education and hygiene awareness programmes in communities for 375,000 vulnerable persons in order to complement existing water and sanitation services

Education (US$ 2,698,864)

200,000 displaced and war-affected children and 6,700 teachers will benefit through the following key activities:

- Supply basic scholastic materials including notebooks, pencils and erasers for 200,000 primary school children
- Procure and distribute recreational kits and school supplies for 50,000 children
- Train 6,700 primary school teachers and 670 school heads, with particular attention to HIV/AIDS prevention, gender and equity as well as peace education
- Rehabilitate schools and build latrines in 6 localities
- Support construction of 100 temporary school and classroom structures to accommodate 50.000 primary school children
- Adaptation of evaluation tool to assess the impact of the Rapid Ed programme on literacy and numeracy activities and on the psychosocial status of children. Development of indicators to assess impact of the educational response
- Social mobilization and communication activities toward host communities

Child protection – unaccompanied / separated children (US$1,802,233)

A total of 12,500 unaccompanied children will benefit from the following key activities:

- Support prevention, identification, documentation, tracing, mediation, transit care and reunification of an estimated 5,000 separated children
- 7,500 children and their families will benefit from actions to prevent separation through the strengthening or development of local community protection mechanisms and sensitisation on prevention of separation

Protection – victims of sexual – gender based violence (US$ 3,056,818)

9,000 women and children who have been subjected to sexual violence will benefit from the following activities:

- Identification and providing an appropriate response (medical and psychosocial) to ensure the reintegration of 9,000 women and children subjected to sexual violence
- Reinforcing community-based rapid response mechanisms, including providing training for the prevention of and response to sexual violence

Assistance to internally displaced and refugee children and women (US$ 5,994,318)

A total of 375,000 internally displaced and war affected persons will benefit from the following key activities:

- Provide emergency family relief kits and clothes to 75,000 families, approximately 375,000 persons, with special emphasis of children and women headed households

Mine risk awareness and education (US$ 1,022,727)

About 3,000,000 persons, living in six mine- and UXO-affected provinces, will benefit from the following activities:

- Train 1,000 Trainers in Mine Risk Education

- Reinforce the capacities of international and national NGOs in Mine Risk Education
- Make available Mine Risk Education to affected communities in the six provinces via schools, churches, and other community structures
- Provide technical assistance to the Government and Governmental partners
- Ensure the Monitoring and Supervision of activities

4. CURRENT PRIORITY REQUIREMENTS

With an increasing numbers of displaced, and a continued deterioration of the humanitarian situation, the most basic needs of the affected population remain unmet. While previous interventions have had a significant impact, funding shortfalls in the following critical areas, directly affecting child survival, would be felt.

Assistance to the displaced population

While significant assistance has been provided the displaced families, only a small percentage has been effectively assisted. UNICEF URGENTLY seeks donor support to ensure assistance in the form of basic survival kits (costing US$40 per family) to additional vulnerable families.

Emergency education

As the majority of IDP children are not attending school, the new Emergency Education initiative launched by UNICEF is a comprehensive project, whose components – ranging from provision of supplies to training – will expand access to basic education to these children.

Water and environmental sanitation

In DRC, less than 46% have access to potable water. Water-borne diseases run rampant in the zones where the most vulnerable are located. In response to these precarious conditions, UNICEF launches an appeal for emergency water and sanitation activities, in particular in response to the emergency in North Kivu and Ituri where the lack of access to safe water and sanitation poses an immediate threat of epidemics.

TABLE 1: PRIORITY REQUIREMENTS AS OF MARCH 2005

Project	Beneficiaries/coverage	Amount Required (US$)
1. Emergency assistance to recently displaced population	30,000 families in North Kivu Province and Ituri	1,500,000
2. Emergency education supplies	100,000 displaced children	1,000,000
3. Emergency water and sanitation assistance	30,000 families in North Kivu Province and Ituri	1,000,000
TOTAL		**3,500,000**

5. APPEAL REQUIREMENTS FOR 2005 AND CURRENT FUNDING SITUATION

TABLE 2: SUMMARY OF FINANCIAL NEEDS FOR 2005

Sector	US$
Health - Emergency primary health care	4,318,182
Health - Emergency measles immunisation	5,710,227
Health - Emergency accelerated vaccination	2,977,273
Nutrition	3,744,318
Education	2,698,864
Child Protection – Unaccompanied/ separated	1,802,233
Protection – Victims of sexual-gender based violence	3,056,818
Assistance to Internally Displaced and Refugee Children and Women	5,994,318
Mine Risk Awareness and Education	1,022,727
Emergency Water and Sanitation	3,295,454
Total[1]	**34,620,414**

[1] The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

TABLE 3: CONTRIBUTIONS RECEIVED AS AT MARCH 9, 2005		
Donor	**Purpose**	**Contribution (US$)**
Belgium	Emergency health programme	1,085,480
Canada/IHA	Reinforcing prevention and response Mechanisms for Survivors of Sexual Violence and Emergency accelerated immunizations	590,162
Netherlands	Emergency primary health care, Nutrition, Education, IDPs	1,928,000
Norway	Assistance to IDPs and refugee children and women and Reintegration of Children Formerly Associated with Armed Groups and Forces coupled with Basic Quality Education of Children at Risk of Recruitment/re-Recruitment	1,540,090
Spain	Reintegration of Children Formerly Associated with Armed Groups and Forces Coupled with Basic Quality Education of Children at Risk of Recruitment/re-Recruitment	814,110
Sweden		1,746,725
UK/DFID	Emergency measles, Immunisation, Emergency accelerated vaccination & Emergency water and Environmental sanitation + Security reinforcement	3,788,040
Belgian Committee for UNICEF	Education for girls	129,000
Italian Committee for UNICEF	Procurement of vaccines and immunisation activities in the Province of Equatoria, Street children centers(Emilia Romagna Region), Nutrition	1,445,548
TOTAL		**12,373,398**

Further details of the Democratic Republic of Congo Emergency Programme can be obtained from:

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