



DEMOCRATIC REPUBLIC OF THE CONGO

HUMANITARIAN ACTION PLAN 2010

BACKGROUND¹

The Democratic Republic of Congo (DRC) has extensive natural and human resources, yet it is one of the 50 least developed countries in the world. Years of poor governance and violence continue to drain its resource base and destroy economic and social infrastructure. In 2009, military operations in Eastern Province, North and South Kivu have continued to threaten civilians and force thousands to flee their homes.

In both conflict-affected and stabilized areas, violence against the civilian population remains an endemic problem in DRC. Women, adolescents and children are the primary victims of sexual violence, assault, abduction, theft, exploitation and forced displacement. The extent and brutality of sexual violence committed against women and girls is of particular concern. They are often gang raped, abducted and forced into sexual slavery; reportedly, 40 rapes occur daily in South Kivu alone. Many survivors of sexual violence suffer debilitating damage to their reproductive organs, which result in multiple fistulas and incontinence.

Overall, nearly 3 million deaths are attributed to the ongoing fighting in the Eastern region—almost 90 per cent due to malnutrition and other diseases. Even in the western areas, which are not affected by the conflict, extremely high mortality, morbidity and malnutrition rates are being recorded. A high maternal mortality ratio (549 deaths per 100,000 live births in 2007), rising infant mortality rates (115 deaths per 1,000 live births in 2005), and high childhood mortality (204 deaths per 1,000 live births in 2005) illustrate the scope of the health challenges faced by the Democratic Republic of the Congo.

UNFPA AREAS OF CONCERN AND PROPOSED INTERVENTIONS FOR 2010

Depending on availability of funds, UNFPA will implement projects under the Protection and Health Clusters. Below is a summary of the most pressing protection and health issues in the DRC, as well as the strategies and projects that have been included by the respective Clusters in the DRC Action Plan.

PROTECTION

In the context of generalized violence in the DRC, the situation is particularly dire for the 2.1 million people displaced – sometimes two or three consecutive times. Women and children in particular are exposed to all manner of abuse, exploitation and violence by armed groups, as well as those from within host communities surrounding the displacement sites (Northern Kivu, Southern Kivu, and Eastern Province). Sexual violence extends beyond the conflict zones of eastern DRC. Women and girls throughout the DRC are susceptible to sexual violence during the course of their daily routines, such as fetching wood or water, or because poverty has forced them into selling sex as a means of survival.

¹ Please see Section 4 of the [DRC Humanitarian Action Plan](#) for more information on the crisis, its humanitarian consequences and overall sector response plans.

Recent analysis suggests that armed group will continue targeting civilian populations in 2010. As a result, internal displacement will continue in the eastern provinces and human rights violations, including sexual violence, might even increase in some areas. Multi-sectoral responses are urgently needed for survivors who, in addition to the medical and psychological consequences of the abuse, face social stigmatization and are seldom granted legal recourse.

In light of these challenges, the Protection Cluster's primary objective will be to increase protection of civilian populations affected by conflict and insecurity. Because the Protection Cluster is charged with implementing the pillar on protection and prevention of the "*Stratégie globale de lutte contre les violences sexuelles en RDC*", particular attention will be paid to reducing sexual violence and providing assistance to survivors.

Of particular relevance to UNFPA are the following interventions:

- Strengthening **data collection** tools in order to better inform actors and clusters working on protection issues. The collection of sex- and age-disaggregated data will help provide a gendered analysis of protection issues and bring gender-sensitive support to women, men, boys and girls alike. The sexual violence incident management system will be strengthened.
- **Preventing and mitigating** protection risks, in particular sexual violence, by developing prevention and advocacy programmes that target both combatants and communities.
- Improving **access to services, justice and rehabilitation** for survivors of sexual violence.
- **Mainstreaming gender** in all activities of the Protection Cluster through advocacy and sensitization of partners. Areas of focus will include: increasing the number of women serving in the military and police forces; ensuring the rights of widows are considered in land restitution issues; strengthening women's groups and involving them in the decision-making process; enlisting the support of men and ensuring they also have access to gender-sensitive care when they are victims of sexual violence.

The total budget estimate for the Protection Cluster in 2010 is \$87,757,627.

HEALTH

Armed conflict and insecurity in the Eastern provinces of the DRC, compounded by the lack of access to emergency obstetric care services, has led to health crisis in the region. Maternal mortality rates, already high (549 per 100,000 live births – EDS 2007), are even higher in areas most affected by armed conflict. Reflected in this are the incidence of unassisted childbirths, lack of an effective referral system, weak capacity of services providers, insufficient reproductive health commodities, the failure of the rapid evacuation systems (including reliable means of transportation), low contraceptive prevalence rate (1,5%), and early pregnancies (19% of all pregnancies are teenage pregnancies.) Among many communities, early marriage or informal unions are highly prevalent, and the age of sexual initiation is low – 25% of girls aged 15 to 19 are mothers.

The main objective of the Health Cluster in 2010 is to reduce morbidity and mortality during emergencies or crises. Specific objectives include:

- Reducing intra-hospital maternal mortality to below 1%;
- Reducing mortality rate of those under five years of age to less than 2 per 10,000;

- Establishing response mechanisms in less than 30 days for at least 70% of the registered epidemics.

The objectives will be achieved through four main strategic axes:

- 1) Establishment of essential interventions for reproductive health (Minimum Initial Services Package for Reproductive Health in Emergencies – MISPE) and HIV;
- 2) Preparedness and response to epidemics;
- 3) Reinforcement of technical and institutional capabilities;
- 4) Follow-up and evaluation of emergency interventions.

The table below summarizes the specific activities of the first strategic axis directly relevant to UNFPA’s mandate:

| Intervention Area | Specific Activities |
|---|---|
| 1. Establishment of essential interventions for reproductive health (MISP) and HIV | <ul style="list-style-type: none"> • Prevent sexual violence and provide appropriate assistance to survivors by: <ul style="list-style-type: none"> ○ Ensuring medical services, including psychosocial support, are available for survivors of sexual violence. • Reduce transmission of HIV by: <ul style="list-style-type: none"> ○ Enforcing respect for universal precautions; ○ Guaranteeing the availability of free condoms; ○ Ensuring that blood for transfusion is safe; ○ Preventing mother-to-child transmission; ○ Ensuring antiretroviral treatments remain available. • Prevent excess maternal and neonatal mortality and morbidity by: <ul style="list-style-type: none"> ○ Providing Emergency Obstetric and Neonatal Care (EmONC) ○ Providing essential care to newborns; ○ Preventing and treating pediatric emergencies; ○ Ensuring safe blood transfusions; ○ Preventing mother-to-child transmission. |

The total budget estimate for the Health Cluster in 2010 is \$60,518,890.

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