

DEMOCRATIC REPUBLIC OF THE CONGO

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Although sustained, large-scale armed conflict in the Democratic Republic of the Congo (DRC) lulled during the first half of 2008, overall humanitarian needs have increased across all sectors. The increased access enabled humanitarian actors to identify and evaluate humanitarian situations in areas previously not accessible. Localized conflict, insecurity, acute malnutrition and disease continue to threaten the livelihoods of hundreds of thousands of children and their families. Violence against civilians has not abated in eastern DRC, and forced recruitment, forced labour, sexual violence, illegal taxation, occupation of homes and land, and looting continue to be reported throughout the Kivus.

In addition to the ongoing challenge of population displacement and conflict, key indicators in DRC across sectors reveal that the country has failed to make any major progress in key areas affecting children. Under-five mortality is still alarmingly high: one child out of five dies before his/her fifth birthday. Infant mortality stands at 108 per 1,000 live births. Maternal mortality is one of the highest in the world, with 1,100 women dying per 100,000 live births. Thirty-eight per cent of Congolese children under age five suffer from chronic malnutrition or stunting – with the highest rates in the Kivus; 13 per cent suffer from moderate or severe acute malnutrition. Only 46 per cent of DRC families have access to improved drinking-water sources and only 30 per cent to adequate sanitation facilities. The education system is characterized by limited access (girls' gross enrolment rate of 54 per cent), weak internal efficiency, poor quality of learning and decaying infrastructure. Over 33,000 children are estimated to have been involved in armed forces and groups in the DRC since 1998. The plague of sexual violence across eastern DRC continues at alarming rates. While not a widespread problem throughout the conflict-affected areas, high concentrations of unexploded ordnance present particular challenges in certain areas.

PLANNED HUMANITARIAN ACTION FOR 2009

Since 2006, UNICEF has led five of the ten clusters established in the DRC: nutrition; water, sanitation and hygiene (WASH); education; non-food items/emergency shelter; and emergency telecommunications (co-lead with the World Food Programme). UNICEF will reach about 4 million women and children with the funds raised through the *Humanitarian Action Report*.

Health: To contribute to the reduction of under-five and maternal mortality, UNICEF will undertake the following key activities: (i) procure and distribute essential drugs and equipment to 400 health centres in low coverage, cholera-endemic and other emergency-affected areas; (ii) support emergency-affected health zones to provide essential primary health care for 2 million people, including displaced, host communities, and cholera-affected communities; (iii) mobilize vaccination campaigns for 3.9 million children under age five against measles, 4.3 million children under age five against polio, 1.4 million women of childbearing age against tetanus and 1 million children under age one against other antigens in low-coverage, high-risk areas, with particular focus on areas of new outbreaks and zones of population displacement and return.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	18,000,000
Nutrition	15,000,000
Water, Sanitation and Hygiene	15,000,000
Education	9,750,000
Child Protection and Mine-Risk Education	15,750,000
Rapid Response Mechanism	22,000,000
Programme of Expanded Assistance to Returns	20,000,000
Total**	115,500,000

* 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.



Nutrition: To strengthen and scale up the programme for the management of acute malnutrition, UNICEF aims to: (i) reinforce support to 350 nutritional feeding programmes previously established and run by partners for 164,484 severely malnourished children; (ii) expand expertise and use of the community-based therapeutic care (CTC) approach for the treatment of severe acute malnutrition; (iii) train 3,000 health staff in treatment of severe acute malnutrition and 3,000 community workers in screening and referral of severe and moderate acute malnutrition cases; (iv) procure and distribute ready-to-use therapeutic food, therapeutic milk, essential drugs (vitamin A, deworming tablets and antibiotics) and anthropometric equipment to therapeutic feeding centres; (v) procure and distribute anthropometric equipment, essential drugs (vitamin A and deworming tablets) and monitoring tools to supplementary feeding centres; (vi) provide all children aged 6–59 months in emergency-affected areas with two doses of vitamin A and deworming tablets; (vii) expand nutritional surveillance and monitoring networks through support to health centres, and train technical partners able to be deployed for surveying at-risk areas.

Water, Sanitation and Hygiene: A total of 1 million displaced, returnee, cholera-affected and other disaster-affected persons will benefit from the following key activities: (i) ensure provision to internally displaced persons (IDPs) in host families and camps, vulnerable host families, and vulnerable returnees of a basic minimal package of water, gender-appropriate sanitation facilities, soap and feminine hygiene materials for women in menstruating age, as well as education/awareness-raising on waterborne disease and methods to minimize risk; (ii) in cholera-endemic and epidemic areas, provide cholera treatment centres with a basic minimum package of water, sanitation, and hygiene with specific standards for water provision of 40 litres/person/day and one latrine for 20 beds.

Education: To ensure a rapid return to normal life for 330,000 children affected by conflicts or natural disasters and to mitigate risk of child recruitment, violence against children, and psychosocial stress, UNICEF will undertake the following key activities: (i) construct/rehabilitate and/or expand 672 classroom infrastructures for some 33,420 children, including 472 separated latrine facilities for boys and girls, to accommodate emergency-affected children and their teachers; (ii) pilot programmes to incorporate innovative approaches to alleviate school fee burden for emergency-affected children; (iii) distribute school, student kits for 330,000 students in early childhood development (ECD) centres, primary schools, catch-up centres and secondary schools; (iv) train 600 parents and communities in peace education, psychosocial support, social mobilization, school management, HIV prevention and environment; (v) implement school feeding programmes.

Child Protection and Mine-Risk Education: UNICEF will reach 300,000 children vulnerable to grave child rights' violations in regions affected by conflict, displacement and violence through the following key activities: (i) contribute to the release, return and reunification of an estimated 3,000 children who remain associated with armed forces and groups (CAAFAG), and develop context-specific prevention mechanisms to reduce the risks of recruitment; support the community-based reintegration of 8,000 CAAFAG and promote girls' access; (ii) ensure protection and psychosocial support to 2,000 children who have been affected by displacement through programmes to identify, document, trace and reunite separated children with their families; (iii) support 30,000 internally displaced children in child-friendly spaces to promote physical and mental well-being, ensuring child participation and gender- and age-tailored activities as well as prevention of child rights' violations; (iv) provide a holistic set of services (medical, psychosocial, legal and socio-economic) for 15,000 children and women survivors of sexual violence; support the Government jointly with other actors for the development of a national protocol on care for survivors, especially children; (v) ensure appropriate and quality reporting on Security Council Resolution 1612 and develop a referral mechanism for response and care, in collaboration with participating child protection actors; (vi) lead inter-agency efforts to expand mine-risk awareness activities geographically and in other sectors of humanitarian programming, and promote the establishment of a referral system with regular child protection services.

Rapid Response Mechanism: UNICEF will reach some 1 million emergency-affected persons through the following activities: (i) procure and distribute essential household non-food items (NFI) and emergency shelter materials; (ii) ensure access to safe water sources, sanitation facilities and hygiene education for 500,000 emergency-affected persons in coordination with provincial WASH clusters; (iii) ensure access to basic education to 100,000 disaster-affected primary schoolchildren and 1,500 teachers through construction/improvement of classroom space and provision of student kits, teachers' kits, and recreational kits.

Programme of Expanded Assistance to Returns: To provide assistance in areas of return, the programme will: (i) undertake 108 multisectoral assessments in return areas and share the information and analyses with the help of the database of the Programme of Expanded Assistance to Returns (PEAR) among UNICEF colleagues and other humanitarian actors; (ii) provide 110,000 IDP returnee families with non-food item assistance; (iii) rehabilitate approximately 190 classrooms for about 9,500 students and ensure that 120,000 children have education materials to improve access to education.