

UNICEF **CHILD ALERT** | May 2018

KASAI: A CHILDREN'S CRISIS

Coping with the impact of conflict in the
Democratic Republic of the Congo

Democratic Republic of the Congo, Kasai Region



Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

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INTRODUCTION

When horrific violence erupted across the Kasai region of the Democratic Republic of the Congo in 2016, hundreds of thousands of people ran for their lives. They were forced to abandon their homes, villages and, in some cases, older or ailing family members. Many of those who had to flee were children.

The most fortunate children and families found refuge with relatives or friends in calmer parts of the region. But many more were internally displaced, living under the open sky amidst the trees and bushes of the vast, unforgiving savannah. These families on the move had no access to health care, food or safe water. They had no matches to light a fire, no mosquito nets to protect them from malaria.

Months of desperate existence followed. With nothing shielding them from the threats they faced – ranging from snakebites to waterborne illnesses – many people fell ill and died. The rest struggled to stay alive as fighting raged on around them.

Today, despite a lull in the fighting since the second half of 2017, waves of displacement continue because of persistent insecurity and fears of resurgent violence. Where the conflict has abated, some displaced people are returning to what is left of their villages. Often, they find that their homes and all of their possessions and livestock have been destroyed or stolen.

According to the United Nations Office for the Coordination of Humanitarian Affairs, 3.8 million people in the Kasai region are in need of humanitarian assistance, including 2.3 million children. What is happening in Kasai is truly a children's crisis.



In Kananga, Kasai region, a 13-year-old girl sits behind a window at the Centre de Transit et d'Orientation, a UNICEF-supported reintegration centre for children associated with armed groups.

OVERVIEW

An ordeal for already vulnerable families

Violence initially flared in the Kasai region in August 2016, sparked by tensions related to the recognition of customary power in Kasai-Central Province. The violence spread rapidly during the first quarter of 2017. Existing intercommunity tensions became part of a wider conflict involving militias, armed groups and security forces across the region.

While they were previously stable, the 5 provinces of Kasai have long been among the poorest in the country. More than 1 in 10 children dies before the age of 5, while half of the region's children under 5 suffer from chronic malnutrition, which causes stunting.

The conflict has worsened conditions for families who were already vulnerable. Women and children displaced by violence have escaped to isolated locations to find safety – thereby

losing access to essential goods and services such as health care, safe water and sanitation, and education.

After more than 18 months of violence and massive displacement, households in much of Kasai have been unable to cultivate their land and grow crops. After a third consecutive season of failed harvests, hundreds of thousands of people are destitute and there is little produce for villagers to buy or sell at local markets.

The current situation in Kasai is a perfect storm of poverty, deprivation and conflict for the most vulnerable children – particularly those who are now at risk of dying because of malnutrition. With a well-planned response and sufficient funds, however, they will have a better chance of weathering the storm.



Children sleep in the arms of relatives as they wait for malnutrition screening at the Saint Martyr Health Centre in Kananga, Kasai region.

The brief life of Marie, one casualty among many

Nestled in her mother's arms, Marie winces at any hint of movement, light or noise that comes too near in the malnutrition ward at the central hospital in Mbuji-Mayi, the provincial capital of Kasai-Oriental Province. The world is just too much for her right now. She whimpers softly and rhythmically, and it's clear she is in unrelenting pain. At nearly three years of age – with a bloated tummy and matchstick legs covered with lesions – she weighs little more than an infant.

Julie Mujimba Wakayembe, Marie's mother, rocks her gently and tries to feed her the therapeutic milk that she hopes will return her ailing daughter to health in about 10 days if all goes well.

If only time could move faster.

For a small child suffering from severe acute malnutrition, recovery requires regular and supervised feeding every two to three hours with carefully measured portions of therapeutic food. It requires care and love, and medical attention to keep opportunistic infections away from a child's compromised immune system.

Marie has started to regain some of her appetite, says Julie. Many children in her condition are too weak to eat, even though they are starving. Their appetite must be patiently coaxed back to life. Mothers play a crucial role in this process.

"Keep feeding her on schedule," Dr. Elvis Badianga Kumbu, head of the malnutrition ward, advises Julie. "I'll give you a piece of sweet if you eat," he coos to Marie as she takes slow sips of milk.

Several months ago, Julie says, she left Marie and her three other children with her sister in Mbuji-Mayi to find work in another part of the province. This is a common scenario: Women are forced to work wherever they can, often in areas where they have no support network to help care for their children – so they have to leave them behind, as Julie did.

And then the fighting began.

"They decapitated the village chief," Julie recalls, describing the initial flare-up of violence she experienced. Like everyone else around her, she sought refuge in the bush. Later, word reached her that her son in Mbuji-Mayi had died, and that if she didn't hurry, her daughter would die, too.

Julie rushed back as quickly as she could. When she arrived and found Marie so thin and weak, she was tearful and regretful. A neighbour told her to go to the hospital, where they would treat her daughter at no cost.

"She cries a lot and keeps waking up because of fever," Julie says after Marie has been receiving treatment for several days and there is still hope for her recovery. But Marie's condition deteriorates over the next couple of days. Her anaemia worsens, and in her weakened state, she contracts a respiratory infection. Her internal organs fail, one after another. Eventually, Marie succumbs to her illness.

As more and more internally displaced people return to their home communities across the Kasai region, sadly, Marie's story is all too familiar – the story of a young life cut short when it has barely begun.



Dr. Elvis Badianga Kumbu examines baby Marie after his shift at the Presbyterian Hospital in Mbuji-Mayi.

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CALL TO ACTION

for the children of Kasai

UNICEF and its partners have achieved some critical results for children in the Kasai region of the Democratic Republic of the Congo. Since January 2017, for example, 71,500 children suffering from severe acute malnutrition have received treatment. And since August 2017, UNICEF and partners have provided:

- Measles vaccinations for 2 million children.
- Access to water, sanitation and hygiene services for more than 326,400 children.
- Distribution of non-food items and shelter supplies to more than 102,000 people affected by the conflict.
- Access to education, psychosocial services and learning materials for more than 20,000 children.
- Assistance to more than 1,700 children who have been released from militias.

But much more needs to be done to address the children's crisis in Kasai. If humanitarian action is not stepped up in 2018:

- 400,000 children will be at risk of dying because of severe acute malnutrition.
- Thousands of children formerly associated with the militias will lack the support they need to reintegrate into their families and communities.
- Children across the region will continue to be denied their right to education.

To build on the results achieved to date – and to protect the lives and futures of children at risk in Kasai – UNICEF calls upon all parties to the conflict, and the international community, to take urgent action on three key priorities: stopping the violence against children, ensuring access to essential services for all children and providing support for sustained humanitarian assistance.

A girl brings her three-year-old brother to a malnutrition-screening session supported by UNICEF in Kananga, Kasai region.

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Stop the violence against children

UNICEF calls for an immediate halt to the violence in the Kasai region. The lives of children are at stake. All parties to the crisis must take steps *now* to:

- Stop the recruitment, use, killing and maiming of children.
- Cease all attacks on health centres and schools, and their personnel, as well as the occupation of such facilities for military purposes.

Ensure access to essential services for all children

UNICEF calls for immediate access to basic services for all children in the Kasai region – with particular attention to the most vulnerable girls and boys, including the displaced and returnees. Such services are indispensable for child survival, development and protection for many reasons, including these:

- Malnutrition is a serious and urgent threat in Kasai. It can be stopped, but only by scaling up community-level nutrition programmes – which must be a top priority of the government and donors.
- Health workers and teachers are essential to rebuilding communities, and need to be protected, paid and supported.
- Children in Kasai must be able to return to school without delay, both to regain a semblance of normalcy and to prepare for the future.

Provide support for sustained humanitarian assistance

UNICEF calls for increased financial support to international and national humanitarian organizations involved in the crisis response in Kasai, so that they can reach every child who requires life-saving humanitarian assistance. In addition:

- All parties to the conflict should actively facilitate humanitarian access across the entire Kasai region.
- All humanitarian actors in the region should link humanitarian interventions to structural development work – so that what is achieved through the emergency response is sustainable after the crisis has passed, contributing to a more equitable future for the children of Kasai.



A NUTRITION CRISIS

Time to scale up the response – now

While the security situation has stabilized in parts of the Kasai region and displaced populations have begun to return to their communities, humanitarian conditions remain critical. More than 770,000 young children are malnourished, including 400,000 children – a staggering 10 per cent of the under-five population – who urgently need treatment to recover from severe acute malnutrition.



Severe food insecurity is now affecting large parts of the region. This is mainly the result of hundreds of thousands of displaced people returning to their villages, emerging severely malnourished from their hiding places and not finding much to sustain them at home – because the planting seasons in 2017 were lost.

UNICEF is stepping up efforts to prevent and treat severe acute malnutrition among the region's children by distributing therapeutic food and training health workers, mothers and community members in infant and young child feeding practices. These practices include exclusive breastfeeding for at least the first six months of life and improved dietary intake for children under 5. Preventing malaria and diarrhoea will also be critical to avert child malnutrition.

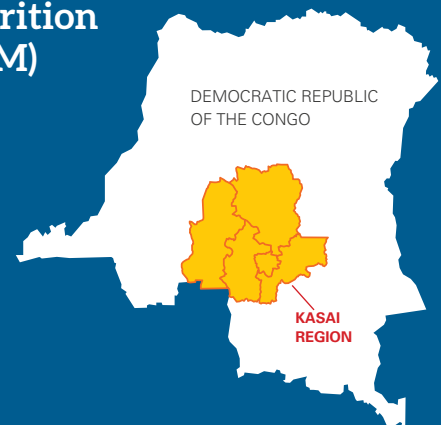
During 2017 and in the first months of this year, UNICEF and its partners have provided treatment to 71,500 children suffering from severe acute malnutrition in the Kasai region. But much more work is needed to reach the hundreds of thousands of remaining children at risk.

As services become available, some families are willing to risk coming out of hiding to get treatment for their malnourished children. But if health centres do not have enough supplies or staff to provide care, then families will not come and malnourished children will die.

"We have the expertise, we have staff on the ground and we know how to solve this," says Gianfranco Rotigliano, Acting Representative for UNICEF in the Democratic Republic of the Congo. "Right now, we need more funds to reach all the children who need our help. As more children are returning to their communities after months of displacement, they have now become accessible for treatment and care. We can save their lives, and we have to do it now."

Malnutrition in Kasai

10 %
of children
under 5 in Kasai
suffer from
**severe acute
malnutrition
(SAM)**



> 770,000

Number of malnourished children under age 5 in Kasai



including **400,000 children**
who urgently need specialized treatment to
recover from SAM

Banyi lives to smile again, thanks to treatment and support

When Lusamba Marie Katambua's husband was killed last year, she had just given birth to Banyi, their sixth child. "They told us to leave the hospital because it was not safe," she recalls. But as soon as she got home, gunmen burst into the house and shot her husband dead in front of her and the children.

"They were only killing men," Lusamba says. "They spared the rest of us." She packed up the children and fled into the bush with the rest of her neighbours.

Lusamba and her children hid for four months, barely surviving on raw manioc roots they dug up, and drinking dirty water. "The children became malnourished because we had nothing to eat," she says.

Banyi was very thin and ill. Lusamba did what she could to nourish her, but the girl's health was declining rapidly. Lusamba was afraid to return to her village and says she had nothing waiting for her there anyway.

"I don't know how to cultivate the land, and with my husband dead, how will we have anything to eat?" she remembers asking herself.

"They were only killing men," Lusamba says. "They spared the rest of us."

Once it felt safe enough, they walked for a day to Nganza, her parents' village on the outskirts of Kananga, the capital of Kasai Province. As soon as they arrived, Lusamba rushed Banyi to the Saint Martyr Health Centre, where treatment for children is free of charge – a relief, for neither Lusamba nor her parents have the means to pay medical bills.

Nearly every child at the health centre is either severely malnourished or recovering from malnutrition. Their mothers all describe similar events: escaping the violence with their children, typically with only the clothes on their backs, and hiding out for months. Malaria and typhoid spread, and children's bellies swelled with hunger. Many died.

Marie-Louise Misenga, head nurse at the Saint Martyr clinic, says the number of malnourished children arriving there has grown rapidly since people have begun returning to their homes. Most come back in terrible shape, she notes.

With support from UNICEF, Marie-Louise and her team are intensifying their outreach to the community as more families return. "We help them come to the centre if their children are malnourished," she says. "We also treat malaria and respiratory infections, and do vaccine drives."

Now Banyi sits in her mother's lap, slowly eating the therapeutic food that is used to treat children with severe malnutrition. The paste is made of peanuts and packed with healthy nutrients and vitamins. Banyi likes the taste. She is smiling.

Opposite: Lusamba Marie Katambua nurses her youngest daughter Banyi, 11 months, at home in Kananga.





A HEALTH CRISIS

Restoring access to essential care and services

Beyond the threat of malnutrition, the children of the Kasai region face a continuing health crisis. Many young children missed out on scheduled vaccinations because violence and displacement destroyed health centres and disrupted immunization campaigns – making them even more susceptible to deadly childhood diseases. Since January 2017, a measles outbreak has led to 9,219 reported cases and 41 deaths. To stop the disease from spreading, UNICEF supported a measles vaccination campaign that has reached more than 2 million children.

Cholera has also emerged in four of the region's five provinces. 4,944 cases have been reported, leading to at least 263 deaths – an alarmingly high fatality rate. Fortunately, the epidemic has subsided thanks to treatment centres becoming operational in hard-hit areas, as well as intensive efforts to find and chlorinate water sources suspected of spreading cholera.

Even for people who were not displaced during the conflict but, instead, sheltered in their own homes and villages, health care became harder to find. According to tallies by UNICEF and local partners, 224 health centres were looted, burnt or destroyed in villages affected by the violence, effectively cutting off all health services to hundreds of thousands of local households.

Together with its partners, UNICEF is now working to improve children's access to health care by replenishing stocks of medicines and therapeutic feeding supplies, and distributing needed medical equipment to health facilities.

UNICEF and partners are also building or repairing water sources, latrines and hand-washing facilities, and distributing water-purification tablets as a disease-fighting measure. Health information about cholera and waterborne illnesses is being shared as widely as possible to let people know how to protect themselves and their families, and where to go for treatment. To date, 319,441 people have gained access to water, sanitation and hygiene services as a result of these efforts.

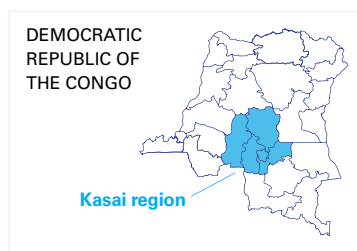
Carrying her baby on her back, a woman unpacks a kit of relief items outside her home near Mbuji-Mayi, Kasai region.



Attacks on schools and health centres in the Kasai region

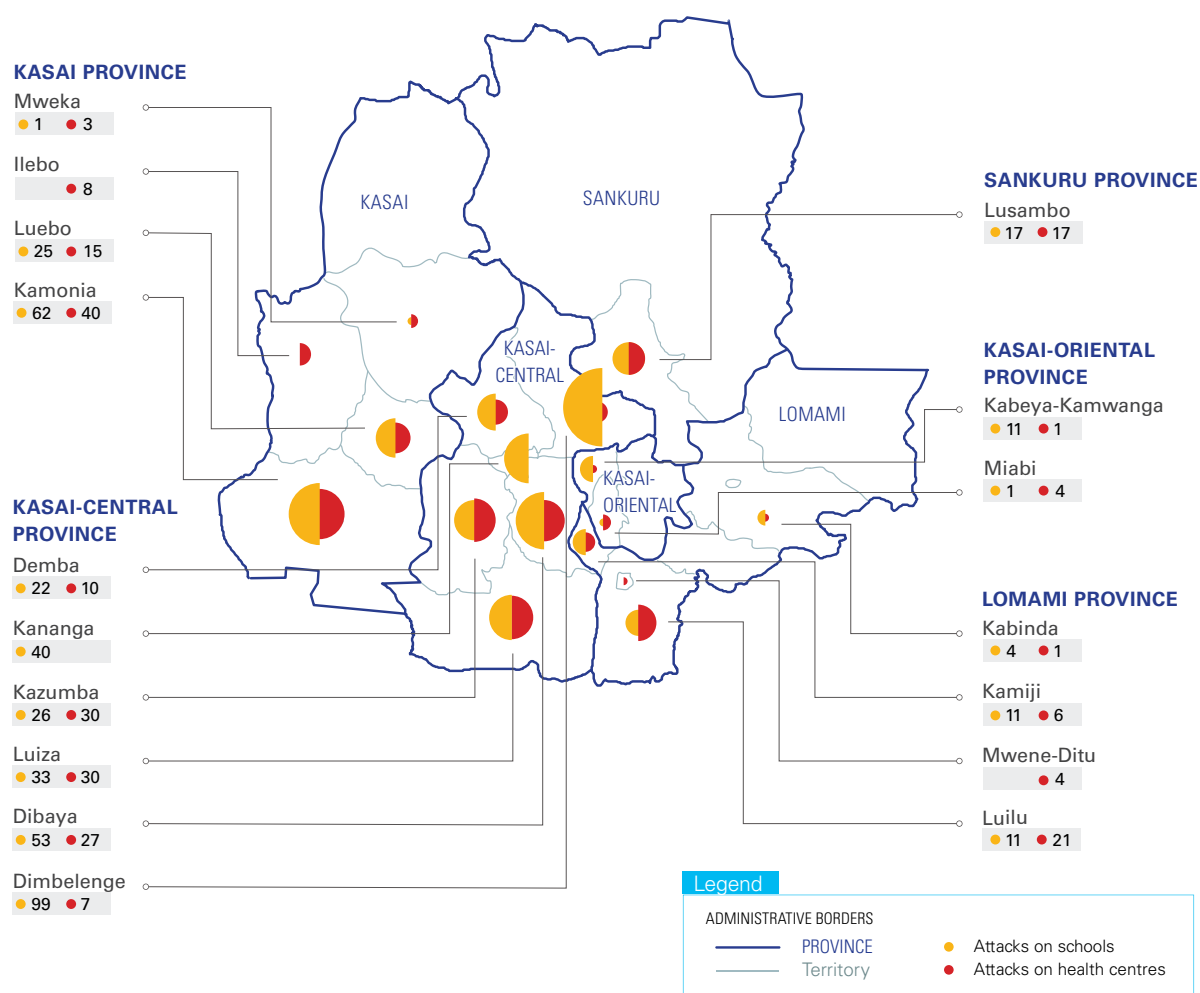
August 2016 to February 2018

Since the beginning of the crisis, attacks involving destruction and looting have been reported on 416 schools and 224 health centres in the Kasai region.

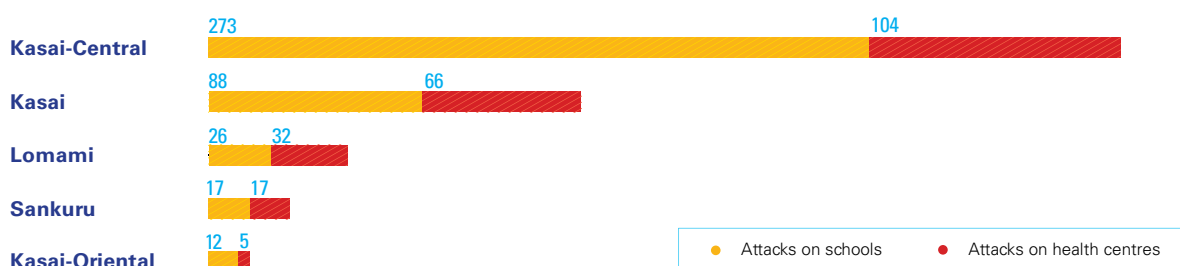


Attacks by province and territory

Attacks on schools and health centres have occurred in 17 territories within the 5 provinces of Kasai, with Kasai-Central Province experiencing the highest number (377 attacks in total).



Total per province



Henry and Mbuyi: *A health worker aids a child in desperate need*

Henry Ndumbi Badianga is a community health worker on the team led by nurse Marie-Louise Misenga at the Saint Martyr Health Centre in Kasai region. He walks to work every morning to report for duty. Today the centre is busy, which has become the norm.

Mothers, grandmothers and almost 100 children – from newborns to 10-year-olds – sit on benches or on the ground under the shade of a large tree, waiting patiently in the heat to see a nurse or health worker.

Under normal circumstances, the cries of a child would make adults come running to help, but there isn't much these women can do to comfort their children. Most of the girls and boys appear gravely thin, many with swelling around their ankles and wrists, some with painful-looking lesions, the telltale signs of severe acute malnutrition.

Henry walks around, talking to the women, carrying babies in his arms. He is gentle and affectionate. One by one, the children are taken to be weighed, measured and examined. Most will be given therapeutic food to take home. Other, more complicated cases will be referred for hospital care.

Soon it is time for Henry to do his rounds in the village. He walks from house to house and arrives at a small hut with a couple chickens running around outside. Massanka Kalala, 67, peers through the door. Her grandchildren, twins Mbuyi and Kanku, clutch at her hems. They are three years old, and today Mbuyi is not feeling well at all.

"He hasn't eaten in two days, this is the third," says Massanka. She and Henry sit on the ground to talk, and Mbuyi climbs into his grandmother's arms. He looks exhausted. His breathing is shallow and fast.



Mbuyi, who suffers from malnutrition, is examined by a doctor at Kananga Hospital.

After spending almost four months in the bush, Massanka says, she and her family returned to the village recently. But her daughter, the children's mother, took a younger sibling to live with her in-laws in another village, leaving the twins with their grandmother. Massanka admits that she struggles to feed them. Selling firewood doesn't bring in a lot of money, and in any case, there isn't much food to buy in the village.

It's clear that Mbuyi needs medical attention, so Henry helps Massanka take him to the hospital several kilometres away, down a long dusty road. Without help, Massanka would not be able to get there.

At the hospital, the doctors say Mbuyi is anaemic and will require a blood transfusion. This is a common condition that accompanies malnutrition. Children who don't have enough

nutritious food to eat will eventually suffer anaemia, which can be lethal without treatment. Mbuyi could have died today.

When Henry checks up on the family a few days later, Mbuyi looks bouncy and almost normal. Henry will have to help Massanka figure out how to feed the children a sufficiently varied diet, so the anaemia won't return. But for now, Mbuyi is out of the woods.

"This is my community, and many children are suffering now," Henry says, watching Mbuyi kick a ball with his twin sister and other children from the village. He is happy to see the boy recovering, but most of the other children are achingly thin, and the simple fact is inescapable: Children in Kasai are living on a knife's edge. For every child treated or fed, thousands are not so lucky.

Community health worker Henry Ndumbi Badianga embraces Kanku (right) and her brother Mbuyi (left), as he visits them to see how Mbuyi is recovering from malnutrition following treatment in hospital.





AN EDUCATION CRISIS

Ensuring a safe return to school

Another item in the long list of challenges faced by children in the Kasai region – the disruption of their education by the conflict – is robbing them of a viable future.

Almost half a million children in the region were unable to complete the school year in 2017, and about 60,000 eligible students did not manage to pass their primary school final exams on time. And while the violence has diminished, it still continues sporadically in some areas. As a result, school attendance is likely to be disrupted in 2018 as well.

The constant danger of violence and insecurity has forced children and their teachers to stay at home – or to flee – and many have still not returned to school. In some cases, they may not have a school to go back to. Since the beginning of the conflict, 416 primary and secondary schools have been attacked or used for military purposes. About 100 schools have been destroyed.

Yet despite the enormous obstacles, there is hope. UNICEF and partners have organized remedial classes in primary schools

that are operational so that students can prepare for exams. Other support includes the distribution of school materials and uniforms, and backing for regional back-to-school campaigns. With help from the United Nations Mine Action Service, children and their communities are learning about the dangers of mines and unexploded remnants of war to help ensure a safe return to school – especially where the conflict has been most intense.

In addition, UNICEF is providing tents, tarpaulins and semi-permanent classroom structures to serve as temporary learning spaces. To date, UNICEF and the provincial Ministries of Education have set up or rehabilitated 314 temporary classrooms. As of April 2018, about 20,000 children, out of a targeted 150,000, had gained access to education and psychosocial services.

When a crisis hits, education is often the first service suspended and the last restored. But restoring education as quickly as possible is an essential ingredient for a lasting solution to the children's crisis in Kasai.



Students hold up bags of school supplies outside their temporary tent school set up by UNICEF in Mulombela village, Kasai region.



Tshiela sits in what was once her school, before residents fled the fighting, in Mulombela village.

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Tshiela misses her classmates but looks to the future

Tshiela,* age 10, cuts a desolate figure, sitting alone in an empty 'classroom' composed of a row of tree trunks that serve as benches and a few dried banana leaves that pass for walls.

"Lubilu, Tshituka, Kanku, Bisama, Kalenka." She repeats the names of her former classmates and points to the benches where they used to sit. One day last year when they were in class, their school was attacked. They all ran as fast as they could. Tshiela escaped, but her classmates were killed.

"Kanku and I were best friends," she says quietly. "We used to play together, and if her mother got her a new piece of clothing, I would want one, too. We were like sisters."

Tshiela's village is not far from the airport at Kananga, Kasai region, in an area that is still subject to attack. The men and boys, in particular, are visibly nervous. When an army truck rumbles past, some of them start running for the bush behind the old school. They spend the nights deeper in the bush and only venture back to their huts during the day.

Although the tension is palpable, Tshiela doesn't seem especially fazed. She has an expression befitting someone far older, and despite it all, she has a firm belief in the importance of education. She loves math and wants above else to study medicine. "I want to help cure people," she says.

A few metres away from the site of the horrible memory she carries, Tshiela is now attending school in temporary classrooms – provided by UNICEF – in the form of sturdy tents with proper desks and chairs, and a blackboard. Also with UNICEF's help, teachers are being trained in psychosocial support and peace education, so that students like Tshiela who have been through traumatic experiences are treated with sensitivity and consideration.

A few villages away, school tents have been set up at another site. Edouard Kabukapua, one of the teachers here, says there used to be about 200 children in the village school. There are only 29 students now. "But today there are more schoolchildren than there were yesterday or the day before, so they are slowly coming back," he says optimistically.

Temporary learning spaces are in place in several parts of Kasai region, welcoming more and more children as they return from hiding. Meanwhile, permanent schools are being repaired or rebuilt. However, with so many people still displaced, so many children still out of school and so many teachers still on the run, a much bigger push will be needed to reach them all.

This is how war and violence can destroy the fabric of an entire society. Kasai needs all the help it can get.

**Name changed to protect identity.*



A DISPLACEMENT CRISIS

Reaching those who are hardest to reach

The violence in the Kasai has generated massive displacement. The impact this experience will have on lives and futures is difficult to imagine. Human beings, particularly children, are incredibly resilient and capable of bouncing back from the most daunting challenges. But even that resilience has a limit, especially without help.

People hiding in the bush are the most vulnerable and difficult to reach with assistance. They have no real shelter and lack drinking water, sanitation, food and health care. Others live with their relatives or host families, who themselves were already struggling to survive before the onset of the crisis.

Because Kasai is one of the poorest regions in the Democratic Republic of the Congo, the multiple challenges arising from the conflict are devastating. The region does not have a history of conflict, and people there lack coping mechanisms to deal with it. Living from hand to mouth, from day to day, leaves no room for them to adapt to dramatically changed circumstances.

Not many aid agencies were on the ground in Kasai when the conflict broke out, and the few that were – including UNICEF – struggled to secure humanitarian access and adequate funding for their programmes. As the violence diminishes, UNICEF's Rapid Response to Population Movements programme is managing to reach farther into the region's most isolated areas. It is bringing emergency health services, as well as nutrition, water and sanitation supplies, which are desperately needed by people who have been deprived of any assistance for months.

Along with its partners, UNICEF is committed to providing cash assistance to more than 160,000 people in the region – 90,357 of whom have already been reached. UNICEF is also providing direct cash support to the displaced, and to the households that are hosting many of them. Cash grants are proving to be a lifeline for displaced and host families, who need a base upon which to start rebuilding. To date, more than 102,000 people affected by the conflict have also received non-food items and shelter supplies, including tarpaulins, mats and cooking utensils. In total, a quarter of a million people are slated to receive such assistance.



Hélène takes care of her children while her baby plays with the house cat, in Benakuna village, near Mbuji-Mayi.

Hélène and her children persevere, and safe water is key

“We were chased out of our homes by militias,” says Hélène Kamini Nfuamba, who lives in a remote village in Lomami Province, Kasai region. The village, which is still considered insecure, has just recently been reached with any form of assistance.

“They had come demanding the village chief’s loyalty,” Hélène continues. “But when he refused, they chopped off his head.” Everybody ran, she adds. Some of the villagers made it to safety – but not all.

Hélène and her five children were lucky to escape, but living in the bush nearly killed them. She describes hanging on for dear life, not sure which would get them first – starvation, malaria, waterborne disease or the blow of a machete.

Hélène raises her children alone. She survives by farming a small plot of land and selling firewood and vegetables. Or at least she used to, before the fighting began. She used to have chickens and ducks, even a pig. But all that’s gone.

“They destroyed everything,” Hélène says. “When we came back to the village, nothing was left.”

Most of the villagers have come out of hiding now, but there is fear everywhere, and the slightest sound of a car or engine makes people jump. And yet, a sense of collective responsibility persists. Despite the horrors they have seen – or perhaps because of them – villagers help rebuild each other’s huts and care for each other’s children. Tarpaulins distributed by UNICEF

provide temporary shelter from the rain and heat while the thatched roofs are being woven.

But much work remains. A number of huts in the village are still damaged. Grief hangs in the air. Life is reduced to securing the most basic human needs: food, water, shelter.

To help with recovery, UNICEF and a non-governmental partner organization have installed a much-needed water point in Hélène’s village, as they have done in other villages in Lomami Province and across the region. Many more are planned or under construction. This one is situated at the bottom of a steep, winding path. It is a beautiful spot surrounded by large trees, where women and girls have a few moments of respite from the struggles of survival as they fill their water containers and chat.

“The children used to be ill regularly, and it was because of the water,” Hélène says. “They aren’t getting sick anymore.”

At dinner time, Hélène and her children sit around a few plates of manioc porridge and amaranth leaves, forming small mouthfuls with their fingers, quietly eating together. There are only a few items in their hut: cups, a few bowls and a water container. Joie, the scrawny house cat, is meowing and eagerly eyeing the food. Hélène gives it a bit of porridge and pats the animal. Joie promptly starts to purr.

In everything she does, Hélène exhibits a degree of patience and compassion that is remarkable – especially considering the hardships she has faced.



A PROTECTION CRISIS

Healing the scars of war and violence

Perhaps the most horrifying aspect of the crisis in Kasai is the use of children by militias. At least 60 per cent of the region's militia forces are composed of children, according to the interagency Global Education Cluster and Global Protection Cluster; thousands of minors have been pressed into service by these groups.

The militias use children to fight and kill, or to act as human shields. The youngest ones are assigned to serve as porters, to cook or to perform other menial chores. All of them have to endure what is commonly known as a 'baptism ritual' in which would-be soldiers – regardless of age – are forced to drink alcoholic potions, sometimes containing ground human bones, and eat human flesh or insects to acquire supernatural powers that are believed to protect them during combat.

Two centres in the town of Kananga, Kasai-Central Province, run by a local non-governmental organization and supported by UNICEF, house about 40 boys and girls formerly associated with militias. UNICEF supports similar centres in Mbuji-Mayi, in Kasai-Oriental Province, and Tshikapa, in Kasai Province.

Staffed by specialized personnel – including nurses, psychologists, teachers and social workers – the centres help children make the delicate transition back to their families and communities. With this support, the children can regain a semblance of normalcy and return to school despite having endured often nightmarish experiences.

Programmes at the centres feature individual or group discussions, literacy classes, sports and games. These activities help children slowly overcome their trauma and keep up with the school curriculum in a loving, supportive environment, while their families are being identified and located.

Some recruited children are held in adult jails when they have been captured by the authorities, placing them at risk of torture, or physical or sexual abuse. With its partners, UNICEF negotiates for the release of these young detainees and then provides them with emergency medical care and psychosocial support – as well as helping to reunify them with their families. In the meantime, they stay at the transition centres. Children remain in the centres for three months, preparing to reunite with their families and reintegrate into their communities.

To date, UNICEF has assisted more than 1,700 children formerly associated with the militias.

In addition, UNICEF aims to help 9,000 unaccompanied children reunite with their relatives across Kasai; more than 3,700 of them are already back with their families. The wait can be long for unaccompanied children, however. Some return to their communities only to find that their parents and families have been killed or badly injured in their absence, or have disappeared without a trace.

To help children who have stayed in their home communities but have also witnessed the horrors of war, UNICEF and partners have trained 2,500 teachers in psychosocial support and peace education in villages affected by violence. This initiative includes support for child-friendly spaces where children can play games and sports as they recover from their ordeal. As of February 2018, more than 55,000 displaced, refugee and returnee children had gained access to community spaces for socialization, play and learning.

What is needed now in Kasai is a collective form of healing – a protective, nurturing embrace to reduce at least some of the terrible suffering inflicted on the region's most vulnerable children and young people. War and violence have wrought havoc in their lives. To recover and, ultimately, build a better future, they need to be accompanied every step of the way.



Albert, 16, shows injuries he sustained to his legs from gunfire.



Sankisha suffers sexual abuse to save herself and her siblings

"I look like my mum, not my dad," says 17-year-old Sankisha. It's clear that remembering her parents is painful.*

Sankisha is at the UNICEF-supported transition centre in Kananga, which has been set up for girls who were unaccompanied or separated from their families during the violence in the Kasai region, or were associated with militias or armed groups. Here, they live together under one roof with specialized adult supervision.

House chores, classes, discussion groups and sport activities at the centre are designed to help them readjust to normal life.

"A family friend told the militia that my father was a driver for the armed forces," Sankisha recalls. "That night they came for him, took him away somewhere to the forest, and we never saw him again." They later learned that he had been decapitated.

"We heard they were cutting the breasts off of women, and raping them," Sankisha adds, explaining that her pregnant mother and two younger siblings decided they must leave town quickly. She escaped with them into the bush.

But all the walking, hunger and stress took a toll on her mother, who began haemorrhaging and couldn't walk anymore. "The last thing my mom told us before she died was that we should take care of each other," Sankisha says, weeping softly.

There was danger everywhere, so she and her younger brother and sister had no choice but to keep going. They were all alone

with no money or food, nor parents to watch over them. Soon a man joined them. "He was old, maybe 27," Sankisha says. He had some money and promised to give them food – but only on the condition that she would sleep with him.

For a while, that was how they survived. Eventually, though, the man ran out of money.

"He started insulting me, beating me," Sankisha says with a blank stare. When they got to Kananga, he left them in an empty lot and said he would return, but never did. A woman saw the bedraggled children and took pity on them. She took them in for a night and then brought them to UNICEF for help.

The woman told Sankisha that she must be pregnant "because I looked pale and didn't want to eat," she says. "I had no idea. I was so unhappy." This was three months ago. Sankisha has been at the transition centre ever since, with her younger sister. Her brother is across the street at a boys' centre.

"All these problems I have, I'm afraid my life isn't going to be great," she says through tears. She will be giving birth soon and hopes the baby is a girl. But what she wishes for most of all is to be normal again, to go back to school and learn.

The range of abuses committed against children and adolescents like Sankisha in the Kasai region is almost unfathomable. UNICEF and its partners continue working to fund the crisis response and provide them with the care they so urgently need.

Above: Silhouettes of girls living at the Centre de Transit et d'Orientation, a UNICEF-supported reintegration centre in Kananga for children associated with armed groups. (Left: © UNICEF/UN0185847/TREMEAU Right: UNICEF/UN0185848/TREMEAU)

UNICEF funding needs for Kasai, 2018

In millions of US dollars

Nutrition

45.5

Rapid response to movement of population*

17.2

Water, sanitation and hygiene

9.2

Child protection

7.0

Education

5.3

Health

3.4

Cluster/sector Coordination

0.5

Total funding needed
US\$88.1 million

* Including cash-based interventions



An aerial view of Mbuji-Mayi,
Kasai region, Democratic
Republic of the Congo.

KASAI: A CHILDREN'S CRISIS

Coping with the impact of conflict in the Democratic Republic of the Congo

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Child Alert is a briefing series that presents the core challenges for children in a given crisis location at a given time. This issue examines the impact of the conflict that erupted in the Kasai region of the Democratic Republic of the Congo in 2016. Since then, hundreds of thousands of people have been driven from their homes and communities. Despite a lull in the fighting, some 3.8 million people, including 2.3 million children, are in need of humanitarian assistance.