Ongoing and newly emergent conflict and insecurity combined with chronic flooding, cholera and emergency-level malnutrition make the Democratic Republic of the Congo (DRC) home to one of the world’s worst and most protracted humanitarian emergencies. Since the late 1990s, waves of violent conflict have forced hundreds of thousands of people from their homes; in late 2010, the displaced population was an estimated 1.7 million, more than half of them children. Targeted sexual violence and mass rape continue to terrify and severely harm women and girls. Children and youths are routinely forced into armed groups. Ongoing conflict in the east and northeast and dysfunctional or non-existent infrastructure throughout the country make delivering humanitarian aid extremely challenging for reasons of security and physical access to communities in need.

In addition to conflict-related emergencies in the east (North Kivu, South Kivu, and Orientale provinces) and northwest (Equateur), the near-collapse of social services and decades of neglect of basic infrastructure have plunged some of the country’s more remote areas into emergency levels of acute malnutrition and maternal and child mortality. The DRC must also contend with equally dire, acute emergencies resulting from flooding of the Congo River and its tributaries, epidemic-level outbreaks of cholera and isolated conflicts between rival groups.

Due to the non-existent infrastructure and/or security considerations for both affected populations and UNICEF partners, hundreds of thousands of Congolese children and their families have only limited access to humanitarian assistance. Attacks – or the threat of attacks – by armed groups forced UNICEF partners to temporarily suspend some programmes in 2010. Similar disruptions or delays in providing assistance to remote or insecure areas will persist in 2011. The planned drawdown in 2011 of the United Nations peacekeeping force in the DRC, the largest in the world, could potentially impact the delivery of humanitarian aid as well.

For 2011, UNICEF is seeking US$115,290,000 to carry out its planned humanitarian activities in DRC; this request is aligned with the 2011 DRC Humanitarian Action Plan (HAP). Immediate and full funding is necessary to support protection, humanitarian assistance, and recovery programmes for hundreds of thousands of women and children. With full funding, in 2011, more than 1.7 million emergency-affected people will benefit from activities carried out through the Rapid Response to Movements of Population (RRMP) mechanism. UNICEF and partners will provide therapeutic food, medical supplies, equipment and training care to assist in the care of more than 462,000 moderate and severely malnourished children, representing 27 per cent of the expected number of acutely malnourished children nationally. UNICEF and health partners will continue to work towards meeting the health-care needs of around 2 million children and women in conflict-affected health zones. More than 800,000 people will benefit from access to safe water and sanitation facilities. In 2011, the goal for emergency education is that 150,000 vulnerable children and youth have access to quality education in a safe and protective environment. Along with its partners, UNICEF will provide assistance to up to 70,000 conflict-affected children and women through child-friendly spaces, psychosocial and medical support for survivors of sexual violence, family reunification of unaccompanied children, and reintegration of children released from armed groups.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Humanitarian consequences from armed conflict and population movement include uprooted families, disruption and loss of livelihood, staggering levels of abuse, and destruction of and/or limited access to basic services and infrastructure. Sexual violence is a pervasive human rights and public health problem in the DRC and has been used as a weapon of war. It can have lasting physical, psychosocial, and economic consequences for survivors and their families. Women and girls face potential risks of sexually transmitted infections including HIV, unwanted pregnancies, lasting emotional damage, rejection by families and communities, and economic isolation.
UNICEF’s recently issued Multiple Indicator Cluster Survey, conducted in early 2010, ranks the DRC among the worst-off for many basic indicators of health and well-being. The under-5 child mortality rate is 158 per 1,000 live births. The entire country hovers near the emergency threshold for global acute malnutrition of 10 per cent. Less than half of the population has access to improved drinking-water sources, and only 14 per cent have adequate sanitation facilities.³

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$122,500,000 was needed for its humanitarian work in the DRC. As of October 2010, a total of US$54,647,298 had been received, 45 per cent of the goal. Via the Rapid Response to Movements of Population (RRMP) initiative—the largest humanitarian response mechanism in eastern DRC from January to October 2010, UNICEF RRMP partners – AVSI, the International Rescue Committee, Norwegian Refugee Council, Danish Refugee Council, Save the Children/UK and Solidarités International – provided access to essential household and personal non-food items and emergency shelter materials through direct distributions or cash-based vouchers (32% of interventions) to over 134,190 emergency-affected families (79 per cent of the 2010 target). Also through RRMP, more than 675,000 people (over 100 per cent of the 2010 target) were provided with a minimum WASH package, and 47,000 children (57 per cent of the 2010 target) benefited from better access to primary education.

UNICEF and its partners provided free health care to more than 222,000 people. More than 255,000 children under age 5 were vaccinated against measles. UNICEF responded to cholera outbreaks with medication for nearly 2,500 people, a majority of them children and women. More than 95,500 children with severe acute malnutrition and more than 17,700 children with moderate acute malnutrition received treatment countrywide in UNICEF-supported nutritional programmes. Capacity for such treatment was enhanced through training for 5,800 health staff and community workers.

More than half a million people received access to drinking water and sanitation facilities in conflict-affected areas in 2010. Another 200,000 people were provided with access to safe drinking water to prevent diarrhoea and cholera outbreaks in flood-affected and at-risk areas.

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UNICEF and the Country Task Force for implementation of Security Council Resolution 1612 continue to advocate

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**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands 2009)</td>
<td>66,020</td>
</tr>
<tr>
<td>Child population (thousands 2009)</td>
<td>35,353</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>199</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>126</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>670</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>33/32</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>77</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>46</td>
</tr>
<tr>
<td>HIV/AIDS prevalence rate (% aged 15–49, 2009)</td>
<td>–</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>10</td>
</tr>
</tbody>
</table>


*Data refer to most recent year available during the period specified.

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Women and girls in the DRC bear the primary burden for household activities necessary for the survival and well-being of their families including fetching water, food preparation, and household hygiene. Assisting women and girls to continue life-sustaining activities in security and dignity through ensuring access to essential household and personal relief items is at the core of UNICEF’s humanitarian work in the DRC. Also, with nearly 90 per cent of displaced persons in the country living with host families, these host families themselves have become increasingly vulnerable under the responsibility of extended hosting.
HUMANITARIAN ACTION: BUILDING RESILIENCE

Community resilience is critical to helping children quickly resume schooling when their communities are affected by armed conflict. In a number of communities, UNICEF and its partners have helped develop parent committees that take on central roles in school management. Members of these committees are elected by their communities and then trained in such school management skills such as school financing, teacher payments, basic accounting and good governance. Parent committees contribute to children’s learning and to keeping children in school. In this fragile and often hostile environment, UNICEF is working to provide immediate access to education for all children and to strengthen community resilience – while at the same time building the government’s long-term capacity to support an equitable education system, rooted in quality.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF and its network of partners are leaders in both humanitarian response and coordination in the DRC. In 2011, UNICEF will work with the Government, other UN agencies, and local and international NGOs as well as affected communities to meet the needs of more than 4 million boys and girls and their families. As lead agency for the nutrition, education, WASH, emergency shelter and non-food items clusters and the child protection sub-cluster, UNICEF’s role extends far beyond response alone as UNICEF staff play a central role in the planning, coordination and provision of technical guidance on humanitarian response throughout the country.

UNICEF will focus in 2011 on reinforcing cluster capacity, including providing professional leadership for coordinated planning and response, quality monitoring and reporting, improved gender analysis and gender-responsive programming, and capacity building of cluster member organizations in innovative and appropriate programmatic response.

RAPID RESPONSE TO MOVEMENTS OF POPULATION (RRMP) (US$33,000,000)

More than 1.7 million disaster or emergency-affected people will benefit from activities carried out within the RRMP mechanism.

- RRMP partners will conduct multi-sectoral needs assessments in acute crises and post-conflict return situations and disseminate information through the clusters and humanitarian community.
- Access to essential household relief supplies (non-food items) and emergency shelter materials will be ensured through distributions or voucher fairs for more than 168,000 of the most-affected families (844,000 people), including displaced, returnees and host families. Personal hygiene kits for women and girls will be included for at least half of the families.
- More than 800,000 persons will have access to safe water and adequate sanitation facilities through integrated programmes including water chlorination, water trucking, reinforcement of existing water supply systems, construction of latrines and showers, and hygiene promotion in displacement/return and host community areas.
- More than 118,000 schoolchildren, teachers and parents (displaced/returnees/host communities) will benefit from quality primary education through construction and rehabilitation of 365 emergency classrooms, distribution of education, recreational and didactic kits for 72,000 students and their teachers, training of teachers and parents, as well as financial support for the access to primary education.
- RRMP will continue to reinforce the protection focus of RRMP through rigorous application of the ‘do no harm’ approach, protection risk assessments, early warning systems and coordination with protection actors.

NON-FOOD ITEM/EMERGENCY SHELTER – COORDINATION AND RESPONSE (US$1,720,000)

In areas not covered by RRMP, UNICEF will assist another 18,000 households, 90,000 individuals, with access to essential household and personal items.

- Up to half of the families will access essential supplies using a cash-based voucher approach which allows them to choose themselves the items they need most.
UNICEF will strengthen cluster member capacity to evaluate, respond and monitor through regional contingency stock initiatives, training and workshops and development of tools and guidelines.

**NUTRITION (US$25,738,000)**

UNICEF will provide therapeutic foods along with equipment and essential drugs for the treatment of 122,000 severely acutely malnourished children. In addition, equipment and drugs will be provided for programmes reaching 340,000 moderately malnourished children; food for the supplementary feeding programmes is provided by World Food Programme.

- Special attention will be given to preventive activities that address the causes of undernutrition, including training communities and partner NGOs to promote adequate infant and young child feeding practices (exclusive breastfeeding up to 6 months, complementary breastfeeding up to 2 years and proper hygiene practices).
- A nutrition surveillance system piloted in Katanga will be validated and extended to other provinces. UNICEF will also support nutrition SMART surveys in several provinces to provide a more complete picture of acute malnutrition in the DRC. The data collected will feed into a comprehensive information management system that will be developed in 2011 and will serve as a basis for a reorientation of the programme in future years.

**HEALTH (US$7,000,000)**

UNICEF will continue to improve essential reproductive and child health services for children under age 5 and pregnant women in conflict-affected areas.

- Around 1.5 million children under age 5 will receive all necessary vaccines. Essential drugs for the treatment of common illnesses among children under age 5 as well as equipment for obstetric and paediatric care will be provided. UNICEF will also support the Government and its partners in strengthening the health-care capacity and supervision of health facilities in crisis-affected areas.
- UNICEF will also support minor rehabilitation work of 24 health-care facilities in emergency areas.
- UNICEF will improve its emergency preparedness to epidemics by carrying out health-care needs assessments, implementing an early alert monitoring system, strengthening epidemic-outbreak management teams and pre-positioning strategic stocks of emergency medication kits and oral rehydration salt for treatment of cholera and diarrhoea.
- In close cooperation between the health and protection section, UNICEF and its partners will ensure that 20,000 survivors of sexual violence have access to medical support, including access to emergency contraception and the prevention of sexually transmitted infections.

**WATER, SANITATION AND HYGIENE (WASH) (US$15,123,000)**

In addition to the water, sanitation and hygiene activities within the RRMP, UNICEF’s goal for 2011 is for more than 800,000 displaced people to gain access to improved water and sanitation facilities.

- Sufficient safe water and sanitation facilities following the Sphere standards will be provided for 680,000 displaced people in the eastern provinces (Maniema, North Kivu, Orientale and South Kivu provinces) and in Equateur. More than 140,000 people in displaced and returnee communities, including in Katanga, will benefit from sanitation measures to protect against outbreaks of cholera and other waterborne diseases.

**CHILD PROTECTION (US$12,600,000)**

UNICEF leads the Multi-Sectoral Assistance component of the National Strategy against Sexual Violence with the Ministry of Health. UNICEF will strengthen civil society capacity to monitor and report on violations, and will work with the DRC Government to adopt action plans according to Security Council Resolutions 1612 and 1882. UNICEF continues to lead the Child Protection Working Group at both the national and provincial levels, providing critical support to members and to the protection cluster.

- UNICEF plans to work with the Government and civil society to provide a protective environment for 50,000 displaced and returning children through child-friendly spaces and discussion groups, protection and support for 3,000 children formerly associated with armed groups and forces, and reunification assistance for 2,000 unaccompanied children.
- UNICEF and partners will continue the fight to prevent and respond to sexual and gender-based violence in conflict and displacement zones and plans to provide age- and gender-appropriate assistance to 15,000 survivors.
- UNICEF is also leading the development of innovative new programming for children in militarized mines, capitalizing on years of experience working with child labour in development zones and with children affected by conflict in the emergency programmes.

**EDUCATION (US$16,845,000)**

The overall goal for UNICEF and its partners will be to facilitate the enrolment of 150,000 children (55 per cent girls) into formal and non-formal education.

- UNICEF will establish 3,000 adapted and protective learning spaces in order to reduce the risks of psychological stress from child recruitment into armed groups, forced labour and other employment. The education programme is also working closely with the WASH programmes to ensure a multi-sectoral response.
Teaching and learning materials will be distributed, and pedagogic, psychosocial, peace education, and HIV and AIDS training sessions will be provided to educators to improve education quality and provide a holistic response to children’s needs.

Innovative approaches will be piloted with parents to try and minimise the burden of school fees as well as with schools to make them learning spaces of quality which reach out to the most vulnerable, out-of-school children.

**CLUSTER COORDINATION (US$3,264,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and provincial) need to be adequately funded. These costs include a team of UNICEF staff and NGO and/or government co-facilitators for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. In DRC this work includes coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid assessments; developing a common strategic operational framework and response strategy that meets priority needs; identifying priority gaps for funding via Common Humanitarian Funds and providing technical review of all project submissions; gathering and communicating on quantitative and qualitative monitoring data on the activities, outputs, and impacts of programmes; and providing capacity building and training opportunities for cluster members. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanisms that track progress and identify gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. A fusion of UNICEF’s two flagship relief programmes – the Rapid Response Mechanism (RRM), a joint UNICEF-OCHA initiative, and the Programme of Expanded Assistance to Returns (PEAR) – the RRMP initiative is implemented in partnership with international Non-Governmental Organizations (NGO’s) and targets assistance to the most vulnerable disaster and conflict-affected populations, including displaced persons, returnees, host families and families affected by natural disasters in three core areas for UNICEF DRC: emergency relief supplies and shelter materials; water, sanitation, and hygiene; and emergency education.
4. SMART stands for Standardized Monitoring and Assessment in Relief and Transition. It is a survey methodology suitable for emergency contexts.
5. In the conflict-affected areas of eastern Congo, many mines are controlled by armed groups or forces that benefit financially from these mining activities. The United Nations Stabilization Mission in the Democratic Republic of the Congo is working with the government to introduce a regulatory framework for natural resource exploitation and the supply chain in this area.
6. Total number of beneficiaries may not be the sum of sectoral beneficiaries due to overlap in services provided to individuals.

### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid response to movements of population</td>
<td>33,000,000</td>
<td>1,770,000</td>
<td>440,000</td>
<td>516,000</td>
</tr>
<tr>
<td>Non-food item/emergency shelter – coordination and response</td>
<td>1,720,000</td>
<td>90,000</td>
<td>24,300</td>
<td>24,300</td>
</tr>
<tr>
<td>Nutrition</td>
<td>25,738,000</td>
<td>462,000</td>
<td>222,000</td>
<td>240,000</td>
</tr>
<tr>
<td>Health</td>
<td>7,000,000</td>
<td>2,000,000</td>
<td>1,040,000</td>
<td>960,000</td>
</tr>
<tr>
<td>WASH</td>
<td>15,123,000</td>
<td>826,000</td>
<td>247,800</td>
<td>247,800</td>
</tr>
<tr>
<td>Child protection</td>
<td>12,600,000</td>
<td>70,000</td>
<td>29,000</td>
<td>41,000</td>
</tr>
<tr>
<td>Education</td>
<td>16,845,000</td>
<td>150,000</td>
<td>67,500</td>
<td>82,500</td>
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<tr>
<td>Cluster coordination</td>
<td>3,264,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>115,290,000</strong></td>
<td><strong>5,368,000</strong></td>
<td><strong>2,070,600</strong></td>
<td><strong>2,111,600</strong></td>
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