

UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2009



Core Country Data	
Population under 18 (thousands)	33,784
U5 mortality rate	161
Infant mortality rate	108
Maternal mortality ratio (2000–2007, adjusted)	1,100
Gross primary school enrolment ratio (2000–2007, gross, male/female)	68/54
% U1 fully immunized (DPT)	87
% population using improved drinking-water sources	46
HIV/AIDS prevalence rate (aged 15–49)*	4.1
% U5 suffering moderate and severe wasting/stunting	13/38

Sources: *The State of the World's Children 2009*, *Locally accepted prevalence rate, originating from data collection among pregnant women at 24 rural/urban sentinel sites.

The Democratic Republic of the Congo (DRC) is one of the world's most chronic emergencies. The country staggers under the twin burdens of endemic poverty and acute humanitarian crises: the impact of conflict in the eastern provinces continues to plunge this region into a spiral of acute emergencies; decades of neglect of basic services and structural collapse result in humanitarian thresholds being surpassed in every province. Not only does DRC require the mobilization of enormous emergency assistance to save lives and alleviate human suffering in eastern DRC, but both humanitarian and longer-term measures to address the symptoms and causes of the chronic emergencies which render the entire country a humanitarian crisis. UNICEF will reach about 4 million women and children with the funds raised through the *Humanitarian Action Report*.

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.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Although sustained, large-scale armed conflict in 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 eastern DRC.

While the January 2008 Goma peace conference and resulting *Acte d'engagement* helped to limit the extent of sustained, large-scale armed conflict in eastern DRC during much of 2008, hundreds of ceasefire violations and consequent population displacement have failed to limit the level of overall humanitarian needs. New families flee their homes; those previously displaced move again to seek safety in new places of refuge. Every few weeks in North Kivu, concentrations of internally displaced persons (IDPs) mushroom up in new areas as families find refuge in spontaneous sites or with already saturated host communities.

Despite significant efforts to move forward with the *Acte d'engagement* and the Amani framework, insecurity and violence have recently returned and spread to new areas of the north-eastern Orientale Province. This renewed fighting further diminishes hopes that 2008 would see a significant cessation of violence and transition towards stabilization and peace. It has led to a rapid deterioration of the already fragile humanitarian situation in eastern DRC and necessitates a concurrent increase in support to humanitarian activities. Recent events include: an upsurge in fighting in North Kivu beginning in late August and an intensifying in late October principally between Laurent Nkunda's National Congress for the Defence of the People (CNDP) rebel forces and the Congolese Army (FARDC); renewed hostility south of Bunia (Ituri District) with the creation of new militia groups and new alliances between existing groups; Lord's Resistance Army (LRA) attacks on civilians in the remote Dungu region of Orientale's Haut Uélé District, including abduction of children, looting and destruction of villages and consequent population displacement.

In November 2008, the Office for the Coordination of Humanitarian Affairs (OCHA) estimated the number of IDPs in North Kivu alone at well over 1 million – with 250,000 since late August 2008. While assessments of the new situation in Haut Uélé and Ituri are only partial, initial reports already speak of tens of thousands of newly displaced. The overall number of IDPs in DRC is estimated at 1.3 million.

During the first half of 2008, the UN Integrated Office – led by the UN Mission in the Democratic Republic of the Congo (MONUC) Peacekeeping Mission – initiated its UN Security and Stabilization Support Strategy (UNSSSS) for eastern DRC. While this plan aims to restore security and state authority in conflict zones, there is a significant post-conflict programming component being designed with different UN agencies taking the lead for different components. UNICEF is the lead agency for IDP return and reintegration. Given the current situation, conditions have not yet been favourable for implementation of the UNSSSS' humanitarian component throughout much of the affected area, but in some areas in Ituri and parts of North and South Kivu, where durable return and recovery are occurring, preparations for the start of activities have been put in place.

In comparison to the scope of needs in DRC, smaller-scale epidemics and health crisis in DRC are often eclipsed by the larger crisis caused by the ongoing conflict in the East, but it is important to note that 2008 has witnessed isolated epidemics of measles, cholera, typhoid, as well as newly identified areas of acute malnutrition, which surpass emergency thresholds; this situation will continue in 2009. Cholera remains endemic in multiple regions, including provinces such as North Kivu – already shouldering the burden of hundreds of thousands of IDPs. The cholera crisis in several urban centres of Katanga Province continued through 2008, requiring large-scale response in health and water, sanitation and hygiene. Waves of forced expulsion of Congolese citizens from Angola from May–September 2008 resulted in some 80,000 people reported to have been forced across the border, often subject to systematic abuse. It is anticipated that further expulsions will occur prior to Angolan presidential elections in 2009.

Access to affected populations is frequently limited due to insecurity, particularly in eastern DRC. IDP populations are often remaining displaced – in sites and host communities – for longer periods of time, a phenomenon that requires analysis of more medium-term solutions beyond delivery of immediate humanitarian assistance. The entire humanitarian community is addressing this issue as questions of livelihood activities for IDPs, burdens on host families and communities, the risks and opportunities of sites and camps, and prospects and modalities for return become more critical. Another challenge is how to develop realistic and innovative contingency planning linked to the possibility of increased military campaigns, which could lead to displacement into even more remote areas. This would have major implications to UNICEF's capacity to ensure delivery of assistance.

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 (height/age), with the highest rates in the Kivus; 13 per cent suffer from moderate or severe acute malnutrition (low weight for height). Certain areas present a considerably higher prevalence. 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 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.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF and its network of implementing partners provide the largest humanitarian response in the DRC, focusing on health and nutrition, water, sanitation and hygiene (WASH), education, child protection, and household relief supplies (non-food items) and emergency shelter reinforcement materials. UNICEF works in close collaboration with all other UN agencies, NGOs and government actors in the framework of the Humanitarian Action Plan (HAP).¹ Co-managed with OCHA, and implemented by two international NGO partners, the Humanitarian Coordinator's Rapid Response Mechanism (RRM) remains the flagship programme for humanitarian assessment and response in DRC. Reports and analysis from UNICEF's Programme of Expanded Assistance to Returns (PEAR) evaluation of vulnerable IDP return areas are shared widely with all humanitarian actors to ensure multisectoral response in return areas.

UNICEF DRC provides humanitarian assistance in two ways: (1) through the multisectoral RRM and PEAR initiatives managed directly by UNICEF's emergency team in collaboration with technical colleagues, and (2) through emergency response activities integrated directly into core sectoral programmes. Both types of assistance help ensure that UNICEF meets cluster leadership and membership responsibilities as well as UNICEF's *Core Commitments for Children in Emergencies*.

Rapid Response Mechanism and Programme of Expanded Assistance to Returns

UNICEF's multisectoral programming in non-food items (cluster lead), education, WASH. Initiated in 2004, UNICEF co-manages the Rapid Response Mechanism (RRM) with UN/OCHA and two primary NGO partners: Solidarités and the International Rescue Committee (IRC) in North Kivu, South Kivu and Orientale Province's Ituri and Haut Uélé Districts. UNICEF also enters into *ad hoc* partnerships with other local and international NGOs as part of the RRM framework to address humanitarian needs outside of the core provinces. From January–September 2008, RRM reached over 800,000 IDPs and other conflict-affected people (160,000 families) with emergency non-food items (NFIs) and emergency shelter materials. It was estimated that by the end of 2008, this number had risen to nearly 1 million. RRM programmes targeting access to safe water and sanitation services in areas of displacement and cholera outbreaks will also reach some 1 million people.

UNICEF's Programme of Expanded Assistance to Returns (PEAR) assists the return of IDPs as a first step towards a durable solution by providing the humanitarian community with information about return areas, meeting returnees' basic needs in household items and shelter materials, and providing children access to education. In 2008, PEAR was implemented in partnership with four international NGOs – Solidarités in Ituri, Norwegian Refugee Council (NRC) in North Kivu, Association of Volunteers in International Service (AVSI) in South Kivu, and Catholic Relief Services (CRS) in Katanga. From January–August 2008, PEAR partners conducted 62 multisectoral assessments (MSAs). MSA reports and analysis have increasingly become the primary source of information about the humanitarian situation in areas of return, producing widely used analytical reports and maps from a comprehensive database. During the same period PEAR has distributed NFI kits to some 397,970 returnees, which represent approximately 35 per cent of all returnees, with post-distribution monitoring showing a retention and usage of 90 per cent of the items after three months. The PEAR education component has rehabilitated 187 classrooms and provided 44,951 children with education materials. Also as part of PEAR, UNICEF and partners CRS and NRC launched a pilot programme to study the feasibility of NFI voucher fairs instead of direct distributions; 3,700 beneficiaries participated. This experience with voucher programmes for NFIs will be expanded in 2009 to all PEAR partners.

¹ In DRC, there is not a Consolidated Appeal Process (CAP), but a Humanitarian Action Plan (HAP). This document is a roadmap for humanitarian action for the year, but does not include individual projects for agencies. It is oriented around clusters, not organizations.

Core Programmatic Sectors

Health. In the area of health, between January and June 2008, over 3.5 million people benefited directly from improved access to adequate health care, particularly in eastern and southern DRC emergency-affected areas. Some 159 maternities were rehabilitated and equipped, 3,977 health personnel received training or refresher courses, and 1,515 health structures were supported. UNICEF supported cholera treatment centres and treated 3,325 patients. In response to the North Kivu crisis, UNICEF health teams have worked with partners to mobilize emergency measles vaccination campaigns for 130,000 internally displaced children and host communities and worked with government counterparts in conflict-affected health zones to provide free access to basic health care for IDPs and host communities.

Nutrition (cluster lead). Between January and October 2008, 33,400 severely malnourished children – only 3 per cent of all severely malnourished – have received emergency nutrition assistance in some 137 UNICEF-supported therapeutic feeding facilities. UNICEF, Valid International, implementing partners and the government's National Nutrition Programme (*PRONANUT*) developed and validated the national protocol for the management of acute malnutrition through a strong community-based component, and successfully trained trainers of trainers, including implementing partners in all 11 provinces. UNICEF and partners continued to ensure rapid deployment of teams to conduct nutrition surveys in at-risk zones and to mobilize start-up teams for response.

WASH (cluster lead). In the first half of 2008, some 700,000 people benefited from water, sanitation and hygiene (WASH) services – in addition to those assisted by RRM. Activities included providing access to a minimum package of safe water, sanitation and hygiene in public infrastructures (schools and health centres) for emergency-affected populations and communities living in displacement or cholera endemo-epidemic zones. In response to a cholera outbreak in Katanga, UNICEF partners provided clean water to some 385,000 people (100 per cent) living in risk-prone areas through an integrated programme of water trucking, well disinfection, provision of chlorination points, and public health awareness campaigns. UNICEF's RRM and other WASH partners have built some 4,000 emergency latrines for approximately 160,000 people and 1,000 showers benefiting 100,000 people in IDP sites in eastern DRC.

Education (cluster lead). In the education sector, UNICEF functions as the national cluster lead agency with Save the Children as co-lead. At the provincial level, UNICEF co-leads the education clusters of most provincial inter-agency committees. In 2008, UNICEF procured and distributed through its education section partners 591,992 primary school student kits, reaching 38 per cent of school-aged children in the affected provinces, 150 recreational kits and 550 didactic materials. A total of 926 teachers were trained and provided with a copy each of the National Primary Education Curriculum guide in emergency-affected zones. In North Kivu, UNICEF's RRM and other education partners constructed some 250 temporary classrooms for 13,750 children in IDP sites and host communities. Some 16,400 IDP children and 3,400 over-aged children attended summer classes. Examination fees for 3,828 IDP students (28 per cent of IDP children) were waived to allow them to take the primary cycle state exams. Social mobilization and communication activities in host communities took place to boost access and retention.

Child Protection (child protection focal point). UNICEF's protection work in 2008 continued to focus on core programmes of family reunification, child-friendly spaces in IDP sites, release of children from armed groups, sexual violence, mine-risk education (MRE), and advocacy and reporting. In 2008, family tracing and reunification programmes in North Kivu with Save the Children UK identified 1,698 children (813 of them have been successfully reunited with their parents). Some 44,000 displaced children in North Kivu regularly participate in informal recreational and educational activities in 20 child-friendly spaces in displacement sites. The work of UNICEF and partners has resulted in 2,500 children being released from armed forces and groups. Some 15,000 survivors of sexual violence have been assisted through UNICEF-supported multisectoral interventions, including access to health, psychosocial and legal support as well as socio-economic reintegration.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

The primary humanitarian coordination mechanism in DRC is the cluster approach. Since 2006, UNICEF has led five of the ten clusters established in DRC: nutrition; water, sanitation and hygiene; education; non-food items/emergency shelter; and emergency telecommunications as co-lead with the World Food Programme (WFP). UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. At national and provincial levels, UNICEF is an active member of all inter-agency forums including the Inter-Cluster and Humanitarian Advisory Group (HAG) at Kinshasa level, and the Provincial Inter-Agency Committees (CPIAs).

Linkages of HAR with the Regular Programme

UNICEF is currently implementing its 2008-2012 Country Programme. The activities proposed in the emergency appeal highlight specific areas where the rights of children and women are especially endangered due to the current situation. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by emergency experts.

Working through the DRC Humanitarian Action Plan (HAP) framework, in 2009 UNICEF DRC will support Government and NGO partners to save lives and alleviate the suffering of women and children affected by emergencies through integrated programmes in our core areas of cluster and sectoral responsibility.

Health (US\$ 18,000,000)

For 2009, the overall goal is to contribute to the reduction of under-five and maternal mortality in the affected areas through the following key activities:

- Procure and distribute essential drugs and equipment to 400 health centres in low coverage, cholera-endemic and other emergency-affected areas;
- Support emergency-affected health zones to provide essential primary health care for 2 million people, including displaced, host communities, and cholera-affected communities;
- 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.

Nutrition (US\$ 15,000,000)

For 2009, the overall goal is to strengthen and scale up the programme for nutritional surveillance and the management of acute malnutrition through the following key activities:

- Reinforce support to 350 nutritional feeding programmes previously established and run by partners for 164,484 severely malnourished children (15 per cent of all affected children in the country);
- Expand expertise and use of the community-based therapeutic care (CTC) approach for treatment of severe acute malnutrition in order to cover at least 15 per cent of all affected children;
- 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 to therapeutic or supplementary feeding centres;
- Procure and distribute ready-to-use therapeutic food (RUTF), therapeutic milk, essential drugs (vitamin A, deworming tablets and antibiotics) and anthropometric equipment for therapeutic feeding centres;
- Procure and distribute anthropometric equipment, essential drugs (vitamin A and deworming tablets) and monitoring tools for supplementary feeding centres;
- Provide all children 6–59 months in emergency-affected areas with two doses of vitamin A supplement and deworming tablets;

- 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 (US\$ 15,000,000)

For 2009, the overall goal is to provide 1 million displaced, returnees, cholera-affected and other disaster-affected persons with a minimum package of safe water, sanitation and hygiene interventions through the following key activities:

- Ensure provision to 1 million IDPs² 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 diseases and methods to minimize risk;
- In cholera treatment centres, ensure provision of 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 (US\$ 9,750,000)

For 2009, the overall goal is to ensure a rapid return to normal life for 330,000 children affected by conflicts or natural disasters and to mitigate the risk of child recruitment, violence against children, and psychosocial stress through the following key activities:

- Construct/rehabilitate and/or expand 672 classroom infrastructures for some 33,420 children (36 early childhood development (ECD) classrooms, 600 primary school classrooms and 36 catch-up centre classrooms), including 472 separated latrine facilities for boys and girls, to accommodate emergency-affected children and their teachers;
- Pilot programmes to incorporate innovative approaches to alleviate school fee burden for emergency-affected children;
- Distribute student kits for 330,000 children in ECD centres, primary schools, catch-up centres and secondary schools;
- Train 600 parents and communities in peace education, psychosocial support, social mobilization, school management, HIV prevention, and environment;
- Train 6,600 teachers in national primary curriculum programme, peace education, classroom management, HIV prevention, environment and psychosocial support for conflict-related stress;
- Implement school feeding programmes.

Child Protection and Mine-risk Education (US\$ 15,750,000)

For 2009, the overall goal is to improve the protection of 300,000 children vulnerable to grave child rights' violations in regions affected by conflict, displacement and violence, through the following key activities:

- *Disarmament, demobilization and reintegration (DDR)*: Contribute to the release, return and reunification of an estimated 3,000 children who remain associated with armed forces and armed groups (CAAFAG), and develop context-specific prevention mechanisms to reduce the risks of recruitment for boys and girls in conflict-affected areas; support the community-based reintegration of 8,000 CAAFAG and promote girls' access, including the provision of meaningful alternatives through education, skills training and/or economic development; promote the responsibility of duty bearers, including non state entities, through training and advocacy efforts to uphold child rights and prohibit child recruitment and exploitation.
- *Identification, tracing and reunification (IDTR)*: Ensure protection and psychosocial support for 2,000 children who have been affected by displacement (IDPs and returnees) through programmes to identify, document, trace and reunite separated children with their families.
- *Child-friendly spaces*: Support 30,000 IDP children in child-friendly spaces (CFS) to promote physical and mental well-being, ensuring child participation and gender- and age-tailored activities as well as prevention of child rights' violations.
- *Gender-based violence (GBV)*: 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. In accordance with Security Council

² Basic minimum packages for different beneficiary groups are outlined in the DRC Humanitarian Action Plan 2009.

Resolution 1820, assist the Government and relevant actors to end impunity and support access to functioning judicial and law enforcement systems.

- *Security Council Resolution 1612*: 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.
- *Mine-risk education (MRE)*: 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 (US\$ 22,000,000)

For 2009, the overall goal of the Rapid Response Mechanism (RRM) is to provide emergency NFI, WASH, and education assistance to 1 million emergency-affected persons in DRC through the following key activities:

- Procure and distribute essential household NFIs and emergency shelter materials to 1 million emergency-affected persons, including IDPs, vulnerable host families, returnees in unstable zones, and victims of natural disasters;
- Ensure access to safe water sources, sanitation facilities and hygiene education for 500,000 emergency-affected persons in coordination with provincial WASH clusters;
- Ensure access to basic education to 100,000 disaster-affected primary schoolchildren and 1,500 teachers through the construction/improvement of classroom space and provision of student kits, teachers' kits, and recreational kits.

Programme of Expanded Assistance to Returns (US\$ 20,000,000)

For 2009, the Programme of Expanded Assistance to Returns (PEAR) will continue to consolidate its position as the first entry point for the humanitarian community to provide assistance in areas of return by providing useful information and analysis of return zones for other agencies to act upon as well as internally in UNICEF as the basis of the PEAR Plus Stabilization Programme to take over once the existing PEAR has provided an immediate level of assistance. In particular the programme will:

- Undertake 108 multisectoral assessments (MSAs) in return areas and share the information and analyses with the help of the PEAR database among UNICEF colleagues and other humanitarian actors;
- Provide 110,000 IDP returnee families (or 550,000 people) with NFI assistance;
- Rehabilitate approximately 190 classrooms for about 9,500 students and ensure that 120,000 children have education materials to improve access to education.

As the lead agency for the IDP return and reintegration component of the UN Integrated Office's Security and Stabilization Support Strategy (UNSSSS), UNICEF DRC is building on PEAR's humanitarian work to develop the 'PEAR Plus', an integrated package of assistance in health, WASH, education and child protection. While the existing PEAR will continue to provide humanitarian assistance to returning IDPs, PEAR Plus will provide rehabilitation and recovery assistance in the same locations in order to ensure the link between relief and development. While many areas of eastern DRC are not yet ready for this type of assistance, in zones undergoing stable recovery and reintegration, UNICEF has begun programming in PEAR Plus during the second half of 2008.