



Democratic Republic of the Congo

Kate Holt/CARE



Country Snapshot

Population:	64.3 million
Life expectancy at birth:	48 years
Adult literacy rate:	67%
Access to improved water source:	46%
GDP per capita (PPP)*:	US\$298
Infant mortality rate:	126 per 1,000 live births
Maternal mortality rate:	1,100 per 100,000 live births
HIV prevalence**:	1.2-1.5%

Sources: UNICEF State of the World's Children Report 2010, *UNDP Human Development Report 2009 **UNAIDS Global Report 2008 estimate

Program Overview CARE first intervened in the Democratic Republic of the Congo from 1994 to 1997, providing life-saving assistance to indigenous and refugee populations at the end of the Rwandan genocide. CARE returned in 2002 to implement both sustainable development projects and shorter-term emergency responses. CARE works in six provinces, but has traditionally focused its activities in the eastern provinces of Maniema and North Kivu. CARE's work in the DRC includes: primary and reproductive health; gender-based violence prevention; demobilization and reintegration of child soldiers; good governance; environmental conservation; community-driven reconstruction; education; water and sanitation; and emergency response. CARE works through civil society and local governance structures using a rights-based approach to sustainably address barriers to social justice and poverty eradication.

Health

CARE identified the health sector as a principal entry point to address poverty and promote sustainable development in the DRC. Since its return in 2002, CARE has implemented several primary and reproductive health projects and become a leading partner of choice for donors, aid agencies, and the Ministry of Health. In all health projects CARE DRC partners with the Ministry of Health to support the Ministry's leadership in the development and management of a quality health system. This is complemented by strong community work to improve health practices and behaviours through social and behaviour change communication. CARE particularly focuses on women's health issues, including reproductive health, family planning, and clinical and socio-economic support to survivors of sexual and gender-based violence.

Current health projects include the Kasongo Uzazi Bora Reproductive Health Project, the Masisi Emergency Primary Health Project, and the national C-Change Project, which reaches an estimated population of 9,600,000 in 80 health zones. Since the reproductive health project's launch in 2007, the number of women who give birth in a medical setting has increased by over 58 percent, reaching 81 percent of estimated births in the coverage zone. Since 2009, CARE has rehabilitated and equipped 30 health centres, provided training and on-site support to approximately 150 healthcare workers, improved access to quality healthcare services, and supported vaccinations of over 7,000 women and 15,000 children. In the Birambizo health zone alone, over 7,900 vulnerable community members were provided with access to free essential medical care. In the C-Change Project, CARE has developed tools and identified effective communication channels to support the Ministries of Health and Education on Health Communication to increase the use of services for a

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range of health issues, including family planning, HIV/AIDS prevention, malaria, tuberculosis, and maternal and child health.

Gender Equity

In addition to stand-alone sexual/gender-based violence projects, CARE mainstreams gender equity into all its projects. CARE provides for female empowerment initiatives, which can include community-mobilization activities, gender-sensitive intensive literacy courses, and village savings and loan associations.

In North Kivu, referred to by the UN as ‘the rape capital of the world,’ CARE developed a comprehensive assistance package for sexual violence victims. In less than a year, the project has provided psycho-social support and socio-economic reintegration opportunities to 739 survivors in the Birambizo health zone. Thirty MERLIN/CARE-supported health centres received essential training and materials to provide quality clinical care to 474 survivors. To de-normalize and prevent sexual violence, 400 community mobilizers have been trained to address social, cultural, and structural norms for sustainable change.

CARE has joined a six-party consortium to address sexual/gender-based violence from medical, economic, legal, and socio-economic standpoints. CARE will provide technical support and guidance to local partners who aim to assist survivors and reduce individual and community vulnerability to future acts of violence.

Multi-sector Emergency Response

CARE DRC’s innovative Umoja emergency response approach was launched in 2008 and has since been lauded as a proven success. By the end of May 2011, CARE will have provided assistance to over 9,200 families in the following sectors: water and sanitation, shelter, non-food items, food security, and protection. The unique methodology assists internally displaced people and host families while supporting traditional coping mechanisms and promoting community solidarity. A voucher-based cash transfers system is used to efficiently deliver humanitarian assistance and effectively respond to the populations’ needs while respecting individual dignity and right to self-determination. An evaluation of the first pilot project found that over 99 percent of beneficiaries had a positive impression of the system.

CARE is currently developing Umoja+ to help communities, vulnerable due to large population movements, transition from emergency response into early recovery. Economic recovery, good governance, conflict mitigation, education, and health sub-sectors will be integrated as necessary.

Community-driven Reconstruction

CARE is currently implementing the Tuungane and PACDEV projects—two large-scale community-driven reconstruction projects in Maniema province. Over 500,000 people have benefited from the projects, which have supported over 350 community development plans, designed and implemented by elected village development committees and/or local organizations. The long-term objective is to contribute to development of governance systems that empower communities, hold local government accountable, and respond to community needs. After years of violent conflict, mismanagement and under-development, communities engage in development activities which respond to their specific priorities and bolster their economic well-being. Most activities focus on education, health, economic recovery (e.g., road rehabilitation, market reconstruction), and water and sanitation. The PACDEV project also helped approximately 5,000 vulnerable individuals improve their socio-economic state through village savings and loan associations.

Good Governance

CARE mainstreams good governance into all projects. Capacity-building support in accountability, transparency, and conflict mitigation/resolution to local government, civil society, and communities adds value and sustainability to the impact of CARE DRC’s diverse portfolio of projects. CARE is currently developing a number of stand-alone projects and a governance sector strategy and compiling a database of knowledge and tools based on success, feasibility, and cross-program synergies.

Major Donors

U.S. Agency for International Development (USAID), European Commission Humanitarian Aid Office (ECHO), Dutch Ministry of Foreign Affairs, Norwegian Ministry of Foreign Affairs, UNICEF, the Pooled Fund, UN High Commission for Refugees (UNHCR), U.K. Department for International Development (DFID), Canadian International Development Agency (CIDA), and private donors.

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