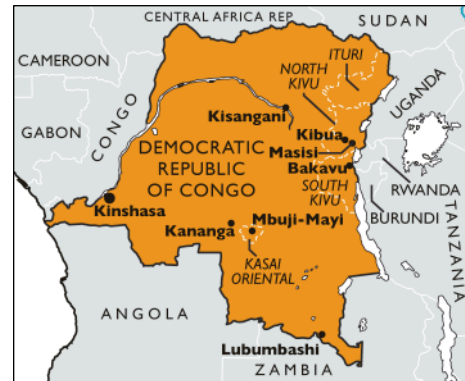




What we do in the Democratic Republic of Congo

- We're helping 94,628 children get a better education
- We're protecting 51,545 vulnerable children from harm and exploitation
- We've helped vaccinate 14,603 children against measles
- We've helped 5,159 malnourished children



War, hunger and disease have killed nearly 4 million people in the Democratic Republic of Congo (DRC) since 1998. **One in every five children dies before reaching their fifth birthday.** In the east, more than 1 million internally displaced people still need help to meet their basic needs. Renewed fighting in this area in late 2008 forced more than a quarter of a million people to flee their homes in North Kivu. Once more, many children became separated from their families, making them much more vulnerable to abuse and exploitation. A joint military operation in 2009 targeting Rwandan Hutu rebels has brought more suffering for civilians.

The fighting has destroyed the country's economy and infrastructure, as well as the social fabric of families and communities. More than half of the country's 62 million people are under 18. Many children and young people were recruited into armed groups or became separated from their families when they fled the fighting. Young girls have been repeatedly raped and mutilated – a deliberate tactic of the warring groups. Although the war is now officially over, many families can't feed their children, can't get them treatment when they're sick, and can't afford to send them to school.

The task of rebuilding people's livelihoods, their families and communities is enormous. Democratic elections were held in 2006 but it's difficult for people to hold politicians to account. The president has launched a comprehensive campaign against corruption, which is widely recognised to be a significant problem. The DRC is rich in minerals such as diamonds, copper and coltan (used to make mobile phones) but national budgets for healthcare and education are limited (the government spends £2.50 a year on education per

pupil). The struggle for control over the country's mineral wealth is fuelling ongoing fighting in the east.

Save the Children in the DRC

We started work in the DRC in 1994, helping children who had fled the genocide in neighbouring Rwanda. We then began to work with Congolese children. Today we work in the following provinces: Kasai Oriental, North Kivu, South Kivu, Province Oriental and Kinshasa. Since the war, we've helped reunite thousands of children with their families. Working with local and international partners, we're getting children back to school, providing them with healthcare, and protecting them from exploitation and abuse. We're also the lead agency for the International Save the Children Alliance's Rewrite the Future campaign to improve access to education for children who have missed out on school due to conflict.

We're helping children affected by conflict

International law forbids the recruitment and use of children in armed conflict, but hundreds of Congolese children are still being used as soldiers, messengers, cooks or 'wives', who are often brutally sexually abused. Many children also became separated from their families during the renewed fighting late in 2008. The breakdown of families and communities has made many children vulnerable to physical and sexual harm. We're protecting children by tracing members of their family and reuniting them where possible, as well as helping former child soldiers return to their families, receive catch-up education and learn skills to help them earn a living.

We've expanded our child tracing work in North Kivu province. We've trained new staff and partner organisations to respond urgently to the large numbers of internally displaced children who have become separated from their families. This work is conducted primarily in host communities, and in camps for displaced people.

Together with local partners, we try to find host families for separated children or those associated with the fighting forces while we try to find their families. We're using photos to try and find people more quickly, as well as a database of separated children. But ensuring adequate care and protection for children and young people, particularly in the camps, is difficult because of the continued insecurity, as soldiers often enter the camps at night.

As well as providing practical help to reunite children with their families, we're also continuing our advocacy work to prevent children being recruited or re-recruited by armed forces. Working with our United Nations (UN) partners and non-governmental organisations (NGOs), we secured the release of 69 children from the Congolese army (FARDC) in Mbuji-Mayi.

We're helping children get a quality education

Nearly half of all school-age children don't go to school, mainly because their parents can't afford the fees and because children often need to work to support their families. These out-

of-school children include displaced children and others affected by the conflict. Many schools were damaged or destroyed in the fighting and many others are in a poor condition due to lack of resources. Teachers are poorly trained and low paid, and the curriculum is irrelevant to many children's lives.

We're helping children get access to education, including: displaced children in the conflict zones of North Kivu; children who have been rescued from the mines in Katanga, Province Oriental and Kasai Oriental; children who were recruited by armed groups as child soldiers; and children living on the street and other vulnerable children in South Kivu and Kinshasa.

In 2008, our education work reached more than 80,000 children in 200 schools. We've helped 10,310 children go to school for the first time, including 4,938 children who have returned to formal education through our accelerated learning programme (ALP) classes. The ALP programme helps children who've missed out on school catch up, so they can reach the standards they need before they can successfully go back into class with children of their own age.

We're also making schools better places for children to be. This includes practical improvements like renovating and equipping classrooms, and providing access to safe drinking water and clean toilets. In Masisi, in North Kivu, our child protection project is also improving children's health, as we've been able to refer children to government-run health centres where they're screened for malnutrition and other illnesses.

Improving schools is also about getting children and their parents more involved in how schools are run. We're encouraging school staff and education authorities to include children on management committees. We're training members of the school management committees and parent-teacher associations (PTAs) on child protection, managing budgets, and developing a code of conduct. The PTAs also plan income-generating activities such as vegetable gardens so that they can use the money raised to pay school fees for the most vulnerable children.

We're also helping children affected by the renewed fighting in North Kivu. We've set up three early childhood care and development (ECCD) centres in camps for displaced people around Goma. These safe play and learning areas have benefited 450 children aged 3-5. We're helping two local NGOs, PAMI and Benenfance, to manage these centres, working closely with parents and former teachers in the day-to-day running of activities.

In the next year, we plan to help another 15,000 children go to primary school, and improve the quality of education for 85,000 children. We'll renovate and equip 90 schools and distribute school kits with materials for pupils and teachers to 150 schools. We'll continue to lobby the government to increase its spending on education from 8% to 15%.

We're protecting children from harm

Some 15,000 children who have been separated from their families live on the streets in Kinshasa and more than 2,000 in Mbuji-Mayi, the regional capital of Kasai Oriental. Many vulnerable children end up working in the mines in Katanga, Province Oriental and Kasai Oriental, in desperate conditions for very little gain. As traditional systems of care within extended families and communities break down as a consequence of conflict, urbanisation and poverty, children are becoming much more vulnerable to harm, exploitation and abuse. Some have been accused of witchcraft and rejected by their families.

In 2008, we helped get 4,728 working children out of the mines and back into school. We've provided them with school kits, and 5,063 other children have benefited from meals provided by the World Food Programme school feeding project. This has had a positive effect on school attendance, but we're working to resolve problems with irregular food supplies, in part because of the level of need in other areas of the country. We've also carried out field research to better understand why children work in the mines and what we can do to help them. As a result, next year, we'll be adding an income-generating element to the programme to help the most vulnerable families.

Working with local NGOs and government agencies, we've helped reunite 847 children who were abandoned or accused of witchcraft with their families, and secured the release of 226 children from detention. We're continuing to work with revivalist churches (who are often involved in dealing with children accused of witchcraft) and residential homes to prevent abuse and mistreatment of children.

We're also encouraging local authorities to fulfil their responsibilities to protect vulnerable children. And we've supported the development of the Child Protection Law, which we are helping to disseminate and apply. We're making the case for specially trained police units for juveniles, as well as juvenile courts and mediation facilities.

We're saving children's lives

Many children in the DRC die from preventable diseases. Malaria is the leading cause of death in children under five. People have to pay for healthcare, and most simply can't afford it.

In 2008, we reached 51,280 children through our health programmes. With funding from Save the Children in the Netherlands, we're supporting the provincial health system in North Kivu to provide people with basic primary healthcare services such as child immunisation, nutritional support, family planning and information on how to prevent HIV.

Through our emergency response, we've set up a mobile clinic at the Kibati camp for internally displaced people, benefiting 9,298 people through free health checks, including 4,429 children. We've continued to provide much-needed access to healthcare for pregnant

and breastfeeding women and children under five. We're supporting five health centres in Mweso and ten in Masisi, areas which have been heavily affected by the conflict.

We're also improving people's health by supporting health posts and hospitals. We supported the Ministry of Health to vaccinate 14,603 children against measles at the height of the emergency in October/November 2008. We opened three units for intensive care treating severely malnourished children in the hospitals in Katwa, Musienene and Lubero. We've also carried out minor repairs to health centres and sanitation facilities where necessary.

We continue to explore all means to provide access to healthcare for the most vulnerable children in North Kivu. We're developing a longer-term strategy for child survival, building on the lessons learned from our work so far. Special attention will be given to community health and measures to reduce neonatal mortality (babies who die before they're a month old). And we'll continue to lobby the government to provide free healthcare, particularly for women and children under five.

We're making sure children are better fed

Poverty and the legacy of fighting mean that malnutrition is widespread in DRC. A staggering 31% of under fives are moderately or severely underweight. Consequently, our nutrition support activities are at every level: health post, community and hospital. Most children suffer from kwashiorkor, as they don't get enough protein in their diet.

In 2008, we reached 5,159 children through our nutrition programme. Working with the Ministry of Health, we're setting up therapeutic feeding centres in Kivu. Last year, we treated 1,500 malnourished children in these centres. We're also educating mothers about better feeding practices and practical ways to help families get better access to food. The conflict has resulted in great need in the area around Beni and Lubero, where we are implementing an intensive nutrition programme.

With funding from Save the Children Italy, we hope to reach another 5,000 children under five who are severely or moderately malnourished. Next year we'll train 358 community health workers on promoting breastfeeding, screening and referral services. Our aim is to reduce the number of malnourished children by half.



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