

UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Population under 18 (thousands)	31071
U5 mortality rate*	205
Infant mortality rate*	123
Maternal mortality ratio (1990-2005, reported)	1300
Primary school enrolment ratio (% net, male/female)*	52 (55/49)
% U1 fully immunized (DPT3)	73
% population using improved drinking water sources**	22
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1000
% U5 suffering from moderate and severe acute malnutrition*	16

Sources: *The State of the World's Children 2007*

* Multiple Indicator Cluster Survey 2/2001

** DRC, Poverty Reduction Strategy Paper

Summary of UNICEF financial needs for 2007

Sectors	US\$
Health and nutrition	28,500,000
Water and environmental sanitation	10,000,000
Education	7,000,000
Child protection	5,000,000
HIV/AIDS	3,000,000
Mine action	1,000,000
Cross-sectoral initiatives	
Rapid response mechanism for emergencies	20,000,000
Programme of expanded assistance to returns	20,000,000
Cluster leadership and coordination	1,750,000
Total*	96,250,000

* 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

Following the peace accords and the reunification of the country in 2003, the transition process of the Democratic Republic of the Congo (DRC) culminated in 2006 with the holding of its first democratic presidential elections. The year 2007 is therefore extremely crucial for the progress towards stability, peace and democracy that need to prevail over the ongoing persistence of conflict and emergency situations which in past years defined the country as one of the most serious humanitarian crises in the world.

The last decade of conflict resulted in some 4 million deaths, while about 1,200 people die in silence every day due to ongoing epidemics and conflict-related emergencies.¹ More than 1.6 million persons remain displaced in the DRC, most of them women, adolescents and children, and a further 1.6 million recent returnees are only starting to rebuild their shattered lives. An estimated 40,000 people flee their homes every month mostly in Ituri and the Kivus, but also in Katanga. Homes, villages, markets, fields, health structures and schools have been looted and often destroyed, leaving families without access to basic services or shelter. Eighty per cent of the population live on much less than \$1 a day. It is believed that 8,000 children are still with armed groups and forces in the district of Ituri and in North and South Kivu, and that the 19,000 released from armed groups require social reintegration.

Internally displaced persons (IDPs) are preparing to return to their villages but landmines and unexploded ordnance risks exist in many of these former conflict zones. Approximately 3 million people are believed to be affected by this contamination, particularly in 6 provinces out of 11; few of them covered by the existing landmine activities.

Malnutrition and micronutrient deficiencies underlie almost half of the deaths among children below the age of five. Up to approximately 20 per cent of these deaths could be prevented through appropriate infant and young child feeding practices (*The Lancet* series), but only 24 per cent of infants aged 0-6 months are exclusively breastfed and 60 per cent of infants aged 0-2 months are given water, other liquids or even solid foods (Multiple Indicator Cluster Survey 2 (MICS2)). These underlying causes of malnutrition combined with continued insecurity in some areas explain the high underweight (31 per cent, MICS2) and acute malnutrition rates (16 per cent, MICS2). UNICEF is supporting all therapeutic feeding centres, except the few that do not reach national norms. The community-based therapeutic feeding programme approach has been piloted in DRC and will be extended once the new standards of therapeutic feeding are adopted. The maternal mortality ratio remains very high, at 1,289 deaths per 100,000 live births. Only 22 per cent of the population have access to safe drinking water and 9 per cent to improved water supply and sanitation, the situation being far worse in rural than in urban areas. According to recent studies, the HIV prevalence rate is estimated at 5 per cent, with significant local disparities (Lubumbashi 7 per cent; Kinshasa 3.8 per cent; Mikalayi 1.8 per cent). Prevalence peaks are estimated to be much higher in areas affected by conflict and by gender-based violence resulting from conflict. In 2006 incidents of sexual violence were becoming more frequent.

The latest statistics from MICS2 show that the net school enrolment ratio fell from 59 per cent in 1995 to 52 per cent in 2001 (boys 55 per cent and girls 49 per cent; urban areas 72 per cent and rural areas 53 per cent). The school drop-out rate remains in excess of 10 per cent. More than 4.4 million school-aged children, including 2.5 million girls and 400,000 displaced children, are not enrolled in school. The quality of schooling is affected by low salaries, crumbling infrastructure and educational material shortages, resulting in an inefficient school system – only 25 per cent of pupils reach grade 5.

¹ In its 7 January 2006 issue, *The Lancet* published the results of the 2004 International Rescue Committee (IRC) mortality survey in the Democratic Republic of the Congo.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to build on its emergency response capacity during 2006 and has been one of the most operational humanitarian actors in the DRC. Response has been focused on the sectors of health and nutrition, education, protection, water and sanitation, and shelter and non-food items. UNICEF has taken the lead for the emergency response through the establishment and lead of five main clusters at national and provincial levels: water and sanitation, education, nutrition, non-food items/emergency shelter and emergency telecommunications. Through the management of the rapid response mechanism, more than 600,000 conflict-affected people have been directly assisted with life-saving shelter and household items and some 500,000 people have had access to safe water and sanitation services. The innovative programme of expanded assistance to returns (PEAR) has been launched to provide rapid assistance to internally displaced returnees.

In the area of health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other partners. Some 9.5 million children were immunized in a major measles campaign. Additional children have received life-saving emergency nutrition assistance in some 94 therapeutic feeding centres. UNICEF has supported schools through the distribution of educational supplies and the rehabilitation of classrooms, the distribution of school supplies to 208,000 internally displaced children and 4,000 teachers, the training of teachers and non-formal' educators in the alternative education curriculum. More than 500,000 vulnerable people have also benefited from water and sanitation services. During the past years, UN agencies (UNICEF, FAO, WFP), together with implementing partners and in close collaboration with the National Nutrition Programme (*Programme national de nutrition – PRONANUT*), have been able to not only develop and integrate a national nutritional protocol for the treatment of acute malnutrition throughout the country, but have also successfully trained authorities and their counterparts, including health staff and implementing partners. As of the 2006 review, more than 34,580 children in 94 nutritional centres were supported by UNICEF and partner NGOs, such as Action contre la Faim (ACF), Bureau des œuvres médicales diocésaines (BDOM) and Save the Children Fund (SCF). The overall recovery rate was 86 per cent.

In 2006 a major focus was placed on promoting the release and community reintegration of children associated with armed groups and forces: so far, UNICEF has supported the release of 10,483 of these children and community reintegration of 9,195 children. Enormous efforts have been made to fight against sexual violence, including documentation, medical and psychosocial care, legal assistance, and economic reintegration of sexual violence survivors. Most of the activities have been developed in Eastern DRC where more than 20,000 sexual violence survivors have been identified. During 2006, some of the major achievements include the training of 206 police staff and the adoption of two laws on sexual violence as a result of UNICEF's and others partners' advocacy work since 2005. In addition, 1,200 sexual violence survivors have benefited from integrated support. Training sessions were conducted for medical staff and drugs provided for the medical centres in Lodja and Mbujimayi (Kasai Oriental) and Kalemie (Katanga). UNICEF has also provided emergency telecommunication support to humanitarian actors responding to the emergency crisis in Central Katanga, e.g. VSAT (very small aperture terminal) installed in Mitwaba.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF leads five of the ten clusters established in the DRC since 2006: water and sanitation, nutrition, education, non-food items/emergency shelter, and emergency telecommunications. UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. UNICEF works in close collaboration with all other UN agencies in the framework of the humanitarian action plan covering not only humanitarian emergencies but also post-conflict and transition issues, as well as with local and international NGOs, state authorities and religious entities throughout DRC.

Regular programme

UNICEF DRC is in the second and final year of its current Country Programme of Cooperation 2006-2007. The programme addresses the rights of the child through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, water and sanitation, legal and social protection of the child, community mobilization as well as HIV/AIDS throughout the country. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by technical experts.

Health and nutrition (US\$ 28,500,000, of which US\$ 9,000,000 for nutrition)

Some 7.5 million IDPs, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 300 health centres;
- Provide vaccines, materials and support for the vaccination of 3.9 million children against measles, 6 million children against polio and 2 million children against all other antigens;
- Provide medicines and operational support in response to cholera epidemics;
- Distribute insecticide-treated mosquito nets to 1.5 million children and pregnant women, and train community-based health workers in their promotion and use;
- Continue supporting feeding centres previously established and run by partners for 45,000 malnourished children and their families, in partnership with FAO, WFP and the Ministry of Health, with therapeutic products, drugs, equipments, rehabilitation, and training. This also includes training mothers of malnourished children on good feeding practices, with special emphasis on infant feeding in emergencies.

Water and environmental sanitation (US\$ 10,000,000)

Some 500,000 displaced and war-affected persons, focusing on children and women, will benefit from the following water, sanitation and hygiene (WASH) interventions:

- Construct protected water points to provide safe drinking water;
- Construct ventilated improved pit (VIP) latrines in health centres, schools and other public spaces;
- Promote family latrine construction through social marketing and hygiene education;
- Distribute water containers and hygiene kits as necessary;
- Promote hygiene education and hygiene awareness programmes in communities for vulnerable persons in order to complement existing water and sanitation services;
- Train community hygiene educators;
- Establish and train water committees.

Education (US\$ 7,000,000)

A total of 300,000 displaced and war-affected children and 6,000 teachers will benefit from the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 600 primary schools and lower secondary schools;
- Procure and distribute recreation kits and school supplies for 300,000 displaced and conflict-affected children and adolescents;
- Train 6,000 primary schoolteachers and 500 school principals on HIV/AIDS prevention, gender and equity issues and peace education;
- Rehabilitate 100 schools and build latrines in most affected areas;
- Undertake social mobilization and communication activities towards host communities.

Child protection (US\$ 5,000,000)

Some 28,000 vulnerable children, including children associated with armed groups, children victims of sexual violence as well as separated and unaccompanied children are targeted through the following key activities:

- Support the release of those children who remain within armed groups and have not participated in the official disarmament, demobilization and reintegration programme;
- Support the social and economic reintegration of an estimated 11,000 children already released from armed groups and forces (the remaining 8,000 released children will be targeted next year);
- Reach 8,000 children and their families through actions to prevent separation by strengthening or developing local community protection mechanisms and sensitization;
- Identify and provide an appropriate response (medical and psychosocial) to ensure the reintegration of 15,000 women and children subjected to sexual violence;
- Reinforce community-based rapid response mechanisms, through training on prevention of and response to sexual violence;
- Support free enrolment in school of some 12,000 OVC in AIDS-affected communities;
- Provide free access to health care for some 3,000 OVC and their caregivers in AIDS-affected communities;
- Strengthen operational monitoring mechanisms at community level.

HIV/AIDS (US\$ 3,000,000)

Some 950,000 children and vulnerable families will be reached through the following activities:

- Reduce vertical transmission of HIV/AIDS by 85 per cent in prevention of mother-to-child-transmission (PMTCT) centres;
- Train 700 peer educators, teachers and community workers in life skills and HIV/AIDS education, and promote knowledge of the disease and preventive measures to limit its spread among young people and vulnerable groups;
- Strengthen and expand provincial and community-level AIDS prevention networks in targeting the most vulnerable young people;
- Construct 120 needle and syringe incinerators and train 480 health actors in their management.

Mine action (US\$ 1,000,000)

Some 500,000 at-risk people will be reached through the following activities:

- Train 150 trainers in mine-risk education (MRE);
- Strengthen MRE capacity of international and national NGOs;
- Make MRE available to affected communities via schools, churches, and other community structures;
- Provide technical assistance to the Government and governmental partners.

Rapid response mechanism (RRM) for emergencies (US\$ 20,000,000)

It is expected that more than 130,000 internally displaced families (650,000 people) will be assisted through the rapid response mechanism. Key activities will include:

- Strengthen the capacity to respond to emergency humanitarian needs of acutely affected vulnerable Congolese families, saving lives and reducing future vulnerability; encourage communities to participate in the assessment, response and monitoring and evaluation processes wherever possible. It is expected that 130,000 Congolese families (approximately 650,000 people) will be assisted.
- When humanitarian crises cannot be responded to by the RRM due to the scale of a crisis or in cases where the RRM is not mandated to respond, retain a stand-by capacity to provide emergency family relief kits and clothes to a further 25,000 families (120,000 people), with special emphasis on children and women-headed households.

The rapid response mechanism (RRM) is a concept implemented by UNICEF in collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA). Its rationale is to enhance the capacity of the DRC humanitarian community to respond rapidly to acute, life-threatening crises. Funds are currently being channelled through OCHA (mostly in the areas of coordination and assessment) and through UNICEF (operational costs, supplies, logistics, and security materials) to pre-position stocks of relief items and to provide operational partners (focal points) with the

capacity to deploy within 48 hours of an identified humanitarian crisis. A contingency fund is also reserved to allow other partners to engage in interventions beyond the capacity of the focal point.

The main activities are to *assess* humanitarian needs resulting from acute, rapid-onset crises within 48 hours of identification (security permitting); to *respond* via NGO partners to the needs of eligible beneficiaries in the sectors of shelter and non-food items, water and sanitation, and emergency education; to *coordinate* assessment and response; to *monitor* the utilization of supplies and/or services delivered; and to *evaluate* the impact of interventions.

Programme of expanded assistance to returns (PEAR) (US \$20,000,000)

It is expected that some 100,000 internally displaced returnee families (500,000 people) will be assisted through UNICEF's PEAR. As the cluster lead for non-food items/emergency shelter, UNICEF will retain a stand-by capacity to provide emergency family relief kits and clothes to a further 15,000 families (75,000 people).

The programme of expanded assistance to returns is implemented by UNICEF in collaboration with all key UN agencies and partner NGOs. Its rationale – similar to the RRM initiative – is to enhance the capacity of the DRC humanitarian community to respond rapidly to humanitarian needs of provincial health inspectors returning to their home communities. The PEAR is intended to assist returnee displaced families in eastern and southern DRC and support their reintegration and recovery in the sectors under UNICEF cluster lead (water and sanitation, nutrition, education, child protection and non-food items/emergency shelter) as well as in other sectors where UNICEF has a substantial role to play (health, community participation and mobilization, HIV/AIDS, etc.). This will be achieved through the following activities:

- Provide timely and accurate information to potential IDP returnees on the conditions in their villages of origin with regard to the sectors under UNICEF lead;
- Ensure storage, distribution and end-use monitoring of non-food items return kits for eligible returnee families;
- Ensure access of children to primary education in return zones, providing school materials, and/or rehabilitating schools or constructing temporary learning spaces;
- Conduct detailed water and sanitation assessments of the affected communities so that interventions can efficiently and quickly respond to urgent needs;
- Contribute to sectoral coordination through the cluster leadership approach, primarily via the return, reintegration and recovery cluster, but also in collaboration with all other key clusters (education, water and sanitation, nutrition, non-food items and child protection).

Coordination and cluster leadership (US\$ 1,750,000)

UNICEF will continue to strengthen the effective, timely and well-coordinated inter-agency response to humanitarian crises by assuming leadership in 5 out of the 10 clusters established in DRC: 1) water and sanitation, 2) nutrition, 3) education, 4) non-food items/emergency shelter, 5) emergency telecommunications. It will do so through improved and coordinated planning and strategy development, identification of key partners, standard setting, monitoring and reporting, advocacy, training and capacity- building.