



# **Humanitarian Action Plan 2010**

## **Democratic Republic of Congo**

(Short version)

**HUMANITARIAN ACTION PLAN 2010 *Short version***  
**Democratic Republic of Congo**

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[www.reliefweb.int/fts](http://www.reliefweb.int/fts)



## PREFACE

The Humanitarian Action Plan (HAP) is the fruit of participatory and structured thinking among all actors in the humanitarian community who wished to establish a common strategy and specific objectives adapted to the situation of each sector of activity and for every province of the Democratic Republic of Congo (DRC).

As the HAP 2010 is being finalised the humanitarian context, already complex, is evolving differently depending on individual provinces and zones. This context is marked in particular by:

- Population displacements: in September 2009, the number of displaced persons in the DRC was estimated at 2.1 million.
- Violence against civilians: protection remains more than ever a major concern and should receive more attention from humanitarian actors.
- Return movements to relatively stable zones outside the conflicts. These movements could increase throughout 2010 depending on the degree of consolidation of stability in the areas concerned.
- Access problems due to insecurity and increasing infrastructural dilapidation.
- Natural disasters and epidemics, in particular cholera and measles.

Despite this bleak picture, humanitarian action has led to some achievements on which we shall build in 2010. The DRC is the field of many pioneering initiatives such as the Pooled Funding facility or the Rapid Response Mechanism, the cluster concept, more realistic planning, and an innovative approach to the protection of civilians through joint protection units.

Furthermore, the clusters have ensured that their strategy for 2010 takes better account of the needs of women, men, girls and boys, so that everyone may benefit from equal and safe access to the assistance provided.

This approach must of course be accompanied by precise and rigorous needs evaluations and consultative planning in order to ensure synergy of action between the various actors on the ground. We are also working towards the establishment of modalities to measure the impact of the HAP as a whole.

For the HAP 2010, taking into account the current global economic situation, efforts were made to limit financial needs and to focus on strictly humanitarian activities. Humanitarian needs for 2010 amount to a total of **\$827,616,628**, which represents a decrease of over 14% compared to the 2009 mid-year review.

As I get ready to leave the DRC after five years as Humanitarian Coordinator, I wish to pay homage to all partners, NGOs, agencies and local authorities who courageously welcomed the many innovations, such as the Pooled Fund, the clusters, and others, thus enabling their implementation.

Finally, I should like to express my special thanks to the donors, whose growing generosity has almost quintupled during my mandate, enabling us to reach a high proportion of our objectives in the achievement of the programs.

We have always striven to use these resources in consultation with our partners, in order to optimize the impact on a country whose population continues to die at an unbearable rate from causes that could be avoided.

Ross Mountain  
Humanitarian Coordinator in the RDC  
November 2009

## 1. EXECUTIVE SUMMARY

The Democratic Republic of Congo remains the theatre of one of the worst crises in the world.

Despite positive signs of progress at the political level and the improvement of relations between the DRC and its neighbouring countries, ongoing battles in the east of the country between the FARDC and residual local or foreign armed groups continue to carry heavy consequences on the humanitarian level.

2009 was also marked by an increase in attacks by the LRA (Lord's Resistance Army) in Province Orientale, leading to frequent looting and severe exactions against civilians. Furthermore, acts of harassment and aggression against humanitarian workers are on the increase, particularly in North Kivu, where the sad record of 100 incidents since the beginning of the year was broken in October.

In 2010, large displacements will persist in the Kivus, in Ituri and in the Uélés, as long as the armed groups remain operational and the government continues its military operations against them. Returns will continue to the newly stabilised zones but will cease as soon as these zones become insecure again.

In addition to the population displacements, these factors contribute to an increase in human rights violations, to persistent food insecurity, to high rates of mortality/morbidity, and to an unbearable increase in the number of cases of sexual violence. As long as these large displacements continue they will continue to cause increased medical, health and nutritional problems.

Although the rest of the country is stable from a security viewpoint, needs evaluations carried out in the western provinces continue to reveal structural or natural emergencies: several zones which are not affected by the conflict nonetheless reveal extremely high rates of mortality, morbidity and malnutrition.

The analysis of the HAP 2009 revealed failures in the data collection system. It also underlined a certain lack of precision in the conceptualization of the plan with respect to realities on the ground, as well as laborious budgeting.

In 2010, the strategic framework of the HAP tries to better reflect the diversity of needs and the cycles of emergencies that the population has had to face for several years. Thus the needs analysis was no longer done by strategic objective but rather by cluster, each cluster supplying a strategy. A larger association of the provinces was also sought for the development of provincial intervention plans and simplified budgets drawn up on the basis of activities. This approach has the advantage of painting a specific picture of the humanitarian situation in the DRC and will enable the partners to find a specific analysis responding to their particular area of action.

A major change in 2010 is the will to refocus the HAP on purely humanitarian objectives. The absence of the 5<sup>th</sup> objective introduced in 2009 (promotion of short-term community recovery) which forecast an intervention in post-crisis or pre-crisis situations, is thus explained by the existence of new initiatives by the Government (STAREC) and MONUC (UNSSSS) which pick up many of the objective's elements.

The HAP 2010 is marked by the desire to incorporate gender parity in analysis and programming for a more inclusive and better targeted humanitarian response. Thanks to the GenCap Gender Parity Advisor in the DRC, programming was done in order to better take into account the different needs, capacities and priorities of girls, boys, women and men.

Finally, monitoring of the indicators established by the clusters in charge of evaluating their progress in the humanitarian action zones will continue to take place. This system should allow for improving and strengthening the regularity and quality of the data obtained in order to better define the impact and the gaps of the humanitarian assistance delivered.

## 1.1 BUDGET ESTIMATE

### 1.1.1 BUDGET ESTIMATE BY CLUSTER (HAP 2009 – HAP 2010)

Cluster	HAP 2009 \$	MYR 09 \$	HAP 2010 \$	Difference MYR/HAP 2010	%
Coordination	12,402,809	11,792,536	18,093,541	6,301,005	53.43%
Water, Hygiene and Sanitation	111,583,496	117,331,895	115,659,000	-1,672,895	-1.43%
Education	25,397,571	24,673,708	25,065,000	391,292	1.59%
Logistics	59,900,409	63,742,327	48,602,281	-15,140,046	-23.75%
Non-food items and emergency shelter	63,771,100	80,834,555	90,394,179	9,559,624	11.83%
Nutrition	55,574,609	65,341,699	57,614,000	-7,727,699	-11.83%
Protection	89,179,167	91,974,092	87,757,627	-4,216,465	-4.58%
Reintegration and community recovery	40,837,000	40,787,000	23,318,000	-17,469,000	-42.83%
Health	75,961,249	76,122,249	60,518,890	-15,603,359	-20.50%
Food Security	296,398,272	373,652,181	300,594,110	-73,058,071	-19.55%
<b>Total</b>	<b>831,005,682</b>	<b>946,252,242</b>	<b>827,616,628</b>	<b>-118,635,614</b>	<b>-12.54%</b>

### 1.1.2 BUDGET ESTIMATE BY PROVINCE (HAP 2009 – HAP 2010)

Province	HAP 2009 \$	MYR 09 \$	HAP 2010 \$	Difference MYR/HAP 2010	%
Bandundu	14,329,410	14,811,761	19,792,615	4,980,854	33.63%
Bas-Congo	12,334,986	13,143,720	9,926,760	-3,216,960	-24.48%
Equateur	35,379,259	31,000,659	45,158,400	14,157,741	45.67%
Haut/Bas-Uele		56,997,300	77,295,404	20,298,104	35.61%
Ituri	108,074,819	112,252,253	68,544,095	-43,708,158	-38.94%
West Kasai	14,670,432	18,614,421	23,891,890	5,277,469	28.35%
East Kasai	16,876,174	18,492,906	31,594,200	13,101,294	70.84%
Katanga	115,210,485	129,894,988	72,516,443	-57,378,545	-44.17%
Kinshasa	9,796,006	7,740,225	4,474,100	-3,266,125	-42.20%
Maniema	24,148,290	27,431,822	32,344,290	4,912,468	17.91%
National	83,412,739	50,632,426	55,965,541	5,333,115	10.53%
North-Kivu	224,682,987	265,162,207	212,423,755	-52,738,452	-19.89%
Orientale	45,180,484	35,968,094	24,482,950	-11,485,144	-31.93%
South-Kivu	126,909,611	164,109,460	149,206,185	-14,903,275	-9.08%
<b>Total</b>	<b>831,005,682</b>	<b>946,252,242</b>	<b>827,616,628</b>	<b>-118,635,614</b>	<b>-12.54%</b>

Table I: Total financial needs (by sector)

**Table I: Besoins totaux de financement (par groupe sectoriel)**

Plan d'Action Humanitaire pour la République Démocratique du Congo 2010

Au 12 novembre 2009

<http://www.reliefweb.int/fts>

Informations compilées par le BCAH sur la base des données fournies par les organisations participant à l'appel.

Groupe sectoriel	Fonds requis originaux Montant en dollars E.-U
BIENS NON ALIMENTAIRES ET ABRIS D'URGENCE	90,394,179
COORDINATION	18,093,541
EAU, HYGIENE ET ASSAINISSEMENT	115,659,000
EDUCATION	25,065,000
LOGISTIQUE	48,602,281
NUTRITION	57,614,000
PROTECTION	87,757,627
REINTEGRATION ET RELEVEMENT COMMUNAUTAIRE	23,318,000
SANTE	60,518,890
SECURITE ALIMENTAIRE	300,594,110
<b>Grand Total</b>	<b>827,616,628</b>

La liste des projets et les montants demandés dans ce document sont tels qu'au 12 novembre 2009. Vous trouverez des informations mises à jour concernant les projets, les besoins financiers et les contributions sur le site FTS ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).



**Table II: Liste de projets (par groupe sectoriel)**  
Plan d'Action Humanitaire pour la République Démocratique du Congo 2010  
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Code du projet	Agence	Titre du projet	Fonds requis originaux Montant en dollars E.-U
<b>BIENS NON ALIMENTAIRES ET ABRIS D'URGENCE</b>			
DRC-10/S-NF/30095/7830	Non spécifiée	NFI/Abris - Haut et Bas Uele	12,684,244
DRC-10/S-NF/30103/7830	Non spécifiée	NFI/Abris - Ituri	13,976,215
DRC-10/S-NF/30124/7830	Non spécifiée	NFI/Abris - Katanga	1,296,000
DRC-10/S-NF/30137/7830	Non spécifiée	NFI/Abris - Maniema	2,055,000
DRC-10/S-NF/30144/7830	Non spécifiée	NFI/Abris - National	1,150,000
DRC-10/S-NF/30151/7830	Non spécifiée	NFI/Abris - Nord Kivu	36,666,390
DRC-10/S-NF/30167/7830	Non spécifiée	NFI/Abris - Sud Kivu	22,566,330
<b>Sous-total pour BIENS NON ALIMENTAIRES ET ABRIS D'URGENCE</b>			<b>90,394,179</b>
<b>COORDINATION</b>			
DRC-10/CSS/30142/7830	Non spécifiée	Coordination - National	18,093,541
<b>Sous-total pour COORDINATION</b>			<b>18,093,541</b>
<b>EAU, HYGIENE ET ASSAINISSEMENT</b>			
DRC-10/WS/30073/7830	Non spécifiée	Eau Hygiene et Assainissement - Bandundu	2,028,000
DRC-10/WS/30079/7830	Non spécifiée	Eau Hygiene et Assainissement - Bas Congo	2,928,000
DRC-10/WS/30084/7830	Non spécifiée	Eau Hygiene et Assainissement - Equateur	3,408,000
DRC-10/WS/30092/7830	Non spécifiée	Eau Hygiene et Assainissement - Haut et Bas Uele	8,198,000
DRC-10/WS/30100/7830	Non spécifiée	Eau Hygiene et Assainissement - Ituri	11,778,000
DRC-10/WS/30108/7830	Non spécifiée	Eau Hygiene et Assainissement - Kasai Occidental	3,558,000
DRC-10/WS/30115/7830	Non spécifiée	Eau Hygiene et Assainissement - Kasai Oriental	2,108,000
DRC-10/WS/30121/7830	Non spécifiée	Eau Hygiene et Assainissement - Katanga	13,233,000
DRC-10/WS/30130/7830	Non spécifiée	Eau Hygiene et Assainissement - Kinshasa	1,078,000
DRC-10/WS/30134/7830	Non spécifiée	Eau Hygiene et Assainissement - Maniema	3,338,000
DRC-10/WS/30148/7830	Non spécifiée	Eau Hygiene et Assainissement - Nord Kivu	34,103,000
DRC-10/WS/30157/7830	Non spécifiée	Eau Hygiene et Assainissement - Province Orientale (Tshopo)	3,708,000
DRC-10/WS/30164/7830	Non spécifiée	Eau Hygiene et Assainissement - Sud Kivu	26,193,000
<b>Sous-total pour EAU, HYGIENE ET ASSAINISSEMENT</b>			<b>115,659,000</b>

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Code du projet	Agence	Titre du projet	Fonds requis originaux Montant en dollars E.-U
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EDUCATION			
DRC-10/E/30074/7830	Non spécifiée	Education - Bandundu	700,000
DRC-10/E/30085/7830	Non spécifiée	Education - Equateur	1,700,000
DRC-10/E/30093/7830	Non spécifiée	Education - Haut et Bas Uele	2,600,000
DRC-10/E/30101/7830	Non spécifiée	Education - Ituri	1,700,000
DRC-10/E/30109/7830	Non spécifiée	Education - Kasai Occidental	1,300,000
DRC-10/E/30116/7830	Non spécifiée	Education - Kasai Oriental	750,000
DRC-10/E/30122/7830	Non spécifiée	Education - Katanga	1,700,000
DRC-10/E/30135/7830	Non spécifiée	Education - Maniema	1,250,000
DRC-10/E/30149/7830	Non spécifiée	Education - Nord Kivu	6,700,000
DRC-10/E/30158/7830	Non spécifiée	Education - Province Orientale (Tshopo)	400,000
DRC-10/E/30165/7830	Non spécifiée	Education - Sud Kivu	6,265,000
<b>Sous-total pour EDUCATION</b>			<b>25,065,000</b>

LOGISTIQUE			
DRC-10/CSS/30086/7830	Non spécifiée	Logistique - Equateur	1,824,880
DRC-10/CSS/30094/7830	Non spécifiée	Logistique - Haut et Bas Uele	2,410,000
DRC-10/CSS/30102/7830	Non spécifiée	Logistique - Ituri	610,000
DRC-10/CSS/30123/7830	Non spécifiée	Logistique - Katanga	2,884,888
DRC-10/CSS/30136/7830	Non spécifiée	Logistique - Maniema	4,994,000
DRC-10/CSS/30143/7830	Non spécifiée	Logistique - National	19,297,000
DRC-10/CSS/30150/7830	Non spécifiée	Logistique - Nord Kivu	7,443,933
DRC-10/CSS/30166/7830	Non spécifiée	Logistique - Sud Kivu	9,137,580
<b>Sous-total pour LOGISTIQUE</b>			<b>48,602,281</b>

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<b>NUTRITION</b>			
DRC-10/H/30075/7830	Non spécifiée	Nutrition - Bandundu	3,485,000
DRC-10/H/30080/7830	Non spécifiée	Nutrition - Bas Congo	1,171,000
DRC-10/H/30087/7830	Non spécifiée	Nutrition - Equateur	3,639,000
DRC-10/H/30096/7830	Non spécifiée	Nutrition - Haut et Bas Uele	1,157,000
DRC-10/H/30104/7830	Non spécifiée	Nutrition - Ituri	1,157,000
DRC-10/H/30110/7830	Non spécifiée	Nutrition - Kasai Occidental	2,526,000
DRC-10/H/30117/7830	Non spécifiée	Nutrition - Kasai Oriental	8,173,000
DRC-10/H/30125/7830	Non spécifiée	Nutrition - Katanga	7,274,000
DRC-10/H/30138/7830	Non spécifiée	Nutrition - Maniema	2,464,000
DRC-10/H/30145/7830	Non spécifiée	Nutrition - National	8,925,000
DRC-10/H/30152/7830	Non spécifiée	Nutrition - Nord Kivu	5,905,000
DRC-10/H/30159/7830	Non spécifiée	Nutrition - Province Orientale (Tshopo)	4,796,000
DRC-10/H/30168/7830	Non spécifiée	Nutrition - Sud Kivu	6,942,000
<b>Sous-total pour NUTRITION</b>			<b>57,614,000</b>

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<b>PROTECTION</b>			
DRC-10/P-HR-RL/30076/7830	Non spécifiée	Protection - Bandundu	2,900,000
DRC-10/P-HR-RL/30081/7830	Non spécifiée	Protection - Bas Congo	3,030,000
DRC-10/P-HR-RL/30088/7830	Non spécifiée	Protection - Equateur	5,240,000
DRC-10/P-HR-RL/30097/7830	Non spécifiée	Protection - Haut et Bas Uele	8,720,500
DRC-10/P-HR-RL/30105/7830	Non spécifiée	Protection - Ituri	4,949,700
DRC-10/P-HR-RL/30111/7830	Non spécifiée	Protection - Kasai Occidental	1,756,915
DRC-10/P-HR-RL/30118/7830	Non spécifiée	Protection - Kasai Oriental	1,020,000
DRC-10/P-HR-RL/30126/7830	Non spécifiée	Protection - Katanga	4,992,000
DRC-10/P-HR-RL/30131/7830	Non spécifiée	Protection - Kinshasa	800,000
DRC-10/P-HR-RL/30139/7830	Non spécifiée	Protection - Maniema	5,234,900
DRC-10/P-HR-RL/30153/7830	Non spécifiée	Protection - Nord Kivu	23,132,862
DRC-10/P-HR-RL/30160/7830	Non spécifiée	Protection - Province Orientale (Tshopo)	6,208,000
DRC-10/P-HR-RL/30169/7830	Non spécifiée	Protection - Sud Kivu	19,772,750
<b>Sous-total pour PROTECTION</b>			<b>87,757,627</b>
<b>REINTEGRATION ET RELEVEMENT COMMUNAUTAIRE</b>			
DRC-10/CSS/30089/7830	Non spécifiée	RRC - Equateur	873,000
DRC-10/ER/30112/7830	Non spécifiée	RRC - Kasai Occidental	993,000
DRC-10/ER/30127/7830	Non spécifiée	RRC - Katanga	1,423,000
DRC-10/ER/30154/7830	Non spécifiée	RRC - Nord Kivu	7,823,000
DRC-10/ER/30161/7830	Non spécifiée	RRC - Province Orientale (Tshopo)	2,623,000
DRC-10/ER/30170/7830	Non spécifiée	RRC - Sud Kivu	9,583,000
<b>Sous-total pour REINTEGRATION ET RELEVEMENT COMMUNAUTAIRE</b>			<b>23,318,000</b>

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Code du projet	Agence	Titre du projet	Fonds requis originaux Montant en dollars E.-U
<b>SANTE</b>			
DRC-10/H/30077/7830	Non spécifiée	Santé - Bandundu	4,963,615
DRC-10/H/30082/7830	Non spécifiée	Santé - Bas Congo	1,131,760
DRC-10/H/30090/7830	Non spécifiée	Santé - Equateur	7,043,320
DRC-10/H/30098/7830	Non spécifiée	Santé - Haut et Bas Uele	928,260
DRC-10/H/30106/7830	Non spécifiée	Santé - Ituri	3,500,000
DRC-10/H/30113/7830	Non spécifiée	Santé - Kasai Occidental	2,458,545
DRC-10/H/30119/7830	Non spécifiée	Santé - Kasai Oriental	5,350,000
DRC-10/H/30128/7830	Non spécifiée	Santé - Katanga	8,931,155
DRC-10/H/30132/7830	Non spécifiée	Santé - Kinshasa	1,491,900
DRC-10/H/30140/7830	Non spécifiée	Santé - Maniema	3,177,190
DRC-10/H/30146/7830	Non spécifiée	Santé - National	1,500,000
DRC-10/H/30155/7830	Non spécifiée	Santé - Nord Kivu	9,974,970
DRC-10/H/30162/7830	Non spécifiée	Santé - Province Orientale (Tshopo)	638,550
DRC-10/H/30171/7830	Non spécifiée	Santé - Sud Kivu	9,429,625
<b>Sous-total pour SANTE</b>			<b>60,518,890</b>

La liste des projets et les montants demandés dans ce document sont tels qu'au 12 novembre 2009. Vous trouverez des informations mises à jour concernant les projets, les besoins financiers et les contributions sur le site FTS ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table II: Liste de projets (par groupe sectoriel)**  
 Plan d'Action Humanitaire pour la République Démocratique du Congo 2010  
 Au 12 novembre 2009  
<http://www.reliefweb.int/fts>

Informations compilées par le BCAH sur la base des données fournies par les organisations participant à l'appel

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Code du projet	Agence	Titre du projet	Fonds requis originaux Montant en dollars E.-U
<b>SECURITE ALIMENTAIRE</b>			
DRC-10/F/30078/7830	Non spécifiée	Sécurité alimentaire - Bandundu	5,716,000
DRC-10/F/30083/7830	Non spécifiée	Sécurité alimentaire - Bas Congo	1,666,000
DRC-10/F/30091/7830	Non spécifiée	Sécurité alimentaire - Equateur	21,430,200
DRC-10/F/30099/7830	Non spécifiée	Sécurité alimentaire - Haut et Bas Uele	40,597,400
DRC-10/F/30107/7830	Non spécifiée	Sécurité alimentaire - Ituri	30,873,180
DRC-10/F/30114/7830	Non spécifiée	Sécurité alimentaire - Kasai Occidental	11,299,430
DRC-10/F/30120/7830	Non spécifiée	Sécurité alimentaire - Kasai Oriental	14,193,200
DRC-10/F/30129/7830	Non spécifiée	Sécurité alimentaire - Katanga	30,782,400
DRC-10/F/30133/7830	Non spécifiée	Sécurité alimentaire - Kinshasa	1,104,200
DRC-10/F/30141/7830	Non spécifiée	Sécurité alimentaire - Maniema	9,831,200
DRC-10/F/30147/7830	Non spécifiée	Sécurité alimentaire - National	7,000,000
DRC-10/F/30156/7830	Non spécifiée	Sécurité alimentaire - Nord Kivu	80,674,600
DRC-10/F/30163/7830	Non spécifiée	Sécurité alimentaire - Province Orientale (Tshopo)	6,109,400
DRC-10/F/30172/7830	Non spécifiée	Sécurité alimentaire - Sud Kivu	39,316,900
<b>Sous-total pour SECURITE ALIMENTAIRE</b>			<b>300,594,110</b>
<b>Grand Total</b>			<b>827,616,628</b>

La liste des projets et les montants demandés dans ce document sont tels qu'au 12 novembre 2009. Vous trouverez des informations mises à jour concernant les projets, les besoins financiers et les contributions sur le site FTS ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table III: Besoins totaux de financement (groupés par les secteurs standards IASC)**

Plan d'Action Humanitaire pour la République Démocratique du Congo 2010

Au 12 novembre 2009

<http://www.reliefweb.int/fts>

Informations compilées par le BCAH sur la base des données fournies par les organisations participant à l'appel.

Secteur	Fonds requis originaux Montant en dollars E.-U
SERVICES DE COORDINATION ET D'APPUI	67,568,822
REDRESSEMENT ECONOMIQUE ET INFRASTRUCTURES	22,445,000
EDUCATION	25,065,000
ALIMENTATION	300,594,110
SANTE	118,132,890
PROTECTION/DROITS HUMAINS/ETAT DE DROIT	87,757,627
ABRI FAMILIAL ET ARTICLES NON ALIMENTAIRES	90,394,179
EAU ET ASSAINISSEMENT	115,659,000
<b>Grand Total</b>	<b>827,616,628</b>

La liste des projets et les montants demandés dans ce document sont tels qu'au 12 novembre 2009. Vous trouverez des informations mises à jour concernant les projets, les besoins financiers et les contributions sur le site FTS ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## 2. HUMANITARIAN ACHIEVEMENTS IN 2009

Throughout the year, the humanitarian actors focused their efforts on the humanitarian emergencies exceeding the government's response capacities.

Among the major achievements of the humanitarian actors in 2009:

- Over one million people have access to drinking water;
- Some 55 000 children returned to school;
- 1.3 million people in previously inaccessible areas could be reached thanks to the renovation of bridges, roads and the renewal of flights;
- Support to over 600 nutritional centres;
- Social and economic reinsertion of over 12,000 people;
- Distribution of food rations to 2.8 million people;
- Distribution of non-food kits to 280,000 people;
- Support to over 6,700 victims of sexual violence;
- 80% measles and DTC immunisation coverage reached in accessible zones.

### HAP funding in 2009

Development of funding requirements in the DRC from 2007 to 2009:

Year	Funds requested	Funds received	Rate of funding
HAP 2007	686 591 107	462 604 116	67%
HAP 2008	736 511 765	503 915 716	68%
HAP 2009	946 252 242	594 494 348	63%

By 12 November 2009, contributions to the HAP 2009 amounted to \$594,494,348, i.e. 63% of the needs evaluated at \$946,252,242 following the 2009 HAP mid-year review.

It should be noted that there is a large disparity between the clusters. Coordination (97%), food security – including agriculture and food aid (73%) - and logistics (60%) are relatively well funded, while other key sectors received less than 50% of the funds – in particular health (36%), non-food and emergency shelter (22%), water, sanitation and hygiene (19%), nutrition (19%), protection (12%) and reintegration and community recovery.

In this regard, the Pooled Fund and the CERF contributed to funding the HAP 2009 at a rate of 11.8%, i.e. a contribution of \$112,057,321.



### 3. THE HUMANTIARIAN ACTION PLAN FOR 2010

#### 3.1 GENERAL CONTEXT OF THE HUMANITARIAN SITUATION

The DRC remains the theatre of one of the worst humanitarian crises in the world. The consequences of the presence of thousands of armed elements in the east of the country remain the greatest concern of the humanitarian community..

The impact of the military operations on the civilian populations is a serious issue, in particular due to the reprisal tactics used against innocent civilians by the FDLR and the LRA. The considerable increase in displacements and generalized atrocities committed against populations in the eastern part of the Democratic Republic of Congo is alarming.

In **Province Orientale**, particularly in the districts of Haut and Bas Uélé, the LRA continues to attack civilians. Frequent looting and exactions committed against the populations by LRA elements provoke massive population movements towards Dungu, Faradje, Niangara and Watsa and to Bas-Uélé.

To respond to the needs of the populations in the region, the humanitarian community established a base in Dungu. After active advocacy by the humanitarian community for better protection of the civilian populations, in adherence to Security Council resolution 1856 of 22 December 2008, MONUC decided to strengthen its presence in Haut-Uélé, in particular in Dungu-town, Duru and Faradje.

In Ituri the operations carried out by the FARDC with MONUC support pushed the militia to split into several groups scattered throughout the southern part of the district, essentially in the territory of Irumu. This dispersal of the militia led to scattered surprise attacks against FARDC positions but also against villages. The humanitarian community fears that the security situation may deteriorate and that the process of stabilisation and security in Ituri might be hampered during 2010.

In **North-Kivu**, the humanitarian effects of military operations in the region triggered an upsurge of exactions committed against civilian populations (not only by the FDLR but also by elements of the FARDC) and renewed displacements. Furthermore, since February acts of harassment and attacks against humanitarian workers are on the increase, in particular in North Kivu.

In **South-Kivu**, the political-military and security context has deteriorated, mainly due to the launch of the joint FARDC/MONUC military operations under the name "Kimia II". The military operations launched by the FARDC in July 2009 against the FDLR forced populations into preventive displacement to areas considered more secure. Numerous exactions committed by the FDLR have been and continue to be recorded.

The degradation of the humanitarian situation in South Kivu was marked mostly by an increase in the number of internally displaced people, particularly in Shabunda, Kalehe and Uvira, and by a slow-down of return movements due to the precarious security conditions in the areas of origin of the displaced.

The security situation in the east of the country therefore remains very volatile and the humanitarian situation has deteriorated. Military operations against national and foreign armed rebel groups continue. These groups regularly attack civilian populations, contributing to numerous population displacements, an increase in basic human rights violations, and an upsurge in sexual violence.

The **rest of the country** remained stable from a security perspective, and the scenarios described in the HAP 2009 for the western provinces of the DRC remain valid overall, with the notable exception of certain specific issues detailed in the strategies for the relevant provinces.

The socioeconomic and financial situation of the DRC has noticeably worsened. Security conditions in the east of the DRC forced the government to allocate additional budget resources to military expenditures. In the space of a year, inflation exceeded 38% and the Congolese Franc lost almost 50% of its value.

If it seems evident that the humanitarian needs are concentrated in the zones affected by conflict, the needs evaluations in the western provinces continue to reveal "forgotten crises": several areas of the country not affected by conflict revealed extremely high mortality, morbidity and malnutrition rates. This must be taken into account in planning the humanitarian response for 2010.

### 3.2 HUMANITARIAN CONSEQUENCES

The general consequences of this context can be summarised as follows:

- **Internal displacements linked to the conflicts:** 2,136,358 persons are still displaced – in North Kivu (983,765), South Kivu (704,130), Haut and Bas Uélé (264,031), and Ituri (184,432).
- **Refugees:** by 1 October there were still 323,017 refugees in neighbouring countries, including 35,234 in Zambia, 64,444 in Tanzania, 20,757 in Burundi, 53,211 in Rwanda, 66,410 in Uganda, 17,533 in Sudan, 13,939 in Congo Brazzaville, 1,325 in the CAR and 50,164 in other countries. It is expected that the armed conflicts in the Kivus, Ituri and in Province Orientale may lead to new refugees in neighbouring countries in 2010.
- **Return and reintegration:** between January and September 2009, 10,751 refugees were repatriated with UNHCR support. In 2010, UNHCR will continue to facilitate voluntary repatriation, focusing mainly on the repatriation of Congolese refugees to the DRC.
- **Food insecurity:** although the DRC's lands are among the most fertile in the world, the absence of inputs, lack of technical training, limited access to markets due to the dilapidation of agricultural access roads, phytosanitary diseases and climate conditions contribute to a very high level of food insecurity.
- **High mortality/morbidity rate:** The combination of the isolation of large zones of the DRC, weak access to primary health care, limited access to drinking water sources, and food insecurity create an environment susceptible to epidemics and to the development of malnutrition. In the conflict zones this situation is even worse.
- **Abuse of human rights:** in the DRC, civilians and more particularly women and children are victims of sexual violence, extortion, kidnapping, pillage, forced displacement, antipersonnel mines and other abuses. These violations and abuses are not limited to the conflict zones. Although foreign armed groups are responsible for a large part of the incidents, the FARDC are also involved in many cases.

Humanitarian needs in the DRC are enormous and present throughout the country. The humanitarian actors do not have the financial and human resources to respond to all these needs. The community is therefore forced to identify the most acute needs and to establish priorities in terms of zones of action and activities to undertake.

As regards protection, recent developments indicate that 2010 might be marked in the east by security incidents characterised by continuing attacks by armed groups against civilian populations. The level of population displacement will remain high and rights violations, including sexual violence, could increase in certain zones.

Sexual violence and abuse of children are a continual problem, in particular due to insufficient or totally absent protection by the authorities, especially the Congolese National Police (CNP). In certain territories, care mechanisms and medical, psychosocial, legal and economic support are insufficient if not totally lacking.

In the territories of Province Orientale, North Kivu and South Kivu, the fighting forces thousands of civilians to flee their homes and subjects them to many exactions during their displacement: violence of all kinds, forced recruitment, illegal taxation etc. The communities, including those hosting displaced persons, are regularly harassed and looted.

The whole of the south-western provinces, including Bas-Congo, Bandundu and the two Kasaï, had to face population arrivals from Angola following massive expulsions of Congolese and nationals of other countries by the Angolan authorities. Most of the needs of the expelled populations are of a structural nature and are the same in the four provinces. Most of those expelled lost their basic assets and depend entirely on the hospitality of local families.

### 3.3 MOST LIKELY SCENARIO

#### Context

As in 2009, certain trends will persist throughout the DRC in 2010, such as social claims made to a powerless government, conflicts and tensions linked to land; doubts about the democratic development of the country due to the postponement of local elections and a certain hardening of the authorities, emerging or already existing tensions following the project of the new administrative partitioning of the country, the constant increase in inflation, the progressive impoverishment of the most destitute households, and the increasingly wide gap between the privileged and the less wealthy.

On the security level the situation differs between the western and eastern parts of the country (North Kivu, South Kivu and Ituri) where the presence of Congolese armed groups, residual or dissatisfied with the agreements with the government, will continue to seriously threaten the security of the populations in these areas. Foreign groups (FDLR in the Kivus, ADF/NALU on the border with Uganda and the in the Uélés) are less numerous but, due to the limits of the regular army, will continue to be potentially serious threats for civilians accused by the belligerents of supporting the enemy and victims of exactions and reprisals. The government seems determined to pursue its military operations against all these groups, despite the pressure of many Congolese and international partners, and despite the heavy tribute paid by the civilian populations who as a result of these operations are the victims of large scale exactions and abuse of human rights. The FARDC military operations in the Kivus also run the risk of moving the conflicts and affecting the neighbouring provinces of Maniema and Katanga where displacements have already been observed, in particular in the territory of Kabambare.

In the central and western part of the territory, security risks will mainly stem from the dissatisfaction of the populations with the deterioration of living conditions which they hoped to see improving after the presidential and legislative elections. Land conflicts remain an issue in the two Kasai, and are also appearing the return areas in Ituri, North Kivu, South Kivu and Katanga, where returnees are confronted by the occupation of their houses and lands. These tensions could revive inter ethnic conflicts, particularly in the Kivus and Ituri, opposing the Tutsi to the other communities in the former, and the Lendu and Hema in the latter.

The agreements between Angola and the DRC proclaimed by the Congolese government have never been applied. The expulsion of Congolese nationals could thus continue and particularly affect southern Bas-Congo, of Bandundu, and the southern parts of West and East Kasai.

In general, the increased number of rape reports, a cleanup of public administrations and the launch of the “zero tolerance” policy could have an impact on the struggle against impunity, if all these initiatives are confirmed with time.

### **Humanitarian consequences**

Significant displacements will persist as long as the armed groups remain operational in the Kivus, in Ituri and in the Uélés and as long as the government continues military operations against them. Returns will continue to the newly stabilised areas but will cease if they revert into insecurity, but everything remains possible taking into account the unpredictability of the actors, used to constant about-faces. Displacements could continue from the Kasai towards Bandundu, for economic reasons following the fall in prices of raw materials whose traditional exploitation has become unprofitable.

Population movements will continue to cause medical, sanitation and nutritional problems due to the lack of access of the displaced to primary health care, the absence of sufficient water and sanitation infrastructure, and the distance to their fields. In the western and central parts of the country land conflicts lead to food and nutritional shortages, also caused by isolation and a decrease in production (decrease of income, degeneration of seeds, disease, field flooding, abandonment of agricultural activities). Also, the provinces of Equateur, East Kasai, West Kasai and Katanga will continue to record high levels of malnutrition exceeding 14%.

The lack of a sufficient number of development programmes will continue to force humanitarian actors to struggle to assist populations whose lives has been upset, as in the provinces bordering Angola whose inhabitants will continue to bear the consequences of the expulsions due to lack of means to meet the needs of the newly arrived.

Relief agencies will also have to fight cholera and other water borne diseases, endemic in the territories neighbouring the Great Lakes in the east of the country (Ituri, North Kivu, South Kivu and Katanga).

The increase in sexual violence is a risk in the east of the country because of the presence of armed men of all allegiances, and also in the west due to the increase in the civilian population, increasing the risk of STD and HIV/AIDS.

The general impoverishment of the Congolese population will also hamper access to education for children whose parents are increasingly unable to pay their school fees.

### 3.4 NEEDS ANALYSIS FOR 2010

The needs evaluation for the creation of the HAP 2010 used the same methodology as in 2008 and 2009, which was the use of standardised needs evaluation tables with harmonised indicators for all DRC territories and the setting of thresholds whose passing signals the need for humanitarian action (see also 3.6). However, in collaboration with provincial clusters, each national cluster carried out its own needs assessment that is presented below and on specific maps.

#### 3.4.1 NON-FOOD ITEMS AND EMERGENCY SHELTER

The possibilities revealed by the various scenarios suggest that needs are varied, tied to population movements and to natural disasters. The volume of assistance needed is high for non-food items (NFI) and emergency shelter. The specific needs identified by the Shelter cluster and workgroup are as follows:

- Continue to provide an NFI and emergency shelter response for displaced populations (assisted and spontaneous), for saturated and vulnerable host families, for returnees, the expelled, the repatriated (assisted and spontaneous), and for victims of natural disasters based on rigorous needs evaluations.
- The cluster can act as technical network and resource by encouraging and facilitating approaches that are both innovative and appropriate to local needs and contexts and by supporting these approaches through forums for learning and exchange.
- Continue to ensure response capacities through management of strategic materials stocks in the country and potentially in the region.
- Evaluate and improve the relevance of items distributed, basing these more on vulnerability criteria included in the evaluation and on reinforced monitoring methodologies, taking into account particularly the different needs analyses for women, men, girls and boys.
- Based on the experience of cluster members, reinforce, improve and extend the use of “vouchers, fairs and cash” approaches in the NFI aid sector.
- Popularise and monitor the practical integration into programmes of the Charter of minimum commitments for NFI/emergency shelters, as well as the commitments relating to the implementation of taking gender equality into account.
- Ensure that beneficiary categories such as vulnerable host families and spontaneous repatriated are taken into account during needs analyses and for the response carried out.
- Alongside the WASH cluster, pay particular attention to the systematic inclusion of personal hygiene kits for women in the standard NFI kits.
- In the context of a potentially large return to certain zones on the one hand, and of violent attacks targeting habitations on the other, continue advocacy activities to support the response to shelter needs.
- Ensure visibility and pay particular attention to the “shelter” issue within all clusters by naming a shelter focal point.
- Support cluster management at the national, provincial and sub-provincial levels, with support provided by a lead and an NGO co-facilitator at each level, made up of people who are both committed to and equipped for the role of gatherer and facilitator in their action zones.

#### 3.4.2 WATER, SANITATION AND HYGIENE

Instability in the eastern part of the country requires the reactivation of WASH actors who will need to carry out the response to the vital needs of displaced populations in South Kivu, North Kivu, Ituri and Haut-Uélé, and who must remain alert in order to be able to assist the populations of other territories or provinces that might be affected in 2010, such as Maniema or northern Tanganyika.

WASH actors must, as much as possible, accompany (or even anticipate) voluntary and secure returns in order to establish a durable installation in health conditions that respect personal dignity and enable community revival.

The western provinces will be monitored to limit negative health impacts linked to the recurrent influx of persons expelled from Angola (West Kasai, Bandundu, Bas-Congo), and to respond to the regular water-borne infectious disease epidemics (Bas-Congo, Equateur) as well as to potential natural disasters (Congo river basin).

The WASH cluster intends to strengthen its ongoing support for sanitary vulnerabilities in order to prevent the cholera epidemic flare-ups that make endemic zones more fragile. In 2010 the implementation of the national strategy for the elimination of cholera will thus be supported by the reinforcement of the cholera unit at the national level and also in the provinces, through strengthened coordination with the fourth offices of the Health Ministry as well as the Health cluster. The WASH cluster intends to carry on its advocacy work for the implementation of projects with a long-term scope (drinking water supply and sanitation improvements in the seven endemic-epidemic zones) that would contribute to eliminating this disease.

In order to draw up a priority list for sector interventions, including those carried out in the framework of the RRM, the intervention thresholds for this year have been determined on the basis of primary criteria (cholera epidemic, diarrhoeic disease rates) and on aggravating factors (population displacement, conflict, natural disaster, population protection, etc.).

The 15% threshold initially set for diarrhoeic diseases (set on the basis of the 2007 Demographic Health Survey [DHS]) now appears to be too low, and a modification has already been proposed to set it at 20% in a context of relative stability and at 30% in emergency situations.

The thresholds will have to be evaluated during the year in order to turn them into proper decision-making tools adapted to each particular context, tools which could then be used to reduce the risk of aid sprinkling.

In emergency interventions, particular attention will be paid to implementing the 5 key principles in order to ensure security and dignity for women, girls and boys.

### 3.4.3 EDUCATION

The available educational data for the DRC during the 2007-2008<sup>1</sup> school year paint a dark picture for the country's future, given the low level of the figures in relation to the Millennium Development Goals.

- Gross level of primary school enrolment: 90%
- Rate of primary school cycle graduation: 54% (Girls: 44%, Boys: 63%)
- Proportion of school buildings constructed out of durable materials: 35%
- Average pupil to teacher ratio in primary education: 39:1 (with large disparities depending on the territory and going up to 80:1)
- Average number of pupils per bench: 3.3
- Proportion of primary schools in the country with a poor quality chalkboard: 34%

The overall situation is catastrophically bad, and nothing seems to indicate that this is likely to improve in 2010.

Access to educational services is generally poor throughout the country, especially in conflict zones, in zones with population movements (displaced persons, returnees and repatriated persons), or in zones that are very isolated or have suffered natural disasters.

Even when the infrastructure is present and teachers are available, the use of the services is sometimes limited and the quality of those services is poor.

Each new crisis only worsens this situation, which implies that 2010 will reveal similar difficulties. With armed groups remaining active in the country, primarily in the east and north-east, the operations to hunt down and confront these foreign and national armed groups lead to further displacements and slow down the return of displaced persons to their home areas. In the west and north-western parts of the country the arrival of Congolese populations expelled from Angola or fleeing the various ethnic conflicts (in the Central African Republic), as well as the forced departure of Angolans living in the DRC for decades – including teachers and their children – only worsen issues and problems that are already difficult to deal with.

As a result, needs in host and return zones will increase with respect to:

- Hosting capacities (classrooms, learning areas, latrines and water points).
- Teaching and counselling personnel, men and women, who often end up displaced themselves

<sup>1</sup> Source: "Annuaire statistiques scolaires 2007-2008", Ministry for Primary, Secondary and Professional education, DRC.

- Equipping pupils and teachers with school kits (pupils, teachers, recreational, instruction materials); these kits are often looted, destroyed or abandoned when people have to flee, and so on.
- Training and retraining, given that teachers' initial training generally does not prepare them for emergency situations, especially with regard to psycho-social care for traumatised children.
- Parent awareness-raising on the importance of education and the need to ensure that children can rapidly return to school (need for continuity) and that children going to school remain protected.
- Training of community members for a better co-management of the resources made available to educational facilities and for a better understanding of conflict resolution mechanisms and of peaceful community coexistence.
- Reinforcement of basic equipment such as school furniture.
- The need to evaluate the opportunities for setting up activities targeting young people on issues such as HIV/AIDS, sexual violence, and so on.
- The need to set up a method to rapidly assess the schooling levels of returnee or repatriated pupils who have lost their school records.

Education cluster actions will be based on the following major areas:

- Greater involvement of the national educational authorities in emergency and development activities in order to ensure the gradual taking over by the government of responsibility for the sector.
- Reinforce the links between the various emergency education programme elements, including the RRM, PEAR and the development programme, by using appropriate tools (Needs Analysis Framework (NAF), indicators, databases) to target intervention zones, analyse the situation, implement activities, and carry out monitoring and evaluation. The development component will become the logical follow-on to the emergency component after going through a transition phase.
- Continue to bring the development programme and emergency education components closer together, and increase links between them. Whenever possible, one of the primary strategies to deploy and reinforce is organising the reception of children who are crisis victims within existing schools and educational centres, whose hosting capacities and human and material resources can be strengthened in order to enable them to respond to the increase in pupils.
- In the same territories, move from activities carried out within the RRM and PEAR frameworks to short- and medium-term emergency activities, and then move on to development activities since educational effectiveness is best measured by long-term results, at least at the end of a completed primary education cycle.
- Consider the most appropriate means to enable child and adolescent crisis victims to benefit from free, high quality basic education, for instance by taking financial responsibility for teachers over a limited period, by carrying out income generating activities, through advocacy aimed at the government for the rapid and official allocation of new teachers to crisis zones, and so on.
- Continue to support children and adolescents in host communities in order to facilitate the integration of displaced or returnee children.
- Continue to collaborate with the WASH clusters for the installation of latrines and water points in learning facilities.
- Strengthen collaboration with the Protection Cluster in order to ensure that children are safe when going to schools and learning centres and while they are learning.
- Consolidate the links with the Nutrition and Food Security Cluster in order to set up school canteens, especially in territories with high prevalence of malnutrition.
- Always request assistance from the Health Cluster for vaccination and parasite removal among young children, and so on.
- Ensure that the minimal standards for emergency education set by the INEE are followed and that gender, environment and HIV aspects are taken into account in all emergency education interventions.
- Continue to sensitise the members of parental committees and communities, as well as the head teachers and all other authorities on the importance of education for both girls and boys during emergency situations.
- Continue to build the capacities of cluster and sub-cluster members at the national, provincial and district levels.

### 3.4.4 LOGISTICS

Humanitarian aid access and the transport of aid goods into humanitarian intervention zones remains a challenge, both because of access issues and because of the high cost of transport to these zones. Indeed, although the cluster achievements in 2009 have increased accessibility, many zones throughout the country remain deeply isolated and the humanitarian community has little or no access to the most vulnerable populations.

- The road network remains poor, roads being mainly dirt tracks that are difficult to navigate during good weather and become impassable during the rainy season. In some provinces, such as Maniema, it is impossible to travel by car or heavier vehicle.
- Roads that have been rehabilitated are poorly maintained or not at all, and the repairs have a limited lifetime. Provincial authorities (Direction des Voies et Dessetes Agricoles (DVDA), Road Offices) are minimally involved.
- Humanitarian flights remain the only reliable means of rapid transport available to the humanitarian community, in a country as large as Europe.
- The continuing population displacements and the volatile security situation mean that reactivity is needed to reach these new zones. When sudden emergencies erupt the only way to reach them is often by air, both for personnel and for goods.
- Airstrips have the same maintenance issues as roads. They need to be regularly maintained in order to ensure that they remain usable and secure.
- Commercial transport companies do not operate in all zones, or when they do it is often at extremely high cost for very poor service.

Several encouraging initiatives were launched in 2009 with respect to the coordination and financing of repairs to the road network (within the framework of the United Nations Security and Stabilization Support Strategy (UNSSSS) and of the Plan for Stabilisation and Reconstruction (STAREC), for instance). The humanitarian community's emergency response does not aim to substitute itself to these initiatives, but the overall aim is to allow rapid access (considering that large civil engineering works can take years) by concentrating on the hottest areas and by collaborating with existing initiatives.

### 3.4.5 NUTRITION

According to data from the DHS for 2007 (Demographic health survey carried out according to WHO's 2006 standards), all DRC provinces are well beyond the action threshold for global acute malnutrition equal to or higher than 10% (Global Acute Malnutrition [GAM]  $\geq$  10%).

The 2007 DHS revealed an infant-juvenile mortality rate of nearly 148 per 1,000 births, and a worrying nutritional situation throughout the country for children under 5 years of age. The prevalence of global acute malnutrition, taking oedemas into account, is estimated at 13% of which 8.1% is severe. Oedemas alone represent 4.1%. This means that nearly 1.7 million children suffer from acute malnutrition on the DRC, and almost one million of those are severe cases. Nearly half of children under 5 years (46%) suffer from chronic malnutrition tied to a combination of contextual and structural malnutrition causes, a situation that requires an urgent response in the short, medium and long term.

In addition to this reference study, only 72 surveys have been carried out at the HZ level, which identified 25 nutritional emergencies. However, these studies only related to 13.9% of the country's 515 total HZ and it is thus very likely that a number of HZ suffering from nutritional emergencies have not been identified. Furthermore, DHS data cannot be extrapolated over all zones given the large size of the country's provinces; it is also evident that the survey does not reveal the enormous disparities between the territories within individual provinces. This has led to territorial nutritional surveys being carried out at the level of the provinces most affected by malnutrition (East and West Kasai, Katanga and Equateur). The data are currently being analysed and will be published shortly.

The government and the humanitarian actors mobilised themselves throughout 2009 to provide a response to this situation. However, given the size of the problem, the vastness of the country and the difficulty of reaching the majority of the DRC's isolated territories, their efforts have remained insufficient. This response should therefore be reinforced by extending it to other provinces that are receiving less support and by mobilising a large number of operational partners. The structural aspects of malnutrition in the south and west of the country also require sustained multi-sector and preventative interventions, such as improving the knowledge of health personnel and families on proper child feeding practices, improving water and sanitation, and so on.

### 3.4.6 PROTECTION

Priority needs at the protection level exist mainly in the eastern provinces where armed groups, regular and irregular, carry out with impunity all manner of exactions among the population. The situation is especially worrying for the 2.2 million people, particularly women and children, who have left their homes often two or three times in a row, a number that includes 800,000 displaced persons since the start of military operations against the FDLR in North and South Kivu and 230,000 displaced in Haut Uélé.

Faced with an extremely precarious situation, these people are particularly vulnerable to abuse, exploitation and violence perpetrated by armed groups along the roads, within host communities, or even around displaced person gathering sites. The risks they face are increased by the presence of mines and unexploded ordnance in zones they are unfamiliar with due to their displacement. Indeed, in 2009, 116 of the 228 hazardous zones that have been identified remain to be cleared in order to secure and revitalise economic activity in return and installation areas for displaced populations.

It should also be noted that where forced collective displacements occur, a number of people often remain, since for various reasons (age, illness or disability, lack of resources) they cannot even flee. As was seen in Lubero in 2009, these people are often the poorest and most vulnerable to violence.

The monitoring results for protection activities carried out by UNHCR and its partners from January to June 2009 in South Kivu document 3,122 protection incidents spread out among 10 categories:

- Looting (921 incidents, i.e. 30%)
- House and field arson (415 incidents, or 13%)
- Goods extortions (384 incidents, or 12%)
- Assault and battery (369 incidents, or 12%)
- Rape (315 incidents, or 10%)
- Arbitrary arrest and detention (242 incidents, or 8%)
- Homicide (133 incidents, or 4%)
- Forced labour (110 incidents)
- Kidnapping (76 incidents)

Given the challenges involved in data collection it is certain that many cases were not reported.

All armed and arms-carrying groups, including the FARDC, have been identified as perpetrators of these abuses and severe human rights violations. Corroborating sources show that the frequency of abuses saw a distinct increase during offensive military operations, where the increased presence of regular forces as well as the desire for reprisals from irregular forces combine to endanger civilian populations. According to the results of several studies, the military operations currently ongoing in North and South Kivu have been linked to a marked increase in sexual violence and armed looting.

The issue of sexual violence goes beyond those provinces that are affected by armed hostilities (North and South Kivu, Province Orientale) and also affects the western provinces. At the national level more than 6,400 new cases of sexual violence were recorded during the first half of 2009. Half the victims of sexual violence are children under 18. The perpetrators of these crimes are primarily civilians, except in North and South Kivu where men in uniform are the principal perpetrators.

These reported incidents only show part of the actual situation, since the military operations in the Kivus as well as in Province Orientale have restricted access to these zones. Holistic care only touches a tiny part (less than 5%) of the victims of sexual violence, due to lack of access to services that can itself be caused by a lack of information, of resources or of security. These numbers reveal the size of the issue and the needs of the victims who, aside from their urgent need for protection and for medical and psychological care also have to deal with social stigmatisation and are rarely able to exercise their right to legal recourse. In addition to the risks tied to sexual violence one must include the risk of unwanted pregnancies and the issue of exposure to HIV/AIDS, which is increased by precarious living conditions.

Severe violations against children are perpetrated by all side of the conflict. Child recruitment and use in armed conflict, sexual violence and child kidnappings are the most frequent examples of such violations. UNICEF estimates that for 2009, more than 2,800 children were separated from their



families, including 360 girls. An unexpected occurrence in 2009, from April onward, was the FARDC's recruitment of children in several provinces. The government has not yet committed to developing a governmental action plan to end the six severe violations against children as mentioned in Resolution 1612.

Population displacement and return movements in North Kivu, South Kivu and Province Orientale have presented continuous needs in terms of monitoring activities relating to child protection, separated/unaccompanied children identification and reunion, and static and mobile children's spaces to provide protective environments. Some return zones are highly militarised and have led to children being forced to work in artisan mining operations. This situation exposes these children to several risks, including the sexual exploitation of girls, child labour, and so on. There are very few alternate economic activities in areas that are often also devoid of basic social services.

Displaced persons who can return home have protection needs during their return journey but also when they come home. The return of displaced persons and refugees can create internal community tensions and land conflicts which, without the presence of swiftly implemented reintegration and revitalisation activities, will prevent lasting returns.

Returning home is often hampered by material issues such as the loss or theft of administrative documents or difficulties with property and access to land, especially in the zones where parallel justice administration systems have been set up. Support for the resolution of these issues is essential. Furthermore, efforts must be made to ensure that State actors respect the principle of voluntary return.

The protection needs described above can only be dealt with if there is a firm commitment to fighting the impunity of those responsible for these violations, including the FARDC and the PNC. While progress has been made since July 2009 with the government's announcement of a "zero tolerance" policy regarding abuses committed by its armed forces, the accelerated integration of more than 11,000 militias in the space of a few months has only increased the difficulty of imposing genuine discipline in order to reduce the incidence of violence against civilians.

### 3.4.7 COMMUNITY REINTEGRATION AND RECOVERY (CRR)

North and South Kivu, Equateur and Katanga provinces remain the priority return zones. Following an analysis of the assessments carried out by the provincial clusters, the primary needs to meet are as follows::

- Built community and local authority capacities to manage, prevent and moderate the impact of conflicts, crises and disasters. In order to achieve this it is essential to continue the analysis of conflicts and of the causes of the recent recurring humanitarian emergencies. Furthermore, action in the zones that risk crossing the humanitarian thresholds is recommended.
- Analyse conflict origins in order to be able to find lasting solutions and avoid recurring conflicts.
- Improve livelihoods by implementing income generating activities and professional training.
- Improve intervention targeting through situational analysis in return zones by applying the agreed upon MSA, PEAR +, protection activity monitoring and other systems. This includes needs analysis for the support of returnees and host communities.
- Develop return support strategies depending on zone situation and develop methodologies for community-based integrated return support interventions.
- Reinforce reconciliation initiatives in environments suffering from armed conflict and occasional land conflicts.
- Capacity building for coordination and planning among the national counterparts, especially local authorities and national NGOs, by developing the capacities of resource-persons, through the participation and inclusion of local communities in planning and managing projects and programmes, and through support for the integration into national reconstruction and development strategies of short-term community revival priorities.
- Improve community access to basic social services and carry out any other kind of transitional activity essential to moving from humanitarian to development work.
- Rebuild old campsites, through reforestation among other things, in order to rebuild these sites' production potential.
- Analyse the impact of aid provided in order to improve future interventions.

The responses to the needs identified will take gender issues, environmental protection and climate change into account.

### 3.4.8 HEALTH

Based on defined health indicators, the Health Cluster identified 121 HZ out of 515 (i.e. 23.5%) as emergency zones, spread out over the entire DRC. Targeted beneficiaries are estimated at some 16.8 million people, or approximately one quarter of the country's total population. These beneficiaries include 3.2 million children under 5 years (19%) and 8.5 million women (51%).

The 121 identified health zones include:

- 86 HZ with epidemics/natural or human disasters
- 68 HZ with high maternal and infant mortality in targeted HZs
- 56 HZ with health coverage <50% and poor sanitary performance
- 14 HZ with DTC3 vaccination coverage <50%
- 32 HZ with HIV prevalence > 4.5%

Most of these HZ fit several of these indicators at once.

Cluster objectives for 2010 are:

- Capacity building for management of epidemics/disasters
- Reducing maternal and infant mortality in targeted HZ (to <1% and <2/10,000/d respectively)
- Improving health coverage by bringing it above the intervention threshold (>50%)
- Improving vaccination coverage in targeted HZs by bringing it above the intervention threshold (>50%)
- Reducing HIV/AIDS prevalence (<4.5%)

### 3.4.9 FOOD SECURITY

All the main poverty indicators that are generally used to analyse a population's food security situation show alarming results for the DRC. The second round of analysis of the Integrated Food Security Phase Classification (IPC), carried out in July 2009, notes that food security is precarious throughout the country. The current level of agricultural production in the DRC is some 30-60% lower than pre-1997 levels, varying by province, while food consumption needs continue to increase due to the country's demographic growth. There is no infrastructure for agricultural processing, warehousing or transportation. The lack of maintenance of the road and river transport networks means these have become unusable which led to the cutting off of several provinces, preventing the exchange of goods between agricultural zones with surpluses and those with deficits.

Insecurity linked to conflicts in rural areas will continue in 2010: LRA activism and banditry in the district of Haut Uélé continue and may spread to the territories of Ango, Bambesa and Polo in Bas-Uélé where villages are constantly under attack, fields are pillaged, and travel has become very dangerous. The continuing Kimia II operation in North and South Kivu has led to massive population displacements from Shabunda territory towards southern Maniema and northern Katanga, cutting these populations off from their livelihoods. Food security continues to decrease in the territories of Shabunda, Lubero, Masisi and Walikale and risks spreading to displaced and host families in the territories of Kailo, Pangi, Kabambare and Punia. The possible resumption of rebel militia activities despite the peace agreement of January could slow or even reverse return movements in some zones. In the post-conflict zones of Ituri and certain parts of North Kivu the nutritional and food situation remains deplorably bad.

Several studies note the terrible food and nutritional situation in the central parts of the country and in some isolated territories in districts from Sankuru to the Kasai, and in Tshuapa in Equateur, where access to food and the malnutrition rates are even more worrying than in conflict-affected zones and cause just as high abnormal death rates. Among these areas, those that often tip into acute food crises are characterised by:

- A high dependence on one primary production area whose local food production capacities are variable (Masimanimba, Kahemba, Dibaya, Kole, Lomela, Dekese, Kamonia, Luiza, Katakoma, Lodja and Lubefu, Befale, Boende, Ikela, Mitwaba, Ignende, Bokungu, Bukama, Dilolo)
- Serious land conflicts or ethnic tensions (Dimbelenge, Manono)

- Heavy flooding (Bukama, Pweto, Bumba, Bosobolo, Mbandaka, Bansakusu, Makanza, Businga, Budjala, Kungu and Bokungu) or abnormally late rains, particularly in the humid savannah of the Kasais, Katanga and Bandundu
- Proximity to mining zones in crisis, leading to an exodus towards rural areas (Kabeya Kamwanga, Miabi, Katanda and Lupatapata).

As with the previous year, mining issues and isolation continue to play a large part in food security vulnerability in the provinces bordering Angola. The nutritional crisis in the territories of Kahemba, Tshikapa, Luiza and Dilolo is mainly due to the exodus of able manpower towards artisan mining areas in Angola, leaving children behind with the elderly. This exodus to bordering countries, along with the distinct reduction in agricultural production noted by the provincial inspectorate of agriculture (IPAPEL) and the lack of access to drinking water plunge these territories into a cycle of malnutrition coupled with severe health issues. This phenomenon of abandoning farming in favour of mining has also been observed in the territories of Banalia and Bafwasende (Province Orientale), Kalemie, Malemba Nkulu and Manono (Katanga province) and in Punia and Lubutu (Maniema province).

The expulsion of Congolese nationals living in Angola is an annual event that recurs during elections and the privatisation of mining concerns. The Humanitarian Coordinator for the DRC and the Resident Coordinator for Angola have made efforts to promote dialogue between the Congolese and Angolan authorities. Worst affected are the territories of Tembo and Kahungula in Bandundu, Luiza, Luambo, Luiza (Kalamba-Mbuji) and Tshikapa (Nsumbula, Kabungu, Kamako and Wikong) in West Kasai and Luilu in East Kasai, leading to field pillaging and increased pressure on the natural resources and food availabilities of these territories.

The effects of the worldwide food crisis can be felt in the DRC, especially in urban areas and on the retail prices of cereal products, part of which are imported (rice and corn). Despite more attractive prices, local production remains uneven and small local producers profit very little due to lack of means to invest in higher-performance production equipment, an inability to extend the areas they cultivate and the risk of losses after harvesting or extortion by certain local authority representatives.

The presence of phytosanitary diseases leads to declining crop yields and lower food availability levels. Cassava mosaic and brown streak diseases and banana wilt in the east are rapidly spreading among cultivations where the vegetable assets used are of poor quality due to age and sensitivity to the more common diseases. The recurrence of severe epizootic diseases such as small ruminant plague, porcine plague and bird flu is a matter for some concern.

### 3.5 NEEDS ANALYSIS MAPS

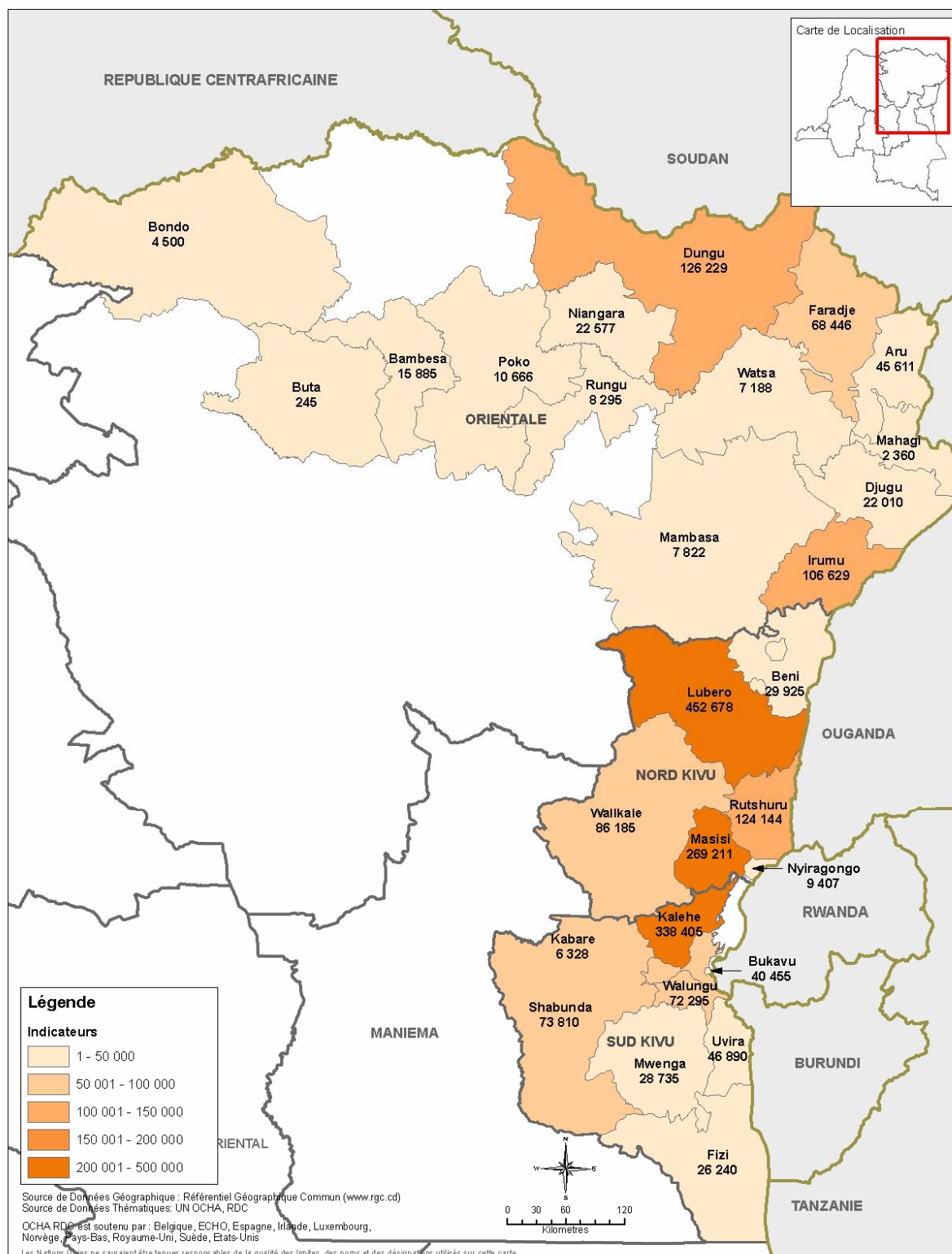


UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

**RD Congo**

Personnes déplacées internes à l'EST de la RDC

Septembre 2009



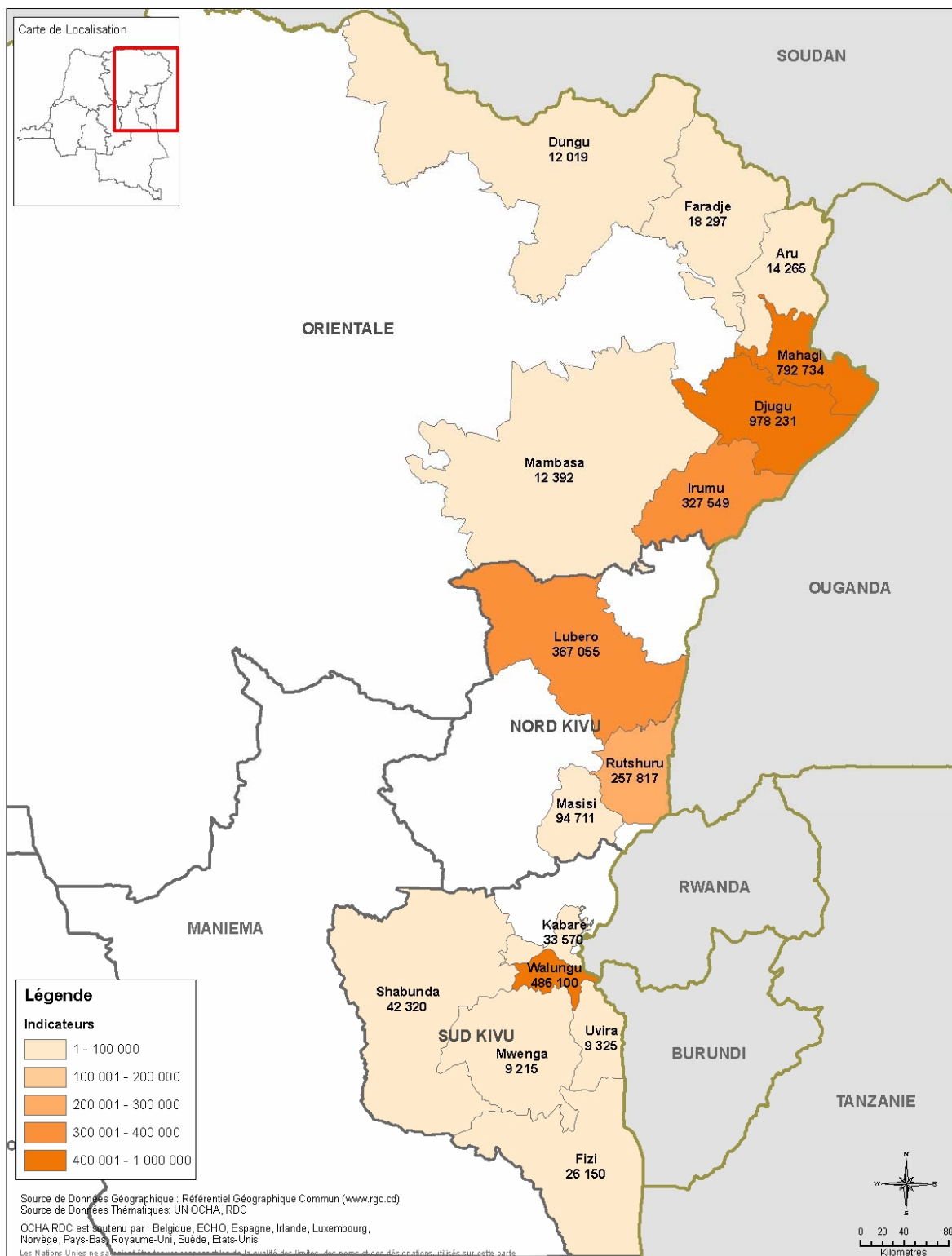


UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

**RD Congo**

Personnes déplacées retournées dans leurs zones d'origine

Septembre 2009

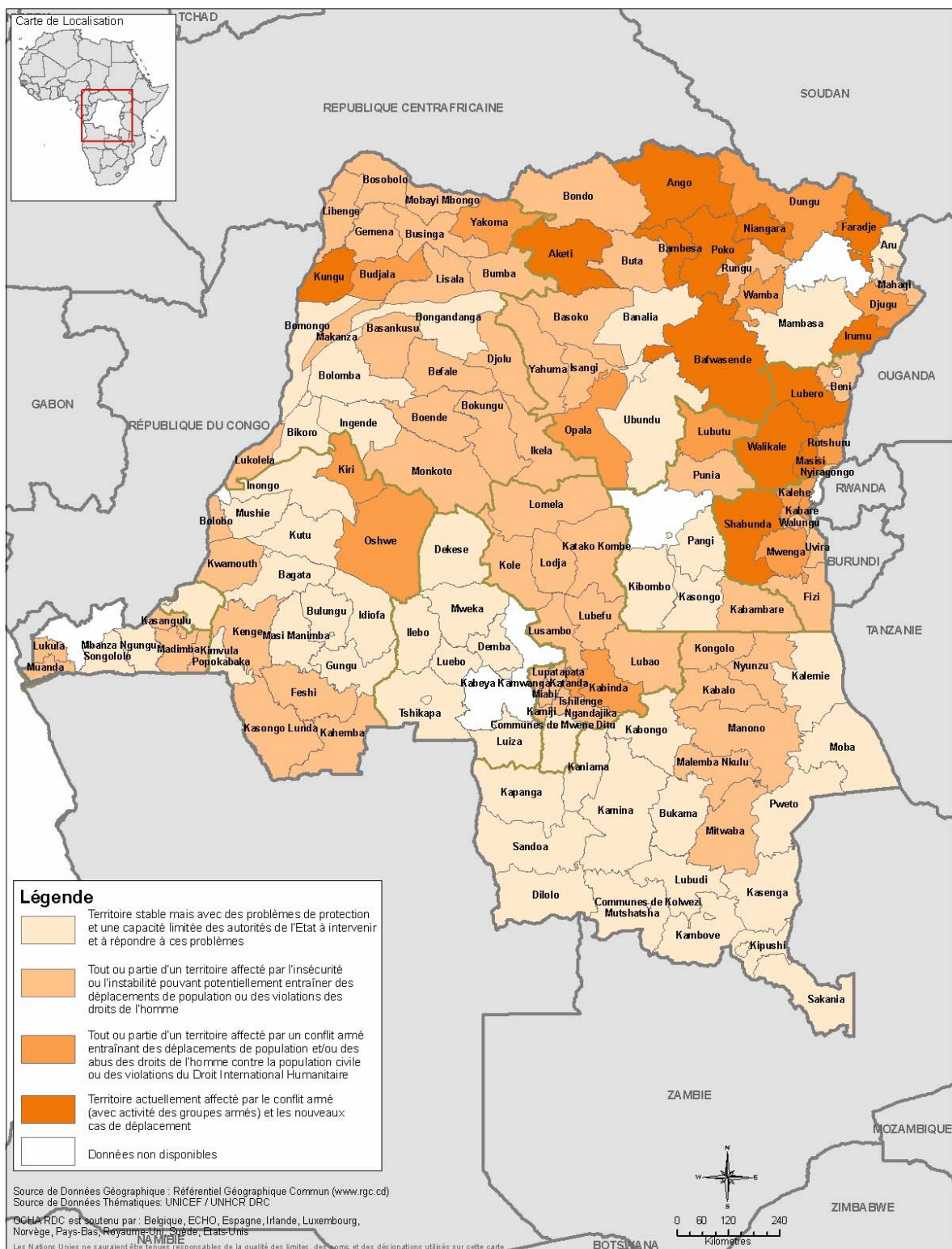




UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

# RD Congo Protection des civils et des enfants

Août 2009





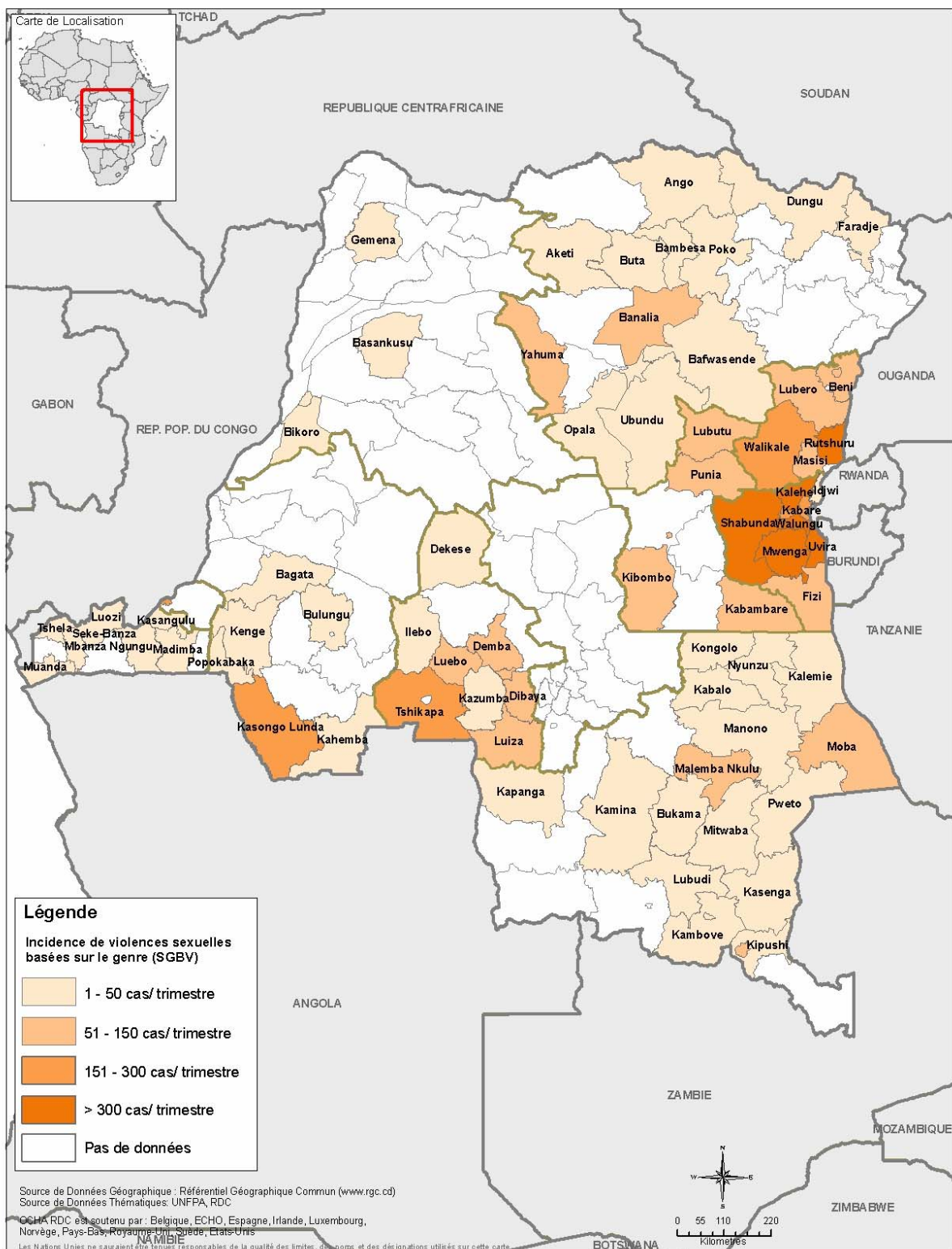


UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

## RD Congo

Zones prioritaires à incidence de violences sexuelles basées sur le genre (SGBV)

Août 2009

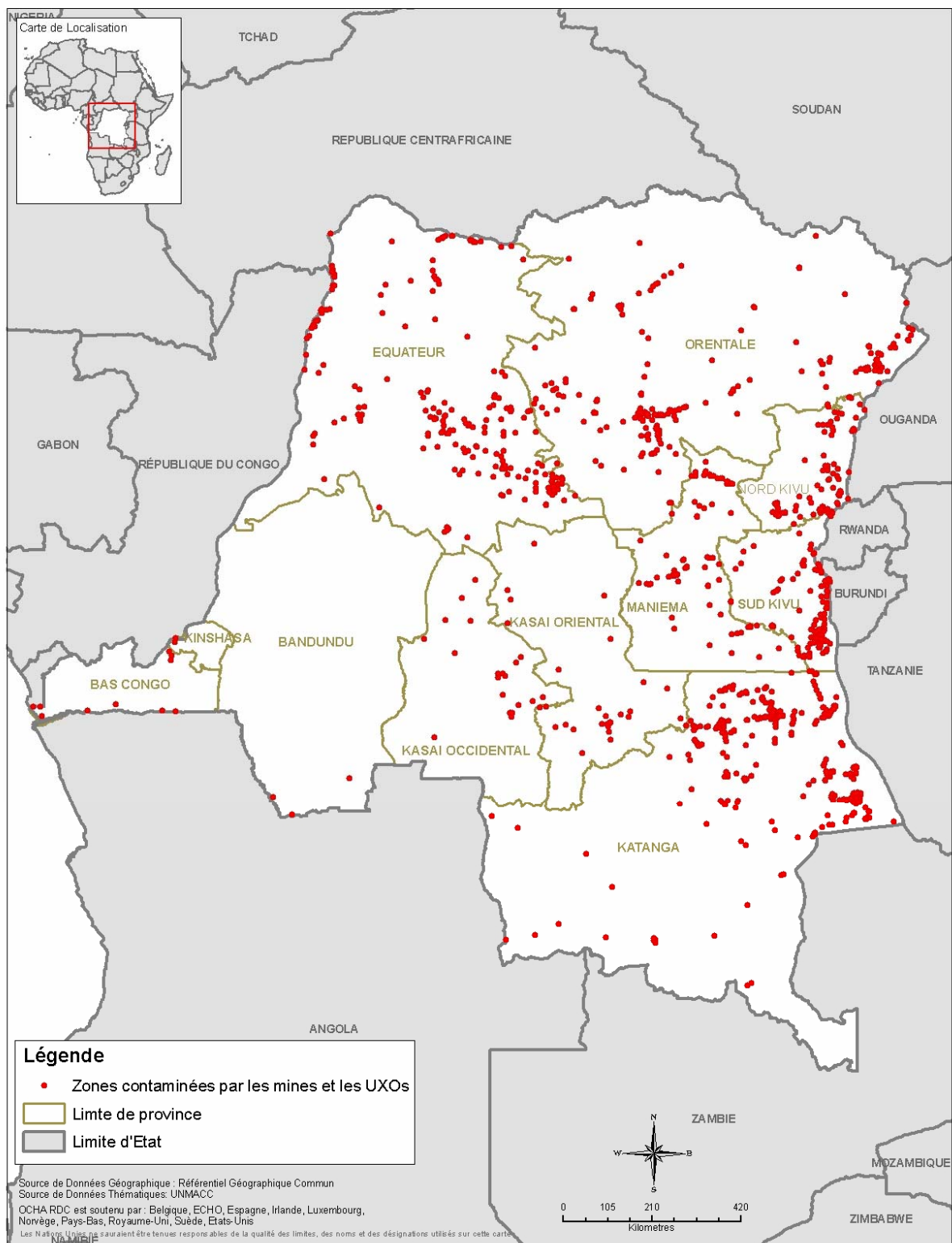




UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

## DR Congo Zones contaminées par les Mines et les UXOs

Septembre 2009







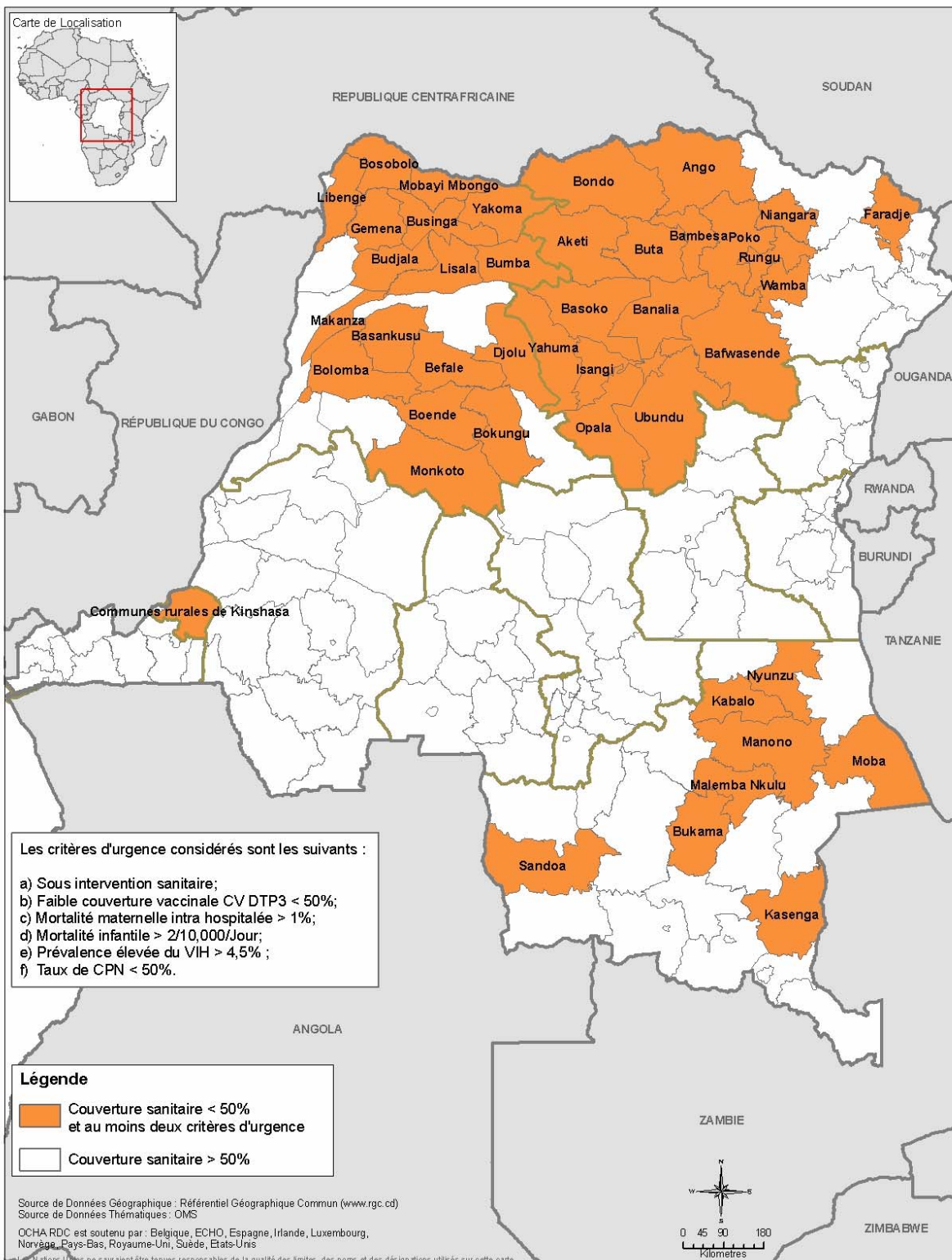


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**RD Congo**

Septembre 2009

**Territoires avec couverture sanitaire <50%  
et au moins deux critères d'urgence**



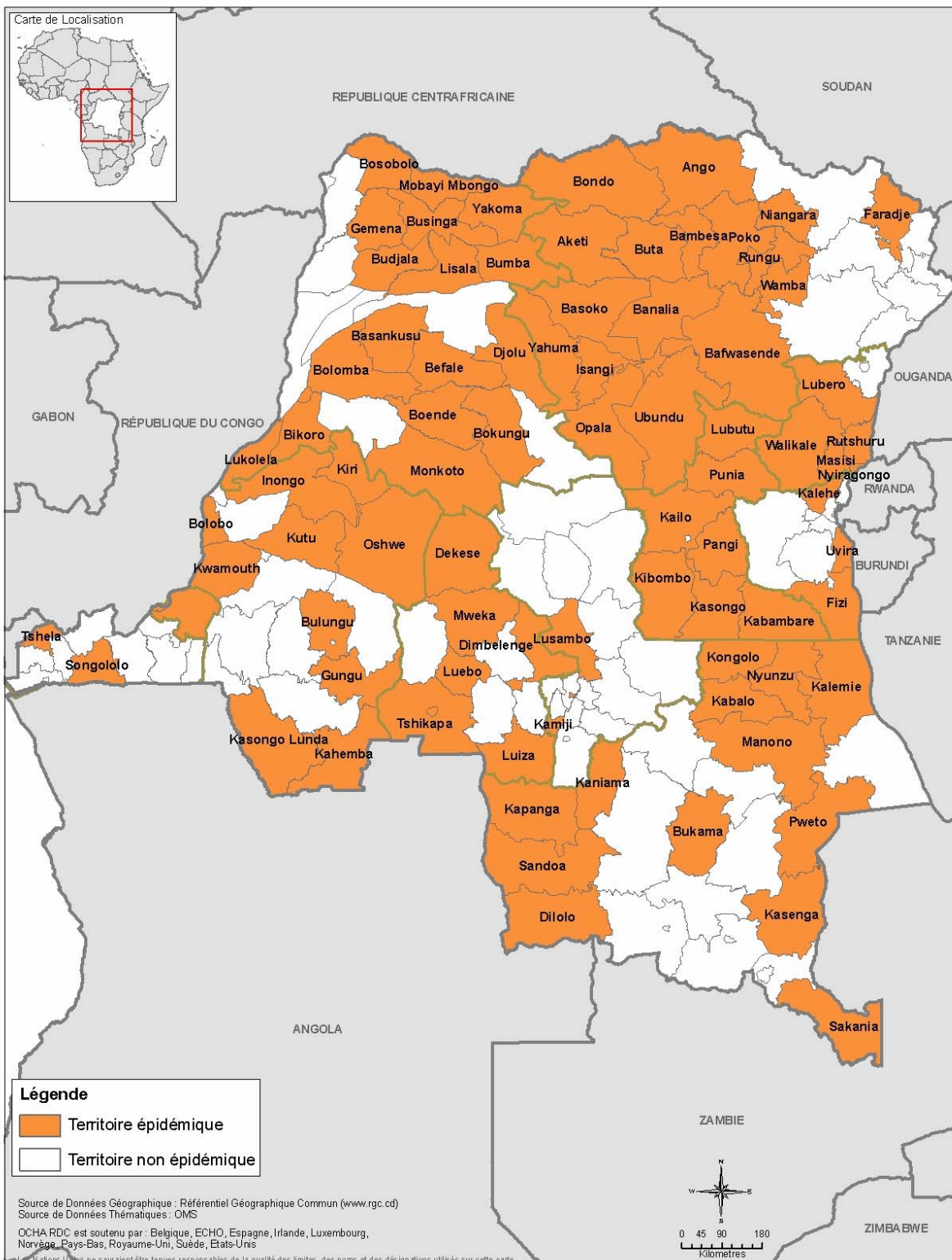


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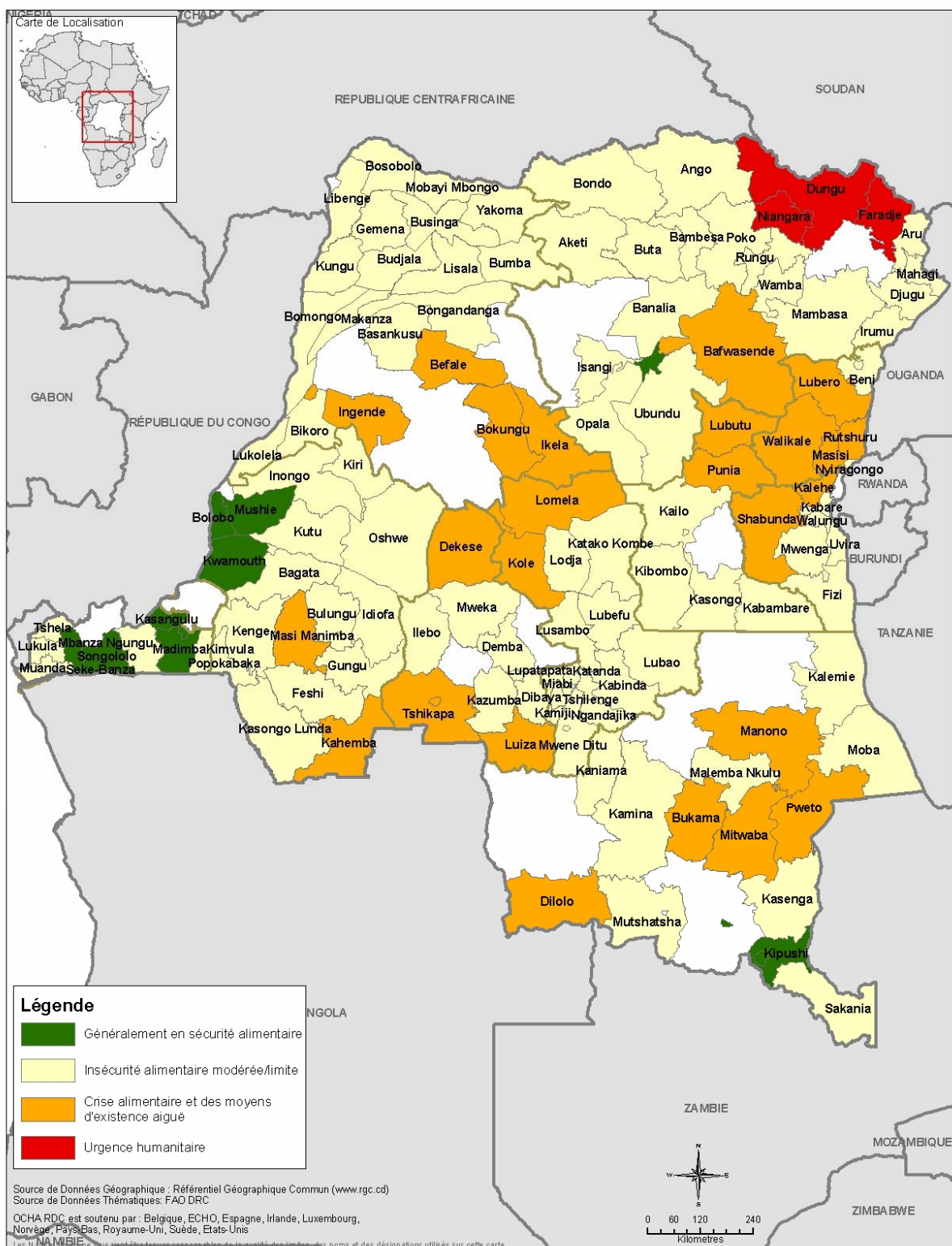
**RD Congo**

Septembre 2009

**Territoires avec épidémies / catastrophes au delà des capacités locales d'intervention du gouvernement**





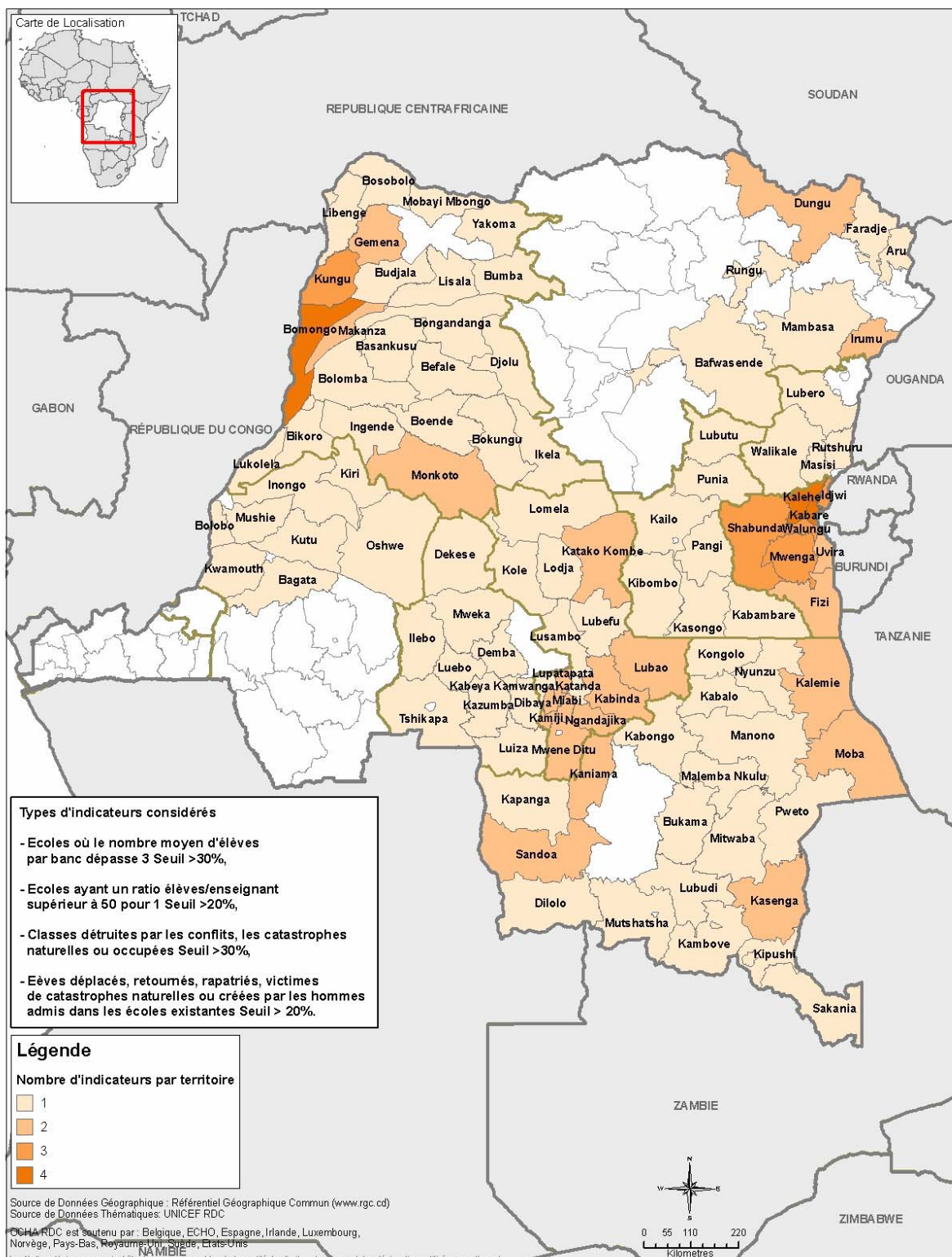




UN Office for the Coordination of Humanitarian Affairs - République Démocratique du Congo

# RD Congo Education

Août 2009

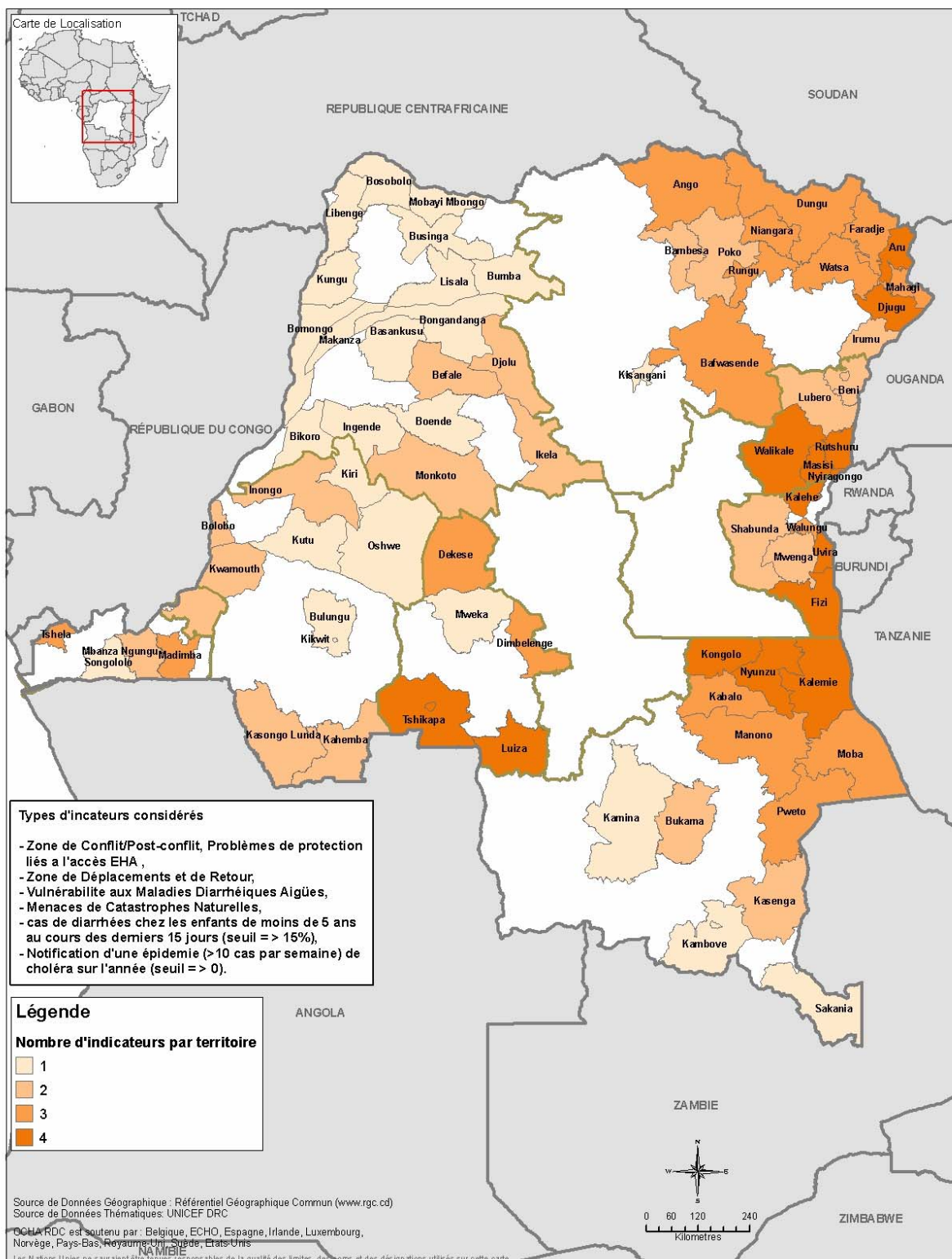




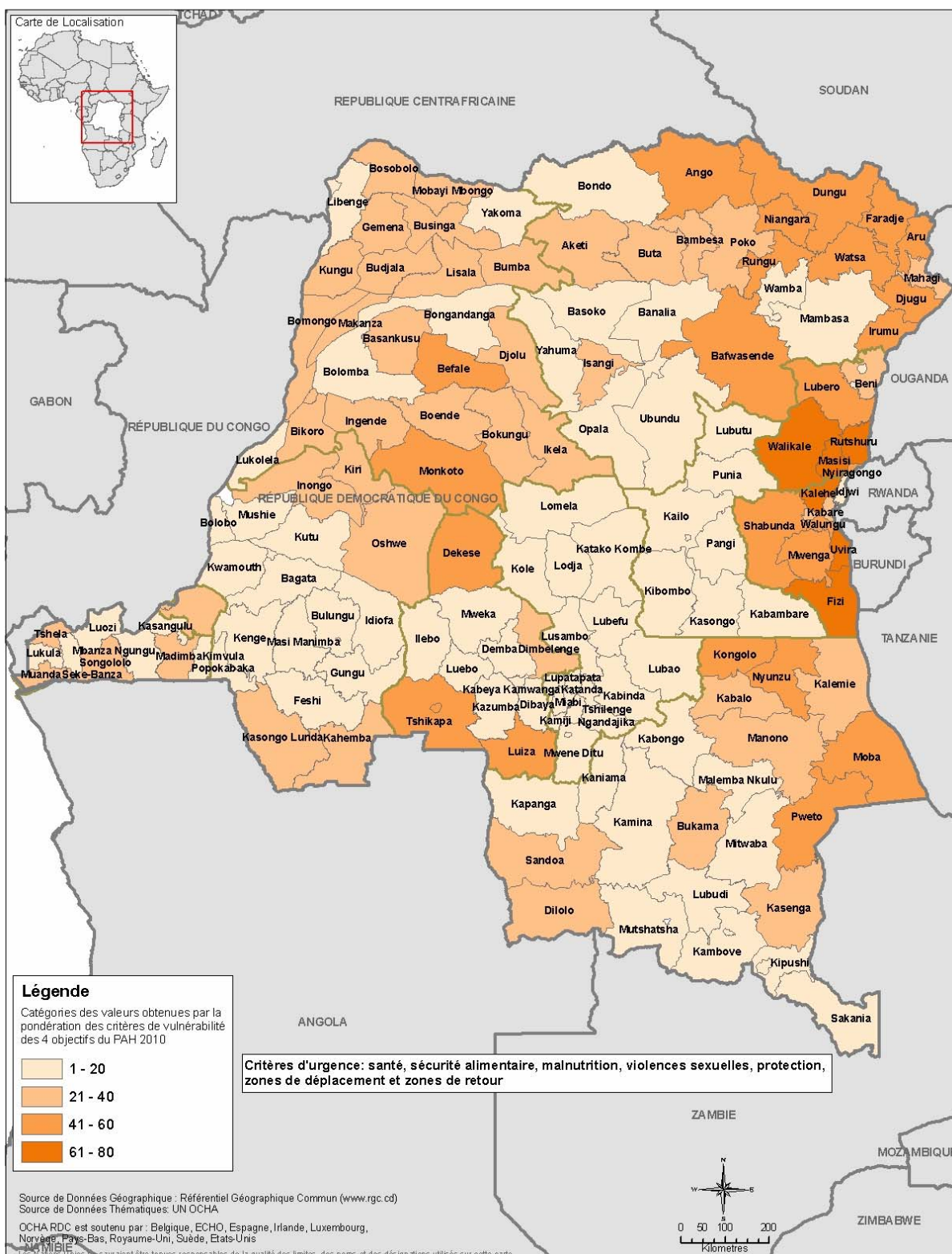
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# RD Congo Eau et assainissement

Août 2009







### 3.6 HAP 2010 STRATEGIC FRAMEWORK

#### The Humanitarian Action Plan's purpose and aims

The HAP is:

- A strategic planning tool
- A methodological framework for monitoring and evaluating results and impacts
- An advocacy tool
- An estimate of required financial resources

The HAP is used as a framework for all humanitarian activity in the DRC. The Office for the Coordination of Humanitarian Affairs (OCHA) and the cluster leaders facilitate the HAP's development on behalf of the Humanitarian Coordinator. The HAP is not a product of the United Nations but rather belongs to the entire humanitarian community in the DRC<sup>2</sup>.

The HAP is developed through a consultative and participative process involving NGOs, United Nations organisations, donors and the government, both at the national level and in the field. The aim is not to impose a strategy or to control the action of humanitarian actors; the aim is to find a common agreement for activities to carry out – including when, where and by whom – for the coming year.

However, each humanitarian organisation taking part in developing the HAP is responsible for ensuring that these activities are in line with its priorities and standards, and for providing the information and data allowing implementation monitoring and impact measurement. It is thus the task of all partners (clusters, CPIA, donors) that are consulted during project sheet submissions to check their harmony with HAP priorities and objectives.

Humanitarian actors must also be prepared to redirect their actions based on changing priorities, to share their evaluations and to participate in the development of the emergency plans that complement the HAP.

#### HAP 2010 options taken

##### Lessons learned

- Weakness in data collection systems
- Disconnect between the conceptual framework and field realities
- Laborious budgeting

##### HAP 2010

In 2010, the following aspects are proposed for inclusion:

- NAFs by cluster instead of by objective. The CRR and Logistics clusters will not be required to establish NAF and intervention thresholds, as their impact and intervention thresholds are “cross-cutting”.
- Minimal activity lists that will be activated in priority zones identified by needs analysis cartography identified through NAFs.
- Greater provincial involvement with provincial intervention plans that are thoughtfully budgeted.
- A “geographical vulnerability” approach based on NAF data that will be updated every three months.
- An improved coordination structure including the publication of monthly reports on activities by cluster, on gaps, on early warnings and on activity maps.
- Four strategic objectives that, this year, have been refocused on purely humanitarian aspects.

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<sup>2</sup> As one of the components of the Red Cross and Red Crescent Movements, the International Committee of the Red Cross is a neutral, independent and impartial organisation. The ICRC does not take part in the Humanitarian Action Plan. However, it continues to be involved in coordination with the United Nations and NGOs for a better response to needs.



### 3.7 STRATEGIC OBJECTIVES

The HAP strategic framework for 2010 endeavours to better reflect the variety of needs and the cycle of crises that the Congolese population has been facing for several years now. It is focused on the following objectives:

#### 1. Increase civilian population protection

This objective must include not only activities that respond to exactions or exaction risks to the civilian population but also the implementation of adequate reparation mechanisms and the development of effective prevention and deterrence methods at the national level. Close attention will be paid in this context to the victims of violence and severe violations in armed conflict zones, to sexual violence victims, to persons at risk from mines and unexploded ordnance, and to at risk children and victims of severe children's rights violations. Similarly, special attention will be paid to the protection of civilians within the framework of refugee and displaced person returns in order to increase the permanence of these returns.

#### 2. Reduce mortality and morbidity

Within the framework of this objective, activities must deal with the fight against epidemics, infant mortality especially linked to acute malnutrition, maternal mortality and HIV/AIDS.

#### 3. Aid/protect displaced and returned/relocated persons and their host communities

This objective endeavours to provide primary needs assistance to populations affected by displacement: displaced persons themselves (in host families and those gathered in spontaneous sites, in community buildings or in organised camps), but also returnees (previously displaced or refugees) and persons who have relocated (previously displaced or refugees). For the first time, this objective will also address host families and communities whose vulnerabilities and needs were highlighted throughout 2008 by a series of studies and reports<sup>3</sup>.

#### 4. Restore livelihoods

This objective corresponds to the humanitarian accompaniment response that is required when populations have to face acute crises that extend beyond a few months (for example, a displacement crisis) and that have therefore severely hampered their self-sufficiency. By focusing primarily on the food security sector, the humanitarian community must support activities that promote the reduction of dependency, especially in the area of food aid, and that encourage self-responsibility and the recovered dignity of beneficiary individuals and communities. This could involve the distribution and/or local production of inputs, or the improvement of arable lands, or "food for work" projects and income-generating activities.

The HAP 2010's 5<sup>th</sup> objective, "**Promote short-term community recovery**" was removed from the HAP strategic framework. This objective was intended to prevent the vicious circle of crises by intervening in post- or pre-crisis situations through actions enabling the consolidation of previously provided assistance or actions preventing a new crisis, particularly through early warning systems. However, this pilot action did not produce conclusive results and the HAP was thus refocused on purely humanitarian objectives.

New Government and MONUC initiatives have also been launched (STAREC and UNSSSS respectively), and some of the "Return, reintegration and recovery" components in particular cover a number of aspects previously covered by the 5<sup>th</sup> objective. For more information on STAREC, UNSSSS and their interweaving with the HAP, please see page 46.

<sup>3</sup> "Internal displacement in North Kivu: hosting, camps and coping mechanisms" (UNICEF/Care, April 2008), "Study on food security, livelihoods and relations among host families and *Internally Displaced Persons* (IDPs) in Sud Lubero, North Kivu" (OXFAM, May 2008), "Hors camps, hors champ? Mieux répondre au problème du déplacement force en RDC par l'aide aux familles d'accueil" (Oxfam, September 2008).

### 3.8 STRENGTHEN TAKING INTO ACCOUNT OF GENDER EQUALITY IN HUMANITARIAN RESPONSES

Emergency situations often have a very different impact on women, girls, boys and men, each of whom is confronted with different challenges and different dangers and who are victims in different ways.

Programming that is aware of and sensitive to gender equality allows humanitarian actions to be more effective. Thus all actors providing humanitarian assistance or protection should take into consideration the specific needs of each group of people.

In order to provide the various clusters and humanitarian sectors with the tools to take gender equality into account in their work, a GenCap gender advisor has been deployed in the DRC. This advisor's objective is to help the humanitarian actors to better analyse the differing impacts of the situation on the lives of women, boys, women and men so that their interventions can better respond to each group's specific needs and priorities. The advisor's role is to promote the equal participation of women and men at all project stages as well as safe and equitable access to the aid provided. Her support will concentrate specifically on the HAP, the Pooled Fund and the Food Security and WASH Clusters.

## 4. NATIONAL STRATEGIES BY CLUSTER

Based on the needs evaluation described in section 3.4, and given the minimum set of activities developed within the logical frameworks, the strategic response plans by cluster have been designed to set up each cluster's expected contributions in order to carry out specific established objectives.

Further based on these strategic response plans, the Action Plan's 2010 budgets have been developed. They reflect the relationship between costs per activity and target populations, taking into account cost differences based on the partner who will most likely implement the activities as well as on intervention zones.

### 4.1 NON-FOOD ITEMS AND EMERGENCY SHELTER

#### *Activities*

#### **Non-food items**

- Needs evaluation for each member of a family affected by displacement and/or natural disaster, distribution/aid of basic non-food items ("**basic NFI kits**" and "**standard NFI kits**", while adhering to cluster standards and minimum commitment Charter), and/or programme of fairs/vouchers, and finally post-intervention monitoring.

#### **Emergency shelter**

- Needs evaluation, distribution of **emergency shelter reinforcement materials** (e.g. reinforced plastic tarps, respecting standards and the Charter) and monitoring.
- Needs evaluation, distribution and/or programme of fairs/vouchers, and monitoring after the intervention. "**Emergency shelter kit**" distribution or aid must be carried out in line with cluster GTA standards and be adequate for the construction of a basic emergency shelter that can be used for at least three months, until more long-term aid can be planned.
- In situations where a minimal level of community infrastructure is available (such as schools, churches, community centres etc.), setting up of emergency shelters, needs evaluations, **emergency repair/rehabilitation** programme and monitoring after the intervention to ensure short-term accommodations.
- Needs evaluations, shelter aid (construction for the most vulnerable and fair/ construction materials voucher programme for those less vulnerable), and monitoring after a **type 1 and 2 temporary/transitory/semi-durable shelters** construction programme, based on GTA standards, for those families that have been in the same area for more than six months and where the security situation allows the construction of transitory/semi-durable shelters for their benefit.

The NFI and ES cluster has assessed its funding needs at \$90,934,179

## 4.2 WATER, SANITATION AND HYGIENE

### *Activities*

- Acute and rapid impact emergency aid in the form of drinking water, hygiene and sanitation (transport by tanker truck, soft-sided temporary reservoir, temporary latrines, chlorination), including the systematic application of the five key principles for security and dignity for women, girls and boys in emergency situations.
- Installation and rehabilitation of water points, promotion of hygienic practices, family and public sanitation (in coordination with the government's "clean village" and "clean schools" programmes when possible), within the framework of active community participation in the decision-making process.

The Water, Sanitation and Hygiene (WASH) cluster estimates its funding needs at \$115,659,000.

## 4.3 EDUCATION

### *Activities*

#### **During the initial intervention period:**

- Construction/rehabilitation and furniture supply for permanent and temporary classrooms, with separate latrine blocks and water points for girls and boys (use local construction materials in order to reduce costs).
- Involve mothers and fathers, community members and teachers in order to create protective learning environments, including an early warning system.
- Advocacy and awareness raising among primary, secondary and professional education (EPSP) managers for the recruitment of enough well-qualified teachers and their allocation to cooperation programme intervention regions.
- Lessen the financial burden on parents by supporting teachers.
- Give National Primary Education Programme (PNEP) teachers access to basic manuals and all essential supplies and materials needed (teaching and teachers' kits, personal intimate hygiene kits for 12-18 year old girls, etc.)
- Free availability of basic school supplies and manuals for schoolchildren.

#### **Beyond the initial intervention period:**

- Social mobilisation of mothers and fathers, authorities and communities to increase school-age child enrolment and retention in school, especially girls.
- Capacity building for teachers and head-teachers through active supervision by inspectors and through training, including by mobile teams, in psychosocial care for children; conflict resolution; the encouragement of egalitarian and respectful relations between girls and boys; peace and citizenship education; class management; and other subjects depending on needs.
- Introduce parasite-removal, hygiene and school health programmes in learning environments, with support from other projects and partners.
- Open school canteens in collaboration with the WFP to support school attendance, especially in areas with high malnutrition rates.

#### **During and after the initial intervention period:**

- Awareness-raising among teens about HIV/AIDS prevention and violence, including sexual violence.
- Capacity building for parental committee members (men and women) through sensitisation and training on school management, conflict resolution, the right to education for girls and boys and the promotion of equal relations between genders, peace and citizenship education, psychosocial care for children, participation, and so on.
- Support for setting up a reporting mechanism for abuse and violence, in collaboration with the community's girls and boys, women and men.
- Advocacy to encourage equal representation of girls and boys, women and men: in setting operational schedules for learning centres; during the allocation of tasks such as latrine, classroom and playground cleaning and maintenance; during the recruitment process for teachers; during the selection process for parent committee members; and for involvement in domestic and income generating activities.
- Free enrolment for all and government responsibility for teacher salaries.
- Promotion of income generating activities for the parents of children in school (men and women).

- Support for the collection, analysis and dissemination of age- and gender-separated statistical data relating to education in emergency situation, to be carried out by inspectors from the EPSP, from Social and Youth Affairs and by NGOs/INGOs.
- Advocacy and sensitisation work among other partners (government through the EPSP, Social and Youth Affairs, WFP, UNHCR, UNESCO, WHO, NGOs) for the effective and total implementation of all “Essential Elements of Education” aspects.

The Education cluster estimates its funding needs at \$25,065,000

#### 4.4 LOGISTICS

##### *Activities*

- **Coordination:** the Logistics cluster will continue its activities by reinforcing interagency cooperation in order to identify needs and reinforce the pooling of information and means. This will be done through regularly-held meetings at the national and provincial level. Project evaluation/assistance missions will be carried out by the cluster unit; emphasis will be placed on training in order to build the capacities of Logistics cluster partners. Advocacy activities (customs, taxes, etc.) will also continue.
- **Humanitarian flights:** As long as commercial flights are not considered reliable, the cluster will continue to support projects enabling adequate coverage of the zones affected by humanitarian issues, as well as supporting initiatives to maintain airstrips (jointly with the authorities).
- **Infrastructure rehabilitation:** Support will be given to infrastructure, road and airstrip rehabilitation projects that adhere to cluster intervention criteria (hot points and rapid opening of access to beneficiaries). In order to increase the durability of repairs carried out, initiatives that enable the creation and monitoring of local road maintenance committees will be launched. In the absence of actors and resources that can be rapidly mobilised, the cluster will help repair and rehabilitate public infrastructures if this would help to provide a rapid response to a humanitarian issue brought up by another cluster.
- **Inter-agency services (transport, warehousing):** the cluster will support initiatives that improve humanitarian aid transport (by road, air, river or rail) in terms of both cost and time. Inter-agency warehousing structures in hard to reach zones and/or where actor capacities are poor will be encouraged.

The Logistics cluster assesses its funding needs at \$48,602,281.

#### 4.5 NUTRITION

##### *Activities*

- **Nutritional watch and early warning:** this surveillance will be carried out through rapid nutritional surveys at the territorial level (using the SMART method). The aim of this intervention is to extend the under-nutrition mapping begun in 2009 to other provinces, including Bandundu, Kinshasa, Bas-Congo and Maniema. In addition to these surveys it will be necessary to carry out studies at the HZ level in the eastern territories if there is a warning. In territories whose rate of acute malnutrition is under 10%, watch-posts will be set up in order to monitor nutritional and food security indicators, to be achieved through a close collaboration between UNICEF, WFP, FAO, relevant government departments and partners in the field.
- **Active screening and care for acute malnutrition:** active screening will be carried out regularly on a weekly basis in the HZ, using the brachial perimeter (BrP) and carried out by trained community relays. All children with a BrP  $\leq 125$ mm will benefit from height and weight measurements in order to establish their level of emaciation, and will be referred to proper care structures. These community relays will also be in charge of at-home monitoring of malnourished children. Malnutrition treatment will be done in accordance with the National Protocol for Community Care (PCCMA). Children with severe acute malnutrition will be hospitalised in Intensive Nutrition Units (INU); children with severe acute malnutrition without medical complications will be taken into ambulatory care in Ambulatory Nutrition Units (ANU); and children with moderate acute malnutrition will receive care in Supplemental Nutrition Units (SNU). Care centres will have to benefit from regular supplies of therapeutic food, essential drugs and basic equipment and supplies. This care will have to be monitored on a monthly basis in order to measure performance. PCCMA coverage studies will also be carried out at the HZ level.
- **Implementing partner technical and operational capacity building:** centres that are in a dilapidated state will have to benefit from renovations. In other zones and where they do not exist,

depots, hangars and kitchens will have to be constructed. Logistical and financial means will have to be made available to the National Nutrition Programme (PRONANUT) at the provincial level in order to ensure regular supervisions. Health agents will be trained on PCCMA as well as on malnutrition prevention, child feeding, counselling methods for mothers, water and sanitation, and so on. This training will also affect community relays on the subject of anthropometric measurement techniques, screenings and home visits.

- **Community capacity building for the prevention of acute malnutrition:** the introduction to prevention will be achieved through education at health centre level in key health and nutrition practices. This advice will have to continue at the household level during home visits. At the community level, the Community-Based Nutrition (CBN) strategy, coordinated by Local Nutrition Committees (LNC), will be reinforced in order to ensure community ownership of these programmes. Community sensitisation sessions will primarily deal with promoting exclusive maternal breast-feeding, proper complementary nutrition practices, monitoring and promotion of growth and the use of health services in case of illness. Communities will be encouraged to improve farming production and to use food produced for subsistence. In order to achieve this, partners will pay close attention to the coherence of their programmes with those relating to food security and access to drinking water/sanitation.

The Nutrition cluster estimates its funding needs at \$57,614,000.

#### 4.6 PROTECTION

##### *Objectives*

- **Overall objective: Improve the protection of civilian populations affected by insecurity or conflict.** The main objective of the Protection cluster is to improve the protection of civilian populations affected by insecurity or conflicts. Its diagnostics and activities are mainly defined on the basis of the situation that prevails in the eastern provinces affected by conflict, in returnee zones where security remains tenuous. They can also act in certain western zones to increase the protection of affected civilian populations.
- **Objective 1: Harmonise the data collection and analysis systems in order to improve the prioritisation of protection activities.** The tools for data collection and analysis relating to protection will continue to underpin cluster actions, especially with respect to advocacy and for planning interventions as needed. In 2010, specific attention will be paid to capacity building for local organisations in charge of monitoring activities, as well as to a more global analysis of trends and the needs that emerge from these trends.
- **Objective 2: Prevent, reduce and anticipate protection risks among populations affected by insecurity and conflict.** Human rights violations are not an inescapable reality. More can and must be done to avoid or limit the risk exposure of many vulnerable individuals and communities in the DRC. The HAP 2010 Protection cluster strategy turns this concern into a sustained effort in terms of sensitisation and training (Congolese authorities both civilian and military, civil society, armed groups), in terms of advocacy, and in terms of integrated activities (involvement of humanitarian aid activities in the protection objectives). This approach is especially applicable in the context of forced displacement, sexual violence, abuse and violence still perpetrated against women and children. It will be reinforced by risk prevention and anticipation activities. Connection with Education, Health, WASH, and CRR activities will be reinforced.
- **Objective 3: Improve victim access to aid, justice, compensation, rehabilitation and restitution.** The Protection cluster must ensure that victims are aware of the referral mechanisms for further medical, psychological and legal assistance, and that these mechanisms are effective. Key options for 2010 are: early detection and warning systems in affected communities, sensitisation/public information sessions (targeting both the population as a whole and local authorities as well as especially vulnerable groups such as women, children and displaced persons), better coordination between the various intervening entities and optimal use of databases, and improved compensation capacities for victims and populations affected by actions.
- **Objective 4: Promote the achievement of sustainable solutions for displaced persons.** The Protection cluster participates in seeking and achieving durable solutions for displaced persons, namely a return to their zone of origin, local integration or relocation into another community, all adhering to the Framework for sustainable solutions for displaced persons inside their own country.

The Protection cluster evaluates its funding needs at \$87,757,627.

#### 4.7 COMMUNITY REINTEGRATION AND RECOVERY (CRR)

##### *Activities*

Return zone analyses are based on the number of persons returning and on an assessment of the zone's stability levels, in order to be able to determine the probable sustainability of possible actions. Previous experience has shown that it remains difficult to predict developments and that the situation can change rapidly. It is however necessary to also support returns to less stable zones, which requires different interventions depending on each situation.

In general, a community approach that factors in gender issues is planned, but interventions will vary depending on the security situation, needs, and on the state of existing infrastructures. Crucial elements of any intervention are: the creation of conflict-resolution mechanisms (e.g. return committees), especially with respect to the peaceful resolution of conflicts ties to returnee assets; minimum support packages (10-12 months), including the chance to restart livelihoods; food security and basic social services. The various analyses have shown that the factors that influence returns are primarily security, but also availability of basic services (including water, health and education) and opportunities to resume economic activities in order to ensure livelihoods.

The CRR cluster, working closely with OCHA, the other clusters and as much as possible with State representatives, should develop situational and synergistic response strategies. Once these strategies have been implemented, the cluster should also analyse their effectiveness. The cluster should also promote and encourage multi-sector return interventions.

The role of the CRR cluster is, finally, to ensure the implementation of last-resort interventions, particularly to fill observed flaws in responses. The most common flaws are in the areas of conflict resolution mechanisms, host community and leader capacity building, and the promotion of income-generating activities able to provide a minimal livelihood for the populations in question.

The CRR Cluster estimates its funding needs at \$23,381,000

#### 4.8 HEALTH

##### *Activities*

##### **Setting up crucial reproductive health interventions (Minimal Initial Service Package (MISP)) and HIV/AIDS**

- Prevent sexual violence and manage its consequences
  - Guarantee medical care for rape victims including PPE, emergency contraception, STD preventive treatments, medico-legal evidence gathering)
- Reduce HIV transmission
  - Make sure universal precautions are adhered to
  - Ensure that condoms are offered free of charge
  - Ensure that blood destined for transfusions is safe
  - Prevent mother to child transmission (PMTCT)
  - Continue ARV supply for those on ARV treatment (ART and PMTCT)
- Prevent abnormal maternal and neonatal mortality and morbidity
  - Lower-risk pregnancies, offering emergency obstetric and newborn care (EmONC)
  - Essential newborn care
  - Evaluation and treatment of paediatric emergencies
  - Integrated management of childhood illness (IMCI)
  - Qualified blood transfusions
  - Prevent mother to child transmission (PMTCT)
  - Emergency situation vaccination

##### **Preparation and response to epidemics and other disasters**

- Capacity building for epidemic management teams
- Pre-positioning of emergency strategic goods
- Rapid epidemic investigation and evaluation of health needs for affected populations
- Promotion of health and strengthening of social mobilisation
- Reinforcement of epidemiological watches.

#### **Building technical and institutional capacities**

- Training/retraining for health care givers in emergency health care within the framework of the cluster
- Training/retraining for communities on community-based surveillance and early warning
- Equipping of health care structures
- Supply of essential medications
- Basic rehabilitation of health structures.

#### **Monitoring and evaluation of emergency interventions**

- Coordination and partnership in emergency management
- Collection, analysis and dissemination of emergency data
- Filling gaps
- Mobilisation of additional resources.

The Health cluster evaluates its funding needs at \$60,518,890

### **4.9 FOOD SECURITY**

#### *Activities*

**Mitigate the immediate effects of the humanitarian emergency** in Phase IV (4 territories) and Phase III (17 territories) humanitarian emergency areas showing a high risk of worsening. The relevant territories are in: Province Orientale (Dungu, Faradje, Niangara and Watsa); North Kivu (Lubero, Rutshuru, Masisi and Walikale); South Kivu (Shabunda and Kalehe); in the two Kasai (Dekese, Tshikapa, Luiza, Kole and Lomela); Bandundu (Kahemba); Equateur (Bokungu, Boende, Ingende) and in Katanga (Dilôlo and Pweto). The response intends to carry out emergency actions to prevent acute malnutrition and the irreversible loss of livelihood assets by improving access to food and food availability.

- Emergency aid to vulnerable groups (distribution of food and farming kits)
- Emergency rehabilitation of basic infrastructures (dirt tracks and rural markets, “food for work”)
- Protection against the total loss of livelihood assets and/or support for access to these assets (“food for work”, seed protection rations, seed fairs, income-generating activities)
- Close monitoring of relevant process and results indicators.

**Rehabilitate and protect livelihoods** in the ten phase III territories with a moderate risk of worsening and in the five phase II territories in borderline food insecurity with high risk of worsening. The territories in question are in: Bandundu (Masi-Manimba); Equateur (Befale and Ikela); Province Orientale (Bafwasende, Djugu et Mahagi); Maniema (Lubutu and Punia); South Kivu (Uvira, Fizi, Walungu) and Katanga (Bukama, Mitwaba, Manono). The responses planned for aim at urgent action in order to increase access to food and food availability in order to avoid the destruction of livelihood assets.

- Support livelihoods, assist and protect vulnerable groups.
- Strategic and complementary actions to immediately increase access to food and food availability.
- Strategic action at the national level and within communities to create, stabilise, rehabilitate or protect priority livelihood assets.
- Close monitoring of relevant process and results indicators.
- Learn from the crisis to correct underlying structural causes.
- Analysis and advocacy.

**Monitor the state of food security** in the 145 monitored territories with particular emphasis on the 21 territories that could not be classified due to a lack of reliable data, and maintain a rapid response capacity with the government in order to contain severe epizootic outbreaks or unforeseen emergencies. The response aims to establish monitoring and a rapid response capability, its primary activities being:

- Exploratory evaluation mission.
- Monitoring food security in cities and territories.
- Create strategic stock supplies for rapid reaction when needed.
- Analysis, development of contingency plans, advocacy.

The Food security cluster estimates its funding needs at \$300,594,100.

## 5. MONITORING AND EVALUATION PLAN

The partners as a whole share responsibility for the implementation and monitoring of the HAP 2010, and for evaluating the overall humanitarian situation. OCHA will moderate and will be responsible for overall data consolidation and analysis.

### Monitoring implementation

Monitoring the implementation will include the following activities:

1. Monitoring funding by cluster and by province
2. Periodic monitoring of results indicators
3. Twice-yearly state of results by strategic objective
4. Twice-yearly monitoring of impact indicators (NAF)
5. Updating the IPC reference table (January and July)
6. HAP 2010 mid-term assessment

### Monitoring context developments and emerging humanitarian needs

The IASCs are the primary forums in the provinces for monitoring zone situations, providing early warning data on potential emergencies, and providing details on current emergencies. The IASCs receive data from territory-level humanitarian committees as well as from humanitarian branches, the various clusters, and thematic groups dealing with specific humanitarian issues.

In May 2010 a review of the priority zones listed in the HAP 2010 will be carried out, during the mid-term HAP 2010 evaluation, taking into account the results of new studies and evaluations. Of course, if evaluations or surveys show that action thresholds have been exceeded, implementing a response will be a priority regardless of the time of year.

### Monitoring planning numbers and scenarios

The scenarios produced and planning numbers for population displacements, returns and natural disaster victims have been integrated into the cluster strategic plans as a basis for programming. These scenarios are reinforced by provincial contingency plans, that are revised every six months under normal circumstances or as needed if the situation were to deteriorate rapidly.

For developing emergencies that exceed the HAP planning numbers and organisational and government capacities, an emergency appeal, the Pooled Fund or CERF can be applied to in order to request additional resources. As with situation monitoring, the provincial IASCs are principally responsible for monitoring scenario developments and partner organisational capacities, as well as for adjusting preparedness levels and developing contingency plans. Any changes will be added during the HAP 2010's mid-term evaluation in May.

## 6. RECOMMENDATIONS ON PROJECT SELECTION

A decentralised process has been in place since the start of 2006 to identify the needs and projects to be financed within the framework of the Pooled Fund and/or CERF. This process was designed in consultation with the humanitarian community, and was improved upon following the lessons learned after each allocation.

This process is based on the following principles:

- Respect the joint humanitarian strategy (HAP) and current provincial strategy.
- Ensure wide participation during priority setting through existing coordination mechanisms such as the clusters and the IASC.
- Concentrate on population needs and not on the programming needs of organisations.
- Make partners in the field accountable for identifying priority projects.

The selection process for Pooled Fund projects includes the following stages:

1. The Humanitarian Coordinator launches allocations.
2. Consultation within IASCs.
3. Analysis of the humanitarian situation and provincial strategies by the IASC, and setting of budget envelopes.
4. Priority project selection by national cluster leaders.
5. IASC consultation on the shortlist submitted by the clusters.



6. Approval “in principle” of project proposals by the Humanitarian Coordinator.
7. Technical review of projects.
8. Final project approval and funding.

Projects must:

- Fit within the framework of the HAP priority objectives, as well as within the up to date IASC provincial strategy.
- Aim to respond to an acute and unforeseen emergency which is not mentioned in the HAP.
- Be identified and approved by the national cluster leaders with support from and in close collaboration with the relevant provincial cluster or sector commission(s).
- Have an implementation period between 6 and 12 months. Projects whose duration is under 6 months can be approved when specific justification has been submitted by the relevant national cluster line managers to the Humanitarian Coordinator. However, extending the time and space allocated to activities and projects can be used as a priority criterion when priority projects are selected at the cluster level.

Implementing partners must:

- Adhere to administrative regulations (legal status, signing of a framework agreement with the government, recognised by relevant ministries, signatory of the Code of Conduct for MoU signing NGOs).
- Have a recognised history of operational partnership, confirmed by the cluster leader, with UN agencies and/or NGOs.
- Proven capacity to implement humanitarian projects in the expected time-frame.
- Have a track record of adequate performance in achieving objectives and use of funds, in case they have already received funding from the Pooled Fund and/or CERF.
- Submit to a capacity assessment based on UNDP standards and achieve at least 70%.
- Have a bank account in the NGO's name with a reputable bank.

## 7. COORDINATION MECHANISMS

Since the beginning of 2006, humanitarian coordination in the DRC has been based on the “cluster approach”, a key concept in humanitarian reform. There are currently nine clusters in the DRC: protection, nutrition, community recovery, education, health, food security, logistics, non-food items and shelter, and water, sanitation and hygiene. The clusters are present at the national level and in the field, depending on the specific coordination needs in each province. In some province outside the conflict zones, they are known as “sector commissions”. Non-governmental organisations act as focal points where the lead agencies are not present.

The cluster leaders at the national level must fill any gaps and reinforce the effectiveness of the humanitarian response through partnership. They must keep in regular contact with cluster managers in the field, or with focal points when a cluster representative in the field is not present, in order to follow developments in the humanitarian situation, identify needs, provide technical support and support local coordination structures. Cluster leaders are supported by NGO co-line managers who also act as co-facilitators.

### **The Rapid Response Mechanism (RRM)**

The RRM is a tool used by the Humanitarian Coordinator in the Democratic Republic of Congo for rapid, multi-sector responses, jointly managed by UNICEF and OCHA. The RRM was used throughout the country in 2009 to provide assistance to populations suffering from conflicts, natural disasters, and water-borne epidemics. Specific attention continues to be paid to the eastern provinces through the presence of focal points responsible for implementing the mechanism. These focal points are international non-governmental organisations who receive continuous financial and material support in order to intervene in the following sectors: multi-sector evaluations, non-food item assistance, access to water, sanitation and hygiene, access to emergency education.

In 2010 the RRM will build up its “humanitarian watch” component for the benefit of the humanitarian community by consolidating its present at the heart of the general coordination mechanisms. It also intends to increase the participation and mobilisation of some of the clusters in immediate responses and/or in activity renewal beyond the first few weeks of intervention.

## 7.1 SUCCESSES

- Nine clusters still operate at the national level.
- Coordination mechanisms are decentralised at the provincial level, but are supported by line managers at the national level in order to ensure country-wide coherence.
- Each eastern province has nine functional clusters.
- In the western provinces there is an average of seven to eight clusters or sector workgroups depending on established needs and priorities.
- At the territorial level, multi-sector sub-clusters exist in some zones, grouping several clusters for efficiency purposes, but each reports to their respective cluster.
- Aside from the clusters, several sector workgroups have been maintained and report to the clusters, specifically for sexual violence (SV), child protection, population movement committees and HIV/AIDS.
- At the provincial level, several clusters have chosen to nominate an NGO as focal point in order to encourage NGO participation in cluster work. Eighteen NGOs are acting as focal points for various clusters in the eastern provinces.

The clusters continue to facilitate better information sharing, promote multi-sector evaluations, make humanitarian partners more accountable, and encourage the improvement of existing coordination mechanisms.

The **Inter-Agency Standing Committees**, coordinated by OCHA, ensures coordination between sectors and organisations at the level of each provincial capital. The role of these IASCs is both strategic (policy design, designing joint approaches) and operational (monitoring the humanitarian situation, identifying and filling gaps, advocacy). They are made up of representatives of UN agencies, including lead agencies, NGOs, MONUC, the International Committee of the Red Cross (as an observer) and donors. Its agenda comes from the clusters and its members, who are tasked to implement its decisions and recommendations. The IASCs meet weekly.

The **Humanitarian Advocacy Group (HAG)**, chaired by the Humanitarian Coordinator and supported by OCHA, works like a national-level IASC. It monitors the security and humanitarian situations and identifies operational gaps in the provinces that must be filled with support from the national level. It provides general strategic advice to the humanitarian community and validates the action plans produced by the provinces. The HAG also plays an important role in identifying subjects for highest-level advocacy actions.

**OCHA**, working with the clusters, **provides humanitarian coordination** in the provinces where it is present, such as in Katanga, the two Kivus and Province Orientale (including Ituri) through its offices, sub-offices and humanitarian branches. In these areas, OCHA organises and chairs IASC and inter-cluster mechanism meetings. Where OCHA does not have a presence, but where isolated humanitarian needs still exist, other partners have been identified by the Humanitarian Coordinator in order to serve as focal points for humanitarian coordination. This role is currently being played by UNFPA, MONUC/CAS, UNICEF, UNDP and WHO in various provinces; OCHA provides them with technical support, particularly through field missions.

## 7.2 COORDINATION PRIORITIES FOR 2010

### Improve humanitarian analysis in the country

Several databases created by UNHCR, UNICEF and OCHA have been set up to provide sector-based monitoring. However, discussions should be held between the clusters in order to determine which centralised tool should be selected and set up for 2010 to monitor the humanitarian situation and the impact of programmes. Recent data are drawn from the Demographic Health Survey (DHS) carried out in 2007, enabling the updating of maternal and infant mortality indicators for the entire country.

### Improve humanitarian information management

Information management has become an increasingly critical element of emergency responses and coordination for the humanitarian community. In the context of refining the cluster approach, the end of 2009 and the first quarter of 2010 should enable the setting up of an information management framework to support intra- and inter-cluster coordination, planning and decision-making under OCHA's oversight.

### Developing humanitarian standards and policies

The clusters have a primary role to play in defining standard and their consistent application in all action sectors in the DRC. For example, the Health cluster must work with the government to ensure a national-scale policy of free health care for displaced persons; the NFI/ES cluster ensures kit standardisation and shelter aid for various beneficiary groups; the Logistics cluster draws up standards for the rehabilitation of roads and air transport services.

### **Improving monitoring and evaluation**

A new methodology for evaluating the impact of humanitarian action was introduced in 2007. The methodology consisted of following indicators set out by the clusters rather than monitoring projects and activities. Clusters in the field must collect data relating to progress made based on performance indicators in the various humanitarian activity areas.

### **Building partner relations**

The dialogue with provincial and local authorities as well as with State departments must be reinforced. Contacts with national actors will also become a key element of the transition from humanitarian to development action.

### **Transition from humanitarian to development actions**

Thematic groups based on the CAF have been set up at the national level, but are not yet fully operational at the provincial level. Cluster leaders are responsible for information exchanges between thematic groups that coincide with humanitarian clusters.

## **7.3 INITIATIVES FOR STABILISATION AND RECONSTRUCTION**

### **7.3.1 THE GOVERNMENT'S PLAN FOR THE STABILISATION OF THE EASTERN DRC**

In order to meet the challenge of bringing peace to the eastern DRC, and to consolidate the gains of recent peace initiatives and political and military interventions, in June 2009 the Congolese Government published a plan for the Stabilisation and Reconstruction of zones affected by war (STAREC). This plan details a number of short- and medium-term priorities, grouped in three parts:

1. *Security and the restoration of State authority*
2. *Humanitarian and social aid*
3. *Economic recovery*

This governmental plan is based on existing, internationally supported stabilisation interventions, as well as on the Amani Programme for disengagement and demobilisation. While making use of currently ongoing efforts in the Kivus and Ituri, the plan also targets the districts of Haut-Uélé and Bas-Uélé in Province Orientale, the province of Maniema and the northern part of Tanganyika district in Katanga province.

### **7.3.2 THE UNITED NATIONS GOVERNMENT SUPPORT STRATEGY**

Following the development of the governmental plan, national and international partners agreed that the United Nations Security and Stabilization Support Strategy (UNSSSS) should become the primary mechanism for international aid.

The first version of the UNSSSS was therefore revised in order to focus on four key areas and one cross-cutting component:

1. *Improve security*
2. *Support political dialogue*
3. *Reinforce the State*
4. *Return and Reintegration*
5. *Sexual violence*

The UNSSSS's total funding need is \$700 million (excluding the budget for the strategy to end sexual violence), of which \$135 million were already assured in August 2009. The SRFF was established in order to propose a coherent strategy and a joint international framework. It will support and complement the government's efforts towards stabilising the eastern DRC, as well as allocating and managing resources flexibly and efficiently. It will be managed by the United Nations, by the Government of the DRC and by relevant donors.

### 7.3.3 RELATIONS BETWEEN UNSSSS AND OTHER STRATEGIC FRAMEWORKS

The UNSSSS should be linked to, while remaining clearly distinct from, humanitarian activities and long-term development efforts (see table below). UNSSSS interventions are transition activities whose aim is to:

- Reinforce emergency aid in line with the HAP
- Establish priorities and accelerate the elements of the recovery and development frameworks that help implement stabilisation
- Fill gaps by identifying activities that are essential to stabilisation but that are not yet covered by other work groups.

In order to ensure continuity between humanitarian, stabilisation and recovery activities, the UNSSSS programmes will be coordinated by the relevant mechanisms and work groups (including humanitarian clusters, reform committees and governmental thematic groups).

# **Humanitarian Action Plan 2010**

**Office of the United Nations for the Coordination of  
Humanitarian Affairs (OCHA)  
Immeuble Losonia,  
Boulevard du 30 juin, Kinshasa  
Democratic Republic of Congo**

**<http://www.rdc-humanitaire.net>**