In 2010, more than 114,000 people arrived in the Congo seeking shelter from political strife and violence in the Democratic Republic of the Congo. Although the arrival of refugees appears to have stabilized since May, there is currently no foreseeable timetable for safe return to their home country. Refugees in the Congo, of whom an estimated 80 per cent are women and children, live in conditions that increase the risk of undernutrition and illness. Limited access to WASH facilities for many refugees creates an opening for the spread of waterborne diseases. Recurrent floods also take their toll: Thousands of children have a hard time getting to school, and about 350,000 people are at risk of cholera.

In November 2010, the Congo experienced a deadly outbreak of wild poliovirus, with nearly all cases reported from the port city of Pointe-Noire. By early December, 498 cases and 209 deaths had been reported, mainly among young adults. Logistical constraints related to climate, limited air access and minimal air cargo access to some areas make providing humanitarian relief in the Congo extremely difficult.

During rainy seasons in the peri-urban areas of Brazzaville and Pointe-Noire, and in rural areas of Bouenza, Loudima and Pool, flare-up of water-borne disease is particularly acute. Cholera could affect 350,000 people, thus requiring maintenance of epidemiological surveillance and promotion of key waterborne disease prevention practices. The recurrent flooding in some areas of Brazzaville, Cuvette and Pointe-Noire could potentially affect school attendance of 30,000 students, of whom 14,400 are girls.

UNICEF is requesting US$4,830,000 to carry out its planned activities in the Congo in 2011. UNICEF will continue to provide essential drugs and medical and nutritional supplies to the existing 30 health centres. Essential nutrition actions will be integrated, and children and post-partum women will benefit from vitamin A and iron supplementation and systematic deworming. Nutritional education at the household level will be strengthened using trained community liaisons. Water-treatment commodities, water facilities and separated latrines at the community level will be provided in health centres and schools. Preschool- and primary-school-age children will have access to standard recreational, early childhood development and primary school kits adapted according to curricula in the Congo and the Democratic Republic of the Congo.

Through continuing education, teachers (50 for the preschool level and 300 for primary schools) will be trained in the management of multigrade classes and teaching of core disciplines, including life-skills and peace education, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO). UNICEF will strengthen community-based mechanisms to prevent violence and abuse to children, provide psychosocial care for both refugees and host communities, and help prepare refugees for return to the Democratic Republic of the Congo. Communication activities will accompany sectoral interventions to promote key life-saving behaviours, hygiene education and prevention of violence and abuse in schools and at the household level.

Logistical constraints remain a major challenge. Access to Likouala Department depends on the level of river water and the quality of roads. The airline network is limited; only one United Nations High Commissioner for Refugees flight with limited capacity and one private company fly irregularly from Brazzaville to Impfondo. Moreover, there is no cargo airline that covers this part of the country, thus complicating planning and logistics.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Findings from a recent Standardized Monitoring and Assessment of Relief and Transitions survey show that the nutritional status of women and children is precarious, but is not at emergency levels. Access to safe water and sanitation remains weak, particularly in small sites far from water facilities, thus increasing the prevalence of waterborne diseases.

Lack of access to education is a problem for families. In communities hosting refugees, 28,070 residents of the Congo and 41,400 refugees are under age 5 and 30,000 preschool- and primary-school-age children (including 13,500 girls) remain out of school. Of the 56,178 women living in the affected area, 25,300 are refugees.
primary education as well as child/girl-friendly learning environments; creation of protective environments, such as drop-in centres, against violence and abuse; promotion of life-saving behaviours; and prevention of sexual violence.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated US$5,973,032 was needed for aid in the Congo. As of October 2010, US$1,995,016 had been received, or 33 per cent of the goal. To respond to the refugee crisis in 2010, UNICEF benefited from Central Emergency Response Fund grants and relied on available funding sources to meet immediate needs. As the refugees stayed longer in the Likouala Department, however, limited funding has meant that important needs have remained unmet. Consequently, existing drop-in and preschool centres were closed to wait for additional resources. A recent second round of Central Emergency Response Fund grants allowed UNICEF to resume priority interventions.

UNICEF support focused mainly on WASH (as the lead agency) and education (as co-lead with UNESCO), while collaborating with other agencies on health and child protection. Areas such as HIV and AIDS and communication were covered through regular UNICEF country programme activities. Some 50,000 refugees, including 2,400 women and 12,000 children, have benefited from a package of essential drugs, equipment for safe and hygienic childbirth, and basic surgical interventions. Existing medical infrastructure capacities were improved (14,000 patients treated, 300 deliveries assisted within a period of three months). Strengthened epidemiological surveillance made timely data available for monitoring and risk-assessment. Screening for acute malnutrition and endemic diseases (yaws, monkey pox and cholera) was reinforced at the community level through training for 67 health workers and 153 community liaisons. Timely treatment of severe acute malnutrition following the national protocol was provided in 30 health centres to the host community and refugees.

UNICEF promoted hygiene practices and installed water supply and sanitation facilities for at least 10,000 individuals, including both refugees and hosts. Eighteen wells were completed by UNICEF, exceeding the 15 that were planned. One health centre and 12 primary schools were equipped with WASH facilities (28 hand-washing facilities, 68 separated latrines). At the community level, 13,668 people, located in 26 sites, benefited from key hygiene and sanitation practices and home treatment of drinking water. In response to an alert of cholera epidemics in the district of Goma Tse Tse (Pool Department), UNICEF provided sensitization activities regarding hygiene and home treatment of drinking water and distributed bleach for water treatment. UNICEF support to education through provision of 102 educational and 72 recreational kits allowed some 23,000 refugee children to complete the primary school year, exceeding the December 2009 goal of 20,000.

In addition, providing safe environments and protection for children is becoming challenging. The most recent mission reports and minutes of coordination meetings include an increasing number of sexual violence cases as well as trauma suffered by children, particularly girls. Recruitment of children into armed groups from the Democratic Republic of the Congo is also a growing risk. Thus, priority humanitarian needs for children and women include access to essential drugs and health commodities; prevention/treatment of undernutrition; access to clean water and adequate sanitation; access to adequate preschool/primary education as well as child/girl-friendly learning environments; creation of protective environments, such as drop-in centres, against violence and abuse; promotion of life-saving behaviours; and prevention of sexual violence.

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UNICEF support benefited 8,593 preschool-age children with the distribution of 234 kits, including 102 school kits and 72 recreational and 60 early childhood development kits. Protection kits were pre-positioned for unaccompanied children and for children and women who had survived violence or abuse. Thirty group leaders were trained at the community level, and 111,111 refugees and hosts benefited from the development of social mobilization and advocacy materials.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Testimony of Raba Nagbendo, who is living in the Congo as a refugee from the Democratic Republic of the Congo: “My name is Raba Nagbendo, and I come from Imesse, in the Democratic Republic of the Congo. I have lived in Mankolo village in the Congo for four months, with my 4-month-old baby, two younger brothers and sister. Armed civilians attacked our village, and we had to flee with my mother. Like thousands of others, we crossed the Ubangi River to seek refuge here. My mother died two weeks upon our arrival, and I found myself without money to take care of my baby and my siblings. But now our situation is improving. Since the last visit from UNICEF and Médecins d’Afrique [Doctors for Africa], free drugs are available at the health centre close to our place. Now that we have potable water and receive a piece of soap every month from UNICEF, I notice that the children do not suffer any more from diarrhoea. UNICEF also opened a school for refugee children in the village; my brother and sister received notebooks and pens so that they could finish the school year and I could spend more time taking care of my baby. With the kids at school, I feel less anxious about dangers than before, when they spent their time playing along the river.”

PLANNED HUMANITARIAN ACTION FOR 2011

Although the cluster approach has not been formally adopted in the Congo, UNICEF is the agreed sector lead for WASH within the UN country team. It also coordinates the education sector with UNESCO and provides significant support in the education and protection sectors. In 2011, UNICEF will continue to work with the Government of the Congo, other UN agencies and NGOs in addressing the needs of 210,000 people, including 80,095 boys and 74,375 girls. The adoption of key practices regarding child survival, nutrition, hygiene and sanitation, and prevention of sexual violence will be areas of focus. A UNICEF coordinator based in Impfondo will ensure sectoral coordination in nutrition, WASH and education through weekly meetings in Impfondo and Betou. Combined with regular field visits from relevant project officers, this will ensure continuous supervision, daily interaction at the field level and timely information for decision-making. Cross-border coordination with UNICEF Kinshasa will be reinforced regarding the possible return of refugees. Overall humanitarian coordination will be ensured by the Office of the United Nations High Commissioner for Refugees.

NUTRITION (US$983,000)

Interventions will emphasize strengthening nutritional surveillance as well as prevention, detection and treatment of undernutrition at the community level, for the benefit of 69,470 children (36,125 girls), 18,000 pregnant women and 27,000 breastfeeding women.

- Nutritional screening will be provided for 61,000 children 6–59 months old and 18,000 pregnant women.
- 69,470 children under age 5 will benefit from community-level detection for such endemic diseases as yaws and monkey pox.

HEALTH (US$384,000)

The overall goal for 2011 will be to provide improved access to primary health care, vaccines, essential drugs, cholera kits and other health commodities for 125,648 people, including both host and refugee communities in the districts bordering the Ubangi River.

- To re-centre fixed and mobile intervention strategies, an inter-agency needs assessment for the health sector will be conducted.
- Brazzaville, Likouala and Pointe-Noire will receive replenishment and pre-positioning of emergency supplies, with three new emergency health kits benefiting 30,000 people for three months.
- The capacity of 60 health personnel will be developed to include management of essential drugs.

WATER, SANITATION AND HYGIENE (WASH) (US$2,293,000)

WASH interventions will reach out to small refugee sites (less than 300 people) to provide access to existing water supply facilities, as well as other sites that could not be accessed due to logistical/security issues (benefiting 100,000 people).

- to locate target sites and map planned interventions, a needs assessment for the WASH sector will be conducted.
Families and children will experience a more sanitary environment with the construction and rehabilitation of 50 temporary latrines as well as water supply facilities in refugee sites, and the construction of durable latrines in schools and health centres in affected areas.

5,000 family water-filter kits will be provided in small sites located far from water facilities.

Twenty thousand families will benefit from the distribution of water purification products at the household level; such supplies will also be provided in 30 health centres.

All families in target sites (25,000 families) will be sensitized on treatment/conservation of drinking water at the household level and hygiene/sanitation practices, including Community-Led Total Sanitation initiatives.

**CHILD PROTECTION (US$350,000)**

In 2011, child protection activities will aim to strengthen a protective environment against sexual violence and abuse in refugee sites.

- Reopening of the two existing drop-in centres with relevant trained group leaders/social workers will benefit both refugees and hosts. Also, refugees will be prepared for return to their home country through sensitization activities.

- Children and women who are victims of violence and abuse will benefit from 50 pre-positioned protection kits.

- Communication and social mobilization against sexual violence and abuse against children and women, as well as psychosocial care for survivors, will be provided at the community level and in schools.

- Increased communication and sensitization about sexual violence and abuse will be ensured at the community level as well as in schools.

**EDUCATION (US$820,000)**

In collaboration with UNESCO, UNICEF will support life-skills and peace-education interventions to benefit youths and adolescents, as well as continue to support preschool and primary education interventions. Some 85,000 children of preschool and primary school age will access quality education opportunities. Of these children, 55,000 are located in Likouala Department (30,000 refugee children currently out of school and 25,000 host children), and 30,000 are in other at-risk flood areas.

- Young children will benefit from the implementation of a child-friendly emergency education programme, which includes play and early learning.

- More than 23,000 children will experience continuity of education through the provision of teaching and learning materials to one primary school and 63 existing temporary learning centres. Some 83 new temporary learning centres will be constructed. In addition, 25 early childhood development centres for 30,000 refugee children and centres for 25,000 host children who are out of school will be reopened.

- Nearly 250 teachers will be trained, and over 280 retrained, to be able to work in line with the standards of education in emergencies, the teaching of basic subjects, life skills, etc.

- In case of flooding in areas at risk, relevant support will be provided to affected preschools and primary schools to ensure continuation of regular education programmes for the benefit of 30,000 children.

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3. Some quarters of Brazzaville and Pointe-Noire, and three districts located in Pool and Bouenza, are considered to be at risk for cholera. Population figures are from preliminary results of the 2007 census.

4. In Pool Department, available statistics report more than 150 suspected cases of cholera during each raining season.

5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

6. Of which 30,000 are refugees, 25,000 are from host communities and 30,000 are in areas at risk of flood.

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<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>By sector</td>
<td>Total per sector (all beneficiaries)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>983,000</td>
</tr>
<tr>
<td>Health</td>
<td>384,000</td>
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<tr>
<td>WASH</td>
<td>2,293,000</td>
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<tr>
<td>Child protection</td>
<td>350,000</td>
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<tr>
<td>Education</td>
<td>820,000</td>
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<tr>
<td>Total</td>
<td>4,830,000</td>
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