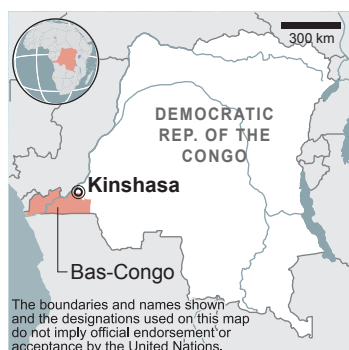


# Support to child friendly environment through community participation in the Democratic Republic of the Congo



UN Trust Fund for Human Security



## Fast Facts

**Country:** Democratic Republic of the Congo

**Duration:** January 2008 to September 2010

**Implementing UN Agencies:** UNICEF; FAO

**Other Implementing Partners:** Ministries of Education; Health; Agriculture; Information and Press; NGOs; community-based organizations

**Budget:** \$1,244,560.08

**Key Words:** Children; post conflict; poverty; health; education

## BACKGROUND

The Democratic Republic of the Congo (DRC) has been impacted by decades of prolonged unrest and weak governance, which has caused instability, hampering the country's social and economic development and threatening the human security of the entire population. In 2008, the Human Development Index ranked the DRC as one of the poorest countries in the world. The country's instability led to a rapidly deteriorating social infrastructure with only 22 per cent of people having access to clean drinking water and a mere 17 per cent of households to sanitary toilets. Access to basic social services also remained tenuous with a survey revealing that the DRC had some of the world's

poorest health and basic social service indicators. At the time, 80 per cent of diseases were related to poor hygiene. Children seemed to have borne the brunt of various threats including food and health insecurity, which affected 70 per cent of households. Economic insecurity, namely extreme household poverty also made access to education, especially among girls, increasingly difficult. The compounding factors of poverty - nearly 42 per cent of people in Kinshasa and 70 per cent in Bas-Congo lived below the poverty line - a fragile political situation, limited access to basic social services and a growing number of vulnerable children and internally displaced people all contributed to a precarious human security situation.

## PROGRAMME OVERVIEW

### GOALS AND OBJECTIVES

The project aimed to improve child development and survival rates by addressing critical insecurities stemming from education, water, hygiene, sanitation and poverty challenges through a comprehensive approach, focusing on community empowerment and capacity-building. The project tackled these interconnected threats through community-based initiatives including the rehabilitation of schools; the

establishment of early child development centres; the improvement of water and sanitation infrastructure; the training of local professionals and communities on agricultural and health practices; and the development of community-run school gardens. The project also aimed to bolster the capacity of communities to plan, implement and monitor activities in order to promote sustainability.

### BENEFICIARIES

The direct and indirect beneficiaries included 103,000 children and adults living within the Bas-Congo and Kinshasa provinces. Among the direct beneficiaries there were 53,300 children between the ages of 3 and 11 as well as other members of the community who

benefited from health-related, agricultural and income-generating activities and training. Furthermore, dissemination of good practices also made it possible for more members of the community to indirectly benefit from the project.



## NOTABLE ACHIEVEMENTS

(i) The project expanded know-how throughout Kinshasa and Bas-Congo on good health, nutrition and hygiene practices thereby offering communities a starting point from which to carry out sustainable practices. In order to do this, the project identified 2,496 focal points from 104 villages within both provinces including women, nurses, parents and hygiene specialists. In addition, nearly 500 school teachers received training on sound health education practices. A further 192 village health committees were also offered guidance on how to promote hygiene and maintain water and sanitation infrastructures. Through these activities, the project successfully ensured that roughly 80 per cent of people living within 160 villages had developed good health, nutrition and hygiene practices.

(ii) The project combined theatre and awareness-raising activities to improve the dissemination of vital

information on the reduction of child mortality and morbidity. The project worked closely with professionals to produce theatre productions, offering training on key health, nutrition and hygiene practices. Plays were staged at 30 sites throughout the seven health zones and recorded for wider distribution through community radio stations and broadcast television.

(iii) Through the promotion of community-run school gardens, the project enabled a target population of 60 schools in the two provinces to produce crops with high nutritional value and financial potential, thereby increasing the economic, health and food security of communities. These positive outcomes helped reduce absenteeism at schools. Furthermore, revenue from the gardens allowed schools to invest in educational materials.

## LESSONS LEARNED

The project demonstrated the necessity of employing a multi-sectoral approach that targets the root causes behind a complex issue such as child development in a post-conflict environment. Through interconnected interventions within various sectors such as water and sanitation infrastructure, education, community-based agriculture, and health, the project was significant in improving key indicators for child survival. In

addition, the project illustrated how important it is for community leaders to plan, implement and monitor activities. Engaging individuals and community-based organizations right from the start made it possible for them to take charge of the project, making sure that it would be sustained long after the project had ended thereby providing the foundation for child development beyond the target communities.