SITUATION UPDATE

The violent fighting between armed forces from the Democratic Republic of the Congo (DRC) and a group of armed rebels led by General Odjani, which happened during the end of 2009, and killed at least 200 civilians, resulted in a constant increase in the number of people crossing the Ubangi river to the Republic of Congo, and settling down in about 80 sites along the border between the districts of Betou and Liranga, in the Department of Likouala. As of May 2010, statistics from UNHCR reported 114,700 refugees located in these sites, of which more than 80 per cent are children and women. Such a massive influx of population has significant implications on the already precarious living conditions of host communities1 and access to basic social services, in particular for children and women.

On 4 May 2010, the rebel leader Ondjani surrendered to Congolese armed forces, and further consultations between the two governments and UNHCR took place, leading to the signature, on 10 June 2010, of a tripartite memorandum related to the repatriation of the refugees. However, their effective return will depend on the actual safety and security measures implemented on the DRC side. In the meantime, humanitarian actors continue to work while following closely the situation in both sides.

KEY RESULTS FOR CHILDREN

UNICEF’s humanitarian response is planned and implemented in close synergy with regular activities, in particular in Health/Nutrition and WASH, so as to make both refugees and host communities benefit from interventions. UNICEF support focused mainly on WASH, Education, and Nutrition, including Communication for Development (C4D) for relevant sectors, and collaborated with other agencies for Health and Protection. Other cross-cutting areas, such as HIV/AIDS were covered in the regular activities of the Country Programme. Overall, it contributed to meet basic needs of at least 50,000 refugees for the first semester of 2010 in terms of Health, Nutrition and WASH, as well as educational needs for 22,094 refugee children.

Health: 50,000 refugees, including 2,400 women and 12,000 children, have benefited from a package of essential services and care, including essential drugs, equipment for safe and hygienic delivery, and basic surgical interventions. The capacity of the existing medical infrastructures was improved (14,000 patients treated and 300 deliveries assisted within a period of three months). Epidemiological surveillance was also strengthened, making data timely available for monitoring and risk assessment purposes.

Nutrition: The detection of malnutrition and endemic diseases such as yaws, monkey pox and cholera was reinforced at the community level through training 67 health workers from 30 health centres, 153 community relays from 28 refugee sites, and providing them with data collection and monitoring tools. UNICEF pre-positioned nutrition supplies in 30 health centres located in the area covered by the refugees, to ensure timely and adequate treatment of severe malnutrition, and in line with the national protocol on the treatment of acute malnutrition.

Water, Sanitation and Hygiene: Water supply installations and sanitation facilities were built and hygiene practices promoted for the benefit of both refugees and hosting population. Out of 15 planned wells, eight were completed. Twelve primary schools and one health centre were equipped with sanitation facilities. At the community level, 13,668 persons located in 26 sites benefitted from key practices on hygiene and sanitation, as well as on home treatment of drinking water.

Education: 22,094 refugee children of primary school age pursued schooling due to the construction of 75 educational centres provided with teaching materials based on the DRC curricula. In addition, 55 centres were established and equipped with recreational materials that provided early child development (ECD) activities for the benefit of 8,593 children of pre-school age.

Protection: UNICEF supported the reunification of unaccompanied children and creating a protecting environment against sexual violence in refugee sites, through pre-positioning 320 reunification kits and setting up two drop-in centres with relevant trained animators.

1 The host communities have 108,377 inhabitants (National census, 2007).
KEY CHALLENGES

Logistic constraints remain a major challenge. Access to the Likouala department by boat or by road depends upon climatic factors, such as the level of river water and the quality of roads. Airline network is relatively weak, and in addition to a UNHCR flight with a limited capacity, only one private company (irregularly) operates between Brazzaville to Impfondo. In addition, there is no airline cargo which covers this part of the country, thus making difficult the planning and organization of logistic matters. Security issues were also encountered along the Ubangi river, thus limiting access to some areas by humanitarian actors, until the recent arrest of General Odjani. Nevertheless, during the first quarter of 2010, additional opportunities were offered to humanitarian actors to facilitate transport of staff and/or supplies, thanks to WFP and ECHO support.

INTER-AGENCY COLLABORATION

Within the UN system, the decision making process is managed at the UN country team (UNCT) level under the coordination of the Resident Coordinator, thus ensuring a coherent and efficient support as well as a clear distribution of labour between agencies. At the field level, the UNHCR Impfondo sub-office ensures the overall field coordination of UN supported interventions. In addition, UNICEF set up a coordination unit in Impfondo to strengthen the day-to-day monitoring of activities and ensure regular liaison with other humanitarian actors at the field level. UNICEF support relies on existing partnerships with local authorities, NGOs and associations. In particular, the on-going FAO-UNICEF-WFP joint food and security project, as well as UNICEF support to the decentralized action plan in favour of the indigenous population, provide opportunities to bridge emergency interventions and early recovery. There is no cluster mechanism in place. However, existing UNDAF thematic groups facilitate information sharing and joint follow-up of implementation, thus helping to ensure sectoral coordination and to avoid duplication of interventions. UNICEF has a leading role in for WASH as well as Nutrition groups, and participates actively to other relevant groups (Health, Education, Protection, and Logistics).

FUNDING REQUIREMENTS

To respond to the refugee crisis following the emergency situation in Likaouala this year, UNICEF had to rely on available and flexible funding sources to meet immediate priorities. Carry-over funds of US$157,842, and an allocation from the West and Central Africa Regional Office (US$100,000) for child protection activities, allowed UNICEF to contribute to a minimum rapid response, including rapid assessments and transportation of available emergency supplies to the affected area. At the end of 2009, following a Government request for emergency assistance, the UN System provided support for rapid response, consisting in a provision of food, drugs, shelter, NFIs, and prepositioning of WASH and nutrition supplies. CERF funds were released subsequently to a Flash Appeal to cover humanitarian needs for the benefits of both refugees and hosting communities for the period December 2009 through June 2010. Following the Flash Appeal, a Consolidated Appeal Process (CAP) was launched in March 2010 in which UNICEF requested US$3,591,785. The final funding gap is US$4,646,238.

In light of the current context, the conditions for a safe and secure return of refugees are likely to take at least the rest of year 2010 before being met. Therefore, the funding gap to support priority actions planned for 2010 is a very important issue, as the CERF grants made only provision for immediate response. While funding is delayed, important needs remain unmet, in particular in WASH, Health/Nutrition, and Education, for the needs of at least 20,000 children under five, 20,000 women and 30,000 children of primary school age.

Funds received against the HAR 2010 (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Revised HAR requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2010</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>1,908,702</td>
<td>396,821</td>
<td>1,511,881</td>
<td>144,277</td>
<td>1,367,604</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,734,174</td>
<td>428,481</td>
<td>2,305,693</td>
<td>12,197</td>
<td>2,293,496</td>
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<tr>
<td>Education</td>
<td>899,202</td>
<td>77,982</td>
<td>821,220</td>
<td>1,368</td>
<td>819,852</td>
</tr>
<tr>
<td>Child Protection</td>
<td>430,954</td>
<td>165,668</td>
<td>265,286</td>
<td>100,000</td>
<td>165,286</td>
</tr>
<tr>
<td>Total*</td>
<td>5,973,032</td>
<td>1,068,952</td>
<td>4,904,080</td>
<td>257,842</td>
<td>4,646,238</td>
</tr>
</tbody>
</table>

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

2 The Republic of Congo was included in the HAR as of mid-year in order to support refugees entering from the Democratic Republic of the Congo.
EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

UNICEF will ensure coordination at the field level in Nutrition, WASH, Education, through weekly coordination meetings.

Health:
• The existing 30 health centres will continue ensuring access to health care as well as availability of essential drugs for children and women (from both refugee and hosting communities) through regular provision of medical and nutritional supplies.

Nutrition
• Nutrition activities at community level will be strengthened with nutritional education and the integration of Essential Nutrition Actions by health centres.
• Children and post-partum women will have access to essential nutrition commodities through vitamin A and Iron supplementation campaigns, coupled with systematic de-worming, and iodine salt test in the households.

Water, Sanitation and Hygiene:
• Access to potable drinking water through the provision of household water treatment and community safe water point systems will benefit 7,000 refugee families.
• Basic knowledge of key practices to prevent from water born diseases through hygiene promotion campaigns, education and training in household treatment and conservation of drinking water, will be provided to local and refugees communities.
• Construction of latrines will benefit 7,000 households.

Education:
• Educational materials, educational and recreational facilities will be developed and distributed for the benefit of children and coaches in 50 sites.
• Through adult continuing education, fifty teachers at the preschool level and 300 teachers at the primary level will be able to use educational materials effectively, managing multi-grade classes, and teaching of core disciplines, including life skills education, tolerance and culture of peace education.