



# Democratic Republic of the Congo



Jackie Kieman/CARE

## Country Snapshot

<b>Population*</b> :	66 million
<b>Life expectancy at birth**</b> :	48 years
<b>Adult literacy rate**</b> :	67%
<b>Access to improved water source***</b> :	46%
<b>GDP per capita (PPP)***</b> :	\$320 USD
<b>Child mortality rate**</b> :	158 per 1,000 live births
<b>Maternal mortality rate*</b> :	1,100 per 100,000 live births
<b>Displaced people</b> :	1.65 million

Sources: \*WHO (2011); \*\*UNOCHA 2012 HAP; \*\*\*World Bank Country Data profile 2010, unless otherwise noted.

## Program Overview

CARE in the Democratic Republic of the Congo has strengthened its structure and strategy to assist the most vulnerable members of Congolese society eradicate poverty and reduce their vulnerability to social injustice. CARE's target groups include poor and vulnerable women, adolescent girls and boys as well as displaced and returning populations. CARE is committed to promoting their fundamental rights, their full participation in the governance of their communities and in the peaceful, sustainable development of their country. Working with civil society and the Government, CARE DRC is responding addressing the root causes of their poverty along the entire aid continuum.

### Health

In the DRC health sector, CARE primarily focuses on women's issues, including reproductive health, family planning, post abortion care and emergency treatment for survivors of sexual violence. CARE is also ensuring that the most conflict affected populations, including the displaced, can access quality health care services. CARE provides essential drugs and equipment, works with the Ministry of Health to facilitate trainings and quality assurance/supervisory visits, rehabilitates and equips health centers and works with community mobilizers to educate and mobilize communities for better health.

CARE's **Uzazi Bora** project expanded from Maniema to North Kivu in 2011. The current phase of the project ensures the availability of post abortion care and family planning services as it seeks to reduce maternal and child mortality in emergency and post conflict zones. The project is also working to strengthen the governance component in healthy delivery services by enhancing citizens' involvement in the planning and monitoring of targeted health services.

The **Masisi-Pinga Emergency Health** project continues to ensure that individuals in conflict zones can access free quality health care. In 2011 alone, the project ensured that nearly 70,000 individuals in fourteen health zones were treated, while providing financial and material support for vaccination campaigns and light rehabilitation works.

In Kinshasa, CARE has funding from Coca Cola's Global Environment and Technology Foundation to work with the youth population to improve access to water for an average of 2,150 individuals a day who pass through the Makala Hospital. The **Bopeto Kinshasa** project will build six water access points in the community, guaranteeing potable water to 3,000 people.

### Socio-Economic Empowerment and Sexual and Gender Based Violence (SGBV) Response and Prevention

While CARE mainstreams gender equity into all its projects, the SGBV program uses a number of female empowerment

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initiatives, including gender-sensitive literacy courses, village savings and loan associations (VSLA), income generating activities, community mobilization and counseling and social behavior change communication (SBCC) to support survivors' recovery and prevent future acts. CARE's socio-economic empowerment has also proved a success in past demobilization and reintegration projects, while in post conflict zones, CARE has seen VSLA contribute to stabilization, peace and rehabilitation.

CARE has developed a comprehensive assistance package for SGBV survivors in its **Mama Anka** project. To date, the project has provided psychological and socio-economic reintegration support to over 1,120 survivors of sexual violence. Over 400 community mobilizers are now educating and mobilizing communities to address harmful social, cultural, and structural norms to provoke positive and sustainable social change.

**Ushindi** is a SGBV response and prevention project implemented through a six-party consortium. The holistic approach addresses SGBV from medical, economic, legal, and socio-economic standpoints. CARE specifically supports local partners provide socio-economic reintegration services. To date, an initial 266 VSLA comprised of 4,539 members have been created and tools for an effective communication strategy designed. In addition, 2,139 learners have joined one of 86 literacy circles. CARE is well on it's way to reaching the target of 21,600 vulnerable women before the project ends in 2014.

The **Ujio Wetu** project is enhancing services for survivors of sexual violence and supporting communities respond to and prevent SGBV in three health zones in North Kivu. Focusing on improved service provision, it is adding value to existing health projects such as Uzazi Bora while providing socio-economic empowerment opportunities to vulnerable populations. An SBCC strategy has been developed to address barriers to gender equality.

### Multi-sector Emergency Response

CARE DRC's innovative **Umoja** emergency response approach is lauded as an effective way to reinforce traditional coping mechanisms to assist displaced, host and returning populations. Since its launch, CARE had provided assistance to over 9,200 families in the following sectors: WASH, shelter, non-food items, food security, and protection. A voucher-based cash transfer methodology allows the beneficiary to choose specific items while supporting the local economy.

### **Rehabilitation, Good Governance and Peace-building**

**Tuungane** and **Pamoja** are two large-scale community-driven reconstruction projects designed to empower communities and hold local government accountable

throughout reconstruction. Participatory planning processes identify priorities and guide the communities' management of development activities in education, health, economic recovery, and water and sanitation. In 2011 alone, Tuungane disbursed \$1.6 million dollars to village development committees to embark on a community project. Concurrently, community members are building capacity in good governance and increasing economic opportunity through VSLA. Pamoja launched 237 VSLA comprise d on over 3,000 individuals during its first year.

CARE is the lead on a consortium implementing a community rehabilitation and livelihoods project designed to address poverty and instability in eastern Congo. The **Tufaidike** project will directly benefit 300,000 individuals through improved livelihoods, while 70 communities will strengthen their skills in conflict mitigation and resolution.

CARE's **Maniema Education Project for Displaced Youth** is working to increase access for 3,200 girls and boys to access a quality education and reduce inequality. During 2012, CARE will rehabilitate and equip 40 classrooms, ensuring latrines and water at each school. 130 teachers will be trained and girls of reproductive age will receive hygiene kits.

A new **Appui des Organisations Paysannes** project will reach over 5,500 individuals in post-conflict communities' in Maniema as it supports the restoration of the agricultural production. Rural peasant and women's organizations will benefit from trainings in order to better contribute to the rehabilitation and development of their communities. The **Maison des Femmes** project complements this initiative. While supporting the Ministry of Gender's imitative to create safe spaces for the socio-economic reintegration of women and girls, CARE will rehabilitate the structure and develop training for four professions suited to the milieu for 230 women. Moreover, 10,000 women will be mobilized in social movement promoting gender equality.

An **action-research** in four territories in eastern DRC is allowing the country office further its understanding of civil society and its role in embedding good governance. The research will also inform future interventions in the DRC and beyond and help in enabling a conscious selection process for more strategic partnerships.

**Current Donors:** DfID through the International Rescue Committee, Dutch Ministry of Foreign Affairs, Global Environment and Technology Foundation, Norwegian Ministry of Foreign Affairs, Pooled Fund, PSO, UNICEF, UNDP, USAID, and Vivi Health

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