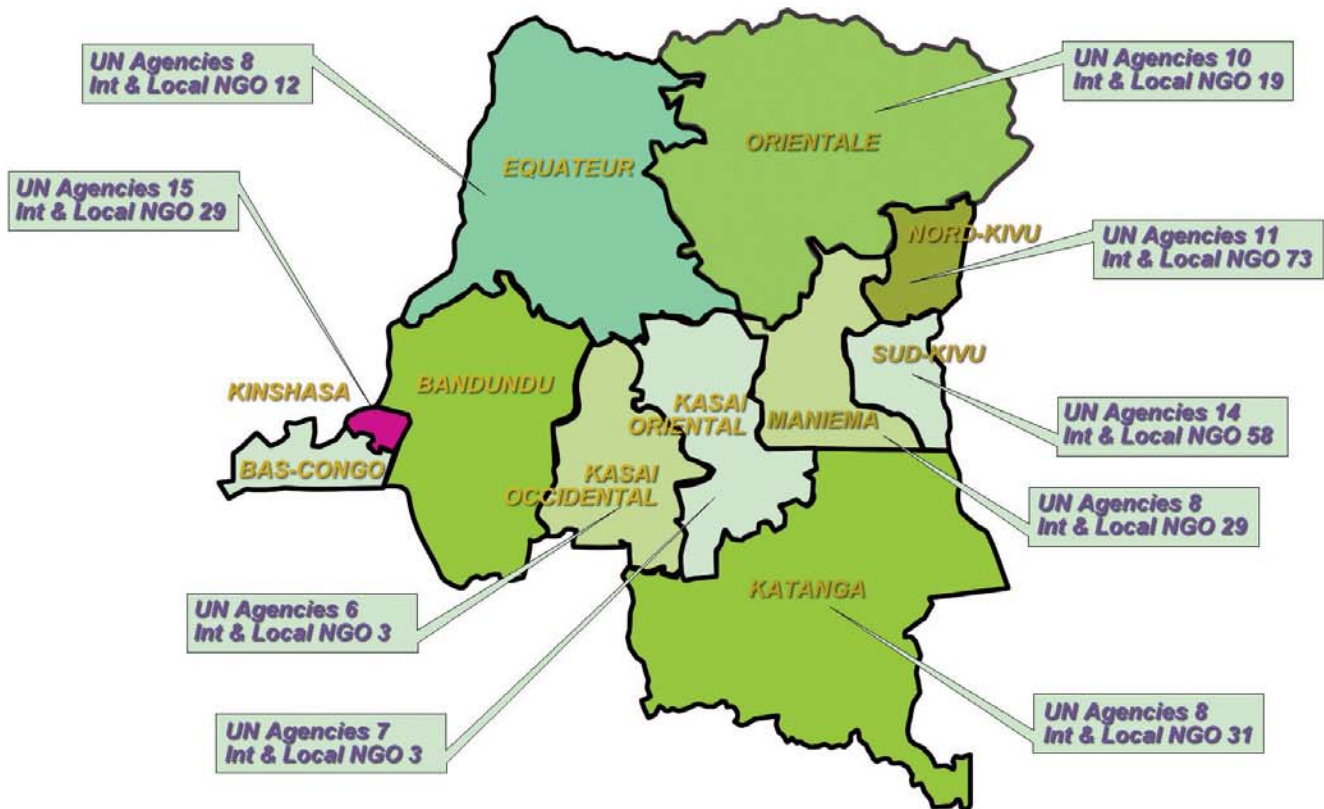


Action Plan 2006

DEMOCRATIC REPUBLIC OF CONGO



Humanitarian Presence in DRC



World system WGS 84
 Geographical sources
 -CARPE VAM PAM
 -MONUG
 OCHA RDC
 IMU - GIS unit - September 2005

Sources: OCHA RDC

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Foreword

This year is like no other for the DRC. On the one hand, the extent of the suffering of the population is beginning to be recognized. Over four million people have perished as a result of years of continuing conflict, a number which increases by some 1,200 every day and which is equivalent to an Asian tsunami each and every six months. DRC has been called the most deadly humanitarian catastrophe in 60 years. The UN Emergency Relief Coordinator has called it the greatest challenge currently facing the international community.

On the other hand, never since independence has the prospect for the country emerging from despotism, crisis and chaos appeared so bright. Last year, 25 million Congolese enthusiastically registered to vote and in December overwhelmingly endorsed a constitution that forms the basis for a democratic state and opens the way to the first free and fair elections in over 40 years.

The 2006 DRC Action Plan adopts a unique approach. Within the context of one strategic framework humanitarian priorities and programmes have been identified for each region of this vast country and linked with a limited number of high-impact stability programmes which themselves fast-track key elements of the Poverty Reduction Strategy Paper (PRSP). The Plan has been developed with the active participation of the full range of partners in the DRC and validated through a consultative process with field-based donors, UN Agencies and the NGO community.

The Action Plan is more than a fundraising tool - it represents a comprehensive approach to humanitarian coordination, strategic planning and monitoring. By including stability programmes in the overall strategy, the UN is foreseeing measures needed to rapidly bridge the gap between humanitarian action and the development programme that will be launched to meet public expectations after the election of a new government.

The humanitarian component of the Plan you are about to read is ambitious—considerably more than those of past years. Anything short of a bold attempt to address the dramatic scale and scope of the humanitarian needs in the DRC will leave millions of innocent people exposed to continued suffering and death.

With over four million unnecessary deaths, the time has come for a concerted and intensified effort to address the humanitarian catastrophe unfolding in the Democratic Republic of Congo and to give the Congolese people hope that a better future is within their grasp.

Ross Mountain

Humanitarian and Resident Coordinator

Democratic Republic of Congo



Introduction

The 2006 DRC Action Plan aims to provide a framework for the humanitarian and stabilisation activities in the Democratic Republic of Congo (DRC) that will save lives where they are threatened by conflict and other emergency situations, build a protective environment for communities and accelerate recovery and reconciliation.

A chronic and unrelenting emergency

The DRC has suffered years of economic and political turmoil along with episodes of internal violence and regional conflict, all of which have perpetuated a chronic and unrelenting emergency for well over a decade. The basic elements of service provision such as health and education have been deprived of resources for many years and critical elements of urban and rural infrastructure such as water supply and transportation are barely functioning. Against this background there are still protracted incidents of acute distress, often local in nature and provoked by acts of violence especially Sexual Gender Violence Based (SGVB), perpetrated by a variety of armed groups and Congolese forces.

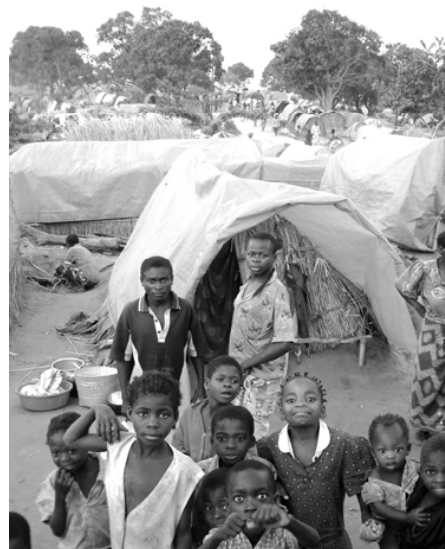
Yet, even faced with such a daunting situation, the Congolese people, women and men have demonstrated a remarkable resilience that deserves far greater international support than it has so far received. Congolese Health and Education professionals have struggled to keep some of the basic structures functioning, frequently only through unpaid contributions and religious organizations which currently mainly support more the educational system. There are however limits to the Congolese peoples' resilience as it continues to be tested by violence and conflict.

Violence and conflict continue to shatter the lives of millions of Congolese people

In some parts of the country violence has created a cycle of displacement. An estimated 40,000¹ people flee their homes every month mostly in Ituri, the Kivus and Katanga. There are currently an estimated 1.66 million displaced persons² in the DRC and a further 1.68 million³ people recently returning from displacement trying to re-establish their homes and livelihoods. Most of them are women, youth and children, and require special measures to ensure their reintegration process.

Killings, abductions and sexual violence continue as a result of the predations of domestic and foreign armed groups. The continued non payment of soldiers' salaries only serves to exacerbate this situation. Widespread acts of sexual violence have eroded the very fabric of society. In the DRC

women are too often victim of sexual violence and suffer from the trauma and associated social stigma. The number of killings and unlawful deaths are inadequately recorded, but the frequency of such acts is sufficient to have created persistent levels of insecurity in a number of areas, the fact that most of these acts go unchecked creates a climate of impunity that all recognise must be addressed immediately.



Violence and conflict add to the already dire situation prevailing in the DRC where 80% of the population live below the absolute poverty line (less than \$1 a day), 54% have no access to basic health services, 71% suffer food insecurity and 57% have no access to safe water.⁴

The scale of the crisis facing the DRC is immense

The scale of the crisis facing the DRC is immense, both in geographical terms and in terms of the numbers of people affected. In a country where each province is the size of large European countries and where there is poor transport, the cost of providing humanitarian and development assistance is extremely high.

A large proportion of the estimated population of up to 60 million people⁵ is affected by the crisis. For example, it is estimated that there are over 3 million internally displaced persons or recent returnees from displacement, including over 46,000 refugees⁶ who have returned from exile. The returning refugees require comprehensive support to rebuild their shattered lives. It has also been estimated that the failure of services following the recent war led to an excess mortality of some 4 million people.⁷ The overall levels of humanitarian and transitional assistance required to make an impact must be proportionate to the scale of the crisis.

A crisis of neglect

Many aspects of governance and all parts of the country have suffered from decades of neglect. Poor governance and mismanagement of resources have all contributed to the chronically poor state of services and have created reticence by the international community in fully addressing DRC needs.

Previous appeals have been modest in relation to the scale of need and even so funding requests have only been partially met. Compared to other humanitarian crises, the DRC has been among the lowest per capita recipients of assistance. Such neglect can only deepen the chronic nature of the crisis facing the DRC.

The Action Plan launch comes at a critical time

There is now greater potential to more effectively meet the humanitarian needs of the population and accelerate the pace of recovery. As a result of increased capacity and improved coordination with the UN Mission in DRC (MONUC), humanitarian access is greater than ever before, and efforts must be sustained to increase access further.



There is now greater assistance capacity to support humanitarian and development actions and the

closer co-operation between partners that now exists will ensure a more effective response. The success of the registration process and recent referendum on the constitution sets the scene for holding the first elections in four decades and creates a political opportunity that has not existed since independence to secure the stability that will underpin these actions.

Too often slow responses to transition have jeopardised their outcome, this should not be permitted in the DRC. The tremendous economic potential of this country has in the past been the cause of its distress. This should not be allowed to happen again when the time is ripe to capture the potential of this country for the benefits of its people.

The humanitarian parts of the Action Plan are based on a multi-sector needs assessment

The starting point for the first two Lines of the Action Plan has been a multi-sector humanitarian needs assessment that was carried out across most of the DRC, which for the first time provides a comprehensive overview of needs.

Humanitarian actions and development need to take place concurrently

This Action Plan recognises that in situations such as the DRC, where there are episodes of acute crisis set against the background of chronic neglect, humanitarian actions and stabilisation programmes will need to take place concurrently.

Projects and activities have therefore been grouped into three “Lines of Action” These Lines of Action will contribute to the commonly shared overall objective of relieving and preventing human suffering and promoting stability by helping people to live with dignity.

- The first Line of Action encapsulates those activities that are directly engaged in “**saving lives**” and will seek to ensure that there is an adequate and rapid emergency response and immediate protection capacity to meet the needs of those at acute risk.
- The second Line of Action provides the organising framework for “**building a protective environment for communities**” with the objective of safeguarding the ability of existing local structures and communities to function.
- The third Line of Action focuses on a select number of high-impact activities that “**promote stability**” by fast-tracking key elements of the country’s Poverty Reduction Strategy Paper (PRSP) during the critical post-election period when expectations among the population are high and Government capacities are weak.

Establishing these Lines of Action ensures that there is no duplication of activity or creation of external relief structures that could jeopardise valuable local efforts. Linkages between the three Lines of Action will be reinforced through thematic, sector (cluster) and strategic coordination mechanisms.

Given the difference in planning horizons between humanitarian programmes, which require an early launch and stabilisation programmes, which need further, in-depth consultations linked to finalisation of the PRSP, two separate documents are being prepared.

In this document, the initial two Lines of Action are presented, including the sector strategies guiding humanitarian action, the regional plans that prioritise interventions at the local level and the individual projects that have been submitted by UN Agencies and non governmental organisations (NGOs) in support of these strategies and plans.

Chapter Five provides a resume of the third line of Action. The full document will be launched later in 2006. Concept notes for the six proposed stabilisation programmes will be presented as well as a monitoring and evaluation matrix and detailed explanations of the management and implementation modalities that will be used for the six programmes.

Effective implementation by strengthening coordination, financing and support

Effective implementation of the first two Lines of Action in the Plan will be ensured through strengthened coordination mechanisms among humanitarian actors and between the latter and development-oriented partners.

The third Line of Action will be implemented under the leadership of the Government through broad-based partnerships with donors, the international financial institutions, NGOs and civil society.

The Action Plan provides strategic focus through strengthened cluster coordination and financial mechanisms. As such, the Action Plan represents a significant step forward in humanitarian planning and coordination over previous appeals, enabling donors to have a clear overview and also ensure that the activities represented support common objectives that are geared towards securing greater stability for the peoples of the DRC.

Strengthened humanitarian coordination will be provided through fully engaging all relevant partners within the framework of a cluster approach. This will identify and respond to capacity gaps in each sector at the national level and where applicable at the provincial level.

Enhanced humanitarian financing mechanisms such as the Rapid Response Mechanism (RRM) will be used to ensure the flexibility and speed of response that is critical in addressing sudden acute needs. The Action Plan also envisages the use of a substantial Good Humanitarian Donorship Fund/Pooled Fund that will be used to support and

strengthen sector and provincial strategies by allowing the more flexible use of funding for strategy critical elements of the operation.

Improved common support functions will be critical to the effective implementation of the Action Plan. Logistics support will be enhanced with a clearly identified humanitarian logistics component, the establishment of a humanitarian logistics cluster, the reinforcement of humanitarian air services within the DRC, and improved logistics coordination with MONUC.

Improved Information Management is another key area that will be strengthened to be able to respond more effectively to the demands created by the Action Plan. This will involve improved Financial Tracking, stronger sector information management, and improvements and support to telecommunication and data transfer capacities within the DRC.

For the third Line of Action, UN Agencies will maximise their impact and reduce transaction costs by implementing joint integrated programmes. This approach is fully consistent with the UN's global reform agenda and the principles of aid effectiveness and harmonisation contained in Development Assistance Committees' Fragile States initiative, for which the DRC is a pilot.

In Congo 1,200 people⁸ die in silence every day

The 2006 DRC Action Plan is thus a strategic tool that will allow us to respond to the enormous priority needs in DRC, by implementing both humanitarian and transition programmes.

What we need now are the resources to make the 2006 DRC Action Plan a reality: to save lives where they are threatened by conflict or other emergency situations, to build a protective environment for communities and to accelerate recovery and reconciliation. Every vulnerable person has the right to the fulfilment of all their human rights, including the right to live in dignity. Working together, we can help ensure a better future for the Congolese people.



Chapter 1

2005 Retrospective

During 2005, innovative approaches to humanitarian programming and strategy were adopted across DRC, in response to the massive humanitarian needs and changing context across this vast country.

1.1

A CHANGING ENVIRONMENT

Significant progress was made towards improving the security situation in early 2005 in the eastern provinces. Several events have led to this positive evolution: a more aggressive approach by MONUC, disarmament in Ituri and deployment of FARDC troops all contributed to internally displaced person (IDPs) returning home.

As a result, large areas of eastern DRC became accessible to humanitarians, a stark contrast with earlier years. Thus more sustainable programming to reduce vulnerabilities was implemented in place of pure emergency distributions.

However, the second phase – reaping the benefits in newly-stabilized zones, and disarming the remaining hardliners – became increasingly difficult and protracted in the second half of the year. In addition, as previously isolated communities with urgent humanitarian needs became accessible in other areas, total requirements to be met were higher than initially planned.

The confluence of these trends has led to a turning point for DRC. Massive electoral enrolment across the country has increased hope for the populations living in the more stable parts of DRC. Increased humanitarian access to vulnerable populations in the eastern provinces is opening up new opportunities to build protective environments for these communities. A unique opportunity for change and a positive evolution of the humanitarian situation for these vulnerable communities is now within reach – even if addressing the complex underlying humanitarian issues will require new and innovative humanitarian programming in 2006.

The potential for ongoing violence and rapid-onset emergencies in the fragile eastern provinces remains very real. The humanitarian community must remain prepared to respond rapidly and effectively to save lives in such acute emergency situations.

These are the challenges for humanitarian action in 2006.

Initiatives and developments that had a positive impact on the results of humanitarian programming in 2005, and whose influence will continue to guide and assist humanitarian programming in 2006, include the following:

a. The Good Humanitarian Donorship Initiative

Engagement to support an improved international response

The "Good Humanitarian Donorship" initiative" (GHD) was launched in June 2003 by 18 main donors in order to strengthen the coherence and efficiency of international responses to humanitarian crises. It is based on a set of principles and best practices, including those related to: financial forecasts and flexibility of funding uses; rapid disbursement; financing in relation to needs; and an inclusive and participatory approach to planning, implementing, monitoring and assessing humanitarian activities.

Donors decided to pilot this initiative in two states: DRC and Burundi. The project has been implemented under the auspices of Belgium and the United States in DRC, and is strongly

supported by humanitarian actors. Donors taking part in the GHD initiative were committed to financing projects that address DRC's 2005 Common Humanitarian Strategy.

Further initiatives, such as DRC's Pooled Fund (which has also been called the GHD Fund), established under the GHD guidelines, show how the continued application of GHD principles is having a positive and tangible effect on the quality and scope of humanitarian programming in DRC.

b. Strengthening Humanitarian Coordination

The Pooled Fund has been created in 2005 to strengthen the role of the Humanitarian Coordinator and better respond to identified humanitarian needs. Although this Pooled Fund is formally piloted in 2006, Sweden and the United Kingdom have pledged funds towards a trial fund over the last quarter of 2005.

The fund is managed by the Humanitarian Coordinator and covers funding gaps in the global humanitarian response. It is made available to UN Agencies and international NGOs. The Pooled Fund responds to:

- 1) acute emergencies, through a minimum emergency intervention fund;
- 2) under-funded strategic priority projects in the 2006 DRC Humanitarian Action Plan; and
- 3) short-term loans pending funding from traditional donors.

c. Multi-sector needs assessment leads to the Regional Action Plans

DRC was retained as a pilot country for the "Needs Analysis Framework and Matrix" (NAFM), developed by the Inter Agency Standing Committee (IASC) in Geneva. The findings of the mission provided a coherent analysis of humanitarian needs. The assessment also responded to one of the Good Humanitarian Donorship's foundation principles: that funding is allocated based on needs assessments.

The mission's outputs served as the basis of the Common Humanitarian Strategy, which in turn provides the foundation for the 2006 DRC Action Plan.

An innovative approach is also found in the elaboration of the Regional Action Plans. These are a precise inventory of humanitarian needs by region. They outline priority humanitarian programming to respond to the most urgent needs. As such, the use of available humanitarian resources is maximized, and humanitarian programming is designed and tailored to the specific context of each region.

The Regional Sector recommendations found in the Regional Action Plans have been formulated for the following sectors: health, food security, nutrition, water and sanitation, shelter and non food items, education, coordination and protection sectors. They are accessible in the CD Rom.

The objective is to guide humanitarian programming towards the true priority needs, taking into account the differences in the context across this vast country.

d. Outreach Strategy

The outreach strategy implemented in 2005 through the deployment of Field Coordination Units in isolated zones, including Walikale, Lubero, Baraka, Lubutu, Kabalo, Shabunda and Mbuji-Mayi, has improved the rapid identification of needs in newly-accessible and emergency areas, and supported timely humanitarian action to meet those needs.

This outreach strategy was supplemented by a "humanitarian house" in Kayna, providing neutral support and lodging during the Kanyabayonga crisis. Field Coordination Units will continue to be deployed to areas of need in 2006.

e. Rehabilitation of Transport Infrastructure

Humanitarian actors have often struggled in their efforts to reach vulnerable families living in remote areas. Integrated programmes including road repairs and community work have opened new areas and contributed to their stability. In addition to facilitating transport of relief aid, such works have also helped community reconciliation by bringing together opposing groups through labour intensive projects. The road, a way of connecting people, has also become a basis for early recovery and another step towards self-sufficiency. Such projects will continue in 2006.

f. Rapid Response to acute crises

The humanitarian community has paid particular attention to the response capacity in the first period of an emergency when fundamental shortcomings could have long-lasting impact on the affected populations. A Rapid Response Fund (RRF) was created to play a significant role in support of a rapid multi-sector emergency response mechanism coordinated and managed jointly by UNICEF and UN Office for the Coordination of Humanitarian Affairs (OCHA). Interventions are primarily in the sectors of shelter and non food items (NFI), water and sanitation, and emergency education, but a contingency fund exists to provide for responses in health, protection and HIV/AIDS sectors when required. Other very vulnerable communities, such as those hosting large numbers of displaced families, will also be eligible to receive assistance.

The project also supports IDP returnees in the case where they were not served during the period of displacement, or when needs are severe and life-threatening. The main activities of the initiative are to a) assess humanitarian needs resulting from acute, rapid-onset crises within 48 hours of identification (security permitting); b) respond to the needs of eligible beneficiaries in the sectors of shelter and NFI, water and sanitation, and emergency education via NGO partners pre-positioned with appropriate supply and logistical capacity, and; c) coordinate assessment and response, monitor the utilisation of supplies and/or services delivered, and evaluate the impact of interventions. The project is the principle emergency response mechanism utilised by the DRC humanitarian community. Donors will be encouraged to continue their support to the fund in 2006.

g. Response Capacity

Humanitarian action in DRC has been confronted with a perpetual difficulty in attracting new partners and in recruiting experienced staff. In 2005, this challenge was addressed by:

- Creation of an ad-hoc multi-sector rapid response team tasked with deploying to humanitarian crisis sites in a timely manner.
- Reinforcement of international NGOs by funding deployment of personnel and resources to respond to specific needs of urgent crises.
- Strengthening of local NGOs' humanitarian capacities to respond to acute emergencies. These NGOs have enormous potential to support urgent actions with training and specific guidance on context. Unfortunately, the increased number of local NGOs in 2005, and various difficulties relating to their reliability have reduced opportunities for more solid cooperation between international organizations and local NGOs. This will be a focus in 2006.

1.2

CAP 2005 MID-TERM REVIEW

Highlights

The 2005 Common Humanitarian Strategy, devised in June 2004, was based on projections of the humanitarian and overall context for 2005. The most likely scenario upon which the Strategy was drafted materialized in 2005.

This scenario predicted: postponement of elections until the end of 2005 or start of 2006; enactment of the law on nationality (with problematic enforcement resulting in ethnic tensions and popular protests, especially in the Kivus); blockages in demobilization and integration of the national army. On the humanitarian front, the Common Humanitarian Strategy forecasted refugee and IDP returns, but also new displacements resulting from ongoing armed conflict.

Despite the need to add a protection component to the general architecture of the Strategy, and the issue of reinsertion/reintegration within communities, the Common Humanitarian Strategy remained relevant throughout 2005.

The 2005 Common Humanitarian Strategy had three global objectives (or pillars):

- **Saving lives**
- **Reducing vulnerability**
- **Coordinating the humanitarian response and creating synergies between emergency, transition, and development**

Implementation of the 2005 Strategy allowed many humanitarian needs to be met in 2005, both in rapid-onset emergency situations (acute crises) and chronic crisis zones.

Taking into account the most probable scenario and the humanitarian characteristics of the DRC, the Common Humanitarian Strategy was called upon to set national priorities by distinguishing between acute and chronic crises.

The following priority intervention sectors for chronic crisis situations were singled out: (1) health, (2) nutrition and food security, (3) shelter and non-food items, (4) water and sanitation, (5) protection, (6) return and reintegration, (7) education, (8) land mine action and (9) coordination.

SAVING LIVES

- This first pillar was intimately linked to acute crises, and constituted the response to the utmost priority needs following conflict or natural disasters. Although it was difficult to assess the number of lives saved, it is sure that responses were better targeted and more efficient in 2005.
- Needs arising from acute crises—in other words, those created as an immediate result of armed conflict or natural disasters—received almost complete coverage, often through the rapid response financial facilities afforded by the Rapid Response Fund (RRF) and the Emergency Humanitarian Intervention (EHI) fund.
- Development of the Common Humanitarian Framework – outlining procedures for humanitarians to address needs in hostile environments – was another critical factor in the timeliness and appropriateness of emergency response in 2005.
- In all crisis zones, proactive advocacy for improved humanitarian access, security of humanitarian staff and protection of civilians also helped save lives. Messages regarding the primary responsibility of the government to respond to people's needs contributed to the availability of state funds.

REDUCING VULNERABILITY

- The second pillar was linked to the response to chronic crises and neglected populations living in newly-stabilised zones.
- Coping mechanisms were reinforced and community-based initiatives received support. In addition, access to basic social services increased as infrastructures were rehabilitated, although their number remained inadequate.
- Overall, in chronic crisis zones, all priority sectors benefited from humanitarian programming, even though constraints, often due to gaps in funding and resources, hindered full coverage of needs. In some cases, lack of financing from traditional donors was alleviated by humanitarian organisations' own funds.

COORDINATING THE HUMANITARIAN RESPONSE AND CREATING SYNERGIES BETWEEN EMERGENCY, TRANSITION, AND DEVELOPMENT

- The appointment of a new Humanitarian Coordinator, Resident Coordinator and Deputy Special Representative of the UN Secretary General in the DRC, at the beginning of the year, gave new impetus to the implementation of strategic objectives in the area of coordination, within the framework of an integrated mission.
- The CAP 2005 Advisory Committee was put in place at the end 2004. However, monitoring of humanitarian response was impeded by the lack of standardised tools in the area of sector coordination which did not always allow for a proper and timely diffusion of sector information.
- The information gathering and sharing system on the overall humanitarian response was reinforced during 2005, through increased exchanges between IASC at the provincial level and the Humanitarian Advocacy Group (HAG) at the national level. Widening of these humanitarian forums to several International NGOs (INGOs) and donor representatives allowed for further strengthening of analysis, advocacy, coordination and decision-making capacity.

- Consultations between humanitarian and development organisations and their respective funding agencies began at the end of June in order to stimulate coordination synergies in the transition from relief to development.

The 2005 Common Humanitarian Strategy was thus able to create a general framework and mechanisms through which humanitarian interventions contributed to alleviating the plight of the most vulnerable in a context of both acute and chronic crises.

Inevitably, the overall situation calls for increased funding for chronic crises and neglected areas, without which levels of vulnerabilities can not be adequately reduced. In addition, any future developments toward national stability, or, on the contrary, toward more insecurity, will also both require increased funding and resource levels to ensure an appropriate and timely humanitarian response to meet priority needs.

1.3

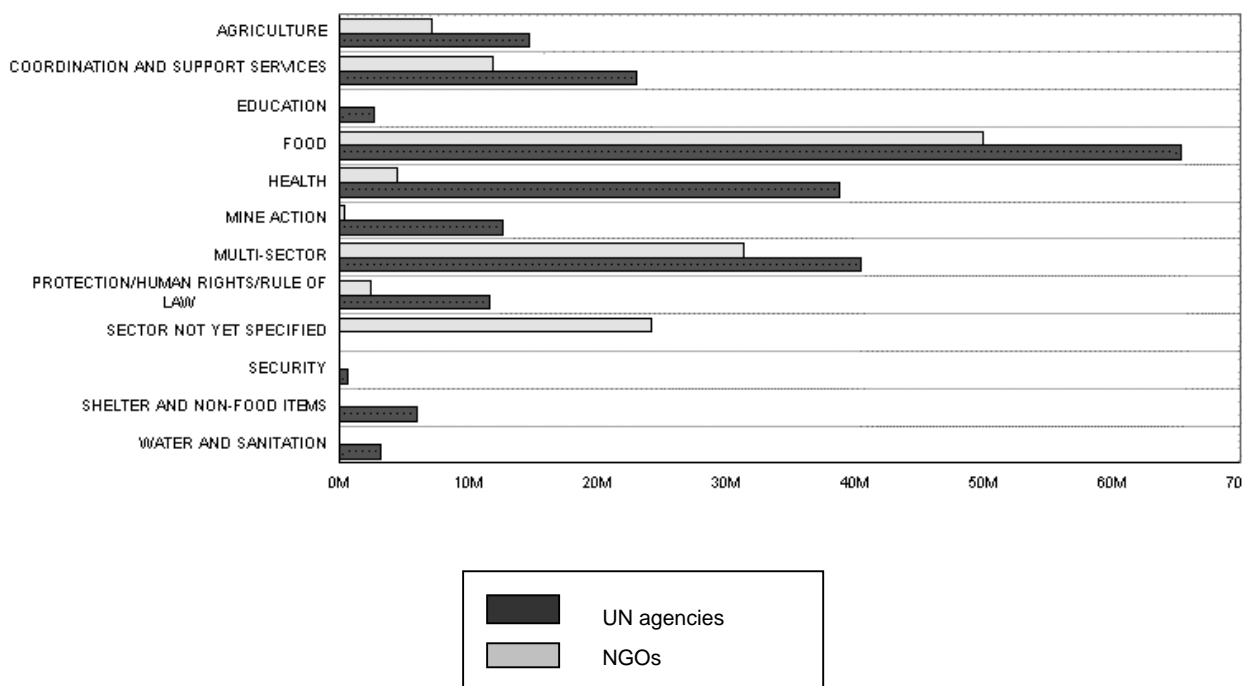
2005 HUMANITARIAN FUNDING

The number of donors contributing to DRC has increased from nine in 1999 to nineteen in 2004. However, DRC remained a low priority for funding compared to the size of the catastrophe. In May 2005, only 35% of the Consolidated Appeals Process (CAP) had been funded. As of December 31, 2005, USD 129 million was committed through the CAP, which represented only 58% of the modest level of funding required.

On the other hand, a substantial portion of humanitarian resources were funded outside the CAP (USD 122 million). For instance, the European Commission has committed EUR 38 million specifically to emergency humanitarian aid from its current portfolio of EUR 475 million also covering such activities as Health, Infrastructure, Rehabilitation and Reintegration, Demobilisation Disarmament and Reintegration (DDR), Security Sector Reform and the Elections; all of which positively affect the issues envisaged in this Action Plan.

Similarly, the USAid, Office for Foreign Disaster Assistance (OFDA), provided US\$ 26.5 million for the DRC crisis of which approximately 3 million was earmarked for CAP projects. USAid Food for Peace assistance to World Food Programme (WFP) /DRC was 24.6 million in 2005.

CAP 2005 - FUND RECEIVED BY SECTOR (as of 31 December 2005)				
Sector	Requirements	Funds received	% Covered	Unmet requirements
Agriculture	14,803,200	7,162,364	48 %	7,640,836
Coordination	23,126,229	11.964.194	52 %	11.162.035
Education	2,698,864	0	0 %	2,698,864
Food	65,385,569	50.000.368	76 %	15.385.201
Health	38,908,167	4.076.737	10 %	34.831.430
Mine action	12 679 333	356 429	3 %	12 322 904
NFI	5,994,318	0	0 %	5,994,318
Protection	11,720,541	2.434.881	21 %	9.285.660
Water and sanitation	3,295,454	0	0 %	3,295,454
Security	660.000	0	0 %	660.000
Multisector	40,485,570	31.423.077	78 %	9.062.493
Sector not yet specified	0	21.105.628	–	-21.105.628
TOTAL	219,757,245	128.523.678	58 %	70,127,939



1.4

2005 SECTOR OVERVIEW

EDUCATION

- **Organise information campaigns and materials to promote enrolment and retention of school-aged children, especially girls**
- **Provide educational kits to students, teaching materials and equipment to schools**
- **Increase the number of children enrolled in the first year of primary school by 15% ensuring equal access for girls and boys**
- **Improve the climate for apprenticeships**
- **Reduce the cost of education for the most vulnerable families**

Funding received in this sector

Limited funding was granted for the education activities outlined in the CAP. However, humanitarian actors in the sector generated part⁹ of the funds they required through other channels.

Main achievements

- Large-scale information campaigns were implemented to promote the enrolment and retention of school-aged children in affected zones. A large quantity of materials (posters, stickers, leaflets, banners, wall hangings, articles, photos and newspaper announcements) were printed.
- Some 6,700 teachers received teaching materials and training.
- Equipment was supplied to 670 school management teams.
- Basic educational kits were distributed to 200,000 students.
- Basic materials were distributed to 3.2 million pupils throughout DRC.
- Approximately 126,000 primary school students received food allocations.

Challenges

- The education sector continued to be the source of serious social discontent in a country where over 50% of the population is under 18. The government has failed to honour a

promise to pay teachers' salaries and abolish the practice of quarterly school fees. Primary education in the DRC is meant to be free of charge.

- Teachers are leaving the profession in large numbers due to low salaries and parents often prefer to educate only the boys given limited resources.
- Logistical constraints are largely responsible for the lack of teaching materials to implement the national education curriculum.

FOOD SECURITY + NUTRITION

- **Improve systems for monitoring, evaluating and responding to the food security and nutrition situation, in accordance with the 2002 national nutrition protocol. Ensure that women are equally involved in food distribution committees.**
- **Strengthen the survival mechanisms of vulnerable populations in the affected zones by improving their food security. To this end, provide food and the means of production (tools and seeds), facilitate and provide training in the marketing of agricultural products, and increase the production of food stuffs. At least 70% of the participants in food assisted training activities will be women and adolescent girls.**
- **Strengthen coordination to create synergy among those intervening and their activities, by facilitating a multi-sector approach, especially across the food security and nutrition commissions.**

To improve coordination, three UN agencies (UNICEF, WFP and the Food Agricultural Organisation (FAO) developed an integrated nutrition/food security programme with their operational partners and the Ministry of Health.

Funding received in this sector

In the 2005 CAP, the food security and nutrition sector was divided into two parts; namely, agriculture and food. The agriculture sector received 48% of the funds it requested through the CAP; the majority of these were allocated to FAO. WFP received 76% of the funding it requested for the food sector.

Main achievements

NUTRITION

- More than 45,000 people were treated at therapeutic feeding centres (TFC) supported by UNICEF and partners. A further 210,108 frequented supplementary feeding centres (SFC).
- A reduction in numbers in the TFC and encouraging results from nutritional studies suggested an improvement in the DRC's nutritional situation.
- In evaluated therapeutic nutrition centres the global rate of cure in cases of acute malnutrition was 89.9%, with a death rate of 4.8% and a fall-out rate of 5.3%. These results met the performance targets established in the national protocol for responding to acute malnutrition.
- Performance indicators concerning the quality of care provided by the TFC were positive; the average stay for children was 27.2 days and average daily weight gain was 12.2 g/kg body weight.

FOOD AID DISTRIBUTION

- WFP provided daily rations from 743 to 2287 kcal, depending on the category of the beneficiary.
- More than a million people targeted by the emergency programme received 18,300 MT of food.
- Approximately 180,000 people were helped in improving their nutrition. Among those groups targeted were pregnant and/or breastfeeding women, moderately or severely malnourished children and people living with HIV/AIDS and undergoing treatment.
- WFP reviewed its budget for its "Protracted Relief and Recovery Operation (PRRO) for Populations Affected by Armed Conflict in DRC." It now includes a new component, "Food Aid for the Demobilisation and Reintegration of Ex-Combatants". This began in

September and WFP is providing food rations to 150,000 ex-combatants and their dependents: a total of 750,000 people, on the basis of four dependents per ex-combatant.

FOOD SECURITY

- FAO provided assistance to 450,910 vulnerable households with seeds and tools and inputs for breeding small livestock and fishing. Support of some 150 nutrition centres, 60 schools with school gardens, and ten “community-level nutrition projects” was also undertaken, as was the rehabilitation of 429 km of feeder roads and the exploitation of 120 hectares of flood plain.

- Agriculturally-vulnerable persons and households targeted as beneficiaries of emergency operations were also provided with assistance. These include: displaced persons, returnees, families with malnourished children, female- or child-headed households, orphans and other vulnerable children, demobilised fighters, and the war-injured. Emergency operations also target other occupation groups, including farmers, those involved in livestock and fishing, and rural artisans.



- Partnership agreements for emergency operations have involved 240 institutions in the agricultural sector resulting in increased capacity of those working in public institutions, local development bodies and NGOs. The range of activities varied: growing vegetables and food crops; reproducing seeds and plants; breeding small livestock; fishing and fish-rearing; utilising flood plains, nutrition centres, and school gardens; rehabilitating feeder roads; and collecting, processing and distributing information on food security and agriculture.

CHALLENGES:

- Access to the fields remains treacherous, especially for women, given the presence of armed men.
- Rural feeder roads are almost non-existent and contribute to a lack of effective commercialisation and distribution of local production.
- Renewal of seed strains is still limited in number and scope. Beneficiaries often consume seed stocks.

HEALTH

- **Make curative and preventative primary health care (Minimum Activity Package) accessible, with particular attention to the fight against malaria, reproductive health, acute respiratory infections and diarrhoeal diseases**
- **Increase access to secondary levels of health care**
- **Maintain preparedness in the event of epidemics**
- **Ensure a psycho-medical response to victims of sexual violence**
- **Work to prevent HIV/AIDS and care and support those affected**

Funding received in this sector

The health sector received a modest 10% of the funds it requested in the 2005 CAP, covering only two projects by World Health Organisation (WHO)/ UN Population Fund (UNFPA). Recognizing the many health-related humanitarian needs identified for 2005,

there has been little progress in many areas, a direct result of the inadequate funding. Progress is therefore primarily due to external funding.

Main achievements

MALARIA

- The fight against malaria made progress, thanks to a new treatment protocol adopted by the Congolese government. The latter has started to provide the ACT¹⁰ treatment, revised therapeutic guidance, and trained staff. WHO is supporting a pilot introduction of the new protocol in the provinces of North and South Kivu.
- WHO also increased its presence in the field by three emergency public health experts. Information campaigns, follow-up mechanisms, evaluation, and supervision of the new policy were also implemented.
- UNICEF, mostly using its own funds, helped increase prevention and improve access to effective anti-malarial treatment by distributing some 150,000 insecticide-impregnated mosquito nets.

EPIDEMICS

- Several epidemics were also controlled with the support of WHO and UNICEF. These include cholera, typhoid, pneumonic plague and acute respiratory infections.
- In addition, DRC with the support of WHO drew up a National Policy for Managing Catastrophes, a Strategic Plan and Contingency Plans against major risk factors, including epidemics.

VACCINATION

- In the areas bordering Angola, the Central African Republic and Sudan¹¹, several vaccination campaigns against polio took place with the support of WHO and UNICEF, protecting more than 9.5 million eligible children. Additionally, a measles vaccination campaign was carried out in the Equateur and Orientale provinces reaching some 6.9 million children with the support of WHO and UNICEF in line with the national plan.

VITAMIN A

- Two rounds of nation wide campaigns providing vitamin A supplements to children between 6 and 59 months were organised in partnership with the Ministry of Health, UNICEF, WHO and Helen Keller International (HKI).
- The campaigns were combined with mass de-worming of children aged 1 to 5 years.

HIV/AIDS

- Within the national multi-sector program against HIV/AIDS, UNICEF helped detail a national strategy to prevent mother-to-child transmission, currently operational in 123 health structures.
- Some 430,000 young people have been informed about HIV/AIDS by 100 young peer educators trained to educate youth and adolescents about the HIV/AIDS epidemic.
- UNAIDS developed a map of partners involved in the DRC. Results of this study show 57 programmes out of which 21 have a national scope and 36 have a regional focus. These programmes target refugees (13), IDPs (19), vulnerable populations (40), persons living with HIV/AIDS (5) and orphans (7).

Challenges

- In order for humanitarian partners in the health sector to meet the needs of their beneficiaries, the 2006 DRC Action Plan must be more sufficiently funded than the 2005 CAP. For example, a project in the health sector, which aimed to strengthen the capacity of health personnel and provide medication to three health zones and three targeted general referral hospitals, was stopped in 2005 due to a lack of funding.
- The vastness of the Congolese territory to be covered leaves many non-conflict zones unattended.
- Medical services, even when heavily subsidised, are beyond the reach of many citizens.
- Preventable and easily treatable diseases, such as measles, diarrhoea and upper respiratory tract infections, continue to claim the highest number of lives.

LANDMINE ACTION

- **Intensify action to fight against mines and their effects on the population, particularly by raising awareness**

Funding received in this sector

In 2005, anti-landmine activities were hindered by inadequate funding, despite significant pleas made in the 2005 CAP. The sector obtained 3% of the funds requested, with contributions given to only one project. However, now that de-mining activities for humanitarian purposes in DRC are better planned and coordinated, it has been possible to establish de-mining procedures.

Main achievements

AWARENESS-RAISING

- Danish Church Aid (DCA) and Handicap International/ Belgium (HIB) have organised 118 awareness sessions on landmine danger for 16,363 people living in affected communities.
- The UN Mine Action Coordination Centre (UNMACC) received information about 279 new danger areas while working to identify and mark dangerous areas.
- 231 persons in 7 villages and 5 schools in Fizi and Baraka have received Mine Risk Education awareness raising training supported by UNICEF in collaboration with international and local partners.
- Support was provided to ten national and international NGOs in the field of mine-risk education activities, specifically for Katanga, Province Orientale, Equateur and South Kivu.

MINE CLEARING

- Mine and UXO clearance of 160,233 m² of land and 60.6 km of roads in inhabited areas of the Equateur, Katanga and Orientale regions carried out by international NGOs, HIB, the Mines Advisory Group and Mechem, a commercial company.
- The operation destroyed a total of 975 mines, 10,714 items of ammunition, and 17,316 other items of unspecified ordnance.

CHALLENGES

- Some 21 accidents caused by mines and unexploded ammunition were recorded in 2005.
- Setting up a national de-mining programme is particularly difficult as no comprehensive national study exists to determine the true extent of the landmine and unexploded ordnance (UXO) problem in DRC.
- In 2005, some de-mining activities had to be abandoned due to insecurity. Ongoing insecurity may continue to hinder the de-mining process in 2006.

PROTECTION

- **Strengthen protection of and assistance to victims of sexual violence, refugees, returnees, children, and populations which are displaced or have been repatriated**
- **Ensure equal access to refugee status determination procedures**
- **Improve protection for people in custody and victims of serious human rights violations**
- **Ensure that gender issues in the protection activities are being addressed**

Funding received in this sector

The protection sector received 21% of the funds requested in the 2005 CAP, with two contributions given to Office of the UN High Commissioner for Human Rights (OHCHR) and UN Development Fund for Women (UNIFEM) to support promotion of human rights and gender-related activities. UNICEF received contributions from two donors for activities to prevent and respond to gender-based violence.

Main achievements

- Advocacy for the deployment of humanitarian personnel led to negotiations allowing increased access in parts of Ituri, North and South Kivu.

- A permanent dialogue with civilian and military authorities ensures humanitarian assistance in accordance with principles and standards.
- 15,765 women and children victims of sexual violence received assistance from a medical and psychosocial support programme supported by UNICEF. 2,845 Children Associated with Armed Groups (CAAGs), of whom 2.2% are girls, have either left the armed forces and/or their armed groups and have been demobilised. 24,466 street children are in the process of re-uniting with their families and/or have already done so. 409 social workers have been trained to support children separated from their families or in particularly difficult circumstances. 560 children from the mining sector accused of fraud were freed from prison and some 538 have been helped through the judicial process.

CHALLENGES

- Without protection and support mechanisms in place, violence against civilians in the DRC has continued. The Humanitarian Coordinator (HC) has requested that the humanitarian community and MONUC address this problem jointly, to increase the impact of protection activities in strict accordance with respective mandates, principles and capacity.
- Poor funding in the CAP 2005 hindered humanitarian activities in the sector. In order to drastically improve international response, protection must become a funding priority in 2006.

REFUGEES, THE REPATRIATED AND REINTEGRATION

- **Organise and facilitate the return and reintegration of DR Congolese refugees to those areas which are deemed conducive for organized repatriation; assist spontaneous returnees with return and reintegration upon their arrival in the DRC**
- **Facilitate the repatriation of Angolan, Burundian, Rwandan and Sudanese refugees**
- **Provide international protection structures and framework and necessary assistance to ensure that residual groups of Angolans, Burundians, Rwandese, Congolese, Sudanese and Ugandans as well as urban refugees can support themselves**
- **Support DDR initiatives**
- **Support the process of rehabilitating the environment in areas where refugees have been living, including the camps**
- **Ensure women representation and participation in the asset reintegration committees.**

Funding received in this sector

Of the two projects under this sector, the project for the return and initial reintegration of DR Congolese refugees received 78% of the requirements, while the project for assistance to Angolan, Burundian, Rwandan and Sudanese refugees was almost fully funded.

Main achievements

CONGOLESE REFUGEES

- Overall, almost 43,000 Congolese refugees have returned to the DRC in 2005, of whom some 8,500 with UN High Commissioner for Refugees (UNHCR) assistance.
- UNHCR facilitated repatriation operations for Congolese refugees from the Central African Republic and the Republic of Congo. Despite serious logistical problems, UNHCR managed to successfully repatriate 5,400 refugees. UNHCR has also started a community-level reintegration programme, including school and hospital rehabilitation.
- UNHCR facilitated return from Tanzania – which hosts the largest Congolese refugee population – started in October 2005 and over 3,500 refugees have already returned. UNHCR responded to a weekly average of 800 spontaneous returnees by supporting two transit centres and providing return kits. Increasing numbers of returnees was sparked by the electoral registration process in DRC. Returning refugees receive Congolese identification papers, even if they arrive after the election period.
- UNHCR has signed tri-partite agreements with the governments of DRC and the countries of asylum, with the Republic of Congo or Tanzania, to assure better protection of refugees

during their return home to the DRC. These tripartite agreements form the legal framework for voluntary repatriation.

REFUGEES IN DRC

- During 2005, UNHCR repatriated a total of 16,245 refugees in DRC back to their countries of origin.
- The voluntary repatriation of at least 8,993 Angolan refugees from Bas-Congo and Katanga was organised. In the East, UNHCR helped 6,976 Rwandan and 238 Burundian refugees to return home.
- The registration of spontaneously settled Angolan refugees in Bas Congo started in late 2005, with a view to helping them find solutions – voluntary repatriation or local integration in the DRC - for their displacement, extending over more than 20 years in some cases. By the end of November, over 16,000 spontaneously settled Angolan refugees had already been registered.
- UNHCR has provided training and logistical support to the National Committee for Refugees (CNR).

CHALLENGES

- A large influx of returnees is expected to continue in return areas especially in South Kivu and in Katanga.
- Congolese refugees of Tutsi origin in Burundi and Rwanda will return to participate in the upcoming electoral process, potentially creating ethnic tensions and identification issues in the most volatile regions.
- Community reintegration projects are still few and far between and depend on the cooperation of bilateral and multi-lateral development actors.
- An estimated 80,000 Angolan refugees have spontaneously settled in Bas-Congo and Kinshasa regions. 13,500 Sudanese refugees are still hosted in Orientale province and await an opportunity to return home to South Sudan, once security conditions improve.

SHELTER AND NON-FOOD ITEMS

- **Provide assistance to 2 million vulnerable people affected by armed conflict or natural disasters**
- **Provide vulnerable families with practical non-food items, to ensure that they reach 85% of affected households**
- **Meet the needs of displaced and other vulnerable populations**
- **Organise a meeting of the follow-up commission on the displaced/returnees**
- **Provide periodic statistical reports on distribution**
- **Ensure an equitable gender approach on distribution**

Funding received in this sector

Though the sector received approximately 1.7 million under the CAP, it also benefited from the Rapid Response Fund (RRF) ensuring emergency stock availability and facilitating the rapid disbursement of funds.

MAIN ACHIEVEMENTS

- A better-targeted and faster response was achieved, especially for women and children in critical situations within those communities displaced by recent conflicts.
- Distribution of basic needs assistance to more than 90,000 displaced families.
- From January to December 2005, more than 450,000 people displaced within the past three months received non-food assistance, mainly in the East.
- The RRF increased the provision of food security and provided emergency education, water and sanitation, and primary health care (e.g. response to epidemics).

CHALLENGES

- Crises in the DRC have revealed certain weaknesses in the humanitarian community's ability to respond rapidly to new complex crises, particularly in zones where security conditions are very poor.

WATER AND SANITATION

- **Help reduce morbidity and mortality rates from water-borne diseases by ensuring a constant supply of potable water, and the means to securely transport it, to communities affected by the conflict and areas at risk of cholera epidemics**
- **Build latrines, showers, washing areas and waste burial sites; improve evacuation of stagnant water and clean areas where the displaced and refugees live**
- **Raise awareness through hygiene education and promotion and the distribution of hygiene kits (including jerry cans, soap, etc)**
- **Use Sphere norms as level of service target for all interventions**

Funding received in this sector

Contributions to the sector amounted to USD 1.1 million out of 3.3 requested under CAP.

Main achievements

- In 2005, various humanitarian actors, including Oxford Famine Relief (OXFAM), International Rescue Committee (IRC), Solidarités, International Committee of the Red Cross (ICRC) and UNICEF, provided potable water to 900,000 vulnerable people.
- During 2005, the response was concentrated in displaced persons camps, in some areas of return; and in areas at high risk of cholera.
- Water carriers (jerry cans) and hygiene kits were distributed to more than 70,000 families. Training in hygiene was also provided for these families.
- With regard to sanitation, humanitarians have built more than 250 sanitary installations (latrines, showers, washing areas and waste burial sites).

Challenges

- The water and sanitation sector remains a significant problem in DRC, due to lack of investment, as well as both lack of, and deterioration in, water supply infrastructures. Humanitarians often find themselves having to fill the gap in water provision through non-functioning public services, both in towns and rural areas.
- A lack of potable water has often been a root cause of epidemics such as cholera and other water-borne diseases.
- Waste is often not properly cleared away, leaving behind islands of rubbish: a breeding ground for diseases.
- The task of dealing with sanitation and wastewater disposal in built up areas is difficult and requires substantial financial resources as well as technical capability.

COORDINATION

- **Assist humanitarian organizations in developing their responses in a Common Humanitarian Framework**
- **Facilitate the decentralization of the coordination of humanitarian aid**
- **Implement active advocacy**
- **Supply precise and up-to-date information and analysis of the humanitarian situation to ensure appropriate decision-making**

Funding received in this sector

A total of 52% of the funds requested through the CAP were received. The Humanitarian Air Service (UNHAS) was fully funded. The UN Joint Logistics Centre (UNJLC) was deployed to DRC during the last quarter of the year and received funding outside the 2005 CAP. OCHA obtained 44% of the total funding it requested.

Main achievements

- Coordination efforts were optimised, particularly by the establishment of a standardised system of information gathering and the enlargement of the Humanitarian Advocacy Group (HAG) and decentralisation at provincial level. The HAG in Kinshasa and its provincial equivalents (the Inter-Agency Standing Committees) set up regular meetings to discuss key humanitarian issues and implement their decisions.

- In the context of the newly Integrated Mission in DRC, OCHA participated in policy-making and risk-assessment portions of the Joint Mission Analysis Cell (JMAC) at MONUC. Guidelines and training, to ensure that the interaction between military and humanitarian actors in DRC meets the needs of both parties, have been finalised and circulated, with the assistance of MONUC/the Humanitarian Affairs Section at MONUC/Civil Military Coordination (CIMIC) and OCHA.
- A comprehensive needs assessment mission was conducted throughout DRC in April-June 2005, with the participation of the wider humanitarian community. The mission created a global picture of the humanitarian needs of the country and collected benchmark data for future actions. The multi-sector humanitarian needs assessment also tested the matrix developed by the IASC, allowing for future standardized assessments.
- OCHA created an IDP section to address issues such as IDP identification, appropriate humanitarian support, and protection issues. Population movement commissions were also revitalised.
- An average of 30 Inter-Agency emergency assessment missions per month was undertaken in the first half of the year. Information sharing with partners who did not participate in the assessments also improved. However, by July, as humanitarian access decreased, the number of inter-agency missions dropped to an average of 20 per month.
- The Emergency Humanitarian Intervention (EHI) funded physical access projects to improve humanitarian aid delivery in seven previously inaccessible areas, mostly to facilitate the provision of medical assistance. Decentralisation of humanitarian coordination was implemented through new humanitarian field coordination units and the creation of a “humanitarian house”.¹²
- Negotiations to maintain and enlarge humanitarian access to conflict-affected areas were successful in the Kivus, Katanga and in parts of Ituri. Advocacy with donors to increase funding to post-conflict areas with enormous humanitarian needs continued.
- To eliminate gaps in the humanitarian, a joint mission of UNHCR, InterAction, Department for International Development (DfID), OCHA and local NGO representatives studied the Cluster approach with humanitarian actors in November 2005. Targeted Clusters will form part of the humanitarian response in 2006.
- Humanitarian air transport was provided by UNHAS, Aviation Sans Frontières (ASF) and AirServ International, covering the majority of the eastern part of the country. UNHAS also made regular flights to destinations in the west, including Kinshasa. The European Commission Humanitarian Office (ECHO) Flight was also active in humanitarian air transport in the first half of 2005.

Challenges

- Due to the vast size of the country, the terrible state of the roads, and the dangerous commercial air services in DRC, UNHAS, AirServ International, ECHO Flight and ASF were unable to cater to the transport logistics needs of all humanitarian agencies.
- Although the arrival of ad-hoc multi-sector rapid response teams boosted humanitarian dynamics in a crisis situation, reliance on this approach did not completely meet the challenges of a fully effective response. The major weakness in responses to internal displacement has been the absence of operational leadership. This will be remedied under the “Cluster” approach.
- In emergency situations, and due to a reduced humanitarian capacity, OCHA has sometimes not been able to obtain engagement from appropriate actors to fill identified gaps, and became itself directly involved in operational leadership under donor pressure.
- The absence of a Humanitarian Information Centre (HIC) has not allowed for an improved data analysis as required in a humanitarian catastrophe such as in DRC. Equally, the lack of a systematised follow-up of Inter-Agency assessment missions that could have been provided by a HIC has sometimes led to a less than optimal response to urgent needs.

1.5

LESSONS LEARNED

In 2005 there were several lessons learned, including:

Early Warning and Contingency Plans

- Effective early warning systems must be set up by strengthening humanitarian capacity to analyse data.
- National, provincial and regional contingency plans must be periodically revised by the HAG and the provincial IASCs.

Monitoring

- In order to better assess the impact of humanitarian assistance, systems for collecting and centralising information on needs assessments and sector indicators must be improved.
- Closer monitoring and follow-up of recommendations made by joint multi-sector missions must be in place.
- The modest participation of international NGOs to the CAP prevented the provision of a comprehensive picture of humanitarian needs, capacity and funding. A more inclusive tool needs to be introduced to include the majority of projects undertaken by the entire humanitarian community (UN Agencies, Red Cross movement, international and national NGOs) throughout the DRC.
- On the basis of the comprehensive multi sector needs assessment, an agreement was reached within the humanitarian community that the international response not only should cover emergency humanitarian needs, but also those associated with the transition from relief to development.
- Sector commissions/thematic groups must be strengthened at both the national and regional levels to ensure an accurate monitoring of needs and response. Channels for communication between national and provincial levels must be opened and optimised.

Good Humanitarian Donorship

- Following a slow start in 2005, the GHD initiative took shape under the leadership of the United States and Belgium. The forum allowed humanitarian donors to meet periodically. The creation of the RRF and Pooled funds derive directly from the GHD principles. There is a need for donors and humanitarian actors to work together on selected GHD principles to keep the momentum and ensure wider understanding and ownership.

Humanitarian Capacity

- UN Agencies and INGOs must increase their capacity in the field, which currently remains inadequate in relation to the extent of humanitarian needs in DRC.

Access to the population

- The physical isolation of vulnerable populations often impedes the provision of an adequate humanitarian response. Improved road access remains an essential condition for more extensive and effective assistance.
- Most provinces encompass needs on both humanitarian and structural levels which calls for continued emphasis on a timely and effective humanitarian assistance and, simultaneously, increased investment in sustainable reintegration and the foundations of community development in order to anchor progress towards stability.

Gender

- The gender dimension should be better addressed in humanitarian programming, as women often act as heads of household and as primary care-givers in conflict-affected zones. They are the backbone of post-conflict economic and social support networks (such as traumatized people within their families/communities).



HIV/AIDS

- This dimension has often been overlooked in humanitarian response and greater attention should be paid in future programming.

Priorities

- The mid-term review identified Protection against Violence and Return and Reintegration as sectors to be included in the 2006 Action Plan.
- Current levels of funding do not adequately meet humanitarian needs in DRC.



Chapter 2

Common Humanitarian Strategy

This Action Plan responds to the unique opportunities and challenges presented at this key juncture in DRC's history, by providing direct assistance to communities in areas of greater needs and by supporting sustainable reintegration, wherever possible. Achieving this goal, however, will require a paradigm shift. The purpose of the 2006 Common Humanitarian Strategy is to respond in a timely and effective manner to needs specific to each region of DRC, and to mobilise resources which respond both to continuing humanitarian needs and to the growing transitional needs accompanying political progress and the aspirations of the Congolese people for peace and stability.

2.1 HUMANITARIAN CONTEXT

A neglected humanitarian catastrophe, a silent disaster: over 1,200¹³ people die from conflict-related causes in DRC each day, the innocent victims of conflict, rape, looting, rampant impunity, abject poverty and a near-total breakdown of basic infrastructure.

Death, destruction and disease, in a place the world forgot

Over 4 million people have died in DRC over the past six years¹⁴, killed by violence, disease and malnutrition, by-products of a war that has destroyed much of the health care system and economy. Mortality rates are highest in the troubled eastern provinces, where vast numbers of people have fled continued harassment and ongoing violence by armed men.

Displacement and shattered lives

More than 1.66 million people remain displaced in DRC most of them are women, adolescents and children, and a further 1.68 million recent returnees are only now starting to rebuild their shattered lives.¹⁵ An estimated 40,000¹⁶ people flee their homes every month, mostly in Ituri, the Kivus and Katanga. Humanitarian access and the overall security situation remain volatile, especially in the east, increasing the vulnerability of the resulting isolated communities. Many of these people are still living in insecure conditions, returning home to destroyed villages and ruined lives.

Levels of violence in the troubled eastern provinces perpetuate the high morbidity rates. An estimation of 33,000 children are associated with armed forces and groups.¹⁷ About 15,000 have been released to date. An estimation of 30% to 40% are girls who are difficult to access.¹⁸ In DRC sexual violence rates are alarming. Many victims go unnoticed in a culture where survivors of sexual violence are often stigmatised, rejected by their families and too poor to seek treatment.

These humanitarian tragedies are complicated by the **complex political, social and security environment in eastern DRC**. The lack of payment of soldiers' salaries leads many to prey upon the very populations they were sent to protect. Ethnic divisions could potentially rekindle violent acts, disrupt election proceedings, and force new population displacements. Various domestic and foreign armed elements refuse to disarm. As long as these groups remain active, the potential for a return to localised violence is very real.

The protection of civilians against violence and particularly SGBV remains a clear humanitarian imperative.

Peace does not mean an end to human suffering

Elsewhere in DRC, where conflict has not been as prevalent but the decline of the state has been as punishing, an unstable food security situation, limited access to health

structures and lack of clean water, combined with a lack of basic education facilities all point toward a full-blown humanitarian catastrophe. In this regard, **this is also a crisis of neglect**. Many parts of the country have suffered from decades of poor governance, and mismanagement of resources. This has contributed to the chronically poor state of basic services and created reticence by the international community to fully address the DRC's vast needs.

Life expectancy levels have continued to drop: in 2005, Congolese men and women will live only 43 years¹⁹, on average. Mortality rates amongst children under 5 are 34 times higher than those in OECD developed countries.²⁰

Preventable and easily treatable diseases, such as malaria, diarrhoea and upper respiratory tract infections, continue to claim the highest number of lives. Lack of money – in a country where much of the population lives on between 20 and 50 US cents a day – blocks access to healthcare and basic medicines.²¹ **HIV is a new, growing threat** – the DRC government predicts that without drastic action, there will be 163, 620²² new cases of infection in 2006, most victims being amongst the young and women.²³

Prior to the conflict, only 45% of the population had access to clean water. Women are traditionally in charge of collecting water and often walk long distances to get it.²⁴ Today, in Mbandaka, capital of the Province of Equateur that figure has dropped to 8%²⁵. **Water-borne diseases, such as cholera, are endemic** in many areas of the DRC. Between January and mid-October 2005, 3,819 people had been treated for cholera in North Kivu alone.²⁶

Instability in rural areas has led to an **almost total breakdown of the food security situation**. Women live in constant fear of rape while tending their crops. Fields in the northern provinces of Equateur and Province Orientale may be mined. The inferior quality of seed stocks and lack of basic tools complicate agricultural work. Rural road systems have been seriously eroded, and frequent road blocks by armed men rob farmers of their produce. Diseases, such as manioc blight and banana mosaic, ravage the crops that armed men have not already looted. Animal protein intake has been severely limited by the destruction of fishing and fish-farming infrastructure, as well as the systematic theft of livestock.

Over 50% of schools have been destroyed during the years of conflict, and these figures are much higher in the Kivus and Ituri. School buildings were often used as temporary housing for the displaced or commandeered by armed men, who used the desks as firewood. **Only half of Congolese children go to school** – with priority given to boys.²⁷ Parents must scrape together funds to pay teachers, and students who cannot pay are expelled – often just before their final exams.

The potential for natural disasters

Natural disasters, including **erosion-induced flooding and volcanoes**, threaten the homes and livelihoods of hundreds of thousands across DRC. The eruption of Mt Nyiragongo in January 2002 resulted in 400,000 people fleeing towards Rwanda, and destroyed much of the centre of Goma town. Similarly, the December 5th earthquake, centered in Lake Tanganyika, was a stark reminder of the inherent dangers associated with the continental rift on the easternmost borders of the DRC. The region is prone to seismic activity and the international community must be prepared to respond.

Millions of Congolese continue to live in a precarious food security situation²⁸

Contingency plans are regularly updated and local capacities have strengthened to respond in a timely manner to sudden natural disasters.

2.2 SCENARII AND THEIR HUMANITARIAN CONSEQUENCES

The **most likely scenario**, used as the basis for the development of the 2006 DRC Action Plan, showing hope for many areas but including the possibility for continued localised conflict, is as follows:

The country will continue to progress along the road to stability, allowing the return of refugees and IDPs to some provinces in the DRC. However, this will be punctuated by numerous localised crisis situations, of varying intensity and duration. These crises will affect both the capital and Provincial areas. Causes will be related to the complex underlying problems yet to be resolved, including the electoral process, the integration

of the national army, difficulties with the DDR of Congolese armed and issues related to impunity

Humanitarian consequences will most likely include localised conflict, creating new displacements. Harassment of the civilian population by the FARDC is expected to continue. The hardcore members of the FDLR will probably continue to organise regular looting operations. Ethnic manipulations may cause communities to fracture and stir-up localised conflict. Populations in stable and newly-accessible areas will continue to have enormous humanitarian needs in particular women and children affected by war violence.

The **best-case scenario** is as follows:

- DDR and brassage Integration of the national army processes will largely succeed, and the army and police will be properly trained and supported.
- The Disarmament, demobilisation, reinsertion, rehabilitation and reconciliation (DDRRR) of some of the FDLR will be achieved, and many militia groups will disband.
- Attacks against MONUC and the FARDC will cease.
- Neighbouring countries will succumb to pressure and end the supply of weapons and other support to armed groups. Governance will improve, and the state will end the illegal exploitation of resources, thus removing a major source of conflict.
- The electoral process will advance on schedule, and the result of the election will not be contested by the international community.
- The economy will restart, with significant Congolese and foreign investment. Ethnic tensions and manipulations will reduce.

Humanitarian consequences will include the much-reduced impact of any residual conflict, and improved humanitarian space, especially in zones previously controlled by militia. The large-scale return of Congolese refugees from neighbouring countries could be envisaged, and strategies for the return home of IDPs will be agreed and implemented. The harassment of humanitarians and local populations will decrease. Violence against civilians, and especially women, will decrease. People and goods will be able to move freely.

The **worst-case scenario** is as follows:

- Fractures in previously-mixed brigades will lead to conflict between the different factions of the FARDC, complicated by the involvement of armed groups.
- MONUC and FARDC will be systematically attacked.
- Armed groups, both foreign and Congolese, will refuse outright to disarm. Neighbouring countries will provide increased supplies of weapons, and eventually invade.
- The control of mines and customs' revenues will further stimulate the conflict. Banditry and crime will increase.
- The manipulation of nationality, ethnic issues and access constraints will render the voter enrolment a failure.
- Election results will be contested, resulting in a coup d'état, or elections will be postponed due to widespread insurrection.

Humanitarian consequences will include the return to widespread insecurity, with increased violence against civilians, especially women. Humanitarian access will be restricted to urban centres, and humanitarian action limited to basic emergency response. Large-scale displacement toward urban centres will be seen across much of the country. Donor funding will be limited to emergency programmes.

2.3 LINES OF ACTION

Humanitarian actions, recovery and development need to take place concurrently

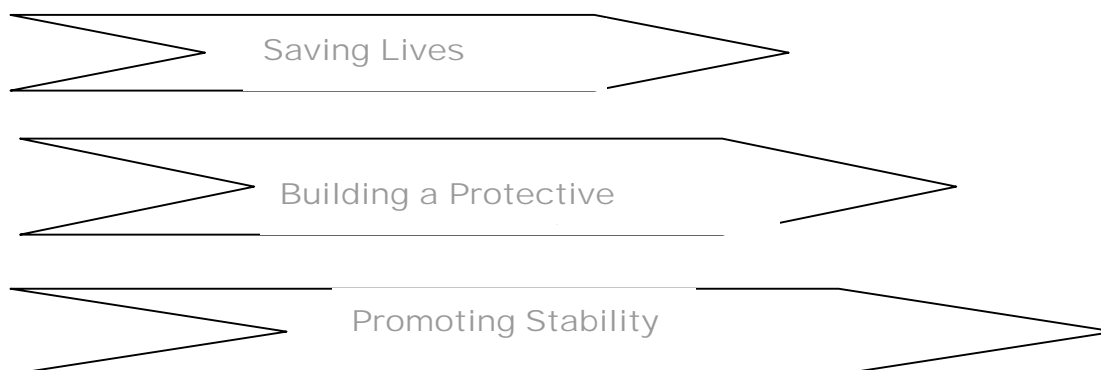
The 2006 DRC Action Plan recognises that in situations like the DRC, where there are episodes of acute crisis set against a backdrop of chronic neglect, humanitarian actions, recovery activities and development activities need to take place concurrently.

Strategy grouped into three Lines of Action

Projects and activities have therefore been grouped into three “Lines of Action”. These Lines of Action contribute to the commonly shared overall goal of relieving and preventing human suffering and accelerating stabilisation by helping people to live with dignity.

Traditionally, relief and development programmes have been compartmentalised as two separate and distinct activities. The DRC Action Plan, however, tries to reverse this trend by presenting a unified strategic framework designed to reinforce linkages between emergency and recovery rather than exacerbate the gap.

The Action Plan includes three Lines of Action:



The first Line of Action encapsulates activities directly engaged in “**saving lives**,” and will seek to ensure that there is an adequate and rapid emergency response, as well as an immediate protection capacity, to meet the needs of those in acute risk.

The second Line of Action provides the organising framework for “**building a protective environment for communities**,” and will aim to safeguard the ability of existing local structures and communities to function.

The third Line of Action focuses on a select number of high-impact activities that “**promote stability**” during the critical post-election period when expectations among the population are high and Government capacities are still weak.

Establishing these Lines of Action ensures that there will be no duplication of activity or creation of external relief structures that could jeopardise valuable local efforts.

There are also important differences in approach between the first two Lines of Action, which together comprise the humanitarian, or, initial part of the Action Plan, and the third Line of Action. The humanitarian projects included in the first two Lines reflect the needs identified during an inter-agency multi-sector assessment and are based on sector strategies and regional plans developed by humanitarian actors.

The stability programmes in the third Line, on the other hand, are aligned directly with the priorities presented in the country’s PRSP. As support to national programmes, these interventions will be implemented under the leadership of the Government whereas humanitarian projects will be coordinated through sector groups.

There is also a difference in scope. In order to achieve maximum humanitarian coverage, the first two Lines include numerous separate projects. Under the third Line, however, a very limited number of highly-focused programmes will be implemented in targeted communities, creating an irreversible dynamic of change in some of the country’s hardest-hit regions.

Given the difference in planning horizons, with humanitarian programmes requiring an early launch and stabilisation programmes needing further, in-depth consultations linked to finalisation of the PRSP, two separate documents are being prepared.

In this document, the initial two Lines of Action are presented, including the sector strategies guiding humanitarian action, the regional plans that prioritise interventions at the local level and the individual projects that have been submitted by UN Agencies and NGOs in support of these strategies and plans.

In a separate document that will be launched later in 2006, concept notes for the six proposed stabilisation programmes will be presented as well as a monitoring and evaluation matrix and detailed explanations of the management and implementation modalities that will be used for

the six programmes. In Chapter Five of this document, a synopsis of these stabilisation programmes is presented.

Line of Action: Saving Lives

Under the most likely scenario, the DRC will continue to experience episodes of acute humanitarian distress throughout 2006, either as a result of violence, internal conflict, or natural disasters such as volcanic eruption or crop failure.

This will require that effective food aid, emergency health care, water and sanitation, education and nutrition intervention programmes, and actions meeting immediate protection needs are immediately made available to those in need. Addressing major shortcomings and improving quality and timeliness are paramount to the humanitarian community's response in 2006.

The three objectives of this Line of Action will be to:

1. Increase humanitarian access in areas of conflict and insecurity
2. Ensure a timely and effective emergency response in areas of acute distress
3. Provide immediate protection where required

These objectives will be supported by the introduction of Cluster leadership and by strengthened coordination with MONUC, to improve access and provide greater protection from physical violence, together with an increased humanitarian response capacity, an improved and strengthened humanitarian logistics capacity and a Rapid Response Mechanism to allow critical humanitarian responses to rapid-onset emergencies to be begun in a timely and effective manner. These objectives will also be reached while ensuring the mainstreaming of the gender approach within the humanitarian strategy

Line of Action 2: Building a protective environment for communities

The resilience and coping mechanisms of individual households and communities are continually under threat. Congolese women have demonstrated time again their capacity in putting in place coping mechanisms to protect their families and ensure food security. At the same time they have been the group most affected by the violence. Further collapse will jeopardise the capacity to build a more stable and secure nation. This requires that immediate action be taken by the wider humanitarian community to build a protective environment for communities.

The immediate objectives for this Line of Action will be to:

1. Safeguard and restore basic services and infrastructure for women and men
2. Restore livelihoods and support return and reintegration
3. Promote protection services and increase protection capacity at the local and provincial levels
4. Ensure a gender mainstreaming approach in the whole humanitarian process.

These objectives will be supported by the introduction of Cluster leadership, strengthened overall and sector coordination and support, through greater integration of sector strategies at the provincial level, together with the strategic use of the DRC Pooled Fund.

Line of Action 3: Promoting Stability

The aim of the Third Line of Action is to help accelerate the country's recovery and contribute to sustainable peace during the crucial two-year period following the elections by fast-tracking the elements of the country's Poverty Reduction Strategy Paper that reinforce the social compact between the Government and Congolese citizens and promote national reconciliation.

Working under the leadership of the government, the UN will launch six sharply-focused high-impact programmes that will translate the essential elements for post-electoral stability into action.

The six objectives for this Line of Action will be to:

1. Improve physical security, through a small arms and de-mining programme;
2. Reinforce the battle against impunity, through a rule of law programme;

3. Provide peace dividends to hard-hit communities, through a social services programme;
4. Restore basic infrastructure, increase agricultural productivity and put people to work, through a rural development programme;
5. Promote reconciliation through a national dialogue programme;
6. Strengthen the capacities of local government, through a coordination programme.

These programmes reflect the most urgent post-election needs and are designed to avoid many of the pitfalls that often occur as countries move from relief to recovery and development. Drawing on new UN guidelines, each of these programmes will be managed as a unified project, with one agency taking responsibility for financial oversight and all other agencies contributing, on the basis of their mandates, competencies and capacities, to programme design, implementation, monitoring and evaluation.

2.4 CROSS CUTTING THEMES

Integration of cross-cutting themes

The two humanitarian Lines of Action are completed by two cross cutting themes:

HIV/AIDS: Actions to address HIV/AIDS issues must be integrated into all phases and across all sectors of humanitarian programming, from prevention and care to a reduction of the impact of the disease on vulnerable populations.

Gender: Gender equality must be taken into account in all humanitarian programming, and will be mainstreamed throughout the Action Plan and gender analysis will be ensured in projects' implementation.

Human rights and humanitarian principles are also cross-cutting themes across all Lines of Action and Sectors.

Specific programming to implement cross cutting themes has been taken into account under the appropriate sector strategy. Programmes to ensure HIV/AIDS education in schools are included in the Education sector strategy. Programmes to protect gender equality and support the most vulnerable affected by the epidemic have been included in the Protection sector strategy.

Coordination of humanitarian action also plays a major role in integrating cross-cutting themes, as it ensures that gender and HIV/AIDS issues are included in the design and implementation of all humanitarian programming, policies, actions and training projects. As such, a specific objective has been included in the Coordination sector strategy to ensure that transversal themes are fully integrated into humanitarian programming.

2.5 A DYNAMIC NEW APPROACH TO HUMANITARIAN ACTION

The humanitarian community has adopted a new and dynamic approach to the coordination of humanitarian action and funding in DRC. For the humanitarian community, the Action Plan means better monitoring and coordination of humanitarian impact and coverage in DRC. Humanitarian action will be measured against the Action Plan on a real-time basis, and information fed back to humanitarian actors. Gaps in humanitarian assistance, including funding not received for priority projects, will be visible instantly and communicated to donors. Forgotten areas will no longer lack visibility. Priority unfunded projects will be immediately eligible for grants from the DRC's GHD Fund/Pooled Fund.

The humanitarian elements of the Action Plan incorporate the activities of local NGOs, international organisations and UN agencies. Any humanitarian partner can submit a new project during the course of the year. At the moment of going to press, the Action Plan contained 330 projects; 60% come from the NGOs.

As new needs or rapid-onset emergencies arise, or when the capacities of humanitarian actors to respond to priority needs increase. To do so, a permanent recommendation process will be established in Kinshasa, including the participation of cluster leaders, the HAG, and the Good Humanitarian Donorship (GHD) officer.

The evolution of the 2006 Action Plan

The starting point for the development of the Common Humanitarian Strategy, which guides the humanitarian parts of the Action Plan, was a multi-sector needs assessment, carried out

across seven regions [North and South Kivu, Katanga, Maniema, Oriental province (including Ituri), Equateur and Western Kasai], between April and June 2005. The assessment, for the first time, provides a comprehensive overview of the needs in regions most affected by the humanitarian crisis.

The Common Humanitarian Strategy and the strategic priorities were determined by the principal humanitarian actors at two workshops, which were held simultaneously in Goma and Kinshasa at the beginning of July 2005.

The validation of the national priorities occurred in Kinshasa, with the participation of donors, UN agencies, NGOs and selected government Ministries. These actors also decided to introduce projects that are part of the transitional phase, in accordance with the multi-needs assessment mission's recommendation for a more comprehensive response to the needs of the population in the diverse regions of DRC.

By the end of July 2005, North and South Kivu, Katanga, Maniema, Oriental province (including Ituri), Equateur, Western and Eastern Kasai, Bandundu, Kinshasa and Bas-Congo had identified their respective Regional Action Plans. These are based on the previously-defined strategic priorities and the specific needs of vulnerable populations.

Regional Action Plans: the DRC Action Plan's backbone

The Regional Action Plans provide an overall strategic vision of the humanitarian needs. By the end of August 2005, humanitarian partners from local NGOs, international organisations and UN agencies had submitted project concept papers, outlining how the priority needs identified in the Regional Action Plans would be met in 2006 (see the enclosed CD Rom for the comprehensive Regional Action Plans).

Project selection process

All the project concepts were then validated by the humanitarian community, both at the regional and national levels, by Consultative Committees composed of field-based donors, UN Agencies and the NGO community. The primary criterion for inclusion in the Action Plan was the project's compatibility with the Common Humanitarian Strategy. The review also took into account the organisation's capacity to implement the proposed programmes, and its capacity to mobilise the additional required resources. The organisation's technical expertise and proven track record were also examined. Lastly, the validation process also verified that the organisation had addressed the cross cutting themes gender and HIV/AIDS. Altogether, some 900 projects were reviewed.

The projects that did not meet the above criteria have been excluded.

As a result, there are now **330 humanitarian projects, approximately 60% of which come from NGOs**, which show how this Action Plan can be implemented.

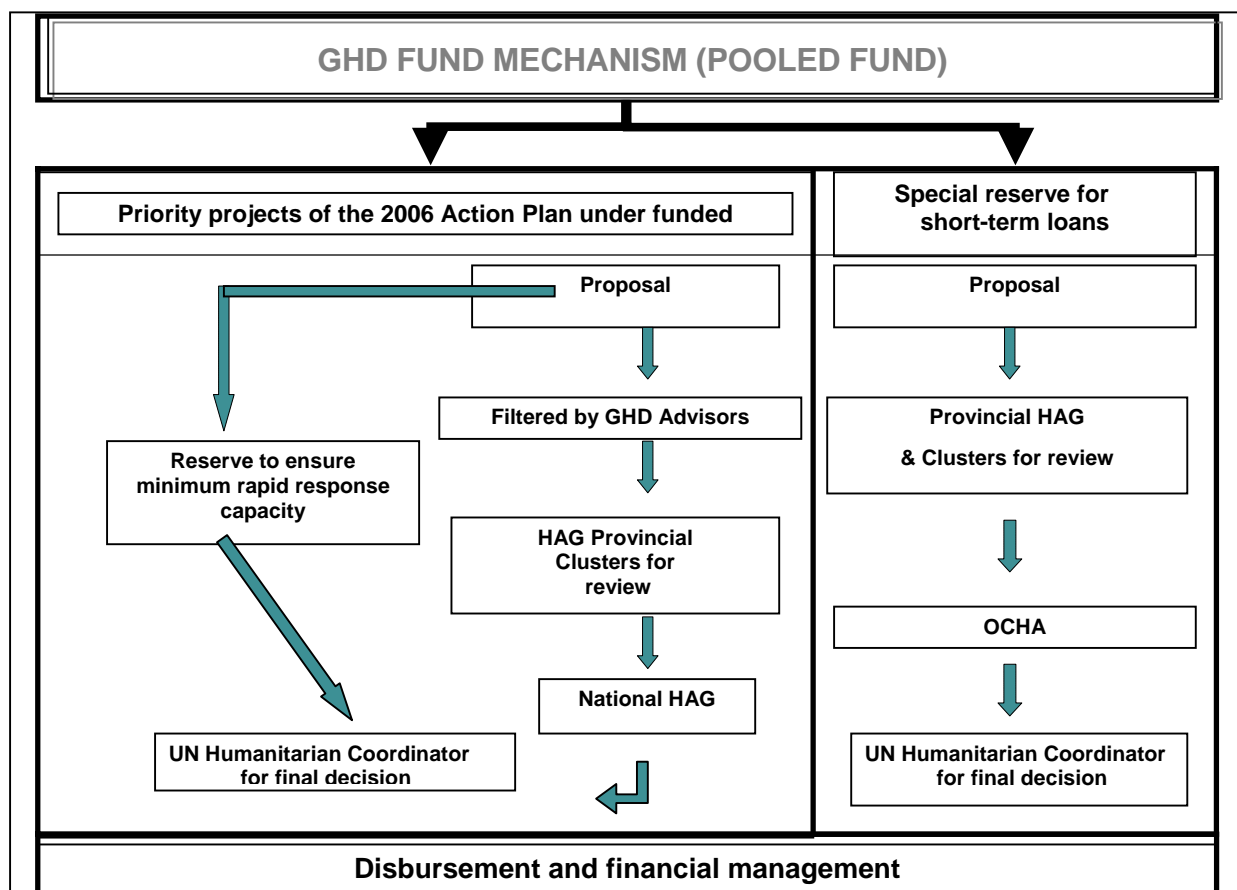
The GHD Fund/Pooled Fund

Cross cutting themes will be fully integrated into all humanitarian programming

The Action Plan has clear advantages for both donors and humanitarian organizations. For donors, direct contributions for humanitarian projects included in the Action Plan can be made in the confidence that those projects contribute to a comprehensive, multi-sector humanitarian strategy for DRC, as the Good Humanitarian Donorship (GHD) principles require.

Unearmarked contributions to DRC's Pooled Fund, overseen by the Humanitarian Coordinator, will be used to target the priority needs, validated by the Action Plan process, that have not yet been met by

direct contributions.



2.6 HUMANITARIAN COORDINATION STRUCTURES

The Humanitarian Advocacy Group

The national Humanitarian Advocacy Group (HAG), which meets weekly, is the primary coordination body for humanitarian action in DRC. This group, chaired by the Humanitarian Coordinator and composed of representatives of UN Agencies, the ICRC, five international NGOs, and various donors, has a dual role: setting humanitarian policy and seeking to eliminate gaps in the humanitarian response.

The HAG studies policy issues submitted by provincial-level Inter-Agency Standing Committees (IASC), plus other issues that affect national humanitarian strategy. Policy issues may cover the relationship between the humanitarian community and other key actors in DRC, support for new emergency situations, improved assistance for particular vulnerable groups, initiatives to reinforce the humanitarian response, and/or pilot initiatives and missions.

The HAG's second role is to address gaps in the humanitarian response to urgent priority needs, as set out in this Action Plan, or arising from new emergency situations. These are usually highlighted by a provincial IASC.

If HAG members cannot provide an immediate response to the identified gaps, and there is a proposed project that meets those needs in accordance with the strategy outlined in the Action Plan, the HAG can recommend the project to the Humanitarian Coordinator for funding under the 2006 DRC GHD Fund/Pooled Fund.

The HAG is supported by OCHA. OCHA facilitates the information flow to and from provincial IASCs, provides secretarial services, and ensures that briefing notes and other necessary documents are circulated to HAG members to inform discussions.

Coordination begins at field level

OCHA undertakes the day-to-day coordination of humanitarian action at the provincial level to support the work of the provincial IASC and sector commissions. The overall Provincial coordination body, the IASC, is chaired by OCHA and attended by representatives of the UN

Agencies, MONUC/HAS, ICRC, major donors and international NGOs. The IASC's role is to review the overall priority humanitarian needs as outlined in the Regional Action Plan, and to ensure that those needs are being met, taking into account the regional environment. This implies close consultations with MONUC and provincial authorities.

The IASC also reviews humanitarian policy issues at the provincial level, determines the need for inter-agency assessment missions, validates contingency plans and provides general guidance for ongoing humanitarian action. This includes ensuring that the cross cutting themes of HIV/AIDS and gender are incorporated into programming, and that the synergies of a multi-sector approach are fully exploited.

Gaps in the response, including priority unfunded projects, together with issues that require national action and support, are raised to the national level for action and guidance.

The sector commissions are led by sector focal points. The role of the sector commissions is to ensure that:

- the national and provincial sector strategy in the 2006 DRC Action Plan are being followed;
- priority humanitarian needs in the given sector are being met;
- newly-arrived humanitarian actors are properly briefed;
- newly-identified needs (for example, those resulting from Inter-Agency assessment missions) are met;
- technical information-sharing is facilitated;
- overlaps are avoided, and gaps in the response are identified.
- The sector commissions and sector focal points work under the guidance of the national cluster leads (see below).
- Any identified gaps in the response at the sector level are raised in IASC meetings.

United Nations Department of Safety and Security (UNDSS) supports this facet of OCHA's role, by providing real-time security advice, support and information to the wider humanitarian community. Following headquarters recommendations; UNDSS and MONUC were integrated into an Integrated Security Management Team in January 2005. As such, coordination between UNDSS and its UN partners has been reinforced due to MONUC's participation. The additional resource has ensured security support to all the provincial capitals.

The lack of basic infrastructure and the inadequate condition of the transport network in this vast country constitutes a major obstacle to the delivery of timely and cost-effective humanitarian aid. Demands for a strengthened logistics coordination structure to ensure that:

- available transportation assets are used in the most effective manner possible (through improved tasking and greater capacity utilisation);

The IASC oversees coordination at provincial level, supported by sector commissions

- unnecessary costs are eliminated where possible; and
- viable surface transport options are fully explored and made available
- were responded to by the establishment of the logistical platform of the UN (UNJLC) in DRC during the second half of 2005.

Discussions are on-going to establish a Humanitarian Information Center (HIC). The latter would support the co-ordination of humanitarian assistance through the provision of information products

and services.

MONUC/HAS also have a complementary role in facilitating humanitarian action, by providing support and access to MONUC resources for the humanitarian community. MONUC/HAS's role includes facilitating access to MONUC logistical support, funding Quick Impact Projects (QUIPS), providing advocacy support for better coverage of humanitarian needs, negotiating military escorts for humanitarian action as a last resort option, advocating for the protection of civilians by MONUC forces, and providing a link between humanitarians and MONUC military via MONUC's Civil Military Coordination (CIMIC) officers.

2.7 INTRODUCTION OF THE "CLUSTER APPROACH"

Coordination in the DRC will be strengthened in 2006 by adopting the "cluster" approach in all areas of humanitarian activity. The approach derives from the ongoing Humanitarian Reform process. Through this new approach, the Humanitarian Coordinator, with OCHA support, will

be in a stronger position to provide strategic direction, to prioritize activities and to lead the overall humanitarian response. OCHA will play an important role in ensuring synergies and effective links between the different clusters, as well as in ensuring that sector strategies adequately integrate cross-cutting issues, such as human rights, gender, age and diversity, and HIV/AIDS.

The cluster approach is primarily about mobilizing clusters of agencies/organizations/NGOs to respond to particular sectors, each cluster having a clearly designated lead, as agreed by the Humanitarian Coordinator and the Country Team. The aim is to ensure a more inclusive process, with a more systematic approach amongst humanitarian partners to planning, strategy development, application of standards and monitoring. The aim is also to ensure better prioritization both within and across sectors.

Cluster leads for particular sectors have also been designated at the global level, in order to enhance institutional capacity and ensure greater accountability worldwide.

Cluster leads will be responsible for ensuring the establishment of appropriate sector coordination mechanisms, including working groups at both the country and provincial levels, as required. Cluster leads will also play a key role in monitoring and reporting on the activities within their sectors that are covered by this Action Plan.

Each cluster is led by an agency chosen for its competence in that area of work. Sectors/areas will be lead by the following Cluster leaders:

Humanitarian Coordinator supported by OCHA

Overall Coordination

<u>Sector/area</u>	<u>Cluster lead</u>
Water & sanitation	UNICEF
Education	UNICEF
Emergency Shelter/Non food items	UNICEF
Food security	FAO/WFP
Nutrition	UNICEF
Health	WHO
Protection (including Mine action)	UNHCR (with MONUC)
Return and Reintegration	UNHCR/UNDP
Logistics	WFP (with MONUC)
Emergency Telecommunications	UNICEF

Cluster leads and their working groups are responsible for setting priorities and objectives in their respective sectors, in accordance with the sector strategies laid out in the Action Plan. The cluster leads will also provide sector-level technical advice to the national HAG.

Coordination in transitional areas

In September 2005, the United Nations agreed to transfer coordination responsibilities in transitional areas from OCHA to UNDP, with support from relevant parts of the UN system, including the creation in the short term of three UN Joint Offices. The handover from OCHA to UN Development Programme (UNDP) will include a gradual phasing out of OCHA and a strengthening of UNDP field capacity. Support will also be provided by the Resident Coordinator System, particularly in relation to strategic planning.

2.8 MONITORING HUMANITARIAN NEEDS AND RESPONSE

Monitoring mechanisms in 2006 will be based around cluster working groups at both the provincial and national levels, with a focus on sector activity at the field level.

In 2006, OCHA will support the Cluster groups in their work to strengthen sector coordination. Although varying greatly in strength and structure, sector working groups already exist in most parts of the country. As part of the monitoring scheme, priority will be given to standardising structure and operational procedures, and clarifying roles and responsibilities. Terms of Reference for cluster leads will be developed, and close monitoring will be conducted to ensure required outputs from provincial focal points.

Three distinct monitoring levels

Measuring impact of humanitarian action

RESPONSE AGAINST NEEDS

OCHA has developed a monitoring matrix to evaluate the humanitarian response against the needs and priorities identified during the formulation of this Action Plan. The matrix is geared at measuring humanitarian performance against a number of pre-specified indicators, with particular focus given to the number of beneficiaries and their geographic location. Gender disaggregated data will also be collected, analysed and used for review and evaluation purposes.

OCHA Field offices will track the ongoing humanitarian response in their respective areas. The data gathered will be collated to form a monthly update of their provincial monitoring matrix. OCHA-Kinshasa will consolidate these provincial level monitoring inputs into the DRC Monthly Monitoring Review. This data will then be shared and published on the DRC web site. The DRC Monthly Monitoring Review tool will allow all stakeholders to monitor whether or not various humanitarian needs have been met across the country and by sector, and will clearly highlight the gaps that need to be addressed.

In conjunction with this tool, OCHA is also developing a national database to better monitor the humanitarian response and avoid humanitarian gaps in the areas of priority need. This system will permit donors to evaluate the impact of actions undertaken within the Action Plan on a quarterly basis.

DONOR SUPPORT

In order to avoid duplication and allow for better coordination and close monitoring of funds allocated by donors on the basis of the 2006 DRC Action Plan, the existing Financial Tracking System (FTS) managed in Geneva will be also updated in parallel locally in DRC. Real time management of this funding information requires data on verbal commitments, pledges and/or contributions to be reflected directly into the local tracking system and then communicated to the central FTS in Geneva.

Improved
response to
transition from
Relief to
Development

STRATEGIC AND QUALITATIVE ASPECTS OF THE ACTION PLAN

Following the launch of the Action Plan, OCHA will work with partners to identify the gaps in the humanitarian response capacity, as outlined in the document. In cases where there are no projects in the Action Plan to respond to the gaps, OCHA will work closely with the cluster lead agencies to identify suitable partners and quickly develop programming for activities that will address these priority needs. These will be referred to donors for direct funding, and/or to the Humanitarian Coordinator for funding under the DRC GHD Fund/Pooled Fund.

Any new humanitarian needs that arise (for example, from a rapid-onset emergency situation or in a newly-accessible area), will be validated by the cluster focal point in the field.

Information on these new needs at the provincial level in the field will then be relayed to the national cluster lead agencies, who will then inform the GHD officers, based in Goma and Kinshasa. In turn, the GHD officers will evaluate the feasibility and validity of the projects, before sending them to the national HAG in Kinshasa. The HAG is tasked with taking the ultimate decision on whether to approve these projects, and to have them included in the updated list of Action Plan projects.



Chapter 3

2006 Sector Strategies

SECTOR EDUCATION

OVERALL GOAL: TO ENSURE CONTINUED BASIC EDUCATION FOR ALL CONFLICT AFFECTED CHILDREN IN COMMUNITIES RAVAGED BY WAR AND/OR NATURAL DISASTER

Building a Protective Environment	Indicators
<ul style="list-style-type: none"> Establish emergency schooling for displaced and returnee children Supporting local schools in host communities with classroom materials, additional classroom structures, and other materials as required, so that IDP children can attend school without charge Ensuring that IDP/returnee children can sit their national examinations (creating agenda to fit their school year) Ensure emergency preparedness Develop contingency plans, including response capacities, for education response to emergency situations Pre-position necessary emergency education stocks, based on the contingency plans and shelter stocks Reinforce the capacity of authorities and communities, including local organisations, to respond to education needs in emergency situations Improve access to basic education for all conflict affected children Rehabilitate school structures destroyed/damaged by conflict Provide school feeding where necessary in conflict and displacement areas Reduce costs of education for vulnerable families by measures such as school gardens Assist in the reintegration of returnee teachers into the education system. 	<p>Number of schools which have been rehabilitated or completed</p> <p>Number of pupils who have received school equipment</p> <p>And teachers who have received materials</p> <p>Estimate of displaced students in selected communities surveyed that are unable to attend school in their host communities</p> <p>Number of pupils who have received at least one food ration each school day</p> <p>Number of returnee teachers who return to the education system and average number of days required to complete reintegration process</p> <p>Note: (note: vulnerable groups may include orphans, demobilised CAAGs, adolescent mothers, IDP children, and returnee children)</p>

Funding Requirements (USD) : 23,461,008

Actors : NGOs: AAI, Afilma, , Caritas, CDJP, CEK, COLFADHEMA, COOPI, CORDAID, FOLECO, GTZ, Handicap International Belgique, IJAD, IRC, JRS, LIPEDEM, NRC, OXFAM, Save the Children, SOLIDARITES, UWAKI, World Relief

UN Agencies: UNHCR, UNICEF

SECTOR FOOD SECURITY

OVERALL GOAL: TO ENSURE THAT COMMUNITIES CAN LEAD PRODUCTIVE AND HEALTHY LIVES BY IMPROVING BASIC FOOD SECURITY

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Prevent malnutrition in populations with severe food insecurity <p>Advocate for the security of the population so that they may access their fields and for the security of their property and crops.</p> <p>Provide emergency food rations to IDPs/returnees and other vulnerable victims of epidemics and natural disasters.</p> <ul style="list-style-type: none"> • Ensure emergency preparedness <p>Pre-positioning emergency food supplies, based on contingency plans.</p>	<ul style="list-style-type: none"> • Improve household and community food security in vulnerable communities <p>Provide quick-impact agricultural and related inputs, (seeds and tools, livestock and other basic implements) to IDPs, host families of IDPs and returning IDPs to supplement food availability and to re-establish a minimum productive capacity.</p> <p>Ensure that women are equally involved in food distribution committees and other programme related to food security.</p> <p>Reinforce coordination between and within national and international food security and nutritional organisations at local and national levels.</p> <p>Involve community-based organizations and local agricultural authorities in assisting target populations.</p> <p>Improve food security information and surveillance including the production of monthly "Info Sec" bulletins.</p>	<p>IDPs/returnees receive food are reinstated back in the community</p> <p>850,000 farming households benefited from QIPS and which has re-established minimum autonomous production</p> <p>Number of vulnerable households assisted.</p> <p>Amount of emergency food supplies pre-positioned.</p> <p>Quantities of agricultural inputs delivered.</p> <p>Ratio Women/men involved in food distribution</p> <p>Number of food rations distributed</p> <p>Number of coordination meetings held</p> <p>Number of Info Sec bulletins published</p>

Funding Requirements (USD) : 225,023,079

Actors :

NGOs: AAA, ACF, ACTED, ADID, ADRA, AIDC, ALISEI, ALUDROFE/CEFEDA/SOFED, BAAD, BDD, BDOM, Caritas, CNDSC, CONCERN, CONGOLIA, COOPI, CP23, FERDEC, FHI, FOLECO, GASHE, IMC, ISF Congo, LWF, Malteser, OPF, Socodefi, Sofibef, UWAKI, World Relief

UN Agencies: FAO, WFP, UNOPS

SECTOR HEALTH

OVERALL GOAL: IMPROVE THE COMMUNITY HEALTH ENVIRONMENT BY DECREASING THE INCIDENCE AND IMPACT OF LIFE- THREATENING MEDICAL CONDITIONS IN CRISIS AFFECTED AREAS

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Provide timely and appropriate emergency response to life-threatening situations Provide specialist emergency medical equipment, facilities and personnel where required Train health personnel for emergency response • Provide medical care in life-threatening situations of epidemic, natural disasters and for survivors of violent acts including sexual violence, and mine accidents Provide emergency medical equipment, including prophylaxis post exposition (PEP), facilities and personnel where required Carry out malaria case management, in accordance with the national treatment, following national protocols Set up emergency obstetric care facilities • Prevent high level of mortality, the spread of life-threatening medical conditions and prevent the spread of epidemics Implement emergency measles vaccinations in humanitarian crisis areas Provide free-of-charge access to primary healthcare including essential drugs for vulnerable IDPs/returnees and other groups at risk Provide supplies and services to prevent the spread of HIV and care and support services for sero-positive persons in humanitarian crisis zones 	<ul style="list-style-type: none"> • Improve access to quality primary healthcare for vulnerable populations Rehabilitate basic/key health infrastructure and provide necessary equipment and drugs in areas in humanitarian crisis zones- including returnee areas Ensure an effective medical supply chain in humanitarian crisis areas. Implement PMA (Minimum Activity Package) – infrastructure, personnel supplies • Reduce malaria morbidity rates Provide preventive and curative care of malaria cases in – Community education – Bed-net distribution • Facilitate the overall clinical recovery of survivors of acts of violence, including sexual violence Provide psychosocial support to victims of conflict, natural disaster and epidemics • Protect the health of vulnerable mothers and children Elimination of childhood parasites - Provision of vitamin A - Health and hygiene awareness campaigns in communities affected by humanitarian crises - “motherhood without risk” programmes. Ensure coverage of the regular vaccination programme (PEV) in humanitarian crisis zones, kick-started by an accelerated vaccination programme for vulnerable communities (provide cold chain) 	<p>Rates of primary health care usage in targeted priority zones increased</p> <p>Crude mortality rate in the general population and in children under five surveyed communities in crisis zones</p> <p>Number of health personnel trained</p> <p>Proportion of health zones in conflict areas with functioning, accessible services</p> <p>Number of epidemics and natural disasters handled in a timely manner (plus number of cases) appropriately cared for</p> <p>Immunisation coverage increased</p> <p>Number of emergency kits, supply chains, basic medication, HIV kits distributed and used</p> <p>Number of emergency vaccination conducted</p> <p>Percentage of maternal mortality rate decreasing</p> <p>Take-up rate of appropriate maternity services</p> <p>Number of caesareans related to numbers of deliveries</p> <p>Number of safe blood transfusions given</p> <p>Number of rehabilitated service infrastructures</p> <p>Number of doctors, nurses per capita increased</p> <p>Rate of primary health care usage in priority zones</p> <p>Number of regional contingency plans drafted</p> <p>HIV incidence rate</p> <p>Percentage of maternities offering Preventing Mother to child transmission services</p>

<p>Carry out epidemiological surveillance with an early warning component and rapid investigation and response in communities at risk</p> <ul style="list-style-type: none"> • Ensure emergency preparedness <p>Develop contingency plans, including peripheral and national response capacities, for response to medical emergencies</p> <p>Pre-position emergency medical equipment and life-saving drugs based on contingency plans</p>	<p>Support prevention of mother-to-child transmission (PMTCT) of HIV/AIDS initiatives</p> <ul style="list-style-type: none"> • Decrease the incidence of HIV/AIDS following the national protocol • Provide treatment anti retroviral treatment (ART), drugs for opportunistic infections, home-based care, etc) 	
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Funding Requirements (USD): + including HIV/AIDS = 154 593 082

Actors :

NGOs: ALISEI, AMI, Caritas, COOPI, DCA, DOCS, FD, FOLECO, HIB, IRC, ISF, MDM, MEC, Medair, Memisa, Merlin, NCA, PSF, Save the Children UK, UEF

UN Agencies: WHO, UNAIDS, UNFPA, UNHCR, UNICEF, FAO

SECTOR LOGISTICS

OVERALL GOAL: TO ENSURE THAT VITAL HUMANITARIAN RESPONSE OPERATIONS BE CARRIED OUT IN A TIMELY, EFFICIENT AND EFFECTIVE MANNER.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Ensure that inter-agency emergency assessment missions can be carried out rapidly and safely Provide transport for emergency humanitarian actors either by boat, land or air Advocacy for increasing areas to be assessed by the international community • Ensure that emergency assistance reaches vulnerable populations in a timely manner Rehabilitate key roads and other transport infrastructure (e.g. airstrips) to improve physical access to emergency zones Provide warehousing, transport, purchasing, customs/administrative support, and other supply chain support for emergency inputs Provide transport for emergency humanitarian inputs either by boat, land or air Providing emergency shelter, food and water for emergency humanitarian actors • Ensure emergency preparedness Developing contingency plans for resource availability and response capacity Pre-position necessary emergency logistics equipment, based on the contingency plans 	<ul style="list-style-type: none"> • Ensure that humanitarian actors can reach vulnerable returnee and newly accessible populations in a safe and timely manner Provision of safe and appropriate transport logistics Ensuring logistics synergies between humanitarian actors working in the same zone are exploited 	<ul style="list-style-type: none"> Number of safe air trips for humanitarian personnel accessible Number of key access roads rehabilitated Number of warehouses accessible Number of pre-positioned logistic equipment Number of contingency plans acted drafted and acted upon An evaluation of operational efficiency Number of relief supply chain in emergency situations surveyed / evaluated

Funding Requirements (USD) : 13,453,800

Actors :

NGOs: Aviation Sans Frontières, Air Serv International

UN Agencies : UNJLC, UNHAS

SECTOR NUTRITION

OVERALL GOAL: IMPROVE THE OVERALL PUBLIC HEALTH SITUATION BY TREATING MALNUTRITION AND REDUCING POOR NUTRITIONAL PRACTICE

Saving Lives	Building a Protective Environment	Indicators
<p>• Provide quality and effective nutritional care to ensure that the mortality, morbidity and suffering associated with severe malnutrition is reduced (in respect of national norms):</p> <p>Improving the nutritional situation of the population by increasing their access to malnutrition centres</p> <p>Extending the nutrition surveillance system by establishing surveillance systems community level and conducting anthropometric studies to all DRC provinces</p> <p>Reinforcing community-based nutrition (NAC) including persons living with HIV/AIDS.</p> <p>Reinforcing intuitional capacity of local partners</p> <p>Provide quick impact agricultural inputs to nutritional centres to increase vegetable production for consumption by beneficiary families.</p> <p>Ensure emergency preparedness</p> <p>Developing contingency plans, including response capacities, for response to nutritional emergencies</p> <p>Reinforcing capacity of health authorities and communities to respond to nutritional emergencies</p> <p>Pre-positioning emergency nutritional stocks and food supplies, based on contingency plans</p>	<p>• Reinforce community-based nutritional awareness and good nutritional practice in vulnerable communities, including:</p> <p>Awareness campaigns and distribution of micronutrients</p> <p>Reinforcing community-based nutrition (NAC).</p> <p>Promotion of breast-feeding</p> <p>Nutrition care for HIV positive caseloads</p> <p>• Reinforce coordination between and within food security and nutritional commissions:</p> <p>Improving food security and nutrition information including the production of monthly "Infosec" bulletin.</p>	<p>90% of children identified with acute severe malnourishment are treated in TFCs</p> <p>85% leave the TFC cured</p> <p>Number of NAC established</p> <p>20 nutritional centres are rehabilitated and equipped</p> <p>Number of emergency nutritional stocks pre-positioned</p> <p>Number of anthropometric studies done</p> <p>Number of women breast feeding</p> <p>Number of pregnant women and adolescent nutritional requirement met.</p> <p>Number of personnel trained in nutritional emergencies</p> <p>Number of awareness campaigns held</p> <p>Number of trainings held</p> <p>Number of contingency plans developed</p>

Funding Requirements (USD): 22,266,123

Actors: NGOs: ACF, Concern, LWF, Pronanut, Save the Children

UN Agencies: UNICEF

SECTOR PROTECTION

OVERALL GOAL: ENSURE SECURITY AND DIGNITY OF COMMUNITIES BY ELIMINATING VIOLENCE BY PROTECTING BASIC HUMAN RIGHTS, PROMOTING PEACEFUL CO-EXISTENCE AND REDUCING THE IMPACT OF VIOLATIONS OF HUMAN DIGNITY ON VULNERABLE GROUPS.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Increase prevention and response to human right violations and threats to physical safety <p>Provide immediate protection to accessible vulnerable populations such as IDPs/returnees and other populations at risk</p> <p>Determine alternative mechanisms for the protection of vulnerable civilians in inaccessible areas</p> <p>Ensure that special measures are implemented to protect women and girls from violence in emergency situations and provide adequate multisector response for survivors of gender based violence.</p> <ul style="list-style-type: none"> • Ensure delivery of timely emergency response <p>Exploit protection synergies between military protection activities of MONUC and humanitarian protection actors in order to gain humanitarian access throughout the entire country</p> <p>Advocate for humanitarian access</p> <p>Advocate for the protection of beneficiaries of emergency programmes</p> <ul style="list-style-type: none"> • Ensure emergency preparedness <p>Develop contingency plans, including response capacities, for protection response to emergency situations, including response to mine and UXO emergencies</p>	<ul style="list-style-type: none"> • Increase prevention and response to human rights violations and threats to physical safety <p>Synergies between MONUC military and humanitarian actors to complete disarmament</p> <p>Advocacy against hatred- Violent acts Monitoring - Humanitarian and human rights norms</p> <ul style="list-style-type: none"> ▪ Support voluntary return and reintegration of vulnerable communities in peace and dignity <p>Harmonizing protection in return of IDPs and refugees, Information campaign Durable solution for returnees - Protection for populations at risk - promoting community reconciliation- developing a national legal framework on displacement</p> <ul style="list-style-type: none"> • Reduce the number of CAAGs demobilisation, care, and support to CAAGs reinsertion - lobbying against recruitment and re-recruitment • Keep families together <p>Preventing separation during displacement and return - strengthening family tracing and supporting family reunification</p> <ul style="list-style-type: none"> • Provide protection to other vulnerable children, including orphans, street children and children survivors of sexual violence <p>Promote the rights of children – psychosocial reinsertion activities, nutritional, health, education support, and</p>	<p>The number and pattern of documented incidents of violence against civilians (women and children) particularly</p> <p>Number of returnees returning safely home and restarting their livelihoods</p> <p>Number of children disarmed, reunified and assisted for their reinsertion with their families</p> <p>Number of groups that reunited with their families and follow a social and economic reintegration programme</p> <p>Number of newly accessible areas</p> <p>Number of SGVB victims who receive medical, psychosocial or legal help and assistance with economic reintegration.</p> <p>Number of established conflict resolution mechanisms</p> <p>Percentage of orphans and other vulnerable children (OVC) receiving free basic external support</p> <p>Number of refugees or displaced people who are reintegrated into their home area without subsequent exposure to problems of protection.</p> <p>Number of established conflict resolution mechanisms</p> <p>Number of people receiving mine awareness education</p> <p>Number of mines victims receiving medical help</p>

<p>Reinforce the capacity of authorities to respond to protection needs in emergency situations, including response to mine and UXO emergencies</p> <p>Pre-positioning mine and UXO emergency equipment and other emergency protection stocks, based on the contingency plans</p> <p>Conduct mine-risk education activities.</p> <ul style="list-style-type: none"> • Prevent mine and UXO accidents <p>Completing an overall assessment and mapping of the mine and UXO problem in DRC to determine areas at risk</p> <p>Improving de-mining and related actions (identifying mine fields) in areas at risk, especially to improve or safeguard access to fields, and water sources, and roads used by returning and/or displaced IDP communities</p>	<p>identifying and monitoring vulnerable children.</p> <ul style="list-style-type: none"> • Raise awareness on mines and UXO <p>Education of populations at risk - Raising awareness of Ottawa Convention –</p> <ul style="list-style-type: none"> • Increase response capacities and prevention of SGBV <p>Provide medical care, reinsertion, economic, psychosocial and legal support and advocacy against SGBV</p> <p>Number of humanitarian organisations present and active in the areas worst affected by violence in the east</p> <p>Reduction in the number of killings, rapes, arbitrary arrests or general violence in the east</p>	
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Funding Requirements(USD): 58 890 024

Actors :

NGOs: AAA, ADDE, ADIF, AFUV, Alisei, BDD, CAREO, Caritas, CASDH, Cause Rurale, CDJP, Conadhi, CORDAID, CP23, CREDD, CRONGD, DCA, DOCS, DPMET, ESDIHB, FICR, FSD, HBM, HCDH, HIB, Humanitas Ubangui, ICG, IRC, IRM, MAG, MALI, NRC, SAC, Save the Children, Tosalisana, WWI

UN Agencies: HCDH, OCHA, OHCHR, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, UNMACC, UNMAS, UNOPS

SECTOR SHELTER AND NFI

OVERALL GOAL: TO MINIMISE THE IMPACT OF DISPLACEMENT BY ENSURING HOUSEHOLDS ARE PROVIDED WITH BASIC COMMODITIES AND SHELTER THAT SUPPORTS APPROPRIATE LIVING CONDITIONS.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Rapidly meet immediate survival needs in basic household goods and clothing for vulnerable accessible populations • Minimise the negative impact of emergency shelter <p>Provide supplemental emergency shelter for host families, and actively dissuade camp situations</p> <ul style="list-style-type: none"> • Ensure emergency preparedness <p>Develop contingency plans and response capacities involving shelter and NFI in emergency situations</p> <p>Reinforce the capacity of authorities and communities, including local organisations, to respond to shelter and NFI needs in emergency situations</p> <p>Pre-position necessary emergency NFI and shelter stocks, based on the contingency plans</p>	<ul style="list-style-type: none"> • Improve the basic living conditions of other vulnerable populations, including those in newly accessible areas <p>Distribute basic shelter materials</p> <p>Provide construction assistance</p> <p>Provide basic household goods</p> <p>Provide basic household goods and shelter materials, where appropriate.</p>	<p>Number of vulnerable/affected families that have received shelter and non-food items</p> <p>Percentage of items being utilized by targeted families one month after distribution</p> <p>Number of training sessions held</p>

Funding Requirements (USD) : 14,285,800

Actors:

NGOs: CONGOLIA, CORDAID

UN Agencies: UNHCR, UNICEF

SECTOR WATER AND SANITATION

OVERALL GOAL: TO REDUCE THE INCIDENCE OF WATER-BORNE DISEASE AND EPIDEMICS BY ENSURING ACCESS TO SUFFICIENT POTABLE WATER AND APPROPRIATE SANITATION FACILITIES FOR AT-RISK COMMUNITIES.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Reduce the incidence of water-borne disease and epidemics in high risk areas (including zones with a high population density, e.g. areas with an influx of IDPs; areas where water-borne disease is endemic; at way stations during displacement and return movements; and for HIV/AIDS caseloads) <p>Provide sufficient quantities of potable water, including purification materials, aiming to reach Sphere standards</p> <p>Provide basic water collection and storage containers</p> <p>Ensure access to appropriate sanitation facilities, aiming to reach Sphere standards</p> <p>Distribute hygiene kits in areas at risk, coupled with hygiene promotion activities</p> <p>Provide appropriate watsan facilities to emergency health interventions, with attention to critical needs of HIV/AIDS persons</p> <ul style="list-style-type: none"> • Ensure emergency preparedness <p>Develop contingency plans, including response capacities, for watsan response</p> <p>Reinforce the capacity of authorities and communities, including local organisations, to respond to water and sanitation needs in emergency situations</p> <p>Pre-position necessary emergency watsan stocks, based on the contingency plans</p>	<ul style="list-style-type: none"> • Provide basic water and sanitation basic services to vulnerable populations, including in newly accessible areas <p>Construct and rehabilitating potable water systems in conflict and displacement zones</p> <p>Construct and rehabilitating sanitation facilities in communities affected by the conflict</p> <p>Create and supporting community water committees</p> <p>Provide appropriate water and sanitation facilities in public places, such as schools, health centres and markets</p> <p>Promote community based hygiene education activities</p> <p>Provide basic household water collection and storage containers</p> <p>Eliminate life-threatening vectors through the removal of stagnant water and the construction of waste disposal sites supported by waste collection systems</p> <p>Ensure women participation in water committees</p>	<p>Number of water points constructed</p> <p>Number of rehabilitated water points</p> <p>Number of functioning water points</p> <p>Percentage increase in population with access to potable water</p> <p>Mean time required to go to water source, collect water and return home</p> <p>Amount of water used per person per day</p> <p>Average amount of protected water storage capacity available per household (in litres)</p> <p>Number of latrines, showers and water pipes installed</p> <p>Number of hygiene kits and water</p>

Funding Requirements (USD) : 20,592,929

Actors: NGOs: ACF, ACTED, ADRA, ASF, ASMEDI, ATGL, BAAD, FHI, GTZ, IMC, JGI, MPA, PPSSP, Red Cross Movement, Solidarités and **UN Agencies:** UNICEF

SECTOR COORDINATION

OVERALL GOAL: TO SUPPORT THE HUMANITARIAN COMMUNITY IN ADDRESSING THE NEEDS OF THE MOST VULNERABLE POPULATIONS IN RAPID-ONSET EMERGENCIES AND CHRONIC CRISES, AND IN THE DECISION-MAKING PROCESSES.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Carry out humanitarian response in a coordinated manner so that they are timely, effective and relevant to the needs of victims/beneficiaries <p>Gather and disseminate operational information on needs, performance and gaps on a timely basis</p> <p>Strengthen operational linkages between/among Clusters to fulfil their mandated tasks</p> <p>Obtain and disseminate “real-time” Information on security, including input to ISMT</p> <p>Establish strategically located Emergency field Coordination Units</p> <ul style="list-style-type: none"> • Humanitarian, military and political decisions are taken in the best interest of vulnerable populations <p>Organise timely emergency inter-agency missions and needs assessments</p> <p>Maintain lines of communications with politico-military actors in order to preserve “humanitarian space” for response, ensure the safety of humanitarian actors and aid in operations civilians</p> <ul style="list-style-type: none"> • Strengthen the timeliness and effectiveness of planning, preparedness and resource mobilisation <p>Ensure emergency contingency plans are in place and up-to-date</p> <p>Validate the Common Humanitarian Framework for emergency response</p> <p>Develop early-warning mechanisms and preparedness mechanisms for decision-makers</p>	<ul style="list-style-type: none"> • Strengthen planning, preparedness and resource mobilisation to meet humanitarian needs in the DRC in a timely and appropriate manner <p>Support the strengthening of sector coordination mechanisms</p> <ul style="list-style-type: none"> - Promote timely funding of 2006 DRC Action Plan – Support donors in decision-making, monitoring and identification of priorities based on Action Plan – Support donors in implementation of GHD principles - Develop DRC 2007 Action Plan in widely participatory manner <ul style="list-style-type: none"> • Ensure that humanitarian, military and political decisions are taken in the best interest of vulnerable populations <p>Ensure standardised country-wide needs assessments are conducted using the Needs assessment tool – Organise inter-agency needs assessments to target returnee and newly accessible areas- Implement a Humanitarian Information Systems - Sensitization on humanitarian and IDP principles and humanitarian-military guidelines – Increase local and international awareness of the humanitarian crises in the DRC</p> <ul style="list-style-type: none"> • Ensure effective, timely and multi-sector operations <p>Implement an outreach coordination strategy – improve collaboration between humanitarian actors – Increase information on identified needs, responses and gaps – Promote partnerships between local NGOs and international</p>	<p>Number of inter-agency needs assessment conducted and upon which the findings have been acted upon</p> <p>Number of management decisions taken according to needs assessment</p> <p>Monitoring system established and used by management and donors to take decisions</p> <p>Number of key contacts with donors and other key stakeholders established and maintained</p> <p>Number of emergency field coordination units</p> <p>Number of Sector Commissions linkages established</p> <p>Number of systems established</p> <p>Number of partnerships established</p> <p>Number of training conducted</p> <p>Number of Contingency Plans drafted</p> <p>Number of early warning announcements offered.</p>

<p>Enhance humanitarian Needs/Response Mapping</p> <p>Put in place a robust system of Human Resource surge capacity</p> <ul style="list-style-type: none"> ▪ Ensure the security of staff and humanitarian resources <p>Maintain and up-date Security plans</p> <p>Establish a rapid response police unit</p> <p>Maintain effective field-HQ radio communications</p> <ul style="list-style-type: none"> • A Rapid Response Mechanism (RRM) is in place to provide timely provision of resources to emergency operations 	<p>organisations – Support IASCs, sector commissions and sector leads, contribute to sector strategy working groups, promote best-practices at sector level – encourage multi-sector approaches</p> <ul style="list-style-type: none"> • Implement a robust field response monitoring system in concert with all actors <p>Monitor the 2006 Action Plan, identifying priority sectors and geographical areas where no response is being undertaken, and seeking solutions - Monitor, identify and seek solutions for other gaps and overlaps in the humanitarian response</p> <ul style="list-style-type: none"> • Ensure that cross cutting themes HIV/AIDS and Gender are taken into account in all humanitarian programming 	
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Funding Requirements (USD) : 27,870, 702

Actors :

UN Agencies: OCHA, WHO, UNDSS, UNICEF

Cluster coordination lead agencies: FAO, (MONUC), OCHA, UNDP, UNHCR, UNICEF, WFP, WHO

SECTOR RETURN AND REINTEGRATION

OVERALL GOAL: TO ENSURE A TIMELY, SAFE AND DIGNIFIED RETURN HOME.

Saving Lives	Building a Protective Environment	Indicators
<ul style="list-style-type: none"> • Ensure that vulnerable communities and groups can return home free from fear of attack <p>Advance negotiation and advocacy to secure returnee areas and access roads</p>	<ul style="list-style-type: none"> • Promote timely and safe return home for vulnerable returnee communities <p>Provide timely and accurate information to IDPs and refugees on conditions in their home areas</p> <p>Closely follow security risks related to the return process</p> <p>Advocate with local communities to promote peaceful acceptance of returnee populations</p> <p>Promote inter- and intra-community reconciliation</p> <ul style="list-style-type: none"> • Ensure a return in dignity for vulnerable returnee communities <p>Ensure provision of necessary shelter materials and food and NFIs</p> <p>Ensure equal access to women and men to basic community services (including water and sanitation, primary healthcare, education, food security), including light rehabilitation, provision of equipment and inputs, and technical training programmes where necessary</p> <p>Ensure equal access to women and men in land and shelter, and providing cultivation and farming tools and inputs</p> <p>Advocate for the right to nationality and delivery of identity papers, for the recognition of qualifications, and for the reintegration of civil servants into the state system</p> <ul style="list-style-type: none"> • Promote ongoing peaceful coexistence between local and returnee populations <p>Negotiate the return of goods and land</p> <p>Implement of rapid impact projects (including HIMO), micro-credit and revenue-generating</p>	<p>Number of returnees returning with an escort and</p> <p>Number of return kits distributed</p> <p>Number of reconciliation promoted</p> <p>Number of basic community services made available</p> <p>Number of cultivation tools distributed</p> <p>Percentage of times that Just in Time information is readily available</p> <p>Number of identity papers given</p> <p>Number of negotiations held on land return</p> <p>Number of trainings held on community based project approach</p> <p>Number of HIMO implemented</p>

	<p>projects aimed at restarting the local economy for the whole community</p> <p>Promote a community-based and gender approach to project identification and implementation</p> <p>Reinforce the capacities of community - based civil society and local NGOs and other associations, including women's and increase linkages with local authorities and development actors.</p> <p>Promote peace-building and conflict resolution programmes in return areas.</p> <p>Reinforcing HIV/AIDS control interventions.</p>	
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Funding Requirements (USD) : 119,747,752

Actors :

UN Agencies : FAO, IOM, WFP, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM



Chapter 4

Regional Action Plans

For 2006, a new approach to humanitarian strategic planning has been developed in DRC. This is based on the success of the pilot provincial action plans in South Kivu and Ituri in 2005. It also recognises the differences in context and disparities in urgent priority needs from one region of DRC to another. The humanitarian community has decided to adopt a regional approach for strategic planning in 2006.

These decentralised strategies focus on humanitarian action addressing the most urgent needs in each region, thus maximising synergies between humanitarian programming in different sectors, optimising the use of available resources and adapting the humanitarian response to the specific context of each region.

The following section gives an overview of the **urgent priority needs** identified for each section. The full regional action plans are included in the contents of the CD-ROM.

ITURI:

Acute emergency alongside returnee areas with massive needs to restart their livelihoods

- 1. Saving lives of 267,000 newly displaced populations**, including rapid response programming and negotiating access for the 170 000 returnees to insecure areas.
- 2. Immediate protection of the vulnerable communities** exposed to ongoing violence with particular focus on women and girls at risk of sexual violence.

NORTH KIVU:

IDPs, recent returnees and hosting communities with urgent ongoing needs coupled with continuing restrictions on humanitarian access

- 1. Improving humanitarian access to some 800,000 IDPs/recent returnees** while setting up protection mechanisms to reduce violence, including sexual violence.
- 2. Preventing food insecurity for the 500,000 IDPs and 300,000** recent returnees in constant movements who have dire access to land, seeds and tool to cultivate.

SOUTH KIVU:

Ongoing violence leading to displacement, high levels of sexual violence combined with returning refugees

- 1. Protection of civilians against violence**, including addressing protection issues facing inaccessible populations while **improving immediate protection** to women and girls at risk of sexual violence.
- 2. Supporting the safe and dignified spontaneous return of 456,000 returnees and an estimated maximum of 55,000 Congolese refugees** from neighbouring countries while securing a stable environment to restart their livelihoods.

KATANGA:

Continued displacement due to insecurity causing food insecurity leading to malnutrition

1. **Saving lives of newly displaced populations**, especially those in the Manono-Mitwaba-Pweto triangle, via rapid response mechanisms while increasing protection of civilians against violence and abuse.
2. **Chronic food insecurity**, necessitating the provision of targeted agricultural inputs and training and increased nutritional programmes in the displacement areas.

ORIENTALE PROVINCE:

Epidemics, limited humanitarian presence and isolation

1. Providing capacity for **emergency response to epidemics**, including plague, cholera, measles, meningitis, monkey pox, river blindness and sleeping sickness
2. **Rehabilitating key access roads** to reduce the negative impact of isolation at community level and facilitate humanitarian action

MANIEMA:

Post-conflict opportunities, challenges of isolation, localized insecurity

1. **Improving physical access** to fields, markets and the outside world by rebuilding key roads and bridges and developing river transport potential
2. Rebuilding **livelihoods of the 252,000 recent returnees**, including the rehabilitation of basic services and provision of basic household goods

KASAÏ:

Isolation and limited basic services

1. **Rehabilitating key access roads** to reduce the negative impact of isolation at community level and facilitate humanitarian action
2. **Improving links between humanitarian and transitional programming** in stable areas with vast needs

EQUATEUR:

Presence of mines and UXO, isolation and 20,000 returning refugees

1. **Rehabilitating key transport infrastructure**, including river transport, to facilitate humanitarian action and reduce the negative impact of isolation at community level
2. Increasing **mine action programming**

BANDUNDU / BAS-CONGO / KINSHASA:

Harassment by armed men, urban social issues, post-conflict structural problems

1. Ensuring **appropriate protection programming** targeting the harassment of civilians by armed men, sexual violence and the urban problems related to street children
2. **Improving links between humanitarian and transitional programming** in these stable areas with vast needs.



Chapter 5

Bridging the Gap between Relief and Poverty Reduction

5.1

FAST-TRACKING THE POVERTY REDUCTION STRATEGY PAPER

June 2006-June 2008

The Third Line of Action: Promoting Stability

The main goal of the UN agencies in the Democratic Republic of Congo during the crucial two-year period following the 2006 elections is to help accelerate the country's recovery and contribute to sustainable peace by jump-starting local economies, improving the delivery of social services and promoting national reconciliation.

To reach this goal, UN agencies will work under the leadership of the Government and in partnership with international financial institutions, donors, NGOs and civil society to fast-track key elements of the country's Poverty Reduction Strategy Paper (PRSP).

Rather than implementing separate projects, agencies will achieve maximum impact by launching a limited number of integrated programmes in 200 targeted communities.

Drawing on new UN guidelines, each joint programme will be managed as a unified project, with one agency taking responsibility for financial oversight and all other agencies contributing, on the basis of their mandates, competencies and capacities, to programme design, implementation, monitoring and evaluation. A significant step-forward in simplification and harmonisation, this innovative approach is expected to reduce transaction costs by 40 percent and increase programme efficiencies by as much as 20 percent.

Achievements and Shortcomings of the Transition Period

The decision of the UN agencies to fast-track the PRSP and launch high-impact stability programmes reflects the reality of the country.

The DRC peace process has reached a major, irreversible milestone with implementation of the Global and All-Inclusive Agreement negotiated at Sun City in 2002 and 2003 and the establishment of a new political dispensation in the country.

The transition period, which started in June 2003 and will end in 2006 after the holding of Presidential and Parliamentary general elections, has seen an end to the war and contributed decisively to the reunification of the country. Important legislation, essential for addressing the root causes of the conflict and establishing a democratic and credible electoral process, has been adopted. The registration of more than 25 million voters and the approval of a new constitution demonstrate the population's commitment to moving forward. National systems of communications are being restored and the circulation of persons and goods is continuing to expand.

Security is improving, with former belligerents bound by the new institutional framework. An integrated FARDC high-command has been established and military region command positions have been shared between the warring factions. The *brassage* process, involving the mixing of militias, has helped to break-down factional cohesion and reduce opportunities for a renewal of inter-communal fighting.

Although the transition has succeeded in bringing two years of relative peace to the DRC, significant shortcomings threaten the post-electoral period. Few peace dividends have been shared with a population dramatically impoverished by seven years of war. There has been no appreciable decline in poverty, no decisively upward trend in employment levels, no major increase the amount of average wage packets and no major improvements in the quantity or quality of social services.

At the same time, militia continue to be active, particularly in the east, human rights violations are rampant and often perpetrated by the security forces, and dissident groups, although limited in number, continue to reject the peace process.

Although the elections are expected to give legitimacy to the post-transition administration, the management of post-electoral expectations is likely to be the single most important challenge facing the new Government.

There are other important risks in the two years ahead: election losers may want to undermine the new regime; delays in the reintegration of demobilised soldiers and the slow pace of army and police reform could lead to disorder; war criminals and corrupt officials may oppose any attempt to reduce impunity and a disillusioned population may turn to armed groups for protection and sustenance.

If the achievements of the transition are to be consolidated, these challenges will have to be addressed immediately after the elections as part of a sustainable strategy owned and implemented by both the Government and civil society, and supported by the international community.

Fast-tracking the PRSP

The best and only realistic framework that can play this role is the PRSP. Due to be adopted in early 2006 following a comprehensive three-year consultative process involving hundreds of national and local authorities, civil society organisations and the international community, the PRSP identifies three principle constraints to development--disempowerment of the population, the abuse of power by civil authorities and armed forces and the lack of security.

Using a pro-poor methodology, the PRSP argues that a massive public investment programme, managed on the basis of good governance principles, is the key to addressing the root causes of conflict and poverty in the DRC.

The PRSP aims to significantly and rapidly reduce poverty by improving access to basic public goods and reviving local economies through activities in four pillars: Reconstruction of State Administrative and Judicial Capacities and Support to Democratisation; Improvement of Economic Governance through Decentralisation, Economic Stability and Pro-poor Growth; Rehabilitation of Basic Services and Industrial Economic Sectors; and Support to Communities and Vulnerable Groups.

Agriculture, education, health, transport, water and sanitation and energy are identified as priority sectors. Specific policies and programmes are designed to curb the spread of HIV/AIDS, rehabilitate the health sector, revitalise the education sector, expand the supply of drinking water, reinvigorate the agriculture sector, and improve access to and the quality of energy and transport services.

The PRSP also calls for a special "emergency" programme targeted to meet the needs of vulnerable groups in conflict-affected areas within the Kalemie-Bunia semi-circle. A number of the projects in the first and second Lines of Action are generally consistent with the priorities outlined in this section of the PRSP.

For the third Line of Action, UN agencies, in consultation with national authorities and civil society partners, have identified the priorities in each pillar that are essential for promoting stability in the post-election period and developed high-impact programmes aimed at fast-tracking their implementation.

These priorities include: increasing household income; rehabilitating rural transport; expanding agricultural production; improving transparency in the management of natural resources; restoring the administration of, and, access to the judicial system at the district-level; strengthening management of the penal system at the district level; increasing primary education enrolment; up-scaling basic health services; reducing armed violence; minimising mine and UXO risks; opening local political space; accelerating political and economic decentralisation; deepening political dialogue; and building coordination capacities within the central and provincial Governments.

By fast-tracking these PRSP elements, UN agencies will be able to ensure that programmes are on-the-ground and ready for implementation when the elections are completed and a new legitimate Government has been installed.

Rather than risk widespread public disappointment, agencies are committed to helping the Government provide direct dividends to the population at the same time as strengthening and expanding its authority and under-cutting the credibility of possible spoilers of the peace process.

Programmes strategically linked to the PRSP have the advantage of not only bridging the gap between relief and post-electoral stability, but of also guaranteeing the smooth transition towards larger reconstruction efforts in the future and the full implementation of the country's poverty reduction strategy.

Post-Election Programming

During the past three years, the UN has played a central role in the stabilisation of the DRC. MONUC's troops have ensured stability in conflict-affected areas and the mission's support to the institutions of the transition have helped to deliver a new political dispensation. Humanitarian agencies have worked around-the-clock to provide emergency assistance to vulnerable groups, mitigating the worst impact of the conflict and helping millions of people to survive.

With the formal end of the transition and the installation of a democratically elected Government, the focus of the UN will need to shift from emergency operations and peace-keeping to state-building.

A concerted effort of the Government, UN, donors, international financial institutions and civil society will be required to quickly empower the newly elected Government with capacity-building programmes and international assistance.

Including stability programmes in the Action Plan is a concrete way for the UN agencies in the DRC to address these priorities and bridge the gap between humanitarian action and long-term development programmes.

Many UN operations have faltered in the past because the transition from emergency to sustainable programming has been delayed, poorly coordinated or under-resourced. Failure to build on existing humanitarian initiatives, or take into account national strategies, the role of civil society and the need for Government leadership, have all impacted negatively on other post-conflict operations. Spreading resources across too many programmes and dissipating the impact of UN interventions has been a common problem.

In the case of the DRC, the UN is trying to avoid these pitfalls. Agencies are seeking resources early to ensure adequate lead time for gearing-up programmes. New coordination mechanisms, relevant for development, are being introduced, including the phased transfer of field offices from OCHA to UNDP.

UN agencies will be working as a unified system, launching single, joint programmes in six priority areas. Each programme will be sharply focused, with a limited set of clearly-defined objectives.

All six programmes will be implemented simultaneously in 200 neglected and conflict-affected communities, with the aim of creating an irreversible dynamic of change in some of the country's hardest-hit areas.

The approach to programming will change, with each two-year programme implemented under the leadership of the Government and in broad-based partnerships with local authorities, civil society and NGOs. All of the programmes will be directly aligned with the PRSP, ensuring consistency with the country's main strategic priorities.

Traditionally, relief and development programmes have been compartmentalised as two separate and distinct activities requiring a set of time-bound, sequential interventions.

In contrast, the current Action Plan, as a unified strategic framework, is designed to reinforce linkages between the three Lines of Action. As a result, relief and stability programmes will be implemented in parallel, activities will be complementary and humanitarian programmes will be compatible with medium and longer-term transition and development objectives.

The advantage of a unified framework is that humanitarian and development programmes are made more effective and efficient through mutual reinforcement. In the case of the DRC's Plan, the first two Lines of Action are aimed at laying the groundwork for, and strengthening, the third Line of Action by involving local NGOs, reinforcing existing capacities and protecting and restoring the livelihoods of vulnerable populations.

Similarly, the third Line aims to accelerate sustainable development and achieve maximum impact in as short a time as possible by building directly on, and in many cases, rapidly up-scaling, activities introduced and implemented under the first two Lines.

5.2

THE PROPOSED PROGRAMMES

During the first months of 2006, as the PRSP is being finalised, UN agencies will continue to consult with partners and Government authorities to refine the strategic direction, approach and expected results of the six proposed programmes.

The consultative process, which began in November 2005 and has already involved the presentation of draft concept notes for each of the proposed programmes at donor roundtables, will provide partners with the opportunity to shape the programmes to fit emerging circumstances.

The formal presentation of these programmes is tentatively scheduled for spring 2006. With an expected start-date of early July, it will be necessary for UN agencies to work with partners during the consultative process to mobilise resources, enabling them to rapidly gear-up and begin implementation as soon as the new Government is installed.

National Dialogue Programme

State-building through a participatory and inclusive approach

Under the country's newly ratified constitution, essential political and economic powers will devolve to the regions, paving the way for new forms of decentralised and participatory governance.

For the new system to function, state structures at the local level will need to be rebuilt and reinforced rapidly. Mechanisms for national dialogue will need to be created to ensure participatory state-building and political actors, particularly potential spoilers, will need legitimate opportunities to contribute to the country's recovery and growth.

As a way of addressing these issues, the main goal of the proposed National Dialogue Programme is to reduce tensions during the post-election period by opening political space at local levels, accelerating political and economic decentralisation and deepening national dialogue.

As a result of the Programme, opportunities for political actors will be created within legitimate representational bodies at local and provincial levels, mechanisms for sharing revenue between the central and provincial Governments will be agreed and a nation-wide structure for political reconciliation will be established.

Small Arms and Mine Action Programme

Promoting sustainable security in high-risk communities

Security sector reform and DDR are two important pieces of the peace process not yet fully completed. Reconstruction of the army, a long-term process, and the disarmament of groups in the Kivus, Maniema, Orientale and Katanga will remain high priorities after the elections.

Although the FARDC is expected to continue its pacification programme, supported by MONUC, additional community-focused efforts will be required to disarm people, particularly in villages traumatised by war atrocities.

Reducing risks from mines and unexploded ordnance will also be key for boosting local production and creating economic alternatives in hard-hit communities.

As a way of addressing these issues, the main goal of the proposed Small Arms and Mine Action Programme is to decrease armed violence in some of the country's most conflict-affected areas by significantly reducing the number of illegal weapons, promoting socio-economic alternatives to arms-based livelihoods and conducting mine action operations.

As a result of the Programme, security will improve markedly in 200 violent communities and previously mine and UXO-affected areas will become accessible for the first time in years, boost production and economic activity.

Rule of Law Programme

Rebuilding the judiciary at the local level

Limited progress has been made during the transition in ending impunity. Sexual violence and forced labour have continued throughout the DRC, particularly in areas where there are only a handful of judicial authorities strong enough to put an end to the daily and systematic harassment of the population.

The revival and extension of judicial authority at the local level, the point of first interface with the Government, will be an essential pre-requisite for restoring the credibility of the state and creating the necessary conditions for stability, reform, good governance and poverty reduction.

As a way of addressing these issues, the main goal of the proposed Rule of Law Programme is to lay the foundations for the emergence of an independent, credible and equitable judiciary by strengthening the administration of justice at the district level, increasing access to legal services for impoverished people and the victims of sexual violence at the district level and improving the administration of the penal system.

As a result of this Programme, people living in 200 communities, including the victims of sexual violence, will have more confidence in the fairness of the judicial system and will increasingly seek justice through state courts.

Rural Recovery Programme

Jump-starting rural development in neglected areas

The end of the war paves the way for the re-start of normal economic activity. The anarchic informal exploitation of natural resources, which enabled the activities of armed groups throughout eastern DRC, will remain a major cause of rural insecurity until economic recovery creates other opportunities.

With more than two-thirds the population dependent on agriculture for their livelihoods, Congolese peasants will need to be given the opportunity to boost and market their agricultural produce.

A major public investment programme will be required to increase household income, rehabilitate feeder and trunk roads, extend the rural electrification network and manage natural resources in a legitimate and transparent manner.

As a way of addressing these issues, the main goal of the proposed Rural Recovery Programme is to accelerate economic activity in neglected and high-risk areas by substantially increasing household incomes, rehabilitating and extending the transport network and improving basic living conditions.

As a result of this Programme, 500 remote areas will be linked by transport to new markets, local economies in 200 locations will expand rapidly and people living in impoverished conditions in 200 communities, will have access to electricity and safe water, many for the first time.

Social Services Programme

Improving access to primary education and health care in hard-hit communities

Peace dividends for the population have been almost non-existent during the transition. The provision of basic social services, including education and health care, remains a function primarily carried out by religious and civil society organisations.

Despite the efforts of these institutions, millions of children do not attend school and hundreds of thousands of people die each year from easily-preventable diseases.

Teachers and health workers do not receive adequate wage packets and are often unpaid for extended periods. Didactic materials and essential medicines are in chronic short-supply and the condition of basic facilities is deplorable in many communities.

With the war finished, populations will expect the Government to re-establish a social compact by providing the minimum essential services needed to lead healthy, productive lives.

As a way of addressing these issues, the main goal of the proposed Social Services Programme is to rebuild social assets in high-risk and conflict-affected areas by significantly increasing the number of children attending primary school and improving basic health services.

As a result of this Programme, children living in 200 of the country's worst affected and most neglected areas will have better access to primary education and healthcare for the general populations in these communities will improve significantly.

Government Coordination Programme

Building the capacity of the Government to manage poverty reduction programmes

With the focus during the transition on power-sharing among former belligerents, inadequate attention has been given to reforming the public sector and systematically strengthening the core technical capacities of central and local Governments. Salaries for civil servants remain low and are often paid late, if at all, making employment in the public sector unattractive to highly qualified personnel.

At the local level, transfers from the central budget are inadequate, contributing to a reliance on extra-legal forms of revenue collection and disbursement. Budgets do not always reflect the economic and social needs of poor communities and are frequently used to support the priorities of interested parties and leaders.

The massive public investment programme envisioned under the PRSP will require the Government to manage international and domestic funds in a transparent and targeted fashion. To do this, urgent efforts will be needed to strengthen the capacity of officials in key ministries and local Governments to discharge basic bureaucratic functions including strategic planning, budgeting, monitoring and coordination.

As a way of addressing these issues, the main goal of the proposed Government Coordination Programme is to facilitate implementation of the country's Poverty Reduction Strategy by strengthening the capacity of the Government at both central and regional levels to coordinate donor assistance and deliver essential services.

As a result of this Programme, central and regional Governments will be better able to manage and implement the Poverty Reduction Strategy and other large-scale public investment programmes, boosting donor confidence.

Footnotes

- ¹ OCHA, November 2005
- ² OCHA, November 2005
- ³ OCHA. As of end of November 2005
- ⁴ FAO, UNDP figures. From 2005 Human Development Report
- ⁵ Document de Stratégie pour la Réduction de la pauvreté en RDC (DSRP). 2005
- ⁶ UNHCR figure as of December 2005
- ⁷ International Rescue Committee: "Mortality in the Democratic Republic of Congo: Results from a Nationwide Survey" (Conducted April-June 2004)
- ⁸ Ibid
- ⁹ Exact figures are not known
- ¹⁰ Artesunate combined to camokyn
- ¹¹ Where the disease has been identified
- ¹² Temporary humanitarian support bases which facilitate emergency humanitarian action in zones
- ¹³ International Rescue Committee: "Mortality in the Democratic Republic of Congo: Results from a Nationwide Survey" (Conducted April-June 2004)
- ¹⁴ International Rescue Committee: "Mortality in the Democratic Republic of Congo: Results from a Nationwide Survey" (Conducted April-June 2004)
- ¹⁵ OCHA, November 2005
- ¹⁶ OCHA, November 2005
- ¹⁷ UNICEF: Of 33,000 children associated with armed groups (CAAGs) in DRC. It is estimated that 14,000 have already been demobilised.
- ¹⁸ Save the Children: "Forgotten Casualties of War", August 2005
- ¹⁹ UNDP Human Development Report 2005
- ²⁰ UNDP Human Development Report 2005
- ²¹ MSF: "Accès aux soins, mortalité et violence en République Démocratique du Congo", Octobre 2005
- ²² UNAIDS, 2005
- ²³ Programme minimum de partenariat pour la transition et la relance, (PMPTR) p. 146
- ²⁴ Programme minimum de partenariat pour la transition et la relance (PMPTR) en République Démocratique du Congo, page 84
- ²⁵ OCHA, Multi sector needs assessment, DR Congo, April-June 2005
- ²⁶ WHO Epidemiological Report; weeks 1 to 41.
- ²⁷ UNICEF: National attendance rates are 54.8% for boys and 48.6% for girls

List of acronyms

AAA	Agro Action Allemand
AAI	Action Aid International
ACF	Action Contre la Faim (Action Against Hunger)
ACTED	Agence d'aide à la coopération technique et au développement
ADDE	Association pour la Défense des Droits de l'Enfant
ADID	Action pour le Développement Intégral et Durable
ADIF	Association pour le Développement des Initiatives Féminines
ADRA	Adventist Development and Relief Agency
AFILMA	Association des Femmes Intellectuelles et Lettrées au Maniema
AFUV	Association des Femmes Unies pour la Vie
AIDC	Action et Initiatives pour le Développement Communautaire
ALUDROFE	Association de Lutte pour la promotion et la Défense des droits de la Femme et de l'Enfant
AMI	Aide Médicale Internationale
ART	Antiretroviral Treatment
ASDH	Action pour la Sauvegarde de la Dignité Humaine
ASF	Association de Santé Familiale
ASF	Aviation Sans Frontières
ASMEDI	Appui à la Santé, aux Messageries, au Développement et au traitement des Informations
ATGL	Antenna Techonologies Grands Lacs
BAAD	Bureau d'Appui et d'Accompagnement au Développement
BDD	Bureau Diocésain de Développement
BDOM	Bureau Diocésain des Ouvres Médicales
CAAG	Children Associated with Armed Groups
CAP	Consolidated Appeals Process
CAREO	Centre des Abandonnés et de Réintégration des Enfants Orphelins
CBT	Centre Bamamu Tabulukayi
CDJP	Commission Diocésaine Justice et Paix
CEFEDA	Centre d'Encadrement de Femmes et Enfants Déshérités pour l'Auto promotion
CEK	Communauté Evangélique au Kwango
CIMIC	Civil Military Coordination
CNDSC	Centre Notre Dame du Sacre Cœur
CNR	National Committee for Refugees
COLFADHEMA	Collectif des Femmes Actrices au Développement et défense des droits de l'enfant, femmes et Mères d'Afrique
CONGOLIA	Collectif des ONG Libres et Autonomes

COOPI	Cooperazione Internazionale
CORDAID	Catholic Organization for Relief and Development Aid
CP23/CEC	Coordination des projets: 23è Communauté évangélique du Congo
CREDD	Centre de Rééducation pour l'Enfance Délinquante et Défavorisée
CRONGD	Conseil Régional des Organisations Non Gouvernementales
DAC	Development Assistance Committee
DCA	Danish Church Aid
DDR	Disarmament, Demobilisation and Reintegration
DDRRR	Disarmament, Demobilisation, Reinsertion, Rehabilitation and Reconciliation
DfID	Department For International Development
DOCS	Doctors On Call for Service
DRC	Democratic Republic of Congo
ECHO	European Commission Humanitarian Office
EHI	Emergency Humanitarian Intervention
ESDIHB	Equipe de Soutien au Développement Intégral Humanitaire et de la Biodiversité
EUR	Euro
FAC	Forces Armées Congolaises
FAO	United Nations Food and Agricultural Organisation
FARDC	Forces Armées de la République Démocratique du Congo
FD	Fondation Damien
FDLR	Forces Démocratiques de Libération du Rwanda
FERDEC	Femmes dans la Reconstruction pour le Développement du Congo
FHI	Food for the Hungry International
FOLECO	Fédération des ONG Laïques, économiques du Congo
FSD	Fondation Suisse de Déminage
FTS	Financial Tracking System
GASHE	Groupe d'Action pour Sauver l'Homme et son Environnement
GHD	Good Humanitarian Donorship
GR	Grams
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAG	Humanitarian Advocacy Group
HAS	Humanitarian Affairs Section
HBM	Haki za Binadamu
HC	Humanitarian Coordinator
HIB	Handicap International/ Belgium
HIC	Humanitarian Information Centre
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HIMO	Haute Intensité de Main d'Oeuvre
IARA	Islamic African Relief Agency
IASC	Inter-Agency Standing Committees

ICG	Initiative Congolaise pour le sauvetage de population de Goma
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFCR	International Federation of the Red Cross
IJAD	Initiation des jeunes aux Activités de Développement
IMC	International Medical Corps
INGO	International Non Governmental Organisation
IOM	International Organisation for Migration
IPAE	Inspection Provincial d'Agriculture et de l'Elevage
IPS	Inspection Provincial de la Santé
IRC	International Rescue Committee
IRM	Innovative Resource Management
ISF Congo	Ingénieurs Sans Frontières Congo
ISMT	Integrated Security Management Team
JGI	Jane Goodall Institute
JMAC	Joint Mission Analysis Cell
JRS	Jesuit Refugee Service
Kcal	Kilocalories
Kg	Kilograms
Km	Kilometres
LIPEDEM	Ligue de Protection de l'Enfant et le Développement des Mamans
LRA	Lord's Resistance Army
LWF	Lutherian World Federation
MAG	Mines Advisory Group
MDM	Médecins du Monde
MEC	Medicos En Catastrophe
MEMISA	Medische Missie Samenwerking
MERLIN	Medical for Emergency Relief International
MIBA	Minières de Bakwanga
MLC	Mouvement de Libération du Congo
MONUC	Mission des Nations Unies en République Démocratique du Congo (United Nations Mission in DRC)
MPA	Messagers de la Paix en Afrique
MRC	Congolese Revolutionary Movement
MRE	Mine Risk Education
MSF-F/H/B	Médecins Sans Frontières (Doctors Without Borders) – Belgium : France / Holland
MT	Metric Ton
NAC	Nutrition à base Communautaire
NAFM	Needs Analysis Framework and Matrix
NALU	National Army for the Liberation of Uganda

NCA	Norwegian Church Aid
NFI	Non Food Items
NGO	Non Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OFDA	Office for Foreign Disaster Assistance
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPF	Organisation Paysanne contre la Faim
OVC	Other Vulnerable Children
OXFAM	Oxford Famine Relief
PEP	Prophylaxis post Exposition
PEV	Programme Elargi de Vaccination
PMA	Paquet Minimum d'Activités
PPSSP	Programme de Promotion de Soins de Santé Primaires
PRONANUT	Programme National de Nutrition
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
PSF	Pharmaciens Sans Frontières
QUIPS	Quick Impact Projects
RC	Resident Coordinator
RRF	Rapid Response Fund
RRM	Rapid Response Mechanism
SAC	Survey Action Center
SAJ	Soutien et Appui Juridique
SC-UK	Save the Children – United Kingdom
SFC	Supplementary Feeding Centre
SGVB	Sexual Gender Violence Based
SOCODEFI	Société de Coopération pour le Développement de Fizi
SOFED	Solidarité des Femmes en Difficultés
SOFIBEF	Solidarité des Femmes de Fizi pour le Bien-être Familial
SPLA	Sudan People's Liberation Army
TFC	Therapeutic Feeding Centre
UAM	Unaccompanied Minors
UEF	Unité pour l'Encadrement des Femmes
UN	United Nations
UNAIDS	United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNHAS	United Nations Humanitarian Air Service
UNJLC	United Nations Joint Logistics Centre
UNMACC	United Nations Mine Action Coordination Centre
UNMAS	United Nations Mine Action Service
UNSECOORD	Office of the UN Security Coordinator
UPDF	Ugandan People's Defence Force
UDPS	Union pour la Démocratie et le Progrès Social
USAID	United States Agency for International Development
USD	United States Dollar
UNOPS	United Nations Office for Project Services
UWAKI	Umoja wa Wamama wa Kivu
UXO	Unexploded Ordnance
VCT	Voluntary Counselling and Testing
Watsan	Water and Sanitation
WFP	United Nations World Food Programme
WHO	United Nations World Health Organisation
WWI	Women for Women International DRC Chapter Office

Project Number by pillar/ by province

Pillar	Province and / or type of project	Number of Projects	USD \$ Amount
Pillar I	Multiprovincial	17	72,809,154
	National	14	95,169,219
	Bandundu	2	2,262,365
	Bas Congo	1	300,150
	Equateur	20	13,022,216
	Ituri	4	2,804,970
	Kasai Occidental	2	4,478,670
	Kasai Oriental	12	26,847,588
	Katanga	15	14,488,994
	Maniema	12	14,849,242
	North Kivu	9	5,675,320
	Oriental Province	15	9,808,972
	South Kivu	10	9,721,535
	Sub-Total Pillar I		133
Pillar II	Multiprovincial	16	146,184,817
	National	16	50,552,878
	Bandundu	6	2,675,365
	Bas Congo	2	2,846,734
	Equateur	26	15,370,575
	Ituri	4	5,342,256
	Kasai Occidental	7	9,328,150
	Kasai Oriental	9	19,604,443
	Katanga	22	21,488,872
	Kinshasa	4	8,584,099
	Maniema	25	16,141,373
	North Kivu	23	36,405,614
	Oriental Province	13	31,713,311
	South Kivu	24	43,131,150
Sub-Total Pillar II		197	409,369,637
Grand Total		330	681,608,032

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