CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

DEMOCRATIC REPUBLIC OF THE CONGO
UNDERFUNDED EMERGENCIES
ROUND I
VIOLENCE/CLASHES
2021

21-UF-COD-48617

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A

La réunion AAR a été substituée en janvier 2023 par une consultation par courriel de toutes ces agences onusiennes impliquées avec des réponses aux questions habituellement discutées lors des réunions formelles AAR, notamment : les principaux résultats atteints, les personnes atteintes, la valeur ajoutée du financement reçu du CERF, les leçons apprises. Ces échanges ont permis de collecter les contributions des agences UN aux questions susvisées

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐
Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF's $22 million allocation for DRC aimed to address the acute and severe needs of vulnerable people located in seven provinces of DRC (Ituri, North-Kivu, South-Kivu, Maniema, Tanganyika, North-Ubangi, and South-Ubangi), through seven sectors (Food Security, Nutrition, Health, Water, Sanitation and Hygiene, Protection (general; GBV and Child Protection), Education and Shelter and Non-Food Items (including Camp Coordination and Management (CCCM). The allocation focused on people who had been forcibly displaced-as well as their host communities-and addressed their most critical unmet needs in provinces where the response was most needed. To ensure a rapid, cost-effective, and sustainable approach, CERF grant was funded through seven UN agencies (FAO, IOM, UNFPA, UNHCR, UNICEF, WFP and WHO) with an existing presence and capacity to collectively implement a multi-sectoral response in the target areas. The complementarity between clusters such as child protection, WASH, and GBV or shelter and WASH ensured holistic support to the target population. The CERF allocation complemented a recent DRC Humanitarian Fund allocation as well as a CERF rapid response allocation for 2020, focusing on different sectors and geographic locations. It should be noted that the HCT protection strategy was central to the DRC humanitarian community's commitment as a collective to protection outcomes. The DRC HCT protection strategy provided the strategic direction needed to address DRC's humanitarian protection concerns through a coordinated and coherent, multi-sectoral approach to response and advocacy. Moreover, the allocation has promoted the empowerment of women and girls and gender equality more generally. It has considered the specific protection risks faced by women and girls in humanitarian crises and has paid particular attention to supporting GBV prevention and response and reproductive health activities. The CERF allocation sent an important signal to donors about the severity of needs in underserved areas and the need to fill gaps in response coverage. An HCT working group worked on a resource mobilization plan for the DRC. The DRC Humanitarian Response Plan, and the HC and HCT have used the CERF allocation to intensify advocacy efforts with donors.

CERF's Added Value:

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☒ Partially ☐ No ☐

Yes, the CERF funds enabled humanitarian community to quickly provide a lifesaving assistance in various sectors. Particularly, CERF funds enabled a fast delivery of multipurpose cash assistance to vulnerable food insecure people affected by conflict, allowed to ensure a quality severe acute malnutrition (SAM) treatment to children under 5 affected, a timely response in less than 48 hours to suspected cases of cholera, an improved access to safe water, health care and to prioritize the most food insecure locations in IPC3+. Moreover, CERF funds enabled to launch NFI rapid response in seven days or less after the end of the rapid need assessments and ensured immediate education in favour of children. Education was used as an entry point to sensitize children, teachers, parents, and communities on life saving messages related to the prevention of cholera, COVID-19 as well as Prevention of Sexual Exploitation and Abuse (PSEA) and Gender-Based Violence (GBV). The CERF funds were also critical to strengthen Child protection interventions in favour of unaccompanied minors, children released from armed groups and survivors of GBV children, affected by displacement and armed conflict. In addition, CERF funds ensured a crucial vaccination against measles of children aged 6-59 months through vaccination campaigns conducted in health zones of provinces of Maniema, Tanganyika, and South-Kivu with a high presence of IDPs and to provide the necessary care for children suspected of measles. Indeed, vaccination, coupled with case management, resulted in a cut to the chain of disease transmission in supported health zones and prevented the spread of the disease to neighbouring health zones. Additionally, the flexibility of CERF funds allowed the extension of interventions to additional zone of intervention and enabled to promote, protect, and reach more women and children in need.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Yes, the funds were crucial to respond to time-critical needs of people affected by food insecurity, malnutrition, basic needs in terms of access to safe water, hygiene, and sanitation facilities, sexual violences as well as measles epidemic and to improve a medical facility in refugee area. Therefore, the delivery of multipurpose cash assistance allowed affected vulnerable populations, especially persons with disabilities, to respond to both essential and short-term food security needs. Additionally, CERF funds allowed to reinforce nutrition sensitive caring practices through the promotion of IYCF practices. Moreover, through the rapid NFI response, CERF funds helped IDPs having left most of their belonging while fleeing insecurity. Particularly, displaced persons with disabilities benefited from retrofit shelters. Children affected by SAM received life-saving treatment and 97% of them could successfully recover. Funds were also critical to ensure the procurement of cholera kits to be distributed to households around suspected cases to stop the cholera transmission.
Also, considering that North-Kivu, South-Kivu and Ituri are the three provinces where the highest numbers of grave violations against children, including recruitment and use, abduction, killing and maiming, rape and other forms of sexual violence were verified through the UN Monitoring and Reporting Mechanism (MRM) in 2021 and 2022, a timely assistance at the time of identification was a key to ensure that children released from armed groups, unaccompanied minors and survivors of GBV were provided with assistance to access medical services, psychosocial support and to be supported with temporary care and/or family reunification.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

This CERF contribution enabled the mobilization of partners under the coordination of the different clusters to avoid duplication of interventions and orient partners in areas where needs were critical. So, the CERF funds have ensured the complementarity of the responses provided by the different actors. Sector-related activities and results reached were systematically shared with all cluster members during the meetings and through the 3W Matrix. This made it possible to ensure the complementarity of the emergency interventions by different actors and between cluster's members in the targeted areas.

In North-Kivu, e.g., in close collaboration with the Division of Social Affairs, a coordination mechanism has been established between UNICEF partners in Ituri and North-Kivu to facilitate and support cross provincial reunification and follow up of children.
Moreover, UNICEF has maintained close coordination and collaboration with MONUSCO including through the contribution and participation to the advocacy and awareness campaigns for preventing and fighting against child recruitment and Disarmament, Demobilization, and Reintegration (DDR) activities, as well as with the International Committee of the Red Cross (ICRC).

Additionally, the CATI program (Case Area Targeted Intervention) of UNICEF supported the government of DRC, particularly in supporting epidemiological and laboratory surveillance axes. This approach has allowed the WASH sector to better define a continuum of services by defining the most appropriate and impactful activities. The epidemiological surveillance enabled having a better understanding of the epidemic and therefore made it possible to better coordinate the efforts made while correctly targeting the real chains of transmission. members in the targeted area. This axis was executed by UNICEF, the provincial health directorates as well as the central level of the Ministry of Health (Programme National pour l 'Elimination du Cholera/PNECHOL) and coordinated with the World Health Organization (WHO). In South-Kivu as well, in coordination with the partners directly involved in the response against cholera, coordinated sensitization actions were conducted in supported health areas.

As far as measles epidemic response is concerned, the organization of the measles response campaign in the three targeted health zones was discussed within the Provincial Coordination Committee including WHO, international and national NGOs from each of the three provinces concerned (Maniema, South-Kivu and Tanganyika) as well as partners of the Ministry of Health including the Provincial Health Division and the Central Office of the Health Zone (BCZS). All agreed to participate in the response.

Moreover, the support provided to Handicap International through the CERF funds to promote and ensure better consideration of people with disabilities in humanitarian response in the DRC through capacity building of humanitarian actors and Disabled People's Organizations (DPOs) enabled better communication within the humanitarian coordination.
On its part, WFP worked in collaboration with other humanitarian organizations in food security, cash assistance and nutrition clusters and coordination forums, at both national and provincial levels. In addition, WFP assistance was provided in collaboration and partnership with the private sector and NGOs.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

The CERF allocation was used by the HCT of DRC to intensify advocacy efforts with donors. Thus, CERF-supported interventions were complemented by those supported through complementary funds. This is the case of funds from the United States Bureau of Humanitarian Affairs (BHA) and other funding sources which were identified to assist children in these areas. Similarly, UniRR, Cholera and Nutrition interventions were also supported by other donors' contributions. CERF funds were critical to mobilize additional resources for a WASH response in Fizi and Nundu (province of South-Kivu) funded by the Fonds Humanitaire to consolidate the achievements of the CERF interventions. Additional funds were also mobilized for ensuring a WASH response in the Boga health zone (province of Ituri), following the movement of displaced people from North- Kivu fleeing the fighting between the loyalist forces and the M23. UNICEF also used its own funds as a first step to respond to M23 crisis and has requested a reprogramming of CERF Underfunded funds received in early 2023. Further in Ituri, additional resources were mobilized through UNICEF to cover WASH needs in the Rwampara health zone (Irumu territory) to assist displaced people following atrocities committed in the area.

As far as measles response in the supported health zone in Maniema, other partners including Médecins sans Frontières (MSF), provided additional medical management for measles cases, leaving CERF funds being used for the vaccination response.
On the side of WFP, CERF funds served as a bridge while WFP continued to actively mobilize resources from other donors.

Considerations of the ERC's Underfunded Priority Areas[1]:

Regarding support for women and girls:
As shown in the various reports provided by the UN agencies, most people in need of humanitarian assistance in DRC were women and girls and the CERF allocation placed a specific focus on responding to their needs. During the interventions, the promotion of gender equality and women's participation in joint decision-making bodies were generally followed. Similarly, the policy of affirmative action in favor of women heads of household was applied. Within the community rehabilitation committees, the representation of women has been generally ensured. This has allowed women to have equitable access to aid. In Nutrition sector, e.g., women were trained on active screening through the family Mid-upper arm circumference (MUAC) approach. Women were also involved in promoting good practices of infant and young child feeding (IYCF) in the community. Moreover, CERF funds were able to support survivors of GBV, and especially women and girls, in accessing multi sectorial response services (particularly medical and psychosocial). NFI interventions targeted mainly women, as they are often the most vulnerable, as well as the main users of the kit. Through this program, women and girls of reproductive age also benefited from an intimate hygiene kit. Also, the promotion of women's and girls' safety and participation in site governance activities has helped to limit gender-based violence. It should also be noted that the technical capacity building activities on the different themes have ensured the participation of women in the same way as men. Moreover, efforts were made to ensure a gender balance in the

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

recruitment of community workers. It should also be noted that specific economic reintegration activities for vulnerable women, including those who have undergone obstetric fistula repair and survivors of sexual violence, have contributed to their empowerment.

Regarding programmes targeting disabled people:
With the support of the HCT, funds (about US$ 1.6 million) were allocated to ensure the access of PwD to the humanitarian assistance. These funds were mainstreamed across the projects instead of developing a standalone program. The importance given to PwD in the various interventions promoted their effective and lasting inclusion not only in the strategic documents, but especially during direct responses in the field. As part of the support to humanitarian actors in strengthening the inclusiveness of humanitarian responses in the Democratic Republic of Congo, approximately 400 members of the 8 Disabled People's Organizations (DPOs) at the national and regional levels (in Kinshasa and in Goma) have been supported by trained members and have been equipped to participate in coordination mechanisms and other humanitarian interventions.

Regarding education in protracted crises:
Education in protracted crises such as in North and South-Kivu was among the urgent sectors in need of funding. CERF funds have enabled children affected by recurrent population movements and epidemic outbreaks to continue accessing education and receive life-saving messages, in complementarity with interventions from other sectors. In particular, the construction of semi-durable classrooms instead of installation of tents or temporary learning spaces was a longer-term solution for protracted crises context. Moreover, many vulnerable households, especially the displaced, have found ways to send their children to school by buying school kits and paying the schools fees thanks to the sale of agricultural products and the unconditional cash distributed through CERF funds.
Awareness sessions were organized in schools to popularize preventive measures against cholera and other diarrheal diseases in endemic areas with a focus on hand washing and the use of hydroalcoholic gels.

Regarding other aspects of protection
Most projects ensured that mechanisms were in place to prevent and address sexual exploitation and abuse in the locations where the interventions were implemented. CERF funds contributed to increasing community awareness on GBV, by disseminating widely information on available services, as well as ensured regular engagement with communities and community leaders to identify drivers of violence and ensure community led risk mitigation interventions. In general, protection has included sensitization sessions for targeted populations and groups, including engagement with community leaders and local authorities, particularly on protection risks and feedback mechanisms. In addition, the integration of protection cross-cutting in the interventions focused on preventing and mitigating child protection risks including depolarization, early marriage, and the recruitment of children into armed forces and groups.
The "do no harm" principle was respected in the implementation of projects for both the beneficiaries and the agents involved.
In the health sector, for example, the identification of the structures supported by CERF was done in such a way as to bring the beneficiaries closer to the available services to avoid them having to travel long distances. For beneficiaries who are far from the supported health structures, mobile clinics have been organized with the same aim of facilitating access for all. In addition, Shelter assistance, which is essential to ensure the protection of IDPs, has helped to promote the safety of women and girls, but also to limit gender-based violence.

Regarding key challenges:
The major challenge remained accessibility to the sites due to the deterioration of the security situation in Ituri province. Therefore, some interventions, such as the FAO intervention, were deployed with some delay, and some difficulties in monitoring interventions were faced in certain areas where access remained precarious due to insecurity. Also, the strike of health workers in the field for nearly 8 months during the year 2021 which led to under notification or late notification of cases as part of UNICEF project. Moreover, the cancellation of UNHAS flights to Kananga (in Kasai central province) has made it difficult to monitor and supervise activities in that area. A No-cost extension was required for the UNHCR's project implemented in North-Ubangi, South-Ubangi, North-Kivu and South-Kivu.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**1,980,000,000**
CERF	22,058,073
Country-Based Pooled Fund (if applicable)	
Other (bilateral/multilateral)	
Total funding received for the humanitarian response (by source above)	**22,058,073**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
FAO	21-UF-FAO-024	Food Security - Agriculture	1,000,000
IOM	21-UF-IOM-029	Shelter and Non-Food Items	1,000,000
UNFPA	21-UF-FPA-030	Protection - Gender-Based Violence	948,599
UNFPA	21-UF-FPA-030	Health - Sexual and Reproductive Health	911,400
UNHCR	21-UF-HCR-026	Shelter and Non-Food Items	2,392,196
UNHCR	21-UF-HCR-026	Multi-Sector Refugee Assistance	1,196,098
UNHCR	21-UF-HCR-026	Protection	1,012,083
UNICEF	21-UF-CEF-049	Nutrition	2,694,206
UNICEF	21-UF-CEF-049	Water, Sanitation and Hygiene	1,488,903
UNICEF	21-UF-CEF-049	Shelter and Non-Food Items	1,134,403
UNICEF	21-UF-CEF-049	Protection - Child Protection	992,602
UNICEF	21-UF-CEF-049	Education	779,902
UNICEF	21-UF-CEF-050	Common Services	350,000
WFP	21-UF-WFP-037	Multi-Purpose Cash	3,999,000
WFP	21-UF-WFP-037	Nutrition	301,000
WHO	21-UF-WHO-036	Health	1,857,681
Total			**22,058,073**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**12,372,484**
Funds sub-granted to government partners*	321,729
Funds sub-granted to international NGO partners*	1,673,484
Funds sub-granted to national NGO partners*	6,422,992
Funds sub-granted to Red Cross/Red Crescent partners*	112,839
Total funds transferred to implementing partners (IP)*	**9,685,589**
Total	**22,058,073**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In the east of the DRC, renewed outbreaks of conflict have had disastrous impacts on the civilian population, raising concerns about their protection and the need to upscale multi-sectoral assistance to tens of thousands of displaced people. At the same time, recurrent outbreaks of disease stretched health capacities to the limit and according to the latest Integrated Food Security Phase Classification, 19.6 million people were in phases 3 or above. Women and girls continued to bear the brunt of the humanitarian consequences in the DRC. Population movements, combined with armed conflict and acute food insecurity have resulted in an increase of protection incidents throughout the country with women and girls particularly at risk of life-threatening GBV incidents perpetrated against them, the majority of which resulted in long term and often lifelong consequences.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated $22 million on 10 June 2021 from its Underfunded Emergencies window for the immediate commencement of life-saving activities. The humanitarian funding situation in DRC was dire and the CERF allocation sent an important signal about the severity of needs in underserved regions and the need to close gaps in response coverage. The allocation supported life-saving interventions by 7 UN agencies across multiple sectors. To ensure a timely, cost-effective and durable approach, CERF funds has been channelled through agencies with existing presence and capacity to collectively implement a multi-sectoral response in these target areas. Most people in need of humanitarian assistance in DRC were women and girls and the CERF allocation placed a specific focus on responding to their needs. This funding enabled UN agencies and partners to provide life-saving assistance to **514,481** people.

People Directly Reached:

In total, **514,481** people (including 123,023 women, 99,205 men, 1,149,808 girls and 142,445 boys) were assisted through CERF Underfunded funds out of a target of 508,383 people, or 98.8%. This overall figure corresponds to the overall figures achieved in the WASH sector (78,503 people), the health sector in its two specific components Health and Reproductive Health with specific targets (68,488 people in total), GBV protection (where the highest figure reached in the same zone/Ituri by all the UNFPA, WFP, IOM and FAO projects is 36,634 people), NFI (with a cumulative figure reached in different zones by the IOM, UNHCR and UNICEF projects was 50,898 people) and specific assistance to refugees (33,974 people). These sectoral figures have been selected according to the geographical coverage of the different sectoral projects to avoid overlapping and double counting of beneficiaries. The other figures achieved in other sectors (Education, Nutrition, Protection, Child Protection and Food Security) have therefore been covered through the achievements in the 5 key sectors mentioned above, which has enabled us not to overestimate or bias the figures achieved overall.

People Indirectly Reached:

In **Nutrition,** 217,837 people (62,790 men, 155,047 women) were sensibilized or trained on the Infant and Young Child Feeding in emergencies (IYCF) and as well as culinary demonstrations.

In **Protection sector,** 728,087 people, including 109,213 people with disabilities, living in the 20 health zones of the five targeted provinces (Ituri, North Kivu, South Kivu, Tanganyika and Maniema) have indirectly benefited from knowledge reinforcement on GBV and AMTSL as well as on sexual and reproductive health through community awareness activities. In the specific domain of **Child Protection**, the indirect beneficiaries of the project were estimated as to some 14,000 family members of the children receiving individual support (UASC, Children Associated with Armed Forces and Groups/CAAFAG, children individually assisted with mental health and psychosocial

support and survivors of GBV) in targeted areas. In Ituri particularly, a total of 3,627 people from local community-based structures were reached with awareness campaigns and messages about child protection and GBV and sexual exploitation of children.
In the **Health sector,** 561,728 people living in the health areas of the 8 health zones in the provinces of Ituri, Maniema, North-Kivu, South-Kivu and Tanganyika had indirect access to free health care offered in the context of capacity building of health care personnel and through the sensitization of community health workers trained in essential family practices as well as in community-based surveillance.

In **Education sector,** a total of 10,300 community members (5,587 women) in areas surrounding targeted schools in North-Kivu, South-Kivu and Ituri were sensitized in different thematic areas such as the prevention of COVID-19 and cholera as well as on social cohesion, PSEA, SBGV through participatory theatre.

In **Food Security** sector, approximately 1,500 displaced people and host communities in the Irumu and Djugu territories of Ituri province benefited indirectly from AMAP and

Covid-19 outbreak activities, while through social solidarity, several people not directly targeted by the interventions benefited from seeds. In addition, the targeted communities and their environment also benefited indirectly from the food security activities through the injection of money ($247,500) into the local economy.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Common Services	0	0	0	0	**0**	0	0	0	0	**0**
Education	25	57	2,324	2,145	**4,551**	137	212	5,525	5,136	**11,010**
Food Security - Agriculture	8,295	5,545	3,580	2,380	**19,800**	9,525	6,975	1,880	1,420	**19,800**
Health	29,554	27,647	18,113	20,020	**95,334**	59,429	59,122	70,172	68,488	**257,211**[2]
Multi-Purpose Cash	13,012	12,668	4,452	4,108	**34,240**	11,800	11,488	4,037	3,725	**31,050**
Multi-Sector Refugee Assistance	8,134	7,116	8,238	8,078	**31,566**	8,762	7,158	9,258	8,796	**33,974**
Nutrition	7,875	0	6,565	3,638	**18,078**	11,425	330	8,810	4,338	**24,903**[3]
Protection	8,320	7,216	7,451	6,763	**29,750**	8,320	7,216	7,451	6,763	**29,750**
Protection - Child Protection	2,034	1,955	2,807	2,699	**9,495**	5,176	5,318	7,096	6,746	**24,336**
Protection - Gender-Based Violence	6,417	6,212	8,748	9,033	**30,410**	7,730	7,484	10,538	10,882	**36,634**
Shelter and Non-Food Items	27,910	20,641	57,342	57,888	**163,781**	30,577	10,321	35,322	31,939	**108,159**
Water, Sanitation and Hygiene	15,290	14,690	21,113	20,286	**71,379**	16,525	15,120	24,518	22,340	**78,503**

[2] These health figures are cumulative (WHO for health and UNFPA for reproductive health)

[3] These nutrition figures are cumulative (WFP and UNICEF)

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	23,871	33,974
Returnees	148,708	84,416
Internally displaced people	241,075	328,296
Host communities	91,512	199,781
Other affected people	3,217	0
Total	**508,383**	**514,481**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	112,583	123,023	13,436	13,366
Men	98,059	99,205	11,415	10,562
Girls	147,631	149,808	19,861	16,421
Boys	150,110	142,445	20,277	16,100
Total	**508,383**	**514,481**	**64,989**	**56,449**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-UF-FAO-024

1. Project Information

Agency:	FAO	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	21-UF-FAO-024
Project title:	Vulnerability reduction and livelihood improvement of displaced households and host communities in the territories of Irumu and Djugu of the province of Ituri		
Start date:	11/10/2021	**End date:**	10/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 75,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 6,100,000**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 94,937**
Government Partners	US$ 25,000
International NGOs	US$ 0
National NGOs	US$ 69,937
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Afin de réduire la vulnérabilité et améliorer les conditions de vie de 3300 ménages, soit 19800 personnes, dans les territoires d'Irumu et de Djugu (Province de l'Ituri), la FAO, a couvert 19,800 personnes dont 171 personnes vivant avec handicap, soit 3300 ménages dans les territoires d'Irumu et de Djugu répartis comme suit : 936 retournés, 22038 déplacés internes et 6636 personnes de famille hôte.
A cette fin, une campagne de cette sensibilisation a été conduite auprès les parties prenantes à l'action, à savoir : les autorités politico administratives, les membres de la société civile, les ONG, les leaders locaux et les bénéficiaires. Pour faciliter l'accès sécurisé à la terre et la mise en place des piliers de la résilience, les ménages ont été structurés en 132 associations paysannes de 25 ménages de moyenne (150 personnes). Ils ont reçu un appui 41,2 tonnes de semences vivrières (céréale et légumineuse) et 65 kg de semences maraîchères. A travers cet appui, les ménages ont eu accès à 775000 kg de nourriture, soit 234,8 kg de nourriture au premier cycle de production alimentaire. En d'autres termes, l'intervention a mis à disposition 3600 repas journaliers, soit un stock alimentaire 10 mois minimum en faveur ménages composés de près de six personnes, avec une fréquence de deux repas par jour. En outre l'intervention a injecté 247500 $ dans l'économie locale, sensibilisé 5,800 personnes à la PSEA et aux mesures-barrières contre la Covid-19, formé 132 facilitateurs locaux issus des regroupements paysans sur les itinéraires techniques, formé 12 animateurs ruraux des structures partenaires en collecte des données, au rapportage et aux techniques d'accompagnement des bénéficiaires.

3. Changes and Amendments

Suite aux conditions sécuritaires variantes, le projet s'est déployé avec un certain retard. À la suite de cette contrainte, le projet a articulé les distributions sur 2 saisons agricoles afin de répondre aux besoins des ménages / personnes identifiés et prévus par l'action.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	2,070	1,385	900	595	**4,950**	409	371	99	57	**936**
Internally displaced people	2,070	1,385	900	595	**4,950**	6,114	4,076	1,082	956	**12,228**
Host communities	3,325	2,220	1,425	950	**7,920**	3,002	2,528	699	407	**6,636**
Other affected people	830	555	355	240	**1,980**	0	0	0	0	**0**
Total	**8,295**	**5,545**	**3,580**	**2,380**	**19,800**	**9,525**	**6,975**	**1,880**	**1,420**	**19,800**
People with disabilities (PwD) out of the total										
	1,245	832	537	356	**2,970**	**67**	**35**	**45**	**24**	**171**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A travers les activités de sensibilisation au PSEA et à la Covid-19, le projet a atteint environ 1,500 bénéficiaires indirects de toutes catégories confondues, au sein de la communauté d'accueil et des déplacés vivant en familles d'accueil. Au cours de l'atelier de clôture de projet (atelier de redevabilité), les autorités locales ont rapporté que plusieurs personnes non ciblées par le projet ont bénéficié de semences à travers la solidarité sociale.

6. CERF Results Framework

Project objective	Vulnerability reduction and livelihood improvement of displaced households and host communities in the territories of Irumu and Djugu of the province of Ituri
Output 1	The vulnerability of 3,300 households, including 495 households of people living with disabilities, is reduced and their livelihood improved through the provision of agricultural inputs

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits)	16,830	18,774	Listes de distribution
Indicator 1.2	Number of households with people living with disabilities who have received market garden inputs	495	171	Base de données des bénéficiaires
Indicator 1.3	Quantity of seeds procured	82,566 kg	82,566	Bons de livraison
Indicator 1.4	Food production per household (per kg)	450	424	Rapports des partenaires
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 1.1	EMERGENCY PHASE (phase 1)	
Activity 1.2	Selection of implementing partners	FAO
Activity 1.3	Signature of Letters of Agreement	FAO & ONGs Association pour la Promotion de l'Hygiène et le Développement Intégral des vulnérables (APROHDIV), Contribution de l'Agriculture au Développement (CAD) Et Bâtir l'Afrique pour la cohésion sociale (BACS)
Activity 1.4	Training of partners and monitoring technicians	FAO & Ministère de l'agriculture (SGA)
Activity 1.5	Household identification and structuring	FAO, Bâtir l'Afrique pour la cohésion sociale (BACS) & Ministère de l'agriculture (SGA)
Activity 1.6	Organization of information and awareness workshops	FAO
Activity 1.7	Direct distribution of vegetable seeds	ONGs APROHDIV et Contribution de l'Agriculture au Développement (CAD)
Activity 1.8	Monitoring and supervision	Ministère de l'agriculture (SGA), APROHDIV, Contribution de l'Agriculture au Développement (CAD) & Bâtir l'Afrique pour la cohésion sociale (BACS)

Activity 1.9	Production of reports (inception, progress and final)	Association pour la Promotion de l'Hygiène et le Développement Intégral des vulnérables (APROHDIV), Contribution de l'Agriculture au Développement (CAD) ; Bâtir l'Afrique pour la cohésion sociale (BACS) & SGA
Activity 1.10	RESILIENCE PHASE (phase 2)	
Activity 1.11	Selection of implementing partners	FAO
Activity 1.12	Signature of Letters of Agreement	FAO & SGA, APROHDIV, CAD, BACS
Activity 1.13	Training of partners and monitoring technicians	FAO & ministère de l'agriculture (SGA)
Activity 1.14	Organization of information and awareness workshops	FAO, SGA, APROHDIV, CAD, BACS
Activity 1.15	Organization of seed fairs	FAO, ministère de l'agriculture, APROHDIV, CAD
Activity 1.16	Supervision, monitoring and support	APROHDIV, CAD et ministère de l'agriculture
Activity 1.17	Production of reports (inception, progress and final)	APROHDIV, CAD et ministère de l'agriculture

Output 2	3 300 households including households of people with disabilities receive cash to secure their livelihoods and maintain food security in the territories of Irumu and Djugu of the province of Ituri
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Food Security - Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Cash.1a Number of people benefitting from multi-purpose cash	19,800	19,800	Listes de distribution du prestataire financier
Indicator 2.2	Cash.1b Total value of multi-purpose cash distributed in USD	247,500	247,500	Listes de distribution du prestataire des financiers
Indicator 2.3	% of beneficiaries with acceptable food consumption score	>50%	N/A	
Indicator 2.4	% of people with reduced coping strategy	>50%	N/A	
Explanation of output and indicators variance:		Non applicable		

Activities	**Description**	**Implemented by**
Activity 2.1	Selection of cash transfer partner(s)	FAO (Unité locale des achats)
Activity 2.2	Signature of Letters of Agreement	FAO & ECOBANK
Activity 2.3	Household identification	FAO, ECOBANK, BACS
Activity 2.4	Cash transfer training	FAO
Activity 2.5	Organization of information and awareness workshops	FAO & Bâtir l'Afrique pour la cohésion sociale (BACS)
Activity 2.6	Cash transfer	FAO, ECOBANK & Bâtir l'Afrique pour la cohésion sociale (BACS)

7. Effective Programming

a. Accountability to Affected People (AAP)[4]:

Au début du projet, un atelier de lancement et d'information a été organisé à l'intention des autorités administratives et traditionnelles locales, les leaders communautaires des femmes et des jeunes, des techniciens agricoles et les membres du cluster Sécurité alimentaire. Les différentes articulations du projet ont été expliquées et les échanges avec les participants ont permis de déterminer les spéculations semencières requises dans la zone, le calendrier agricole de la zone à la lumières des aléas climatiques actuels, la stratégie du ciblage des sites en rapport avec le profil de vulnérabilité et le gaps en termes de réponse humanitaire, la constitution des comités de collecte et gestion des plaintes, la stratégie de communication avec les autorités locales et la Société civile sur la mise en œuvre en œuvre des activités du projet, le recrutement local des mobilisateurs, enquêteurs et manutentionnaires, en encourageant le recrutement des femmes, jeunes et personnes vivant avec handicap

b. AAP Feedback and Complaint Mechanisms:

Dans chaque site du projet, une boîte à plainte scellée de deux cadenas a été installée dans un lieu accessible. Les clés étaient détenues par le chef de village et les ONGs partenaires : chaque partie détenant les clés d'un seul cadenas, afin que l'ouverture se fasse toujours en présence de toutes les parties prenantes. Le numéro vert PSEA a été communiqué et régulièrement rappelé à la communauté. Chaque Comité de gestion des plaintes était composé du chef de village avec deux notables, le responsable de la société civile locale, le président du comité des jeunes, la présidente du comité des femmes, un représentant de chaque ONG partenaire et du ministère de l'agriculture. Les plaintes traitées étaient consignées dans un registre et remontées à la FAO pour suivi.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Afin d'assurer la confidentialité, la communauté a été sensibilisée à l'utilisation du numéro vert 495555 pour remonter directement leurs plaintes PSEA à la coordination régionale PSEA qui se chargeait du suivi.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

La politique de discrimination positive en faveur des femmes cheffes de ménage a été appliquée par le projet lors de l'enregistrement des bénéficiaires. Dans les regroupements paysans constitués à travers le projet, les femmes étaient encouragées à présenter des candidatures à des postes importants. Plusieurs messages pour combattre les préjugés traditionnels à l'égard de la femme et de la jeune fille ont été régulièrement véhiculés à diverses occasions. Comme résultat, sur les 132 regroupements paysans constitués, 46 avaient élu des femmes comme présidentes, vice-présidente ou caissière.

e. People with disabilities (PwD):

Les PwD ont été priorisés lors de l'enregistrement des bénéficiaires. Vu leur mobilité réduite, ils ont été appuyés en intrants maraichers afin de produire leur nourriture sur des superficies réduites voire autour de leurs cases, sans déployer trop d'efforts physiques et sans s'exposer à des risques sécuritaires s'ils devaient être obligés d'accéder à leurs champs situés loin du village.

f. Protection:

Pendant la période d'implémentation du projet, l'accès aux champs situés loin des villages a constitué un défi sécuritaire majeur, surtout pour les femmes et les jeunes filles exposées au viol de la part des groupes armés. Le projet a sensibilisé les bénéficiaires pour déterminer les jours de travail dans les champs communautaires, afin de ne pas s'y rendre de manière isolée. En effet, la probabilité d'attaques sur plus de 25 personnes est plus faible que sur des femmes seules ou faiblement accompagnées.

[4] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

Comme résultat de cette stratégie, aucun bénéficiaire n'a été agressé ni tué dans le champ collectif, pendant toute la durée du projet.

g. Education:

Grâce à la vente des produits agricoles et au cash inconditionnel, les ménages vulnérables en particulier les déplacés, ont trouvé le moyen d'envoyer leurs enfants à l'école en leur achetant des kits scolaires et payer le minerval. Les jeunes filles ont ainsi été mis à l'abri contre l'exploitation sexuelle induite par l'oisiveté ou, la recherche des frais scolaire à travers le commerce du sexe.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is the sole intervention in the CERF project	18,900

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

US$247 500 ont été distribués sous la modalité cash inconditionnel en faveur de 3 300 ménages (18 900 personnes), y compris des ménages de personnes handicapées, à raison de US$ 75/ménage pour la protection des semences et pour assurer leurs moyens de subsistance dans les territoires d'Irumu et de Djugu de la province d'Ituri.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Protection d'intrants agricoles	18,900	247,500	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Pas d'informations	Pas d'informations

3.2 Project Report 21-UF-IOM-029

1. Project Information

Agency:	IOM	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Shelter and Non-Food Items	**CERF project code:**	21-UF-IOM-029
Project title:	Assistance humanitaire en abris et appui à la gestion de sites pour les populations vulnérables affectées par les conflits en Ituri et au Nord-Kivu, RDC.		
Start date:	27/09/2021	**End date:**	26/09/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 52,000,000**
	Total funding received for agency's sector response to current emergency:	**US$ 10,539,000**
	Amount received from CERF:	**US$ 1,000,000**
	Total CERF funds sub-granted to implementing partners:	**US$** 572,059
	Government Partners	US$ 0
	International NGOs	US$ 531,331
	National NGOs	US$ 40,728
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance:

A travers cette subvention du CERF, l'OIM a, pendant la période d'exécution du projet (du 27 septembre 2021 au 26 septembre 2022), apporté une réponse aux besoins urgents en abris et a fourni une assistance en gestion et administration de sites en faveur de 13,811 personnes déplacées, retournées ou membres de communautés d'accueil, dont 6750 femmes et 7061 hommes en Ituri et au Nord-Kivu. Plus spécifiquement, l'OIM, en coordination avec son partenaire de mise en œuvre, le Danish Refugee Council (DRC), a mis à niveau ou construit 1185 abris en faveur de 7851 personnes (4044 femmes, 3807 hommes, 76 personnes en situation de handicap) ; a identifié et fourni une assistance en abris à un total de 76 ménages avec des besoins spécifiques grâce à l'outil score card, utilisé par l'unité de la Matrice de Suivi des déplacements (DTM) en collaboration avec le partenaire et les structures communautaires; a formé 830 personnes déplacées ou retournées (430 pour le Nord-Kivu, 400 pour l'Ituri) sur les bonnes pratiques de construction avec incorporation des modules de discussions portant sur « l'assistance en abris pour les personnes ayant des besoins spécifiques ».

Dans le cadre de l'assistance en gestion, coordination et administration de sites, l'OIM a mené, en collaboration avec la Commission nationale pour les Réfugiés (CNR), une opération de profilage et d'enregistrement dans les deux sites spontanés de Djaiba (du 15 au 18 juin 2022) et de Salama (du 21 au 22 juin 2022), respectivement dans le territoire de Djugu (zone de santé de Fataki) et dans le territoire d'Irumu (zone de santé de Rwampara), province de l'Ituri. Cet exercice a permis d'enregistrer 5960 personnes déplacées (dont 5017 à Djaiba et 943 à Salama)[5] et d'enregistrer 71 naissances dans les deux sites avec remise de 24 actes de naissance dans le site de Djaiba.

Dans le cadre des activités de gestion et coordination de sites (CCCM), l'OIM a mis en place un comité directeur et 12 comités sectoriels dans les sites de Djaiba et de Salama, en facilitant l'élection des membres, en veillant à l'intégration des personnes à besoins spécifiques dans les comités, dont 18 à Djaiba et 14 à Salama (avec un total de huit personnes en situation de handicap dans les deux sites) ; a

[5] Il est bon de noter qu'avant cette opération de fixing et d'enregistrement, les statistiques prévisionnels sur le nombre de déplacés étaient de 6,288 personnes (4,318 PDI à Djaiba et 1,970 PDI à Salama).

conduit des séances de sensibilisation sur la notion d'inclusion et notamment sur l'importance de la participation des personnes en situation de handicap aux activités de CCCM avec la participation de 82 personnes déplacées internes (PDI), majoritairement en situation de handicap. Par ailleurs, l'OIM, à travers le partenaire de mise en œuvre Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), a organisé 9 réunions de gestion avec les comités (327 personnes y ont participé dont 153 femmes). D'autres réunions avec les comités ont ensuite été organisées par l'OIM (après la fin de contrat avec AIDES) avec la participation de 75 personnes, dont 31 femmes. En outre, l'OIM formé 201 membres des comités, dont 74 femmes sur les thématiques CCCM.

L'ensemble de ces activités (réorganisation et gestion des sites, élection et formation des comités, mise à niveau et construction d'abris) a fortement contribué à l'amélioration de la qualité de vie et de la protection des déplacés internes, des retournés et de la communauté hôte. De plus, à travers la création de travail temporaire (Cash For Work), l'OIM a amélioré les revenus des ménages tout en boostant l'économie locale. L'OIM a également, à travers les comités, impliqué directement les PDI dans la gestion et à la bonne gouvernance des sites. A noter, enfin, qu'à travers les formations des comités sur les violences basées sur le genre (VBG), la Protection contre l'exploitation et les abus sexuels (PSEA) et les mécanismes de remontée de plaintes, l'OIM a offert aux personnes déplacées internes un cadre de vie sécurisant, construit autour des principes d'entraide et de cohésion sociale.

3. Changes and Amendments:

Sous le volet abris, l'OIM a fait le choix de ne pas s'orienter vers la modalité Cash en raison d'une hausse des prix des matériaux d'abris sur les marchés ainsi que d'un accès limité aux marchés. Ainsi, l'approche cash a été en grande partie écartée. Pour répondre à ce défi, le partenaire DRC, profitant d'une diminution des coûts unitaires, a directement acheté les matériaux auprès des fournisseurs et assuré la distribution aux ménages. Sous le résultat 1, 114061 dollars américains ont été utilisés pour mettre à niveau les 590 abris bénéficiant aux déplacés internes et membres de la communauté d'accueil des zones de santé de Mweso, territoire de Masisi, province du Nord-Kivu. [6] Sous le résultat 2, 187245 dollars américains, ont été utilisés pour construire les 595 abris transitionnels bénéficiant à la population retournée des zones de santé de Kambala, territoire de Mahagi, province de l'Ituri. [7]
De la même manière dans les sites de Salama et Djaiba, les statistiques prévisionnelles sur le nombre de déplacés fournies par les autorités gouvernementales étaient de l'ordre de 6288 personnes, dont 4318 PDI à Djaiba et 1970 PDI à Salama. Toutefois, à la suite des opérations d'enregistrement et de profilage menées par l'OIM, ce nombre est passé à 5960 PDI. Le nombre de personnes bénéficiant des activités CCCM a, par conséquent, diminué.

Le contrat du partenaire AIDES, chargé de la gestion des sites de Salama et Djaiba, a pris fin le 30 juin 2022. AIDES n'a pas été en mesure de poursuivre ses activités au-delà de cette date, néanmoins, l'OIM a repris les activités d'AIDES, en assurant une gestion light des sites jusqu'à la fin du projet.

Dans le site de Salama, le manque de collaboration et de coopération de la part de la présidente du site a freiné et rendu difficile certaines activités de gestion de site. Cette dernière avait une mauvaise compréhension du rôle et des responsabilités que représentait le poste de présidente qu'elle occupait et souhaitait être recrutée comme gestionnaire ou administratrice de site. Elle a, notamment, poussé la communauté déplacée du site à ne pas collaborer avec l'OIM et ses partenaires. Pour répondre à ce défi, l'OIM a conduit huit réunions avec le comité et a impliqué le bourgmestre de la commune de Mbunyia et le chef de quartier d'Opas. Ces réunions d'interventions ont permis d'atténuer les tensions et les activités de gestion de site ont ainsi pu être mises en œuvre.

[6] Ceci à travers l'achat de matériaux, d'équipements, d'outils de construction communautaire et le paiement des travailleurs occasionnels.
[7] Ceci à travers l'achat de matériaux, d'équipements, d'outils de construction communautaire, le paiement des travailleurs occasionnels et l'appui aux artisans locaux/ groupements/ateliers de menuiserie.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items et CCCM									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	801	770	1153	1108	**3,832**
Internally displaced people	3,517	3,413	3,313	3,109	**13,352**	1472	2060	2506	2321	**8,359**
Host communities	427	407	391	395	**1,620**	427	407	391	395	**1,620**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**3,944**	**3,820**	**3,704**	**3,504**	**14,972**	**2,700**	**3,237**	**4,050**	**3,824**	**13,811**
People with disabilities (PwD) out of the total										
	26	24	15	18	**83**	72	24	0	0	**96**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Les staffs travaillant pour les partenaires de l'OIM, notamment AIDES, DRC et la CNR ont bénéficié à la fois de l'expertise et de l'appui de l'OIM mais aussi d'un renforcement de leurs capacités qu'ils pourront mettre à profit au cours de futurs projets.

6. CERF Results Framework

Project objective	Améliorer les conditions de vie des personnes déplacées et retournées affectées par les conflits, résidant dans les sites de déplacement et les communautés hôtes, à travers une réponse en abris et en gestion de sites dans la province de l'Ituri et du Nord-Kivu.
Output 1	4,098 personnes déplacées internes, les plus vulnérables au sein de la communauté d'accueil et les membres des familles d'accueil bénéficient d'une assistance pour la mise à niveau de 590 abris dans le territoire de Masisi, province du Nord-Kivu

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	SN.1a Nombre de personnes bénéficiant d''une aide au logement en nature. (Mise à niveau d'abris fournis aux personnes déplacées) et membres des familles d'accueil) (2,478 PDI et 1,620 personnes de la communauté d'accueil)	4,098	3,832	Liste d'enregistrement de l'outil score card
Indicator 1.2	Cash.3a Nombre de personnes bénéficiant de transferts monétaires conditionnels. (2,478 PDI et 1,620 personnes de la communauté d'accueil)	4,098	430	Liste des bénéficiaires
Indicator 1.3	Cash.3b Valeur totale des transferts monétaires conditionnels distribués en USD.	65,100	11,991	Rapport du partenaire d'exécution.
Indicator 1.4	# de personnes (PDI et communautés hôtes) soutenues à travers des séances de formation technique pour la construction d'abris (personnalisé)	540	430	Rapport du partenaire d'exécution, comprenant les données d'enregistrement, score card.
Indicator 1.5	# de personnes en situation de handicap bénéficiant d'une assistance adaptée à leurs besoins spécifiques lors de la construction de leurs abris (personnalisé)	50	51	Liste des personnes en situation de handicap, données d'enregistrement score card.
Indicator 1.6	# de personnes en situation de handicap et leurs proches bénéficiant d'un abri adapté à leurs besoins spécifiques (personnalisé)	210	368	Liste des personnes en situation de handicap, données d'enregistrement score card.
Explanation of output and indicators variance:		Indicateur 1.1 : Le nombre de personnes avec des besoins dans la zone ciblée a été surestimé dans la planification. La balance de ressources a été redirigée vers le Résultat 2.		

	Indicateur. 1.2 et 1.3: En raison d'un accès limité aux marchés et de la montée des prix des matériaux sur le marché, l'approche cash a été en grande partie écartée. Pour répondre à ce défi, le partenaire Danish Refugee Council (DRC), a directement acheté les matériaux auprès des fournisseurs et assuré la distribution aux ménages. Indicateur 1.4 : Le nombre de personnes en besoin de formations dans la zone ciblée était plus réduit qu'estimé dans la planification. La balance de ressources a été redirigée vers le Résultat 2. Indicateur 1.6 : Au total 51 ménages ayant dans leur foyer une personne en situation de handicap ont bénéficié d'un abri adapté. Le nombre de personnes par foyer varie d'un ménage à l'autre. A travers ce projet, le nombre de personnes par foyer a été légèrement supérieur à celui prévu.

Activities	**Description**	**Implemented by**
Activity 1.1	Sensibilisation communautaire impliquant les bénéficiaires résidant dans les familles d'accueil et la communauté d'accueil	Danish Refugee Council (DRC) – Nord-Kivu
Activity 1.2	Evaluation rapide, sélection et ciblage des bénéficiaires inclus identification des bénéficiaires avec des besoins spécifiques	Danish Refugee Council (DRC) - Nord-Kivu
Activity 1.3	Approvisionnement de matériels (distribution directe) et/ou d'espèces (transferts monétaires conditionnels) et/ou organisation de foire pour la mise à niveau d'abris	Danish Refugee Council (DRC) - Nord-Kivu
Activity 1.4	Sensibilisation aux techniques de construction appropriées incluant un module sur l'accessibilité et le handicap, et sur le thème du Logement, Terres et Propriété (LTP)	Danish Refugee Council (DRC) - Nord-Kivu
Activity 1.5	Mise à niveau des abris dans la communauté d'accueil, appuyée par les comités de construction locaux	Danish Refugee Council (DRC) - Nord-Kivu
Activity 1.6	Enquête Post-Distribution Monitoring (PDM) et questionnaire de satisfaction auprès des bénéficiaires	OIM Danish Refugee Council (DRC) - Nord-Kivu

Output 2	2,499 personnes retournées bénéficient d'une assistance en abris transitionnel dans les zones de retour du territoire de Mahagi, province de l'Ituri
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Shelter and Non-Food Items

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	SN.1a Nombre de personnes bénéficiant d''une aide au logement, en nature. (Abris transitionnels fournis aux personnes retournées)	2,499	4,019	Liste d'enregistrement, outil score card.
Indicator 2.2	Cash.3a Nombre de personnes bénéficiant de transferts monétaires conditionnels.	2,499	400	Liste des bénéficiaires.
Indicator 2.3	Cash.3b Valeur totale des transferts monétaires conditionnels distribués en USD	108,900	1,000	Rapport du partenaire d'exécution, inclus données d'enregistrement, score card.

Indicator 2.4	# de personnes (retournées et communauté hôte) participant aux séances de formation technique pour la construction d'abris (personnalisé)	595	400	Liste des personnes formées participant aux formations.
Indicator 2.5	# de personnes en situation de handicap assistés pour construire leur abri adapté à leurs besoins spécifiques (personnalisé)	25	25	Liste des personnes en situation de handicap, données d'enregistrement, score card.
Indicator 2.6	# de personnes en situation de handicap et leurs proches assistés pour construire leur abri adapté à leurs besoins spécifiques (personnalisé)	105	212	Liste des bénéficiaires.

Explanation of output and indicators variance:	Indicateur 2.1 : Le nombre de personnes en besoin d'aide humanitaire dans la zone ciblée était plus élevé que celui qui était estimé dans la planification. Les ressources additionnelles ont été déduites du Résultat 1. Indicateur 2.2 et 2.3 : L'approche cash a été largement écartée en raison d'un accès limité aux marchés et de la montée des prix des matériaux. Le partenaire d'exécution DRC, en profitant d'une économie d'échelle a pu diminuer les coûts unitaires en achetant directement aux fournisseurs. Indicateur 2.4 : Le nombre de personnes en besoin de formations dans la zone ciblée était plus réduit qu'estimé lors de la planification. Indicateur 2.6 : Au total 25 ménages, ayant dans leur foyer une personne en situation de handicap, ont été assistés pour construire leur abri adapté aux besoins spécifiques. Le nombre de personnes par foyer varie d'un ménage à l'autre. A travers ce projet, le nombre de personnes par foyer a été légèrement supérieur à celui prévu.

Activities	**Description**	**Implemented by**
Activité 2.1	Sensibilisation communautaire impliquant les bénéficiaires habitant dans les familles d'accueil	Danish Refugee Council (DRC) - Ituri
Activité 2.2	Evaluation Rapide, sélection et ciblage des bénéficiaires inclus identification des bénéficiaires avec de besoins spécifiques	Danish Refugee Council (DRC) - Ituri
Activité 2.3	Approvisionnement de matériel (distribution directe), en espèces (transferts monétaires conditionnels) et/ou organisation de foire nécessaire pour la construction d'abris transitoires.	Danish Refugee Council (DRC) - Ituri
Activité 2.4	Sensibilisation aux techniques de construction appropriées incluant un module sur l'accessibilité et le handicap, et sur le thème du Logement, Terres et Propriété (LTP)	Danish Refugee Council (DRC) - Ituri
Activité 2.5	Construction d'abris transitionnels, appuyée par les comités de construction locaux.	Danish Refugee Council (DRC) - Ituri
Activité 2.6	Enquêtes Post-Distribution Monitoring (PDM) et questionnaire de satisfaction auprès des bénéficiaires	Danish Refugee Council (DRC) - Ituri

Output 3	Les populations déplacées internes hébergées dans des sites spontanés de Rayon, à Djugu et le site de Salama, à Irumu, province de l'Ituri bénéficient des services de gestion de site et d'administration de site
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	CM.2 Nombre de sites de déplacement dotés de structures de gouvernance inclusives et représentatives (y compris sensibles au genre).	2	2	Rapport final du gestionnaire de site Actions et Interventions pour le Développement et l'Encadrement Social (AIDES) Rapport de réorganisation des comités par l'équipe CCCM.
Indicator 3.2	# de personnes déplacées bénéficiant des services de gestion et d'administration des sites (personnalisé)	8,375	5,960	Liste d'enregistrement à la suite du fixing réalisé du 15 au 18 juin dans le site de Djaiba (dont 2,755 femmes et 2,262 hommes) et du 21 au 22 juin 2022 dans le site de Salama (dont 499 femmes et 444 hommes).
Indicator 3.3	# de personnes déplacées bénéficiant du système de gouvernance mis en place dans les sites dont le comité directif et les comités sectoriels (personnalisé)	8,375	5,960	Liste d'enregistrement des PDI dont 3,254 femmes et 2,706 hommes) dans les deux sites.
Indicator 3.4	# de personnes membres des comités directifs et sectoriels bénéficiant des formations en « Camp Coordination and Camp Management (CCCM) » et « protection transversale » (personnalisé)	130	201	Liste des participants aux formations. (82 membres de comités formés sur leurs rôles et responsabilités et 119 personnes sur le caractère civil et humanitaire des sites, la protection transversale, la VBG et la PSEA)
Indicator 3.5	# de personnes déplacées, en situation de handicap ou en situation d'extrême vulnérabilité, identifiées, enregistrées et représentées parmi les comités directifs et sectoriels (personnalisé)	24 (dont environ 8 personnes en situation d'handicap)	32 (dont 24 personnes à besoins spécifiques et 8 personnes en situation de handicap).	Liste des membres des comités directeurs et sectoriels.
Explanation of output and indicators variance:		Indicateurs 3.2 et 3.3: L 'indicateur de départ était une estimation sur le nombre de PDI résidant dans les deux sites. L'opération de fixing et d'enregistrement a permis de confirmer le nombre total de PDI dans les deux sites à 5,997. Indicateur 3.4 : Etant donné l'insécurité aux alentours du site, les difficultés de coopération avec la présidente du site Salama et les traumatismes vécus par les PDI, l'équipe CCCM a jugé nécessaire d'augmenter le nombre de participants aux formations sur le caractère civil et humanitaire des sites, la protection transversale, la VBG et PSEA.		

	Indicateur 3.5 : Au total, 8 personnes en situation de handicap sont devenues membres des comités directeurs et sectoriels. A celles-ci s'ajoutent 24 personnes à besoins spécifiques qui ont également rejoint ces comités.

Activities	Description	Implemented by
Activity 3.1	Plaidoyer et coordination avec le gouvernement de la province pour garantir la validation officielle des sites spontanés en Ituri par les autorités provinciales	OIM Commission nationale pour les Réfugiés (CNR)
Activity 3.2	Faciliter l'accès des personnes résidant dans les nouveaux sites de déplacés, reconnu par le gouvernement, aux services administratifs (enregistrement des naissances et des décès, respect du caractère civil des sites, dépôt de documents administratifs auprès des autorités…)	OIM Commission nationale pour les Réfugiés (CNR)
Activity 3.3	Fournir l'accès aux services de gestion et administration des sites et à la présence d'un gestionnaire de site	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES) Commission nationale pour les Réfugiés (CNR)
Activity 3.4	Coordonner et faciliter l'organisation des élections des membres des comités directifs et sectoriels pour garantir la mise en place d'une structure de gouvernance dans les sites	OIM Actions et Interventions pour le Développement et l'Encadrement Social (AIDES) Commission nationale pour les Réfugiés (CNR)
Activity 3.5	Renforcer les capacités des comités directifs et sectoriels (comprenant des membres en situation de handicap) en les outillant sur leurs rôles et responsabilités pour renforcer la cohésion sociale dans les sites, les activités de sensibilisation, la gestion de l''information et la collecte de données.	OIM Commission nationale pour les Réfugiés (CNR)

7. Effective Programming

a. Accountability to Affected People (AAP)[8]:

Les personnes affectées par la crise ont été impliquées tout au long du projet. L'OIM a veillé à ce que tous les groupes de la population soient impliqués dans le projet, aussi bien les femmes, les jeunes, les groupes minoritaires et les personnes vulnérables. A travers les activités CCCM, les membres des comités directeurs et sectoriels ont directement participé à la gestion du site et ont assuré le partage d'information auprès du reste de la population déplacée. 32 personnes à besoins spécifiques dont huit personnes en situation de handicap sont devenues membres des comités. En outre, l'OIM a organisé des réunions régulières avec les différents comités sectoriels et directeurs pour faciliter la gestion des sites. L'OIM, a aussi mis à disposition des personnes déplacées Internes (PDI), plusieurs canaux pour leur permettre de partager leurs craintes, plaintes ou suggestions. Enfin, sous le volet abris, les PDI ayant participé aux formations techniques et aux travaux de « cash for work » ont pu pleinement participer aux activités de constructions tout en améliorant leurs finances. En outre, le partenaire DRC, a mis en place 83 Groupes d'Entraide Communautaire qui ont été des moteurs d'accompagnement social très efficaces pour la réussite et l'appropriation du projet.

b. AAP Feedback and Complaint Mechanisms:

Un mécanisme inclusif de gestion des plaintes et des suggestions a été mis en place dans les zones concernées. Pour partager leurs préoccupations, plaintes et suggestions, les PDI avaient le choix entre plusieurs canaux. Les PDI pouvaient soit écrire et déposer leurs commentaires anonymes dans des boites à suggestions, soit les remettre en mains propres aux comités locaux ou à un représentant de l'OIM et de ses partenaires. Certaines plaintes liées à l'enregistrement ont directement été traitées par le gestionnaire du site. De manière générale, les plaintes individuelles et celles liées à l'enregistrement étaient discutées au moment des réunions avec les comités directeurs et sectoriels.

[8] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Toutes les parties impliquées (gestionnaires, fournisseurs, intervenants) au projet ont eu l'obligation de respecter et d'observer les principes de protection et ont souscrit au code de conduite de l'OIM.
Le staff de l'OIM dédié à ce projet a impérativement reçu une formation « Plaintes liées à l'exploitation et aux abus sexuels (PSEA) ». De plus, les thématiques de la PSEA et de la VBG ont été abordées au moment des formations des comités directeurs et sectoriels. En particulier, les comités de protection des sites de Djaiba et Salama, chargés d'orienter les PDI en cas de plaintes liées à l'exploitation et aux abus sexuels, ont été formés sur les notions de protection, sur le système de référencement et sur le respect de la confidentialité. De manière transversales, la thématique PSEA a également été abordée par le gestionnaire des sites au cours de leurs différentes activités.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

L'assistance en abris est primordiale pour assurer la protection des PDI, tout particulièrement celle des femmes et des filles. La construction et la réhabilitation d'abris a permis de favoriser la sécurité des femmes et des filles, mais aussi de limiter les violences basées sur le genre. L'OIM a aussi encouragé les femmes et des jeunes filles à prendre part à l'ensemble des activités réalisées sous ce projet, notamment les activités de gouvernance dans les sites, ainsi 46,78 % des participants aux réunions de gestion organisées par AIDES étaient des femmes. De même, sur les 201 membres des comités formés, 74 étaient des femmes. A noter que les organisations INTERSOS et Justice, acteurs humanitaires intervenant dans le domaine de la protection ont assuré la prise en charge juridique des survivants de violences basés sur le genre qui leur ont été référés.

e. People with disabilities (PwD):

L'outil Scord Card a permis d'identifier les personnes vulnérables ou extrêmement vulnérables afin qu'elles puissent bénéficier d'une aide renforcée et adaptée à leurs besoins lors de leur assistance en abris. A travers ce projet, les personnes en situation de handicap ont reçu une assistance supplémentaire par l'OIM et les partenaires de mise en œuvre au moment de la construction de leur abri. Ainsi, l'OIM a fourni ou construit 76 abris inclusifs et adaptés aux besoins particuliers de personnes en situation de handicap.
Enfin, huit personnes en situation de handicap sont devenues membres des comités directeurs et sectoriels et ont pu ainsi, participer aux différentes conversations, prise de décision et formations. Les membres des comités formés ont également participé à des modules de discussions portant sur « l'assistance en abris pour les personnes ayant des besoins spécifiques » au moment de la formation. Par ailleurs, un total de 82 PDI, majoritairement en situation de handicap ont participé à des séances de sensibilisations et d'informations sur la thématique d'inclusion des personnes en situation de handicap.

f. Protection:

La formation assurée en faveur de 82 membres des comités sur leurs rôles et responsabilités et de 119 personnes sur le caractère civil et humanitaire des sites, la protection transversale, la VBG et la PSEA a largement permis de renforcer les connaissances des représentants des PDI sur des thématiques de protection et a favorisé la mise en place d'un environnement protecteur.
Par ailleurs, dans chaque site géré, l'OIM a mis en place un comité de protection. Les membres de ces comités étaient chargés de veiller à la protection et la sécurité des PDI résidant dans le site, sur base communautaire et, parmi leurs responsabilités, de faire remonter les plaintes reçues aux comités directeurs, gestionnaire du site ou l'OIM.
Finalement, dans les sites de Djaiba et Salama couvert par ce projet, les organisations PADI et Save the Children, ont conduit, du 21 au 28 novembre, une formation sur la protection et les droits de l'enfant, en plus des formations fournies par l'OIM sur la protection transversale et la VBG.

g. Education:

En termes d'apprentissage, le projet a permis de renforcer les capacités et la résilience de la population affectée et des communautés locales et les partenaires/acteurs pertinents au travers des activités de sensibilisations et les formations des comités sur les bonnes pratiques de construction (bénéficiaires de l'assistance en abris) et la gestion de site (comités de gestion de site). Au total, 830 personnes déplacées ou retournées (430 pour le Nord-Kivu, 400 pour l'Ituri) ont participé à ces formations.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	830

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

La modalité Cash pour l'assistance en abris n'a pas été utilisée en raison d'une hausse des prix des matériaux d'abris sur les marchés ainsi que leurs difficultés d'accès. DRC a acheté les matériaux directement auprès des fournisseurs et assuré la distribution des matériaux aux ménages. Toutefois, les membres du comité de construction qui ont aidé les familles avec personnes en situation de handicap ont reçu un paiement sous la modalité cash-for-work.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Cash for work	830	US$ 12,991	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Abris fournis et photos des abris construits à Mweso et Kambala.	https://twitter.com/IOMinDRC/status/1607776551118200833 https://twitter.com/IOMinDRC/status/1607776559771049985 https://twitter.com/IOMinDRC/status/1607776567316611074
Histoire de Marie-Louise, une bénéficiaire des abris fournis à Kambala	https://twitter.com/IOMinDRC/status/1607778869230145536 https://twitter.com/IOMinDRC/status/1607778876322877440

3.3 Project Report 21-UF-FPA-030

1. Project Information

Agency:	UNFPA	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	**CERF project code:**	21-UF-FPA-030
Project title:	Emergency response in Reproductive Health (RH), in prevention and management of the Gender-Based Violence (GBV) consequences in provinces of Ituri North Kivu, South Kivu, Maniema and Tanganyika.		
Start date:	21/10/2021	**End date:**	10/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 6,355,000**
Total funding received for agency's sector response to current emergency:	**US$ 320,000**
Amount received from CERF:	**US$ 1,859,999**
Total CERF funds sub-granted to implementing partners:	**US$ 1,095,834**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	**US$ 1,095,834**
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance.

A travers ce financement CERF, UNFPA, en partenariat avec ses trois partenaires de mise en œuvre (ADRA, SOFEPADI et TPO) a apporté une assistance à 229913 bénéficiaires directs et 224593 indirects, dans 20 zones humanitaires de quatre provinces ciblées par le projet (Ituri, Nord-Kivu, Sud-Kivu, Maniema et Tanganyika), caractérisées par un contexte sécuritaire fragile suite aux conflits armés et intercommunautaires ayant occasionné une détérioration des conditions socio-sanitaire de la population.
Ainsi, au cours de la période allant de novembre 2021 à octobre 2022 l'UNFPA a renforcé les capacités techniques et institutionnelles de 24 formations sanitaires, avec une amélioration de la qualité des services de santé reproductive (qui ont contribué à assister en soins essentiels 6737 accouchements, 647 césariennes et 6462 Nouveau-nés) ; a promu l'adhésion de 5081 femmes aux nouvelles méthodes de la contraception moderne ; a permis la réparation de 107 cas fistules obstétricales (pathologie invalidante) et la prise en charge de 3402 cas d'IST par l'approche syndromique dans six zones de santé. En outre, UNFPA a mobilisé environ 219877 membres des communautés des 20 Zones de Santé et a renforcé les capacités techniques de 195 acteurs et 215 prestataires ayant contribué à la mise en place de 40 CBCM, 20 espaces sûrs et l'amélioration de la prise en charge des cas de VBG dans 52 formations sanitaires (FOSA). Ainsi, 3013 Survivantes des Violences Basées sur le Genre ont bénéficié d'une prise en charge médicale, 3662 Survivantes des VBG ont bénéficié d'une prise en charge psychosociale ; 1531 cas des VBG ont été pris en charge sur le plan médicale dans les 72 heures, 204 Femmes et filles ont reçu des kits de dignité, 159 femmes ont bénéficié d'une réinsertion socioéconomique.

3. Changes and Amendments

No changes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	1,790	1,733	2,441	2,520	**8,484**	2,156	2,088	2,941	3,036	**10,221**
Internally displaced people	2,188	2,119	2,983	3,080	**10,370**	2,636	2,553	3,593	3,710	**12,492**
Host communities	2,439	2,360	3,324	3,433	**11,556**	2,938	2,843	4,004	4,136	**13,921**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**6,417**	**6,212**	**8,748**	**9,033**	**30,410**	**7,730**	**7,484**	**10,538**	**10,882**	**36,634**
People with disabilities (PwD) out of the total										
	963	932	1,312	1,355	**4,562**	**1,160**	**1,122**	**1,581**	**1,632**	**5,495**

Sector/cluster	Health - Sexual and Reproductive Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	6,331	6,130	8,633	8,912	**30,006**	9,612	9,307	13,108	13,531	**45,558**
Internally displaced people	7,738	7,492	10,551	10,892	**36,673**	11,749	11,375	16,020	16,518	**55,662**
Host communities	8,625	8,346	11,755	12,142	**40,868**	13,096	12 672	17,848	18,435	**62,051**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**22,694**	**21,968**	**30,939**	**31,946**	**107,547**	**34,457**	**33,354**	**46,976**	**48,484**	**163,271**
People with disabilities (PwD) out of the total										
	3,404	3,296	4,641	4,791	**16,132**	**5,169**	**5,003**	**7,046**	**7,276**	**24,494**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Les bénéficiaires indirects de ce projet sont 728087 personnes (148723 hommes, 153641 femmes, 216271 garçons et 209452 filles) vivant dans les 20 zones de santé des cinq provinces ciblées (Ituri, Nord-Kivu, Sud-Kivu, Tanganyika, et Maniema) dont 109213 personnes vivant avec un handicap. Ces populations ont bénéficié d'un renforcement des connaissances sur les VBG et la PSEA ainsi que sur la santé sexuelle et reproductive à travers les activités de sensibilisations des communautés.

6. CERF Results Framework

Project objective	Improved sexual and reproductive health rights through the provision of emergency obstetric and new-born care services prevention and holistic response to gender based violence and the prevention of sexual exploitation and abuse for women, girls, and youth in 20 health zones in Tanganyika, North-Kivu, South-Kivu, Ituri and Maniema provinces from October 2021 to September 2022.
Output 1	The capacities of institutions, people and communities are strengthened to offer quality SRH services in 24 health facilities of which 10 in Tanganyika and 14 in South-Kivu provinces.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (Number of health staff trained in FP)	60	60	Rapport d'activité ADRA Rapport suivi UNFPA
Indicator 1.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (Number of health staff trained in MISP)	60	60	Rapport d'activité ADRA Rapport suivi UNFPA
Indicator 1.3	CC.1 Number of frontline community health workers (e.g., partner personnel) who received short refresher training to support program implementation (community health workers trained in dangers signs in pregnant women, universal precautions for prevention of infections, referrals/counter referral (5/ Health Area))	120	120	Rapport d'activité ADRA Rapport de suivi UNFPA
Indicator 1.4	SP.2a Number of inter-agency emergency reproductive health kits delivered (Kit 2A - Individual clean deliveries)	4,800	4,800	Plan de distribution des Kits SR Bon de livraison et réception
Indicator 1.5	Number of health facilities provided with RH kits	24	24	Plan de distribution Bon de livraison et réception
Indicator 1.6	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (Kit 2A)	4,800	3,781	Fiches de CPN Rapport de distribution communautaire ADRA

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Indicator 1.7	CC.1 Number of frontline peer educators (e.g., partner personnel) who received short refresher training to support program implementation (peer educators trained in the prevention of STIs/HIV and the distribution of condoms (5/ Health Area)).	120	120	Rapport d'activité ADRA Rapport de suivi UNFPA
Indicator 1.8	H.7 Number of functional health facilities supported (Medical Equipment and supplies).	24	24	Plan de distribution Bon de livraison et réception
Indicator 1.9	SP.2a Number of inter-agency emergency reproductive health kits delivered (Sexual and reproductive kits 5 (SRH Kit 5)	24	24	Plan de distribution Bon de livraison et réception
Indicator 1.10	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (SRH Kit 5).	3,125	3,402	Registre de prise en charge des IST Rapport ADRA
Explanation of output and indicators variance:		100% des prestataires et paires éducateurs ciblés ont été formés en DMU, PF et santé sexuelle des jeunes /adolescents, 24 FOSA ont bénéficié de la dotation en Kits SR d'urgence ainsi que de matériels et équipement, ce qui a contribué de renforcer et d'améliorer la qualité des soins dans les 24 formations sanitaires ciblées, 38 cliniques mobiles ont été organisées trimestriellement dans les aires de santé inaccessibles par suite de l'insécurité. Ce qui a permis d'atteindre 3 781 femmes visiblement enceinte dans les six ZS (79 % de la cible fixée) et d'assurer la prise en charge de 3 402 cas d'IST (108 %). La dotation de toutes les formations sanitaires en 100% des kits prévus a permis d'atteindre les résultats. Le nombre des femmes ayant bénéficié des kits 2A est inférieur à celui prévu car seules les femmes visiblement enceintes en ont bénéficié et le reste a été pré positionné dans les FOSA pour les cas à venir.		

Activities	**Description**	**Implemented by**
Activity 1.1	Train 60 health staffs and management teams of 6 targeted health zones for 5 days in MISP (Minimum Initial Service Package) on sexual and reproductive health in emergency settings	NNGO Adventist Development and Relief Agency (ADRA)
Activity 1.2	Train 60 health staff and management teams of 6 targeted health zones for 7 days on Family Planning	NNGO Adventist Development and Relief Agency (ADRA)
Activity 1.3	Train 120 community health workers (5/ Health Area) for 3 days in dangers signs in pregnant women, universal precautions for prevention of infections, referrals/counter referrals	NNGO Adventist Development and Relief Agency (ADRA)
Activity 1.4	Provide 24 health facilities with emergency RH kits to improve the management of sexual and reproductive health issues	UNFPA
Activity 1.5	Train 120 community health workers (5/ Health Area) for 3 days in community-based distribution of modern contraceptives	NNGO Adventist Development and Relief Agency (ADRA)
Activity 1.6	Provide 24 health facilities with medical equipment and supplies for the management of complications of pregnancy and delivery	UNFPA
Activity 1.7	Light rehabilitation of 2 health facilities in 2 health zones	NNGO Adventist Development and Relief Agency (ADRA)

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Activity 1.8	Provide 24 health facilities with IPC kits	NNGO Adventist Development and Relief Agency (ADRA)

Output 2	The provision of quality maternal and new-born health services is strengthened in 24 health facilities (of which 10 in Tanganyika and 14 in South Kivu provinces)

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	RH.1 Number of live births assisted by a skilled health personnel (new-born)	6,594	6,737	Registre d'accouchement Fiche de collecte des données
Indicator 2.2	Number of caesarean section operations performed)	720	647	Registre accouchement Registre du bloc opératoire Fiche de collecte de données
Indicator 2.3	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (SRH 6a& 6b - new-borns that benefited from essential care at birth)	6,448	6,462	Registre accouchement Fiche de collecte de données, Registre de neonatologie
Indicator 2.4	SP.2a Number of inter-agency emergency reproductive health kits delivered (SRH 6a & 6b)	36	36	Plan de distribution Bon de livraison et de réception
Indicator 2.5	Number of cases of STIs managed using the syndromic approach	3,517	3,402	Registre de consultation Fiche de collecte de données
Indicator 2.6	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits [fistula surgical repair kits]	100	107	Registres du bloc opératoire Rapport de campagne de réparation des FO
Indicator 2.7	Number of outreach mobile clinics conducted	36	38	Rapport intervention
Indicator 2.8	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits 1 (male condoms distributed)	28,800	31,126	Registre de consultation Fiche de collecte des données
Indicator 2.9	Male condoms distributed	345,600	288,000	Rapport de distribution Rapport de sensibilisation
Indicator 2.10	Number of persons sensitized on danger signs during pregnancy	60,000	61,183	Rapport de sensibilisation

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Indicator 2.11	Number of new adherents to modern family planning methods recruited	6,859	5,081	Registre de consultation Fiche de collecte
Indicator 2.12	Number of adolescents and youth who had access to adolescent and youth friendly sexual and reproductive health services	28,138	39,988	Registre de consultation Fiche de collecte de données
Indicator 2.13	Number of survivors of sexual violence who benefited from medical management	3,000	3,013	Registre de consultation Fiche de référencement Fiche de consentement Registre SVS Fiche de collecte des données GBV
Indicator 2.14	Number of survivors of sexual violence who benefiting post rape kits within 72 hours	2,400	1,531	Registre de consultation Fiche de référencement Fiche de consentement Registre SVS Fiche de collecte des données GBV
Indicator 2.15	Number of quarterly review meetings held	24	24	Rapport des revues trimestrielles
Indicator 2.16	H.7 Number of functional health facilities supported (benefited from financial support]	24	24	Rapport de subvention des formations sanitaires Document de contractualisation
Indicator 2.17	Number of RHWG (reproductive health working group meetings) held	8	8	Compte Rendu des reunions
Indicator 2.18	Number of supportive supervisory missions conducted by the health zonal management teams of the 6 targeted health zones	24	42	Rapport de supervision
Indicator 2.19	Number of monitoring visits conducted by UNFPA in the 6 targeted health zones	40	24	Rapport de suivi des interventions Plan de mission de suivi
Indicator 2.20	Number of monitoring visits conducted by DPS in the 6 targeted health zones	12	12	Rapport de suivi des interventions Plan de mission de suivi
Explanation of output and indicators variance:		Le renforcement des plateaux techniques des maternités des 24 formations sanitaires par la dotation en équipements et matériels ainsi que l'approvisionnement en Kits santé de la Reproduction (SR) ont contribué à l'assistance qualifié de 102% d'accouchements, cela à la suite de l'afflux des personnes déplacées dans les zones ciblées et à assurer une prise en charge adéquate de 10 % des complications obstétricales. Lors de la mise en œuvre, une rupture de stock en intrant est survenue et n'a pu être résolue au trimestre suivant, ce qui explique la variance entre la cible et les résultats atteints. L'afflux des jeunes et adolescents lors des sensibilisations dans les écoles et dans les sites des déplacés a permis d'atteindre un plus grand nombre de jeunes et adolescents sur les questions de Soins de Santé de la Reproduction (SSR).		

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	Les interventions de suivi au niveau de UNFPA se sont limitées à six descentes de suivi par le Bureau Central (une visite / province) et trois visites par province effectuées par les bureaux décentralisés, la réduction du nombre des visites est dû à l'insécurité et la faible accessibilité à la suite de l'état des routes.

Activities	Description	Implemented by
Activity 2.1	Subsidize 24 health facilities FOSA (6 HGR and 18 Health Centers) throughout the duration of the project for the management of child births including complications, STIs by making funds available on monthly basis to each of the targeted health facilities in the health zones to cover the shortfall resulting from the free coverage of the target populations for reproductive health care	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.2	Organize obstetric fistula repair campaign to benefit 100 women and girls in the health zone of Mbulula	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.3	Organize 36 outreach mobile clinics in 24 Health Areas of 6 Health Zones to deliver integrated and quality reproductive, maternal, and adolescent health services in hard-to-reach localities of the health areas	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.4	Support 24 quarterly reviews to validate health data in the 6 targeted health zones	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.5	Organize 72(3 /HA) sessions of close proximity sensitization on the danger signs during pregnancy and childbirth and early referral of obstetric and neonatal emergencies, STIs/HIV, FP, and ASRH through community health workers and peer educators in 24 health areas in the 6 targeted health zones	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.6	Organize 36 information-awareness sessions in the 14 health areas on the availability of free sexual and reproductive health care in the targeted health facilities to increase the use of services by the beneficiaries of the project	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.7	Organize 4 quarterly monitoring and supervision missions in the field by UNFPA staff to ensure the implementation of activities and the evolution of indicators from which corrective actions can be taken jointly with the members of the Provincial Management Team and the respective zonal health teams (ECZS)	UNFPA
Activity 2.8	Organize 12 field supervision missions by the zonal health management team of the 6 health zones to ensure the implementation of activities and the evolution of indicators from which corrective actions can be taken	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.9	Organize 4 field supervision missions by the provincial health departments of Tanganyika and South Kivu provinces to ensure the implementation of activities and the evolution of indicators to correct any gaps	NNGO Adventist Development and Relief Agency (ADRA)
Activity 2.10	Support 24 coordination meetings of the reproductive health working group in the provinces of Tanganyika and South Kivu	NNGO Adventist Development and Relief Agency (ADRA)

Output 3	107 547 community members of the areas targeted by the project are mobilized and develop community mechanisms to reduce the risks of exposure to gender-based violence including sexual exploitation and abuse (SEA)
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CC.1 Number of frontline community leaders (e.g., partner personnel) who received short refresher training to support	100	100	Rapport de formation Liste de présence à la formation

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	programme implementation (Community leaders trained on mechanisms for preventing GBV/SEA and supporting survivors)			
Indicator 3.2	Number of opinion leaders from civil society mobilized in the fight against GBV/SEA disaggregated by age / sex / disability	60	70	Rapport d'activité
Indicator 3.3	Number of people informed about the risks and consequences of GBV, SEA, covid-19, the referral pathway and the GBV/SEA	64,528	219,877	Rapport de sensibilisation
Indicator 3.4	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (dignity kits)	204	204	Plan de distribution Bon de livraison et de réception
Indicator 3.5	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	204	204	Rapport de distribution
Indicator 3.6	CC.1 Number of frontline Implementing Partners and humanitarian actors (e.g. partner personnel) who received short refresher training to support programme implementation (Implementing and related staff trained on PEAS and signed the code of conduct)	150	155	Rapport de formation Code de bonne conduit signés
Indicator 3.7	Number of community complaints mechanisms (CBCM) set up	40	40	Rapport d'activité des ONG/ Rapport d'activité des CBCM/ Rapport de suivi UNFPA
Explanation of output and indicators variance:		**Indicator 3.3:** Les différentes sensibilisations directes et indirectes ont été menées à travers les radios communautaires et les sensibilisations des masses et interpersonnelle, ce qui a contribué à l'atteinte d'un plus grand nombre de personnes. Ces sensibilisations ont été focus sur différents thèmes de prévention des EAS, VBG, COVID -19, le circuit de référencement, le numéro vert (495555) et les lois et droit des personnes vivant avec handicap.		

Activities	**Description**	**Implemented by**
Activity 3.1	Training the community leaders and police officers taking into account disabled leaders and police officers	NNGO Transcultural Psychosocial Organisation (TPO) and Solidarité Féminine pour la Paix et le Développement Intégral (SOFEPADI)
Activity 3.2	Support the mobilization of community leaders, opinion leaders and civil society through the establishment of community action centers for the protection of women and girls	NNGO Transcultural Psychosocial Organisation (TPO) and Solidarité Féminine pour la Paix et le Développement Intégral (SOFEPADI)
Activity 3.3	Organize awareness campaigns on the risks of GBV, SEA, covid-19, referral pathway and the popularization of the hotline through local community actions and local radios	NNGO Transcultural Psychosocial Organisation (TPO) and Solidarité Féminine pour la Paix et le Développement Intégral (SOFEPADI)

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Activity 3.4	Distribute 200 dignity kits for vulnerable women and girls including those living with disabilities and survivors of GBV/SEA	UNFPA
Activity 3.5	Train 150 humanitarian actors, implementing staff and related staff working in the project areas on PSEA and signing a code of conduct	UNFPA and Transcultural Psychosocial Organisation (TPO) and Solidarité Féminine pour la Paix et le Développement Intégral (SOFEPADI)
Activity 3.6	Set up / support community-based reporting structures (CBCM) on PSEA	NNGO Transcultural Psychosocial Organisation (TPO) and Solidarité Féminine pour la Paix et le Développement Intégral (SOFEPADI)

Output 4	3,000 survivors of gender-based violence benefit from quality, rights-based, holistic			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.) (survivors of sexual violence who benefited from medical management)	3,000	3,013	Registre de consultation Fiche de référencement Fiche de consentement Registre SVS Fiche de collecte des données GBV
Indicator 4.2	Number of survivors of sexual violence who benefiting post rape kits within 72 hours	2,400	1,531	Registre de consultation Fiche de référencement Fiche de consentement Registre SVS Fiche de collecte des données GBV
Indicator 4.3	Number of (service providers trained on clinical management of rape and GBV data collection)	100	100	Rapport de formation Liste de présence
Indicator 4.4	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation Number of (service providers trained on case management)	100	100	Rapport de formation Liste de présence
Indicator 4.5	Number of women, girls, including survivors of GBV who benefited from activities and psychosocial support through service delivery points	3,000	3,662	Registre de consultation Fiche de référencement Fiche de consentement Registre SVS Fiche de collecte des données GBV
Indicator 4.6	Cash.3a Number of people benefitting from conditional cash transfers.	159	111	Rapport d'activité Liste de ciblage des femmes vulnérables

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				Liste de distribution de cash
Indicator 4.7	Cash.3b Total value of conditional cash transfers distributed in USD	31,800	16,650	Rapport d'activité et financier Liste de distribution du cash
Indicator 4.8	PS.1b Number of safe spaces and/or centres constructed or rehabilitated	20	20	Rapport intervention
Indicator 4.9	PS.1a Number of people benefitting from safe spaces and/or centres	3,000	5,944	Rapport Activités
Explanation of output and indicators variance:		**<u>Indicators</u> 4.1; 4.2 ; 4.5 ; 4.6 ; 4.7** : La prise en charge des survivants des VBG a tenu compte de leur choix et souhaits, en garantissant la confidentialité avec l'approche de considérer les Espaces surs comme de carrefour d'échanges et de renforcement des capacités des femmes et filles. 3013 survivants ont bénéficié d'une prise en charge médicale et 3662 du psychosociale. Par ailleurs, 1531 cas ont été pris en charge dans les 72 heures, soit 50,8 % des cas. Bien que plus de 100 % de la cible a bénéficié d'une prise en charge, la prise en charge dans les 72h est inférieure à la cible prévue (80%), par le fait que les survivantes ont tardé à se présenter dans les 72h au niveau des formations sanitaires. La mise en place de 20 espaces sûr avec différentes activités sociales des femmes et renforcement des APS a favorisé la fréquentation des survivantes pour une assistance psychosociale. Le projet envisageait le transfert des cash pour 159 personnes, mais suites aux contraintes liées aux marchés, seulement 111 ont eu accès aux cash et les 48 ont bénéficié directement des articles pour leurs AGR car elles ne pouvaient pas s'en procurer dans leurs zones de résidence faute de marché de gros dans ces zones.		

Activities	**Description**	**Implemented by**
Activity 4.1	Supply 52 health facilities with post-rape kits, STI treatment kits and small medical equipment for the medical care of survivors of GBV	UNFPA
Activity 4.2	Train 100 health providers on clinical management of rape and GBV data collection	NNGO
Activity 4.3	Train 100 service providers on case management to facilitate referral and coordinated management of GBV cases	NNGO
Activity 4.4	Providing psychosocial care for GBV survivors and a focus on the disability oriented psychological assistance for the disabled survivors	NNGO
Activity 4.5	Ensuring the socio-economic reintegration of GBV survivors and specific reintegration for GBV disabled Survivors	NNGO
Activity 4.6	Setting up safe spaces for the most vulnerable women and survivors taking into account the specific needs for disabled people	NNGO

Output 5	Integration of the specific needs of people living with disabilities for an inclusive humanitarian response			
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐			
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

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Indicator 5.1	CC.1 Number of frontline women leaders organizations (e.g., partner personnel) who received short refresher training to support program implementation ((women leaders with disabilities and those leading organizations of people living with disabilities trained on female leadership and the fight against GBV/SEA disaggregated by age /sex/disability))	40	40	Rapport de formation Liste de présence
Indicator 5.2	Number of women living with disabilities who received obstetric fistula repair	100	107	Registre du bloc opératoire Rapport de réparation des FO
Indicator 5.3	Number of people informed about decrees, laws and rights relating to people with disabilities. Including key GBV concepts, legal framework, and GBV referral pathway information)	64,528	219,877	Rapport de sensibilisation
Explanation of output and indicators variance:		**Indicator 5.3:** Le nombre élevé des personnes sensibilisées sur les lois et droits des personnes vivants avec handicaps est dû au fait que la question a été abordée au cours de toutes les sensibilisations organisées avec les différentes cibles sur les GBV/ PSEA et Santé sexuelle et reproductive. **Indicator 5.2**: L'appui du projet a permis d'assurer la réparation de 107 cas de fistules obstétricales répertoriés au niveau du Tanganyika avec l'appui d'un expert chirurgien et l'équipe locale formée avec l'appui de UNFPA		

Activities	**Description**	**Implemented by**
Activity 5.1	Train 40 women leaders with disabilities and those who lead organizations of people living with disabilities on feminine leadership and the fight against GBV/SEA	NNGO
Activity 5.2	Ensure the inclusion of women living with disabilities among those benefiting from obstetric fistula repair	NNGO
Activity 5.3	Distribute dignity kits to women who benefit obstetric fistula repair	NNGO
Activity 5.4	Disseminate decrees, laws and rights relating to people with disabilities	NNGO

7. Effective Programming

a. Accountability to Affected People (AAP) [9]:

Au niveau des Zones de Santé (ZS), les Cellule d'Animation Communautaire (CAC), les organisations féminines, des jeunes et des handicapés ont été consultés (consultation communautaires) pour établir les priorités lors de la conception du projet. Les communautés ont également été associées dans la mise en œuvre du projet lors des sensibilisations, mise en place des Community-Based Complaints Mechanisms (CBCM) et des espaces sûres, lors de la distribution des intrants tels que les kits 2A, les Kits de dignité, la définition du critérium pour la réinsertion socioéconomique des personnes vulnérables, Le renforcement des capacités des jeunes de différentes

[9] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

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associations a permis la mobilisation des jeunes et leur participation dans les séances de sensibilisation (redevabilité à l'égard de la population).
La communauté a également été mise à contribution lors du suivi des activités du projet et leurs suggestions pour l'amélioration de l'accès aux services de SSR et GBV, des populations des Aires de Santé (AS) éloignées et insécures ont été prises en compte.

b. AAP Feedback and Complaint Mechanisms:

La mise en œuvre du projet a mis l'accent sur la participation communautaire dans la réalisation des activités. Ainsi, 250 personnes membres des 40 CBCM mis en place ont été formés sur la gestion des mécanismes communautaires des plaintes. Les appréciations des bénéficiaires étaient aussi sollicitées et prises en compte lors de l'offre de services et des sensibilisations. Cette participation était remarquable dans : - L'implication des leaders communautaires, des associations des jeunes, des personnes vivants avec handicaps et des femmes, dans le choix des sites des espaces sûres, des membres des CBCM, - L'adhésion et la participation active et régulière aux sensibilisations, - transport et la distribution des intrants, - L'implication dans le plaidoyer auprès des autorités pour obtention des quelques facilités et appuis pour la matérialisation des activités du projet.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

40 CBCM ont été mis en place d'une manière équitable en fonction de deux par ZS ciblées. Chaque CBCM était constitué de représentants de la communauté et des points focaux ont été désignés. Leur mise en place a tenu compte de la sécurité, transparence, confidentialité, accessibilité et culture. Les membres des comités et les points focaux ont bénéficié d'un renforcement des capacités sur les VBG, PSEA, Circuit de référencement et Voie de signalement (dont la ligne verte 495555). Tous étaient régis par un code de bonne conduite. Les membres ont sensibilisé sur les questions de GBV/ EAS, ont reçu les plaintes, qu'ils ont traitées au niveau du comité de gestion de plainte en tenant compte de la sensibilité et assurant la confidentialité. Les réunions se sont tenues mensuellement et 56 cas d'EAS ont été reçus. Les circuits de référencements y ont été affichés.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

70 femmes leaders et coordinatrices des associations des personnes vivant avec handicap ont été formés sur la prévention et la collecte des données GVB dans les sites d'intervention de la manière suivante : 14 femmes dans la province de Tanganyika dont huit de Nyemba et six de Mbulula, 24 femmes ont été formées au Sud-Kivu dont cinq de Lulingu, sept de Bunyakiri, six de Fizi et six de Ruzizi , deux femmes ont été formées à Kabambare dans la province de Maniema et 30 femmes ont été formées au Nord-Kivu dont 10 à Mweso et Masisi, 15 à Beni pour le compte de Mutwanga, Oicha et Beni et cinq à Lubero. Les différentes sensibilisations sur les GBV, la SSR ont permis d'améliorer les connaissances des femmes sur leurs différents droits et les dispositions légales en cas de violation de ces droits.
Les activités de réinsertion économique en faveur des femmes vulnérables dont celles ayant bénéficié d'une réparation de fistule obstétricale et les survivantes de violence sexuelle ont contribué à les rendre autonomes. Les activités de renforcement de capacités techniques sur les différentes thématiques ont veillé à la participation des femmes au même titre que les hommes. L'équilibre (homme /femme) dans le recrutement des agents communautaires a été assurée dans les différentes ZS.

e. People with disabilities (PwD):

Le renforcement des capacités des 70 femmes leaders et les coordinatrices des associations des personnes vivant avec handicap sur les notions de base de GBV / EAS et SSR a permis de renforcer la sensibilisation des populations vivants avec handicaps et d'évaluer leurs besoins dans le cadre des VBG et de la SSR. Les différentes communautés ont été sensibilisées sur les lois existantes pour la protection des personnes vivant avec handicaps et sur leurs droits en matière de SSR. 107 femmes porteuses de fistules obstétricales ont été répertoriés et ont bénéficié d'une réparation chirurgicale ainsi qu 'une réinsertion économique.

f. Protection:

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Dès le début du projet, les experts ont recensé les risques que courent les hommes, les femmes, les filles, les garçons et les groupes comme les déplacés, les personnes âgées, les handicapés, dans la zone de mise en œuvre et ont tenu compte des vulnérabilités particulières qui sont à l'origine de ces situations de risque tout au long de sa mise en œuvre. Le projet a ainsi élaboré et appliqué des stratégies d'atténuation de ces risques, Dans les zones de santé de BUNYAKIRI, FIZI, KAMBABARE, MASISI, OICHA, LUBERO, 550 personnes dont 355 hommes et 195 femmes parmi lesquels 100 leaders communautaires (62 hommes et 38 femmes) ont été formés sur les mécanismes de prévention des VBG et protection des survivants de VBG. En outre, 195 acteurs communautaires ont été formés sur les concepts clés de VBG. L'implication de ces acteurs et des leaders communautaires a contribué à la mise en place de 40 CBCM dont les membres ont sensibilisé les communautés sur les VBG /PSEA et ont reçu et traité 56 plaintes. Le projet a mis en place 20 espaces sûrs, et il a, par ailleurs, assuré la prise en charge psychosociale et la protection de 5 944 femmes vulnérables contre les VBG.

g. Education:

Les activités de sensibilisation ont permis d'améliorer les connaissances de 219,877 membres des communautés (101516 hommes et 118361 femmes) des populations sur les VBG, SSR, la PF. Le projet a également permis de former et d'assurer la remise à niveau de 475 prestataires et cadres de DPS, Organisations sur la gestion clinique et psychologique des survivantes de VBG, sur la PSEA, sur la PF et SSR. Au niveau des espaces sûrs, 52 femmes vulnérables ont bénéficié d'une formation professionnelle de courte durée en coupe et couture, tricotage de nappe et fabrication des paniers.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	111

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

US$ 16 650 ont été distribués en Cash Transfer conditionnel pour assurer la réintégration socio-économique de 111 survivants de violence liée au sexe et la réintégration spécifique des survivants handicapés de la violence liée au sexe.
111 bénéficiaires (56 au Sud-Kivu et 55 en Ituri) ont été choisies parmi les survivantes les plus vulnérables et ont d'abord bénéficié d'un renforcement des capacités sur la gestion des activités génératrices des revenus et sur le fonctionnement des associations villageoises d'épargne et de crédit (AVEC). Ensuite ces bénéficiaires ont reçu le cash à travers un processus de transfert confidentiel et sécurisé. Les bénéficiaires ont, par ailleurs, été accompagnés dans l'identification des activités rentables en fonction des zones où les activités génératrices des revenus devaient être exécutées, et ont également été orientées vers les AVEC pour la sécurisation de leurs activités.

Parameters of the used CVA modality:

Specified CVA activity. (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Réintégration socio-économique des survivants de violence liée au sexe et la réintégration spécifique des	111	US$ 16,650	Protection - Gender-Based Violence	Restricted

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survivants handicapés de la violence liée au sexe				

9. Visibility of CERF-funded Activities

Title	Weblink
Couple résiliant, une preuve que l'on peut se reconstruire ensemble après le viol d'un conjoint	https://drc.unfpa.org/fr/news/couple-r%C3%A9siliant-une-preuve-que-l-peut-se-reconstruire-ensemble-apr%C3%A8s-le-viol-dun-conjoint
Nyagusi stéphanie sur la trace de UNFPA à Jiba en Ituri	https://drc.unfpa.org/fr/news/njagusi-st%C3%A9phanie-sur-les-traces-de-unfpa-%C3%A0-jiba-en-ituri
Enceinte à 17 ans, Dorothée rêve de reprendre l'école malgré son retard	https://drc.unfpa.org/fr/news/enceinte-%C3%A0-17-ans-doroth%C3%A9e-r%C3%AAve-de-reprendre-l%C3%A9cole-malgr%C3%A9-le-retard

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3.4 Project Report 21-UF-HCR-026

1. Project Information

Agency:	UNHCR	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Shelter and Non-Food Items Multi-Sector Refugee Assistance Protection	**CERF project code:**	21-UF-HCR-026
Project title:	Strengthening the protection environment and assistance for refugees, IDPs, returnees, and host communities, including persons with disabilities, in the Democratic Republic of the Congo (DRC)		
Start date:	28/10/2021	**End date:**	27/10/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 204,750,745**
Total funding received for agency's sector response to current emergency:	**US$ 63,848,165**
Amount received from CERF:	**US$ 4,600,377**
Total CERF funds sub-granted to implementing partners:	**US$ 2,295,309**
Government Partners	US$ 0
International NGOs	US$ 807,442
National NGOs	US$ 1,487,867
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

CERF funding enabled UNHCR, and it partners to provide varied assistance to 126,572 people including refugees and asylum seekers, and internally displaced persons, in North-Kivu, Tanganyika, North-Ubangi, South-Ubangi and Ituri. Some of the assistance also went to capacity building to reinforce community-based protection. In some cases, the assistance was provided through cash. Under the shelter sector/cluster UNHCR constructed/rehabilitated 3,086 shelters and 3,086 latrines for over 58,001 people including the most vulnerable people in the targeted localities.

In Ituri province, CERF funds enabled the provision of primary health care for 12,871 South Sudanese refugees among whom were several voluntary returnees who received predeparture medical care. In terms of NFIs, 4,525 non-food items (NFI) were distributed to 4,525 households while 41,055 women and girls benefitted from the distribution of 3,000 dignity kits.

Some 54,310 refugees and IDP households benefitted from multipurpose and unconditional cash grants that enabled them to rehabilitate/upgrade their shelters, meet their basic needs, and engage on livelihood activities. The living conditions of 11,999 people with special needs and women at risk of violence and exploitation was improved by supporting them with multipurpose cash grant to increase their purchasing power and reduced their susceptibility to diseases, gender-based violence and sexual exploitation and abuse. These multipurpose cash grants also facilitated trainings meant to improve access to services and livelihoods.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Some 84 awareness campaigns, radio programs and debates on inclusion and integration, land accessibility, peaceful cohesion, and community dialogue were held to improve community-based knowledge on the topical areas. UNHCR and partners deployed 18 observers, members of community protection structures in the territories of Masisi, Beni and Lubero in North-Kivu. Thanks to the community protection approach, 33 local authorities and 77 community members have been trained on the standards of inclusion of people with special needs, including people with disabilities, and on the concepts of PSEA in the project implementation areas.

In terms of protection, UNHCR and partners aimed to improve the protection environment in areas of displacement and did so by strengthening existing community-based protection mechanisms. This was done through the establishment and support to refugee/IDP committees

3. Changes and Amendments:

The resurgence of the March 23 Movement (M23) crisis in North-Kivu beginning in March 2022 has severely hampered UNHCR's ability to implement all planned activities within the allotted timeframe. The violent clashes displaced thousands of people in the targeted localities as well as in Uganda, and severely hampered humanitarian access to areas of operation. In addition, violent anti-MONUSCO protests erupted in the east of the country in July 2022, affecting the mobility of UN agencies into important field areas including the attacks on UN agencies and NGOs which complicated the smooth implementation of activities.

Modifications were made to the project during the implementation period because of the refusal by the civil society of Buyankiri of the shelter construction project. This led to a deliberate redirection of the shelter project to the other territories of North Kivu such as Rutshuru and Lubero, which had not previously been listed as part of the project plans. Some 500 transitional shelters (200 – Rutshuru and 300 – Lubero) were constructed in the two territories.

Regarding NFIs, those that were intended for Masisi were redeployed to Rutshuru to respond to the M23 emergency in Kiwandja.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	1,880	1,420	1,300	1,050	**5,650**	1,880	1,420	1,300	1,050	**5,650**
Internally displaced people	5,988	5,394	5,613	5,180	**22,175**	5,988	5,394	5,613	5,180	**22,175**
Host communities	452	402	538	533	**1,925**	452	402	538	533	**1,925**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,320**	**7,216**	**7,451**	**6,763**	**29,750**	**8,320**	**7,216**	**7,451**	**6,763**	**29,750**
People with disabilities (PwD) out of the total										
	1,098	842	982	828	**3,750**	1,103	845	992	838	**3,778**

Sector/cluster	Multi-Sector Refugee Assistance									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	4,951	4,058	7,496	7,366	**23,871**	5,560	4,090	8,496	8,066	**26,212**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	3,183	3,058	742	712	**7,695**	3,202	3,068	762	730	**7,762**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,134**	**7,116**	**8,238**	**8,078**	**31,566**	**8,762**	**7,158**	**9,258**	**8,796**	**33,974**
People with disabilities (PwD) out of the total										
	325	409	223	145	**1,102**	325	409	229	155	**1,118**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	11,071	4,540	14,579	12,042	**42,232**	12,801	5,013	15,135	12,706	**45,655**
Host communities	1,359	530	1,816	1,358	**5,063**	1,389	550	1,916	1,388	**5,243**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**12,430**	**5,070**	**16,395**	**13,400**	**47,295**	**14,190**	**5,563**	**17,051**	**14,094**	**50,898**
People with disabilities (PwD) out of the total										
	1,865	761	2,459	2,010	**7,095**	1,867	763	2,461	2,012	**7,103**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Some 987,745 people benefited indirectly from various services under the CERF funded response in different crises localities in the DRC. The beneficiaries comprised of host communities and other communities neighbouring the targeted areas who benefited from the widespread of the project which inter alia included rehabilitation of community infrastructures as well as advocacy and awareness campaigns. Indeed, UNHCR implemented 84 awareness campaigns on topical issues such as inclusion, integration, land accessibility, peaceful cohesion, and community dialogue. The campaigns were in the form of radio programs and debates conducted in the project localities. Overall, the benefits of all these interventions were both social (in terms of fostering behaviour change among communities), as well as a boost to the local economy due to expansion of the job market, and a general increase in economic activity.

6. CERF Results Framework

Project objective	To strengthen the protection environment and assistance to IDPs, returnees, refugees and host communities, including persons with disabilities in areas affected by armed conflict, population movements and human rights violations.
Output 1	Community protection and peaceful coexistence/cohabitation is strengthened in areas affected by displacement and human rights violations

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PG.1 Number of protection monitoring missions conducted that inform the humanitarian response	30	30	Mission report, Performance Report INTERSOS 2022
Indicator 1.2	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (Goma)	3,365	3,879	Performance Report INTERSOS 2022, Rapport Annuel 2022 SO Goma
Indicator 1.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (Goma)	80,950	80,950	Rapports d'activités, PV de mise en place de comités
Indicator 1.4	# Community-based protection or community networks established/supported	25	25	Final performance report Associazione Volontari per il Servizio Internationale (AVSI)
Indicator 1.5	# of reported protection incidents referred to appropriate services	600	600	Performance Report INTERSOS 2022,
Indicator 1.6	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (people living with disabilities GOMA)	135	135	Performance Report INTERSOS 2022,
Indicator 1.7	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (persons with disabilities GOMA)	4,050	4,050	Performance Report INTERSOS 2022,

Indicator 1.8	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (Bunia)	4,000	4,000	Performance Report INTERSOS 2022,
Indicator 1.9	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	96,800	96,800	Performance Report INTERSOS 2022,
Indicator 1.10	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (people living with disabilities Bunia)	2,000	2,000	Performance Report INTERSOS 2022,
Indicator 1.11	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (persons with disabilities Bunia)	48,400	48,400	Performance Report INTERSOS 2022,
Indicator 1.12	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community networks capacitated in the care for persons with disability)	240	240	Training reports, list of participants, Performance Report INTERSOS 2022,
Indicator 1.13	# of disability service mapping and protection plans for persons with disability developed to inform referral mechanisms	1	1	Performance Report INTERSOS 2022,
Explanation of output and indicators variance:		The lack of humanitarian access in some places, targeting of humanitarian actors by armed groups rendering activity implementation and overall humanitarian response difficult. On the positive side, the project reached more beneficiaries than projected with multisector assistance, and this was as a result of new family members that joined the households, new-borns and other displace population.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment of mobile protection teams, undertaking rapid protection assessments, and multi-sectoral rapid assessments, including legal assistance to victims of human rights violations and capacity building of IDP committees and local actors on protection, and establishment and monitoring of feedback and complaint mechanisms and PSEA.	INTERSOS, Associazione Volontari per il Servizio Internationale (AVSI)
Activity 1.2	Cash support for the protection of victims of human rights violations and people with special needs, including persons with disabilities.	INTERSOS, HCR
Activity 1.3	Provision of training, material and technical support to “synergies” and community protection structures, through the implementation of quick impact projects (QIPs) by initiating and/or revitalizing committees of IDPs living with a disability.	INTERSOS, Associazione Volontari per il Servizio Internationale (AVSI)
Activity 1.4	Training of 240 members of community structures in psychosocial support for persons with disabilities.	INTERSOS
Activity 1.5	Mapping and evaluation of services available for persons with disabilities.	INTERSOS

Output 2	Shelter and NFI needs of IDPs, returnees and host community members, including persons with disabilities are covered in Ituri, North Kivu and South Kivu

Was the planned output changed through a reprogramming after the application stage?			Yes ☒	No ☐
Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Cash.3a Number of people benefitting from conditional cash transfers	25,120	25,120	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.2	Cash.3b Total value of conditional cash transfers distributed in USD	669,794	669,794	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.3	SN.1a Number of people benefitting from in-kind shelter assistance (assisted with shelter construction)	28,490	29,490	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.4	SN.1b Number of in-kind shelter kits distributed	2,850	500	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.5	# of people benefitting from a family latrine	15,750	15,750	Distribution report
Indicator 2.6	SN.2a Number of people benefitting from in-kind NFI assistance (NFI Kits)	12,000	1,000	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.7	SN.2b Number of in-kind NFI kits distributed	2,400	2,400	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)

Indicator 2.8	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	3,000	3,000	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.9	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits	3,000	3,000	Distribution report and list of recipients (signed by the recipients) Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.10	Cash.3a Number of people benefitting from conditional cash transfers (persons with disabilities)	1,795	1,795	Distribution report and list of recipients, ADSSE
Indicator 2.11	Cash.3b Total value of conditional cash transfers distributed in USD	50,263	50,263	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.12	SN.2a Number of people benefitting from in-kind NFI assistance (persons with disabilities)	900	900	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.13	SN.2b Number of in-kind NFI kits distributed (for persons with disabilities)	300	300	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.14	SN.1a Number of people benefitting from in-kind shelter assistance (persons with disabilities)	1,500	1,500	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.15	SN.1b Number of in-kind shelter kits distributed (persons with disabilities)	300	300	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 2.16	WS.2 Number of WASH structures (e.g. latrines) constructed or rehabilitated that are accessible to persons with disabilities	300	300	Distribution report and list of recipients, Association pour le Développement Social et la Sauvegarde

				de l'Environnement (ADSSE)
Indicator 2.17	# of shelters and common structures constructed or rehabilitated that are accessible to persons with disabilities	1,688	1,688	Distribution report and list of recipients, Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Explanation of output and indicators variance:		**Indicator 2.4** and **Indicator 2.6:** Several modifications of planned activities were experience due to the disruption of global supply chain and inflation that also resulted in commodity price changes and delay in delivery time.		

Activities	**Description**	**Implemented by**
Activity 2.1	Cash transfers to support shelter construction for beneficiaries and prioritizing persons with disabilities by ensuring adapted access for them.	HCR/ Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE)
Activity 2.2	Technical and material support for the construction of transitional shelters, including the construction/rehabilitation of shelters adapted for persons with disabilities.	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)
Activity 2.3	Technical support to construct family latrines and showers, including the construction/rehabilitation of family latrines and showers adapted for persons with disabilities.	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE)
Activity 2.4	Purchasing and distribution of NFIs and ensuring that people living with disabilities are given priority.	Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE), Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)
Activity 2.5	Purchasing and distribution of hygiene kits and ensuring that women and girls with disabilities are given priority.	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)

Output 3	Protection and assistance for refugees and asylum-seekers, including persons with disabilities in the DRC is strengthened
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☐
Sector/cluster	Multi-Sector Refugee Assistance

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	SN.1a Number of people benefitting from in-kind shelter assistance (refugees)	3,450	500	Distribution report and list of recipients (signed by recipients) / Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 3.2	SN.1b Number of in-kind shelter kits distributed (for refugees)	500	500	Distribution report and list of recipients (signed by recipients) / Association pour le Developpement

				Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 3.3	Cash.3a Number of people benefitting from conditional cash transfers	3,000	3,000	Distribution report and list of recipients (signed by recipients) /Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 3.4	Cash.3b Total value of conditional cash distributed in USD	105,500	105,500	Distribution report and list of recipients /Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 3.5	# of WASH structures (latrines) built or rehabilitated	600	458	Activity report Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)
Indicator 3.6	Cash.1a Number of people benefitting from multi-purpose cash	14,895	14,895	Distribution report and list of recipients, ADSSE
Indicator 3.7	Cash.1b Total value of multi-purpose cash distributed in USD	297,900	297,900	Distribution report and list of recipients, ADSSE
Indicator 3.8	# of refugees, host community members and persons with disabilities benefiting from primary health care coverage	20,566	43,183	Activity report /Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE)
Indicator 3.9	# of shelters and community infrastructure constructed or rehabilitated and accessible to persons with disabilities	200	200	Activity report /Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE), Associazione Volontari per il Servizio Internationale (AVSI)
Indicator 3.10	WS.2 Number of WASH structures (e.g. latrines) constructed or rehabilitated that are accessible to persons with disabilities	199	199	Activity report/ Actions et Interventions pour le Développement et l'Encadrement Social (AIDES),

				Association pour le Developpement Social et la Sauvegarde de l'Environnement (ADSSE), Associazione Volontari per il Servizio Internationale (AVSI)
Indicator 3.11	# of refugees and vulnerable host community members assisted with specific medical items related to their disability	25	25	Activity report/ Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE)
Explanation of output and indicators variance:		**Indicator 3.1**: The insecurity in North-Kivu, South-Kivu and Ituri that made it sometimes difficult to reach refugees particularly those residing outside the camps, who constitute 75 percent of the overall refugee population. **Indicator 3.8**: These figures include beneficiaries of other communities neighbouring the targeted areas who benefited from the widespread of the project.		

Activities	**Description**	**Implemented by**
Activity 3.1	Construction/rehabilitation of transitional shelters through community outreach and the use of cash,	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), AIRD
Activity 3.2	Construction of WASH structures (showers/latrines) through a community-based approach	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), ACTED
Activity 3.3	Distribution of cash, with a particular focus on access for 210 persons living with disabilities.	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)ADSSE, CNR, HCR
Activity 3.4	Provision of material and technical support for the Biringi health centre.	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)
Activity 3.5	Construction/ Retrofitting/ Upgrading of shelters, medical, and WASH infrastructures to facilitate access/use by persons with disabilities	ACTED, Actions et Interventions pour le Développement et l'Encadrement Social (AIDES), Associazione Volontari per il Servizio Internationale (AVSI)
Activity 3.6	Distribution and assistance to vulnerable refugees and host community member with disabilities through the provision of medical items related to their specific needs (tricycle, crutches, glasses, hearing aids, etc.)	ACTED, Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)

7. Effective Programming

a. Accountability to Affected People (AAP) [10]**:**

[10] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

The community-based protection is designed to among other things build/develop the capacity of local communities to be the primary actors in the emergency response. Therefore, UNHCR and partners unfailingly consulted with beneficiaries and listen to the communities affected by the crisis, including persons with specific needs, while strengthening the existing capacities of the various community structures. Focus groups, by age and gender, have been out in place to identify the specific problems and needs of each group. These community consultations make it possible to prioritize community-based needs. UNHCR's community-based protection approach is founded on mainstreaming Age, Gender and Diversity Policy", which aims to ensure the equal enjoyment of the rights of people of concern through consultation and partnership throughout the programming cycle, while taking into account their specific needs based on either their age, gender or diversity. Assessments were conducted jointly with community leaders and local authorities to establish the specific needs of the most affected populations.

b. AAP Feedback and Complaint Mechanisms:

UNHCR and its partners set up feedback mechanisms including suggestion boxes, toll-free telephone lines (0812570222) for beneficiaries to report any cases of concern directly to field officers. Regular meetings and visits were organised with beneficiaries to get regular feedback and adjust on time. In addition, local management committees, setup to among other things, receive complaints, from affected populations are facilitated to speak to humanitarian actors on regular bases.

The suggestion boxes are regularly opened by a designated committee composed of UNHCR and partner staff as well as community members, who are all skilled in handling complaints and ensuring that established accountability mechanisms are strictly adhered to.
In this regard, over 450 complaints were received and responded to by either instituting change to projects (such as the case in Buyankiri which resulted in project modifications).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Focus groups on GBV were organized between women and men during which mitigation strategies were discussed and developed, with commitments made by the participants for the mutual respect of human rights. UNHCR and its partners set up a toll-free telephone line for affected populations to report cases of sexual exploitation and abuse. The phone number was widely shared with affected populations through local structures. It is dedicated to reporting issues related to sexual exploitation and abuse, and gender-based violence or other protection-related incidents involving refugees and other persons of concern. A database collecting and recording the various complaints received has been set up through the hotline. A management committee worked to verify and triangulate the complaints, to provide feedback. Moreover, UNHCR is also increasingly applying community-based approaches to implementation to ensure better community self-management and thus greater sustainability and scalability of projects. This community-based protection approach resulted in local authorities and community members being trained particularly on the prevention of Sexual Exploitation and Abuse given the susceptibility and vulnerability of displaced populations to exploitation and abuse.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project has been gender-sensitive in all its components with the integration of the AGD concept in each activity. UNHCR has ensured that women, girls, and youths are systematically represented in various community structures, in planning meeting and decision-making processes.

Also, the rapid impact projects benefiting displaced persons and host communities considered the specific protection needs of women, children, and diverse groups of persons. Since women in most households are the breadwinners, the cash distribution activity was designed to target mostly women based on the high risks they face in conditions of lack and in displacement. It was also designed this way as an empowerment tool to reinforce their ability to stand up for their ability and make better decisions for their lives. To fight against their vulnerability to the risk of sexual exploitation and abuse, women, and girls, represented a higher percentage of project beneficiaries than men and boys. Furthermore, activities to promote positive masculinity were promoted

e. People with disabilities (PwD):

The project considered the needs of people living with disabilities by adapting the assistance to their specific needs. This populations were identified firstly through various evaluation missions and secondly in a continues bases through the protection monitoring mechanism setup under the project. UNHCR also ensured that this marginalized group was represented in various community structures, planning meeting and decision-making processes. They were specially targeted with cash grants and prioritise at cash distribution points, shelter and NFI distribution.

f. Protection:

In terms of protection, UNHCR and partners aimed to improve the protection environment in areas of displacement and did so by strengthening existing community-based protection mechanisms. This was done through the establishment and support to refugee/IDP committees. In addition, focus groups on the topic of GBV were organized involving both women and men during which mitigation strategies were discussed, developed, and implemented with commitments made by the participants for the mutual respect of human rights. Through these actions, UNHCR empowered the women and girls by giving them the capacity to improve their economic conditions, contribute meaningfully to community life and exercise their basic human rights. The project built safe spaces and supported the construction of accessible shelters, family latrines and showers where women can go at any hour of the day without fear of any sexual abuse.

g. Education:

CERF funding was cross cutting to the education sector, and the bedrock of ensuring safe schools and communities. Most if not all the activities implemented with CERF funding (multipurpose, unconditional cash grants, enhanced community awareness on key barriers to enrolment such as GBV risks, the specific targeting of people living with disabilities and women accessing menstrual hygiene management kits) served to enhance the capacity of families and communities to continue prioritizing education (whether primary or secondary), in particular for school age children.

Since access to quality primary education for school-age children is a major challenge for displaced communities, especially in the context of the Ebola epidemic, the project included an education component that aimed to support better access to primary education by providing training on the new national primary education curriculum to teachers, rehabilitating certain school structures, providing equipment support, and also providing psychosocial support for high school students, parents and teachers. Therefore, all aspects of education have been integrated in the design and implementation of this project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	54,824

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Multi-purpose cash transfers have been used to assist people with specific needs, particularly women at risk of violence and exploitation, and to support livelihood activities for victims of GBV.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.2 Cash support for the protection of victims of human rights violations, people with special needs, including persons with disability	10,014	US$ 230,200	Protection	Unrestricted
2.1 Cash transfers to support shelter construction for beneficiaries and prioritizing persons with disabilities by ensuring adapted access for them.	26,915	US$ 720,057	Shelter and Non-Food Items	Restricted
Activity 3.3 Distribution of cash to Burundian refugees, with a specific focus on access to cash for persons with disability	17,895	US$ 403,400	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
UNHCR is responding to the needs of thousands of internally displaced thanks to UNCERF	https://twitter.com/UNHCR_DRC/status/1613835661009899520?s=20
Goma, UNHCR begins to address the shelter needs of thousands of IDPs	https://twitter.com/UNHCR_DRC/status/1600877348391452673?s=20
Community fields activities between IDPs and hosts community funded by UNCERF	https://twitter.com/UNHCR_DRC/status/1581596564451168256?s=20

3.5 Project Report 21-UF-CEF-049

1. Project Information

Agency:	UNICEF	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Nutrition Water, Sanitation and Hygiene Shelter and Non-Food Items Protection - Child Protection Education	**CERF project code:**	21-UF-CEF-049
Project title:	Integrated emergency response to children, women and to vulnerable people - Internally Displaced People (IDPs), returnees, host communities affected by armed conflicts and infectious disease outbreaks in the DRC		
Start date:	25/10/2021	**End date:**	24/10/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☒ Reprogramming ☒		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 288,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 73,000,000**
Amount received from CERF:	**US$ 7,090,016**
Total CERF funds sub-granted to implementing partners:	**US$ 3,966,747**
Government Partners	US$ 296,729
International NGOs	US$ 453,012
National NGOs	US$ 3,104,167
Red Cross/Crescent Organisation	US$ 112,839

2. Project Results Summary/Overall Performance

Though this CERF UFE grant, UNICEF ensured a fast delivery of assistance to Internally Displaced Persons (IDPs), returnees and host communities affected by armed conflicts in North-Kivu, Ituri and South-Kivu and by a measles epidemic in Maniema, Tanganyika, and South-Kivu. In Maniema, Tanganyika and South Kivu UNICEF ensured the vaccination against measles of 153,287 children aged 6-59 months through vaccination campaigns conducted in health zones with a high presence of IDPs and to provide the necessary care for 9,700 children suspected of measles. Vaccination, coupled with case management, resulted in a cut to the chain of disease transmission in supported health zones and prevented the spread of the disease to neighboring health zones.

Furthermore, UNICEF quickly provided a life-saving non-food items (NFI) assistance to 43,450 IDPs fleeing increasing violence by armed groups; assisted 9,403 children under 5, including 544 SAM children with medical complications (with a recovery rate of 97,2%) through ensuring a quality severe acute malnutrition (SAM) treatment and to sensitize and train 217,837 people, including health community workers and healthcare providers) on infant and young child feeding in emergencies (IYCF-E) and children's screenings. The project ensured the screening of 162,090 children and quickly referred them for treatment if needed; supported the National Program for Nutrition (PRONANUT) in the conduction of eight Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys.

Also, UNICEF enabled 78,503 people in North-Kivu, South-Kivu and Ituri, to benefit from access to drinking water via the construction and rehabilitation of water points. Among these beneficiaries, 74,182 people were sensitized on essential family practices and hygiene.
In addition, the project built or rehabilitated 451 latrines in IDP sites, for households hosting IDPs and for those living with people with disability.

Moreover, UNICEF supported 12 primary schools and 13 healthcare facilities through the provision of an emergency WASH package (improved access to latrines and showers, distribution of sanitation kits, improved access to safe water through the construction of boreholes and the installation of water tanks, improved waste management, etc.).

It is also important to note that UNICEF ensure a timely and critical response in less than 48 hours to 1,441 suspected cases of cholera between 15 January and 14 April 2022 in North-Kivu and South Kivu. During these interventions, 27,721 households around the cases were decontaminated, received a cholera kit and were sensitized on hygiene and cholera prevention measures.

UNICEF enabled 10,661 children to access inclusive, safe and protective school environment, though the construction and equipment of 27 classrooms, the organization of remedial classes, the distribution of teaching and learning materials to children and teachers, the distribution of recreational kits and the capacity strengthening of teachers and school directors in Prevention of Sexual Exploitation and Abuse (PSEA), peace education and psychosocial support to be able to respond to the needs of children.

UNICEF and its partners supported with Identification, Documentation, Family Tracking and Reunification (IDTR), Temporary Care and assistance some 1,005 children released from armed groups and Unaccompanied and Separated Children (UASC) and 473 were provided with socio economic (27%) and/or school reintegration assistance (73%). Socio-economic reintegration activities were identified by the children themselves with support from the partners. Main activities identified included: sewing, mechanics, support to initiation of small businesses.

UNICEF enabled more than 2,600 children affected by armed conflict and displacement (53% girls) to benefit from access to psychosocial assistance and support provided in Child Friendly Spaces, through a static and mobile approach. In these spaces, a range of educational, physical, creative and recreational activities was offered to support children's emotional and physical development, as well as their resilience. These Child Friendly Spaces were also a key entry point for the identification of children in need of individual psychosocial and mental health support, through the support of specialized psychologists and case workers. Depending on the need identified, children could benefit from individual sessions, or join group support. Finally, UNICEF supported some 210 girls and women survivors or at-risk of Gender-Based Violence (GBV) through response interventions, including medical assistance, individual psychosocial support and socio-economic reintegration.

3. Changes and Amendments:

Health interventions focused on South-Kivu, Maniema and Tanganyika (and not in North-Kivu and Ituri included in the proposal), the only 3 provinces where measles outbreak were declared during the project period.
Through the CERF support, UNICEF and its partners provided life-saving assistance (NFI kits) to 7,900 (72% of targeted households). The difference is due to the increased price of NFI kits, which couldn't/t allow UNICEF to purchase the expected number of kits (10,900). Regarding the number of people reached, UNICEF reached 25% of the target. This is due to an error in the calculation of the household size in the proposal.

Since the start of this project in October 2021, access to the Mungwalu health zone (HZ) in Ituri province has been limited due to the security situation. The presence of non-state armed groups along the axis leading to this HZ, as well as continuous clashes between these groups and/or the national army made it impossible to implement activities in this zone. For this reasons UNICEF obtained by the CERF a project reprogramming, which includes the following changes:

- ✓ **Nutrition:**

- **Ituri**: Replacement of the Mungwalu HZ with the Rethy one, always in the Djugu territory (Ituri) and with the same target number of beneficiaries to be reached by partner Caritas.
- **North-Kivu**: Initially in Beni and Oicha UNICEF implemented the IYCF-E prevention package only, as SAM treatment was also ensured by the international NGO World Vision. Then, a gap was reported in the SAM treatment in these zones and UNICEF intervened with the nutritional inputs purchased through this CERF contribution. As planned, Mutwanga HZ benefitted both from prevention and SAM treatment package.
- Change in implementing partners : Interventions were implemented by Groupe De Recherche et d'Appui aux Interventions Intégrées de la Nutrition en Santé (GRAINE) in South-Kivu, by Actions Humanitaires et d'Aide au Développement Intégré (AHADI), Centre d'Appui à la Promotion Nutritionnelle (CEAPRONUT) and Santé Plus in North-Kivu and Association pour le Développement Social et la Sauvegarde Environnementale (ADSSE) and Caritas in Ituri.

✓ For the **WASH** component:

The national NGO Programme de Promotion des Soins de Santé Primaires en Zones de Santé Rurales (PPSSP) and international NGO TEARFUND were selected to implement the activities in Gueti, Fataki and Mungwalu HZ, in Ituri. However, at the start of the partnership, TEARFUND announced in writing that they were withdrawing from the project because of security reasons, and that they did not have access to Fataki and Mungwalu HZ. Given this situation, UNICEF replaced the Mungwalu HZ with the Fataki one, and with the same target number of beneficiaries to be reached by partner PPSSP. In terms of achievements, the target of latrines built or rehabilitated was not met, given the rising price of construction materials (in South-Kivu) and the presence of other actors ensuring an improved access to latrines in IDP sites (in Ituri). In addition, the target of disabled people benefitting from actions adapted to their specific needs was not met since it was overestimated in the project proposal. The number of supported schools is below the target because in interventions zones in Ituri other actors had already intervened in targeted schools with the same WASH package. In addition, more latrines than expected were built in some schools having received a high number of IDP children, thus increasing the number of latrines and reducing the number of schools supported.

✓ The changes related to the budget allocation for **Education**-related construction activities and transfer costs to implementing partners:

UNICEF requested an increase in budget line for construction of semi-sustainable classrooms and latrines as the cost was higher than anticipated in the proposal in both North and South-Kivu provinces. Following technical discussions with implementing partners, the transfer costs were also reduced. Lastly, a budget line was added on the transportation of school supplies to facilitate the delivery of supplies to targeted schools. This reprogramming request did not have any impact on the target figures.

✓ For **Child protection** interventions, as part of the reprogramming request:

UNICEF replaced the Mungwalu HZ, inaccessible, with the Nizi HZ in Ituri. In addition, in South-Kivu, the NGO Transcultural Psychosocial Organization (TPO), initially identified to implement the activities in Fizi, was replaced by the international NGO Association des Volontaires pour la Récupération des Enfants Orphelins abandonnés et malnutris (AVREO) to reduce operation costs and to build the response on existing achievements by a partner already present and well-known in the implementing zone.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	14	11	**25**
Returnees	0	0	697	644	**1,341**	7	20	315	280	**622**
Internally displaced people	0	0	1,163	1,072	**2,235**	8	15	2,964	2,708	**5,695**
Host communities	25	57	464	429	**975**	122	177	2,232	2,137	**4,668**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**25**	**57**	**2,324**	**2,145**	**4,551**	**137**	**212**	**5,525**	**5,136**	**11,010**
People with disabilities (PwD) out of the total										
	4	9	349	322	**684**	**21**	**31**	**552**	**513**	**1,117**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	1,180	1,090	**2,270**	0	0	1,519	1,301	**2,820**
Host communities	0	0	2,760	2,548	**5,308**	0	0	3,546	3,037	**6,583**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**3,940**	**3,638**	**7,578**	**0**	**0**	**5,065**	**4,338**	**9,403**
People with disabilities (PwD) out of the total										
	0	0	590	546	**1,136**	0	0	507	434	**941**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	1,540	1,420	2,314	2,136	**7,410**
Returnees	9,174	8,814	12,669	12,172	**42,829**	0	0	0	0	**0**
Internally displaced people	4,587	4,407	6,333	6,086	**21,413**	10,356	9,428	15,261	13,795	**48,840**
Host communities	1,529	1,469	2,111	2,028	**7,137**	4,629	4,272	6,943	6,409	**22,253**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**15,290**	**14,690**	**21,113**	**20,286**	**71,379**	**16,525**	**15,120**	**24,518**	**22,340**	**78,503**
People with disabilities (PwD) out of the total										
	2,294	2,204	3,167	3,043	**10,708**	**283**	**250**	**402**	**363**	**1,298**

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	358	344	493	475	**1,670**	1,034	786	1,241	1,158	**4,219**
Internally displaced people	957	920	1,323	1,270	**4,470**	2,173	2,860	3,317	3,203	**11,553**
Host communities	454	436	626	602	**2,118**	1,178	1,071	1,606	1,499	**5,354**
Other affected people	265	255	365	352	**1,237**	791	601	932	886	**3,210**
Total	**2,034**	**1,955**	**2,807**	**2,699**	**9,495**	5,176	5,318	7,096	6,746	**24,336**
People with disabilities (PwD) out of the total										
	305	293	421	404	**1,423**	221	237	434	379	**1,271**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	39,450	42,737	**82,187**	0	0	0	0	**0**
Internally displaced people	13,322	12,688	18,397	19,031	**63,438**	13,687	1,521	14,221	14,021	**43,450**
Host communities	412	392	4,514	4,862	**10,180**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**13,734**	**13,080**	**62,361**	**66,630**	**155,805**	**13,687**	**1,521**	**14,221**	**14,021**	**43,450**
People with disabilities (PwD) out of the total										
	2,060	1,962	9,354	9,995	**23,371**	2,053	228	2,133	2,103	**6,517**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Health: The project reached 1,129 indirect beneficiaries. Health providers and community workers were briefed for their involvement in the implementation of the measles campaign. This includes: 235 health workers sensitized on measles case management and 230 community members briefed to ensure awareness and community count at Kimbi Lulenge HZ.

- 299 health providers briefed prior to the implementation of campaign activities in Kampene HZ.
- 365 health providers and community workers briefed prior to the implementation of campaign activities in Nyunzu HZ.

Additional health workers from the 3 HZ who were not directly involved in the project benefited from the expertise of their peers during medical supervision and health meetings. Moreover,
community members, influencers and traditional leaders were sensitized on the importance of fully vaccinating children to prevent vaccine-preventable diseases and on their role in protecting children through immunization.

Nutrition: UNICEF and its partners ensure the sensitization/training of 217,837 people (62,790 men, 155,047 women) on IYCF-E. Among the reached people:

- 145,488 people (52,376 men and 93,112 women) were sensitized during the project during sensibilization in health centers and community. UNICEF and its partners put a particular effort in promoting men's engagement in issues related to good IYCF and/or other essential family practices.
- 379 health providers (121 women, 258 men) were trained by PRONANUT on the Integrated Management of Acute Malnutrition (IMAM) and on IYCF-E
- 861 (community health workers 514 men and 347 women) were trained by PRONANUT on IMAM and IYCF-E
- 71,109 (9,642 men, 61,467 women) caregivers were trained in the family MUAC approach and provided with MUAC tapes for the child screening

Education: A total of 10,300 community members (5,587 women) in areas surrounding targeted schools were sensitized in different thematic areas such as the prevention of COVID-19 and cholera as well as on social cohesion, PSEA, SBGV through participatory theatre. This includes 6,214 community members (3,451 female) in Beni and 4,116 community members (2,136 female) in Fizi.

Child Protection: The indirect beneficiaries of the project could be estimated as to some 14,000 family members of the children receiving individual support (UASC, Children Associated with Armed Forces and Groups/CAAFAG, children individually assisted with mental health and psychosocial support and survivors of GBV) in targeted areas.
Additionally, members of communities reached, including vulnerable children have increased access to information about protection services and how to seek. In South Kivu, more than 13,000 children benefitted from activities organized in the child friendly spaces.
In Ituri, UNICEF established/reinforced 5 community-based child protection networks, with 20 members each, as well as 5 local "women and girl forums". These local, community-based structures were trained on child protection, PSEA, GBV risk mitigation and local and more. They were also assisted in setting up workplans and drew up referral mechanisms for protection cases in their communities. These local structures will continue to exist after UNICEF's exit from their areas but will continue functioning locally as well as with other government services and actors that are or will come into their areas. They have already reached a total of 3,627 people (1,932 girls, 406 boys and 648 women) with outreach campaigns, addressing child protection as well as GBV and SEA topics. They are also involved in follow-up of children that have been reunified with their families or received any other form of assistance to ensure the reintegration of children and survivors of violence. Women and girls' forums are also spaces that are used by women and girls of the various communities to discuss problems and risks they face due to their gender and enables them to find solutions and support each other.

6. CERF Results Framework

Project objective	Address the acute needs of 265,656 persons affected by conflicts or epidemic outbreaks, focusing on children through the provision of an integrated and timely humanitarian response, through: improving the living conditions and dignity of 179,619 vulnerable people affected by conflicts affected by conflict through a timely, coordinated, and

	integrated multi-sectoral package; and reducing mortality and morbidity of 86,037 people affected by an epidemic outbreak and improving community resilience to health epidemics.
Output 1	90,405 people have access to measles vaccines in the provinces of North-Kivu, Ituri, South-Kivu, Maniema, and Tanganyika and 173 400 vulnerable people have access to NFIs in the territories of North Kivu, South-Kivu and Ituri.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Percentage of children aged 6-59 months immunize against measles in target areas	95%	101.5%	Measles response campaign reports
Indicator 1.2	Percentage of children aged 6-59 months diagnosed as eligible for treatment who were taken in charge of measles	100%	100%	Activity report of the central office of the supported HZ (DHIS2)
Indicator 1.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health workers briefed correctly on measles case management)	213	221	Measles response campaign reports
Indicator 1.4	% of confirmed alerts are followed by rapid needs assessment	80%	110%	Implementing partners reports (Intervention and Post Intervention Monitoring/PIM reports)
Indicator 1.5	% of rapid needs assessment confirming humanitarian needs are followed by rapid response interventions	80%	96%	Implementing partners reports (Intervention and Post Monitoring Intervention /PIM reports)
Indicator 1.6	% of rapid response interventions are initiated after 7 days of rapid needs assessment (excluding transport time)	80%	72%	Implementing partners reports (Intervention and Post Monitoring Intervention /PIM reports)
Indicator 1.7	SN.2a Number of people benefitting from in-kind NFI assistance	173,400	43,450	Implementing partners reports (Intervention and Post Monitoring Intervention /PIM reports)
Indicator 1.8	SN.2b Number of in-kind NFI kits distributed	10,900	7,900	Implementing partners reports (Intervention and Post Monitoring Intervention /PIM reports)

Explanation of output and indicators variance:	**Indicator 1.1:** During the project implementation period, measles epidemics were declared in Maniema, South-Kivu and Tanganyika provinces. The CERF contribution allowed UNICEF to provide a response in three HZ in epidemic which are Kampene HZ in Maniema, in Kimbi Lulenge HZ in South Kivu and in Nyunzu HZ in Tanganyika. The 3 HZ were selected based on their epidemic trends, the presence of special populations (IDPs, returnees) and the difficulties in accessibility for routine vaccination. In the three HZ, UNICEF supported the vaccination against measles of 153,287 children 6-59 months.

	This represents 101.5% of the target in the three HZ (151,015 children) and 169% of the project target. To achieve this result, UNICEF made available to the national Expanded Programme for Immunization (EPI), 170,091 doses of measles vaccines and inoculation equipment. In terms of desegregation per province: South-Kivu: Out of a target of 68,052 children 6-59 months, UNICEF supported the vaccination of 73,730 children (vaccination coverage 108.3%). The campaign took place in all 23 health areas of the Kimbi Lulenge HZ for five days. A total of 95 fixed vaccination sites and eight storage sites were operational. This campaign was also an opportunity to catch up with children in conflict with their vaccination schedule: 387 children were recovered in the different antigens in the 23 health areas, thus contributing to improve routine EPI vaccination coverage in the HZ (e.g., DTP-HepB-Hib1=96%; DTC-HepB-Hib2=96%; DTC-HepB-Hib3=76% and VAA=77%). Tanganyika: Out of a target of 50,813 children aged 6-59 months, 48,596 children were vaccinated against measles (95,6% coverage), including 4,205 displaced children (100% of displaced children). In addition to the planned vaccination sites, supplementary vaccination sites were set up in IDP sites to ensure the vaccination of all targeted children. Maniema: UNICEF and its partners organized the measles response vaccination campaign targeting 32,150 children aged 6-59 months. Among these, 30,961 children aged 6-59 months were vaccinated. The campaign involved 18 health areas in Kampene HZ (96.3% coverage) and allowed to halt the epidemic. During the campaign, 224 missed children were recovered in the different antigens. To be noted that in both provinces, vaccines for the recovery of missed children were provided through complementary contributions. Interventions were not implemented in North-Kivu and Ituri, targeted in the proposal, since no measles outbreak was declared in these provinces during the reporting period. **Indicator 1.2**: Thanks to CERF funds, 9,700 children suspected of measles (100% of reported suspected cases) were cared for in 15 HZ in Maniema (Kindu, Pangi, Samba, Kabambare HZ), South-Kivu (Fizi, Lemera, Nundu, Nyangezi, Bunyakiri and Itombwe HZ) and Tanganyika (Kongolo, Mbulula, Kalemie, Nyemba, Nyunzu). To be noted that case management in the Kampene HZ in Maniema was supported by MSF-Belgium. These results were possible through the provision of measles treatment kits by UNICEF to the Provincial Health Divisions (PHD) of the three provinces. **Indicator 1.3**: UNICEF supported the briefing of 221 health workers on measles management (100 people in South-Kivu, 66 people in Tanganyika and 55 people in Maniema). This briefing included healthcare providers of all health areas in the targeted HZ, together with five members of each PHD. Frontline workers were briefed by the HZ teams while PHD members were briefed by the EPI national level. **Indicator 1.4**: In the three provinces of North Kivu, South-Kivu and Ituri, a total of 48 alerts were verified and shared with UNICEF and the humanitarian coordination. Through the UniRR program, UNICEF supported the organization of 53 rapid needs assessments during the project period (110%). The number of evaluations exceed the alerts as some evaluations were conducted following alerts shared prior to the start of the reporting period.

	Indicator 1.5: Out of the 53 rapid needs assessments conducted, 51 of these led to interventions (96.2%). **Indicator 1.6:** 72% of interventions were launched 7 days or less after the end of the rapid need assessments. The main constraints were insecurity and logistics (for example bad roads). **Indicator 1.7**: In total, 43,450 internally displaced persons (including 13,687 women and 28 424 children) benefitted from NFI assistance through this CERF funding, in the provinces of Ituri, North-Kivu and South-Kivu. It should be noted that the target outlined in the proposal (173,400 persons) is an error in calculation. The household size in DRC is 5-6 persons, which means that with 7 900 kits, it can be expected to reach around 39,500 – 47,400 persons. **Indicator 1.8**: UNICEF procured and distributed 7,900 NFI kits (including Intimate Hygiene Kits), in three provinces in eastern DRC. Due to inflation in 2022, the cost of the kits increased which meant that the funding received from CERF was enough to buy 7,900 kits out of the 10,900 expected.

Activities	**Description**	**Implemented by**
Activity 1.1	Provide support to vaccinations against measles	PHD of Maniema, South-Kivu and Tanganyika provinces PNMLS South-Kivu
Activity 1.2	Conduct rapid needs assessment	Not funded by this CERF contribution: The Red Cross DRC (North-Kivu) PPSSP (Ituri) Transcultural Psychosocial Organisation TPO (South-Kivu)
Activity 1.3	Deliver immediate lifesaving assistance of basic non-food items through UNICEF rapid response mechanism (UniRR) with national NGO partners working jointly with UNICEF teams	Not funded by this CERF contribution: The Red Cross DRC (North-Kivu) Programme de Promotion des Soins de Santé Primaires/ PPSSP (Ituri) Transcultural Psychosocial Organisation/TPO (South-Kivu)

Output 2	7 583 children under five years old benefit from SAM services, contributing to the reduction of morbidity and mortality associated to SAM in Ituri province, Djugu territory (Mongwalu health zone) and Irumu territory (Bunia and Gety health zones), Mambasa territory (Mandima health zone), North Kivu province, Beni territory (Beni, Mutwanga, Oicha health zones), South Kivu province, Fizi territory (Fizi health zone)
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☐
Sector/cluster	Nutrition

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme	7,583	9,403	Monthly statistics report of supported health structures

				Registries of stabilization centers and outpatient therapeutic programs Implementing partners reports
Indicator 2.2	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (pregnant and breastfeeding women or other caregivers)	70,319	217,837	Implementing partners reports
Indicator 2.3	N.3b Percentage of people who were admitted for SAM treatment who recovered >75%	75%	97.2%	Monthly statistics report of supported health structures Registries of stabilization centers and outpatient therapeutic programs Implementing partners reports
Indicator 2.4	N.4 Number of people screened for acute malnutrition	42,192	162,090	Health Zone/HZ screening reports

Explanation of output and indicators variance:	**Indicator 2.1**: UNICEF supported SAM treatment interventions in the following zones: Ituri: Mandima HZ (12 health areas/HA), Rethy HZ (9 HA), Bunia HZ (16 HA) and Gety HZ (13 HA). North-Kivu: Beni HZ (14/14 HA), Oicha (14/15 HA) and Mutwanga (15 HA) South-Kivu: Fizi HZ (21 HA) Thanks to CERF contribution, UNICEF procured and made available to its partners 6,333 cartons of Ready to Use Therapeutic Food (RUTF), 47 cartons of F-75 and 16 cartons of F-100 together with essential drugs for SAM treatment and anthropometric tools. During the implementation of the project, 9,403 (4,338 boys and 5,065 girls) SAM children were treated, including 544 SAM with medical complications (6% of SAM) in 8 Stabilized Centers and 8,859 SAM without complications in 123 Outpatient Therapeutic Programme. The coverage is 124% compared to the expected target (7,583 children). Considering the geographical distribution, 5,684 SAM were treated in Ituri, 1,230 SAM in North-Kivu and 2,489 in South-Kivu. The high coverage of SAM children reached is explained by two factors related to the massive arrival of IDPs in the supported zones, fleeing insecurity. On one side, households' displacement associated with the loss of subsistence resources resulted in under 5 children at risk of malnutrition seeing their nutritional status progressively deteriorate. On the other side, the massive arrival of IDPs in the supported health zones put pressure on food availability and accessibility, with a negative impact on the nutritional status of children of host communities. **Indicator 2.2**: UNICEF supported IYCF-E prevention package in the following zones: Ituri: Mandima HZ (12 health areas/HA), Rethy HZ (9 HA), Bunia HZ (16 HA) and Gety HZ (13 HA). North-Kivu: Oicha, Beni and Mutwanga HZ South-Kivu: Fizi HZ (21 HA) UNICEF and its partners ensured the sensitization/training of 217,837 people (62,790 men, 155,047 women) on IYCF-E. This overachievement of the target

	(310%) is due to the massive displacements of population toward the supported zones, fleeing insecurity in their communities. Among the reached people: • 145,488 people (52,376 men and 93,112 women) were sensitized in health centers and communities. UNICEF and its partners put a particular effort in promoting men's engagement in issues related to good IYCF and/or other essential family practices. • 379 health providers (121 women, 258 men) were trained by PRONANUT on IMAM and on IYCF-E • 861 (514 men and 347 women) community health workers were trained by PRONANUT on IMAM and IYCF-E • 71,109 (9,642 men, 61,467 women) caregivers were trained in the family MUAC approach and provided with MUAC tapes for the child screening. **Indicator 2.3**: Out of the 9,403 SAM children admitted for treatment in the supported HZ in the three targeted provinces, 6,634 children were discharged. Among these, 6,446 SAM children cured, 138 defaulters, 45 deaths and 5 non-responders. Thus, in terms of performance: 97.2% cure rate 2.1% dropout rate 0.7% death rate: 0.1% non-responder rate These performance indicators meet international standards (cure rate >75%, death rate <3% and default rate <15%). The average number of sachets for a cured child was 101, which is less than the 120 sachets expected for a SAM child. In addition, the average length of stay to cure a child was 37 days, less than the expected 45 days. The median brachial perimeter (PB) at admission to the health center was 113 mm (SAM threshold < 115 mm). All these indicators show that children were identified at a non-advanced level of acute malnutrition, hence the low length of stay, the limited number of sachets for a child to be cured and the median MUAC close to 115 mm. **Indicator 2.4:** In the eight supported HZ, UNICEF and its partners supported the screening for acute malnutrition of 162,090 children (66,803 boys and 95,287 girls) under 5 years of age (384% of the target). Similarly, to SAM coverage, more children than expected were screened for malnutrition. This overreach of the target is due to the massive arrival of IDPs in the supported zones, with a consequent potential deterioration in the nutritional status of both IDPs and host communities' children. Screening of children for acute malnutrition was conducted at community level by community health workers and children's caregivers and in health facilities. In villages located less than 5 km distance from a health center, screening was provided by community health workers: 74,312 children (30,627 boys and 43,685 girls) were screened, among which 3,457 were admitted for treatment. Thus, 36.8% (3,457/9,403) of all admissions to nutritional units came from screenings conducted by community health workers. In addition, 46,005 children (18,960 boys and 27,045 girls) were screened by mothers or caregivers, trained on the MUAC approach. Of these children, 3,986 were admitted, representing 42.4% (3,986 /9,403) of all admissions to nutritional units. In healthcare facilities, all children coming for any pathology were screened and their anthropometric parameters taken by healthcare providers. A total of 41,773 children (17,216 boys and 24,557 girls) were screened by health

	workers. Of these children, 1,960 were admitted, representing 20.8% (1,960 / 9,403) of all admissions to the nutritional units. In addition, through this contribution, UNICEF supported the PRONANUT in the conduction of eight SMART surveys in Beni, Mutwanga, Oicha, Fizi, Rethy Mandima and Bunia health zones. Among these, final reports are available for surveys conducted in North-Kivu while results for surveys conducted in Ituri are under validation by the SMART survey validation committee.

Activities	Description	Implemented by
Activity 2.1	Nutrition screenings and surveillance to provide time-critical information for identification of areas of urgent need, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral for lifesaving treatment	**Itur**i : Association pour le Développement Social et la Sauvegarde de l'Environnement/ADSSE, CARITAS **South-Kivu** : Groupe de Recherche et d'Appui aux Interventions Intégrées de la Nutrition en Santé (GRAINE) **North-Kivu** : Actions Humanitaires et d'Aide au Développement Intégré /AHADI, Centre d'Appui à la Promotion Nutritionnelle /CEAPRONUT, et Santé Plus.
Activity 2.2	Provide quality treatment of SAM based on national guidelines for the management of acute malnutrition and the promotion of IYCF, including procurement and delivery of nutrition commodities	**Itur**i : Association pour le Développement Social et la Sauvegarde de l'Environnement /ADSSE, CARITAS **South-Kivu** : Groupe de Recherche et d'Appui aux Interventions Intégrées de la Nutrition en Santé (GRAINE) **North-Kivu** : Actions Humanitaires et d'Aide au Développement Intégré /AHADI, Centre d'Appui à la Promotion Nutritionnelle /CEAPRONUT, et Santé Plus

Output 3	71,379 people affected by population movements have access to a WASH package in the territory of Djugu (Fataki and Mongwalu health zones) and the territory of Irumu (Gety health zone), Ituri province, in the Beni territory (Beni and Mutwanga health zones), North Kivu province, and in Fizi territory (Fizi health zone), South Kivu province, as well as a rapid response to cholera WASH in the South and North Kivu.
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☐
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	71,379	78,503	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 3.2	Number of rehabilitated / refurbished water points with 0 coliforms	89	100	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 3.3	Number of emergency latrines built or rehabilitated in spontaneous sites or in host families or returnee families	714	451	Implementing partners reports Reports of programmatic visits conducted by UNICEF

Indicator 3.4	Number of people who benefited from hygiene promotion sessions	71,379	78,503	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 3.5	People living with disabilities who have benefited from actions adapted to their specific needs	10,707	1,298	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 3.6	Number of primary schools having benefited from an emergency WASH in School package	26	12	Implementing partners reports Reports of programmatic visits conducted by UNICEF. Statement of handover of the water and sanitation facilities to local authorities
Indicator 3.7	Number of structures having benefited from a WASH in Health or Emergency Nutrition package	16	13	Implementing partners reports Reports of programmatic visits conducted by UNICEF. Statement of handover of the water and sanitation facilities to local authorities
Indicator 3.8	% of suspected cholera cases are responded within 48 hours after a case is notified	80%	93%	Implementing partners reports

Explanation of output and indicators variance:	**Indicator 3.1**: UNICEF supported the provision of sufficient quantity of safe water at community level to 78,503 people (110% of the target). This was done through the following interventions: North-Kivu (Beni and Mutwanga HZ): a total of 33,580 people were reached, including: • 19,907 people in Beni HZ through the construction of 23 water points in Beni HZ provided for two boreholes (of which the one in Ndindi HA has a daily flow rate of 3m3/h and the one in Kasabinyole HA with a flow rate of 2.5m3/h) and the setup of two boreholes management committees. • for each borehole and one spring management committee for the three standpipes of the mini adduction. • 13,673 people in Mutwanga HZ through the construction of 11 simple springs and 2 adductions in Murambi and Masambo Ituri: In Fataki and Gety HZ, a total of 24,923 people were reached through the development of seven simple springs and three mechanical boreholes with a photovoltaic system whose storage system allows the distribution of drinking water to 39 taps. South-Kivu: In Fizi HZ, a total of 20,000 people were reached through the construction of a simple spring and 17 water taps (12 in the community and 5 in health facilities) from two newly constructed boreholes and one old, rehabilitated borehole equipped with solar pump, through the distribution of hygiene kits and through sensitization on hygiene practices.

Indicator 3.2: 100 water points were rehabilitated/refurbished (36 in North Kivu, 18 in South Kivu and 46 in Ituri) and reported 0 coliforms (112% of the target). In Ituri, more water taps than expected were put in place through three mechanical boreholes equipped with solar pumps. In North-Kivu, less water points were installed given the fact that the REGIDESO network was not completed. Funds were then used to procure and distribute hygiene kits for water treatment at household level.

Indicator 3.3: 451 latrines were built or rehabilitated (63% of the target). Among these, 181 latrines doors were constructed or rehabilitated in North-Kivu (51 latrine doors for IDP sites, 97 for IDP host families and 33 for families of people living with disabilities) and 250 in South-Kivu for vulnerable households hosting IDPs, or with disabled people or elderly as a head of household (including 37 for people leaving with disability). In South-Kivu less latrines than expected were built or rehabilitated given the rising price of construction materials. In Ituri, latrines were not supported through this project, because of the presence or other partners ensuring an improved access to latrines in IDP sites.

Indicator 3.4: Through the support provided to community actors (community health workers and Community Animation Committees, 74,182 people were sensitized in the intervention zones in the three targeted provinces on essential family practices and hygiene. Sensitizations were conducted through focus groups, mass sessions, radio broadcasts and door to door visits.

Indicator 3.5: A total of 1,298 disabled people benefited from actions adapted to their specific needs (easily accessible water points and latrines and showers). The target was overestimated in the project proposal.

Indicator 3.6: UNICEF supported the provision of an emergency WASH in School package (improved access to latrines, distribution of sanitation kits and capacity building of school hygiene brigades on water management and sanitation diseases and in health and environmental education) in 12 primary schools (46% of the target). These includes five schools in North-Kivu (EP Busamba, Mutsoperwa, Kamirongo, Hodari and Nzururu), four schools in South Kivu (EP Faraja, Makene, Kabunde and Asifiwe) and three schools in Ituri (EP5 Fataki, EP Kalisha in Fataki HZ and EP Olongba in Gety HZ). The target was not reached because in interventions zones in Ituri other actors had already intervened in targeted schools with the same WASH package. In addition, more latrines than expected were built in some schools having received a high number of IDP children, thus increasing the number of latrines and reducing the number of schools supported. Schools were selected by UNICEF, its partners and the EPST based, among others, on the number of IDPs children.

Indicator 3.7: 13 health facilities were supported through this project (81% of the target). Particulary in North-Kivu 8 health facilities, including the reference General Hospital/HGR of Mutwanga, the Reference Health Centers of Lubiriha, Bulongo, Lume, Masambo and the health centers of Mukando, Rugetsi, Nzenga, benefitted from an improved access to water in their compounds with a sanitation package. In South-Kivu two health facilities benefitted the rehabilitation of latrines and showers, construction and rehabilitation of incinerators, rubbish pits, placenta pits and ash pits. In Ituri, three health facilities in Fataki HZ (Djugu health centre and the Fataki HGR) and in Gety HZ (Olongba health centre) benefited from a WASH package consisting of mechanical boreholes with a photovoltaic system supplying the structures with drinking water, with an extension into the surrounding communities, latrines with

	alternating pits, including two doors for women and two doors for men, showers made on durable materials, including two doors for women and two doors for men, as well as waste areas consisting of a Montfort-type incinerator, a double placenta pit, a double ash pit, and a well-fenced burner in each health facility. This was followed by training for the hygienists and medical staff on the management of water and sanitation facilities. The increased price of construction materials didn't allow to meet the target. **Indicator 3.8**: In North Kivu and South Kivu, during the implementation period of this project and through the and specific to the support of the financing of this CERF contribution, a total of 1,441 suspected cases were answered out of the 1,554 cases notified by the Ministry of Health, i.e., 93% through 1,119 responses conducted in less than 48 hours. In these interventions, 27,721 households around the cases (i.e., 19 on average by cases) were decontaminated, received a cholera kit, were sensitized, and had a health and hygiene promotion session. More generally, 230,000 additional people were sensitized to protect themselves from cholera and 16 manual chlorination points for a period of 1 month were implemented. In South-Kivu, 812 suspected cases of cholera were notified by the surveillance system and 702 of them (86,5%) were answered through 575 interventions carried out in less than 48 hours. During these interventions, 12,754 households around the cases (i.e., 18.6 on average by cases) were decontaminated, received a cholera kit, were sensitized on the use of the kit, and benefitted from a health and hygiene promotion session. More generally, 76,702 additional people were sensitized to protect themselves from cholera and 16 manual chlorination points lasting one month were implemented. In North Kivu, 742 suspected cases of cholera were notified by the surveillance system and 739 (99%) of them were answered through 544 interventions carried out in less than 48 hours. In these interventions, 14,967 households around the cases (i.e., 20.3 on average by cases) were decontaminated, received a cholera kit, were sensitized and had a health and hygiene promotion session. More generally, 156,000 additional people were sensitized to protect themselves from cholera and 10 manual chlorination points for a period of one month were implemented.

Activities	Description	Implemented by
Activity 3.1	Set up drinking water supply equipment (mini water supply, boreholes, wells, springs)	Norwegian Church Aid /NCA in South-Kivu, Consortium de l'Agriculture Urbaine de Butembo (CAUB) and Hydraulique sans Frontières/HYFRO in North-Kivu and PPSSP in Ituri.
Activity 3.2	Rehabilitation/construction of sanitation facilities (latrines and showers, water points, waste management) in communities, health facilities and schools and child friendly spaces	Norwegian Church Aid / NCA in South-Kivu, CAUB and HYFRO in North-Kivu and PPSSP in Ituri.
Activity 3.3	Organize hygiene promotion sessions in the community	Norwegian Church Aid /NCA in South-Kivu, Consortium de l 'Agriculture Urbaine en ville de Butembo /CAUB and HYFRO in North-Kivu and PPSSP in Ituri.
Activity 3.4	Support the rehabilitation/construction of sanitation facilities in schools and child-friendly spaces	Norwegian Church Aid /NCA in South-Kivu, CAUB and HYFRO in North-Kivu and PPSSP in Ituri.
Activity 3.5	Undertake immediate targeted cholera responses at community level within 48h for all reported suspected cases with the delivery of the full sanitary cordon package (active search of cases; immediate sensitization of the case, household, and neighbors;	North-Kivu Red cross in North-Kivu, Actions et Interventions pour le Développement et l'Encadrement Social/AIDES and South-Kivu Red Cross in South-Kivu.

	targeted house disinfection; delivery of cholera kits; sensitization material)	
Activity 3.6	Set up drinking water supply equipment (mini water supply, boreholes, wells, springs)	Norwegian Church Aid/NCA in South-Kivu, CAUB and Hydraulique Sans Frontières /HYFRO in North-Kivu and Programme de Promotion des Soins de Santé Primaires /PPSSP in Ituri.
Output 4	550 Children separated from armed groups, children separated from their families due to conflicts and other humanitarian crises and children and women survivors of violence, including GBV, are provided with appropriate, safe and quality care and protection.	

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	CP.2 Number of children who have exited an armed force or group and who have been provided with protection or reintegration support	150	369 (79 girls)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.2	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification	150	636 (354 girls)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.3	Number of UASC and CAAFG (girls and boys) reunified with their families and communities	260	405 (179 girls)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.4	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.) (survivors of GBV with access to a comprehensive and holistic package of services and mitigate the risks of and prevent GBV)	250	210 (1 boy)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.5	H.9 Number of people provided with mental health and pyscho-social support services (women and children)	2,500	2,601 (1,434 girls)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.6	# Safe, accessible, and child-friendly community mechanisms for the prevention and protection of children against sexual exploitation and abuse (PSEA) established and functional	12	14	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.7	Number of UASC, CAAFG and other vulnerable children (girls and	300	279 (120 girls)	Implementing partners reports

	boys) reintegrated in vocational training /socioeconomic reintegration			Reports of programmatic visits conducted by UNICEF
Indicator 4.8	Number Mobile and fix Child Friendly Spaces functional	8	24 (8 static)	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Indicator 4.9	Number of people sensitized on the risks of family separation, how to mitigate the risks of and prevent GBV	4,500	24,337	Implementing partners reports Reports of programmatic visits conducted by UNICEF
Explanation of output and indicators variance:	Interventions focused on the following HZ: -South-Kivu: Fizi -North-Kivu: Beni and Lubero and Masisi -Ituri: Djugu, Irumu, Mambasa **Indicator 4.1**: 369 children (246% of the target) exited an armed force or group and were provided with protection or reintegration support. The results of this intervention exceeded the targets initially set. The initial target set is based on an estimation, noting that the identification of children released may vary depending on different factors – not all in control of UNICEF and partners, including engagement with armed groups leading to the release of children, children escaping during clashes between the national army and armed groups. As well it may occur that children who returned to their communities not through formal DDR process (prior to the intervention) are identified and provided with assistance. **Indicator 4.2**: 636 unaccompanied or separated children (424% of targets) were identified and assisted, including through family tracing and reunification. Similarly, to the previous indicator, the results of this interventions exceeded the targets initially set. As for the CAAFAG, the identification of unaccompanied minors depends on different factors, including population movements in targeted areas. Hence, there might be variances between targets and results. **Indicator 4.3**: 405 UASC and CAAFAG (girls and boys) were reunified with their families and communities. This represents 156% of the target. It must be noted that in many cases, family reunification may occur quite rapidly, with children having to spend little time in temporary care. This allows partners to cater for a greater number of children without necessarily requiring additional resources. As well, some children reunified by partners in the current intervention had been identified through previous interventions. **Indicator 4.4**: 210 people, including 209 girls and one boy (84% of the target) benefitted from core GBV services (e.g., case management, psycho-social support, clinical management of rape, etc.). On average, 50% of survivors identified benefit from medical services within 72h. Similarly, to the identification of UASC and CAAFAG, identification depends on several factors, and most importantly depends on the willingness of survivors to disclose and seek support. **Indicator 4.5**: 2,601 children (104%), including 1,434 girls were provided with mental health and psycho- social support services. This includes CAAFAG,			

	Non-Accompanied Children, UASC, GBV survivors, displaced and other vulnerable children. Children were provided with individual psychosocial assistance, including counselling from trained social workers and psychologists when needed. Individual assistance, depending on needs, was complemented with referral to specialized services and assistance (including if needed catch up birth registration activities) or provision of dignity kits (soap, sanitary pads, underwear, fabrics, etc). In addition, children from communities benefitted from recreational activities and awareness raising sessions. **Indicator 4.6**: 14 community-based complaints mechanisms were established across all territories targeted by the interventions. Detailed information on the type and modalities of establishment can be found in the Accountability to Affected Population (AAP) and PSEA sections below. **Indicator 4.7**: 279 UASC, CAAFG and other vulnerable children (93% of the target) benefitted from vocational training/ socioeconomic reintegration. Children participated to an initial training and then received a kit to initiate their economic activities in the area chosen (sewing, hairdressing, breeding, carpentry etc) **Indicator 4.8**: The intervention has supported the establishment of 24 static and mobile safe spaces. Activities conducted in the child friendly spaces (recreational, life skills, awareness raising, cultural etc) are highly demanded by communities and to respond to these requests partners have increased the number of mobile safe spaces, which allow to reach a higher number of children. **Indicator 4.9**: 24,337 people were sensitized on the risks of family separation, how to mitigate the risks of and prevent GBV. The results obtained have largely exceeded the targets set. It must be noted that this is because in addition to focused community engagement activities on gender-based violence prevention and response, prevention of family separation and grave violations against children (which involved approx. 15% of the total population reached) a range of different modalities were used to disseminate key messages on these topics, including through general community awareness sessions.

Activities	Description	Implemented by
Activity 4.1	Organize identification, temporary care family tracing, reunification, and reintegration for unaccompanied or separated children, orphans and children leaving armed groups/forces	**North-Kivu** : Concert d'Actions pour Jeunes et Enfants /CAJED, Action concrète pour la protection de l'enfance /ACOPE **South-Kivu** : Association des volontaires pour la récupération des enfants orphelins /AVREO **Ituri** : Association des Jeunes pour le Développement Communautaire (AJEDEC), Cooperazione Internazionale (COOPI)
Activity 4.2	Provide psychosocial support through child friendly spaces and mobile teams	Association des jeunes pour le développement communautaire /AJEDEC, Cooperazione Internazionale /COOPI, AVREO, Concert d'Actions pour Jeunes et Enfants /CAJED, Action concrète pour la protection de l'enfance /ACOPE

Activity 4.3	Support survivors of GBV with access to a comprehensive package of services and mitigate the risks of and prevent SGB	Association des jeunes pour le développement communautaire /AJEDEC, COOPI, Association des volontaires pour la récupération des enfants orphelins /AVREO, Concert d'Actions pour Jeunes et Enfants /CAJED, Action concrète pour la protection de l'enfance /ACOPE

Output 5	By the end of 2022, 4,669 children and adolescents, girls and boys located in targeted areas affected by emergencies, in particular crises, have access to and are retained in schools and learning centres in the province of North Kivu (Beni health zone) and in South Kivu (Fizi health zone)

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Education			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Ed.1 Number of children accessing formal or non-formal (education aged 6-17 from displaced populations, returnees and host households for 7 to 12 months with access to an inclusive, safe and protective school environment in the target health zones)	4,669	10,661	Implementing partners reports Reports of programmatic visits conducted by UNICEF. EPST statistics of targeted schools
Indicator 5.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (teachers trained at least one of the topics concerning psychosocial support for children in class, peace education and learner-centred pedagogy)	82	195	Implementing partners reports. Reports of programmatic visits conducted by UNICEF. Enseignement primaire Secondaire et Professionnel /EPST training report

Explanation of output and indicators variance:	Education interventions were implemented in Beni HZ (North-Kivu) and in Fizi HZ (South-Kivu). **Indicator 5.1:** A total of 10,661 children (5,525 girls) in North-Kivu (Beni HZ) and in South-Kivu (Fizi HZ) were provided with access to an inclusive, safe, and protective school environment (228% of the target). This includes 2,158 children (1,060 girls) in Beni and 8,503 children (4,465 girls) in Fizi. Key activities include construction of 27 classrooms (12 in North-Kivu and 15 in South-Kivu), replacement of damaged learning equipment (chairs, desks, blackboards etc), provision of WASH facilities, distribution of teaching and learning materials to 185 teachers (42 in North Kivu and 143 in South-Kivu) and children, catch up classes for 4,336 children (2,158 in North-Kivu and 2,178 in South-Kivu), including 2,189 girls, and capacity building of teachers in psychosocial support. The target for indicator 5.1 was exceeded by 5,992 due to an increase in the number of displaced children in the schools. **Indicator 5.2**: UNICEF supported the EPST in the training of 195 frontline workers (teachers and school directors) on PSEA, peace education and psychosocial support for them to be able to respond to the needs of displaced

	children. UNICEF reached 52 frontline workers (32 female) in Beni and 143 frontline workers (37 female) in Fizi. The target was exceeded as training costs were reduced as school classrooms were used as training venue in South-Kivu.

Activities	Description	Implemented by
Activity 5.1	Rehabilitation of education facilities or emergency construction of modular schools and replacement of damaged learning equipment, including the provision of adequate sanitation facilities, safe drinking water and water for personal hygiene at the learning site	North-Kivu: Caritas **South-Kivu**: Adventist Development and Relief Agency (ADRA) and Actions pour la Rehabilitation et la Promotion Sociale (ARPS)
Activity 5.2	Distribution of education kits to children, teachers, and schools (didactic and recreative kits	**North-Kivu** : Groupe d'Appui-Conseil aux Réalisations pour le Développement (GRACE) South-Kivu: War Child Holland (WCH)
Activity 5.3	Trainings of teachers on psychosocial support in classrooms, peace Education and child centred teaching method	**North-Kivu**: EPST North-Kivu-2 and GRACE South-Kivu: EPST South-Kivu and War Child Holland (WCH)
Activity 5.4	Catch up education for children - 3 months of remedial courses for children who interrupted their schooling due to conflicts	**North-Kivu**: GRACE **South-Kivu**: War Child Holland (WCH)

7. Effective Programming

a. Accountability to Affected People (AAP)[11]:

Crisis-affected communities, including vulnerable and marginalized groups, were involved throughout the action. During rapid response interventions, UNICEF, and its implementing partners, well accepted by local communities, closely worked with affected populations and relied on local volunteers for different activities, such as beneficiary targeting and logistics tasks. Awareness raising activities were also organized on the nature and scope of intervention. These measures contributed to the acceptance of the intervention in supported communities. About 88% of interventions (45 out of 51) were followed by a PIM. PIM results showed that 98% of respondents were satisfied with the assistance received.

For cholera interventions, awareness-raising campaigns on key hygiene practices and Cholera and COVID-19 prevention were organized in collaboration with local community-based structures (community health workers, community animation committees). The identification of vulnerable households to benefit from WASH kits was conducted in collaboration with local actors, well recognized by local communities, including heads of neighborhoods or avenues.

Communities were regularly involved and informed on nutritional interventions taking place in their areas. Their feedback was considered so to ensure an improved access to care services. This was the case for example for the opening hours of nutritional units. Via their representatives, community were also regularly updated on the results progress and on the monthly admissions trends of malnourished children. Similarly, communities were involved since the beginning in the identification of priority needs in terms of WASH in supported health zones. Initial needs assessments were conducted by UNICEF partners together with communities' representatives and local authorities. Focus groups disaggregated by sex were organized to hear the voice of men, boys, women, and girls on their priority needs. Vulnerability criteria used to select intervention zones (such as massive presence of IDPs, incidence of water borne diseases including cholera, low access to WASH services and limited presence of partners) were also defined with local communities and authorities. Similarly, communities were involved in the definition of vulnerability criteria which allowed to select 250 most vulnerable households benefitting from hygiene kits distribution.

[11] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

The identification of sites for the construction of new classrooms was done in collaboration with local education authorities, school directors and parent committee members. Beneficiaries were also involved in project implementation and monitoring. For example, children and community members were consulted to determine the topics for participatory theatre. The establishment of a complaint mechanism at the school level also made it possible to collect information requiring corrections or adjustments in project implementation.

As for Child protection activities, UNICEF adopted a wide range of methods to ensure full participation of beneficiaries and communities in the identification of activities, locations and types of support received. For instance, in Ituri, UNICEF and its partners organized five different security audits to assess, jointly with communities, the protection risks that children and women are faced with, including potential risks that might arise or be amplified because of UNICEF's programming. These security audits then fed into five community discussions, involving around 100 local leaders and other community members, around such issues and to identify collectively adequate risk mitigation measures.

Children and communities were systematically involved in the identification of the locations and activities for child friendly spaces and volunteers among youth are also identified to support the activities that are implemented. All staff or volunteers participating to project activities were trained on how to safely handle complaints and disclosure.

Furthermore, in identifying vulnerable children from communities to benefit from reinsertion into schools or socioeconomic reintegration support, UNICEF and its partners worked closely with community members in selecting the criteria involved. The inclusion of these children in UNICEF's programming ensured that children associated with armed groups as well as survivors of sexual violence were not stigmatized by being included in UNICEF programming, whilst also ensuring that the selected vulnerable children from communities were less likely to be recruited by armed groups or to fall victim to SGBV by strengthening their resilience. All socio-economic reintegration activities were identified jointly with children and their families to determine the type of support required. In discussion with them, the sectors were identified in relation to the context in which children were reunified/living to ensure the highest possible chance of success.

To ensure optimal organization of the measles vaccination campaign, UNICEF supported the targeted HZ management teams to organize a grassroots micro-planning workshop involving both health providers and community representatives. UNICEF mobilized traditional leaders through Community Animation Committees to ensure the vaccination of all targeted children in their entities. At the end of each campaign, an evaluation was organized in each zone, gathering all relevant actors. Based on the evaluation results, a recovery plan was developed by the EPI to improve future response campaigns as well as routine immunization activities.

b. AAP Feedback and Complaint Mechanisms:

Several complaint management mechanisms, adapted to the context and nature of the intervention, were put in place, and made functional. A variety of channels for feedback from beneficiaries were used. This included the setting up of suggestion boxes in strategic locations (in schools and in supported healthcare facilities), chosen in consultation with the communities, the setting up of complaints committees, and the sharing of telephone numbers of key persons, previously trained on complaints management, including sensitive complaints. During rapid response beneficiaries targeting and interventions, a dedicated feedback desk was set up to collect community feedback and complaints. UNICEF partners worked with authorities and local leaders to resolve the issues. The focus groups and PIM activities allows UniRR to collect more in-depth feedback after the intervention.

Similarly, in all villages targeted by nutritional interventions, suggestion boxes and complaint management committees were set up and were functional. Communities targeted by WASH interventions could provide their feedback on the pertinence of the assistance as well as on its operationalization through sex-desegregated focus groups animated by local hygiene promoters. A free tool to report complaint was also shared during sensitizations by community health workers, members of Community Animation Committees and in posted in supported healthcare facilities.

Other communities-based mechanisms were also adopted. As for Child Protection interventions, for example, in the UNICEF supported Transit and Orientation Centre in Ituri, two of the children residing there were chosen by the other children in order to act as focal points for complaints and suggestions on behalf of all other children and they were given the means and the opportunity to do so: access to the partner's senior management as well as UNICEF staff, notably via phone calls made available to them.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All of UNICEF's staff and partners were trained on SEA and signed a code of conduct. Foster families, members of child protection community networks, community-based organizations, health facilities who supported referrals were all trained on PSEA.

In the three provinces, UNICEF and partners worked towards setting up new complaints mechanisms where none existed whilst working to reinforce already existing ones in other areas, so as not to duplicate efforts. Community-based networks and groups, such as the Community-Based Child Protection Networks, the Women and Girls Forums as well as teachers and directors in supported schools, were also trained on SEA and assisted in raising awareness within their communities. In Ituri, some, 100 people were trained on PSEA and over 3,600 people were reached by awareness raising activities, more than half of whom were girls (over 1,900). Complaints and suggestion boxes were installed in supported healthcare facilities and free tools number shared with communities to report complaints, including on SEA.

During focus groups and meetings with community representatives, messages about free assistance and reporting of SEA were clearly mentioned and communities were encouraged to report such episodes. Before measles response campaigns, each senior team of the HZ and nurses were briefed on PSEA. A toll-free number was shared, and suggestion boxes made functional.

No complaint related to PSEA was reported.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

NFI rapid response interventions targeted mainly women, as they are often the most vulnerable, as well as the main users of the kit (such as the kitchen set and other essential household items). Through this program, women and girls of reproductive age could also benefit from an intimate hygiene kit. Focus groups discussions were also organized at community level to sensitize communities on PSEA and GBV.

To meet the specific needs of women, girls, boys and men, the nutritional interventions took into consideration the gender approach. In particular, the collection of data disaggregated by sex and age made it possible to verify access to services for all and to measure the impact of the support provided. Communities were consulted and involved in the choice of the opening hours of the nutritional units to minimize the risks of absence and non-treatment of malnourished children. This project aimed to address the problems of malnutrition by targeting the needs of pregnant and lactating women and children under five (girls/boys) through the promotion of the IYCF. To do this, the project's activities have been extremely gender-sensitive by promoting gender equality. The strategy put in place allowed for the participation of women (health personnel, IYCF group, etc.) during the project, while at the same time not neglecting the presence of men and their active participation (e.g., nutritional education).

UNICEF and partners supported an increased programmatic focus on the girl child, particularly to increase identification and support capacities for girls released from armed groups. As part of this, they supported systematic consultations with women-led organizations, girls, and women in the communities to identify potential barriers to accessing services as well as possible entry points for service provision perceived as safe by the girls themselves. In Ituri, UNICEF and partners established 13 girls and women forums, which are discussions groups among peers aiming at reinforcing the connection among them, the sharing of information on available support services as well as collective advocacy to improve women and girls' conditions.

The project ensured that both girls and boys had the same opportunity to access education activities in the target schools. The construction of separate latrines for girls and boys made it possible to consider the specific needs of boys and girls. Similarly, awareness raising activities for community members and capacity building for teachers have included messages on promoting education for girls and discussing differentiated barriers to education for girls and boys.

e. People with disabilities (PwD):

During NFI rapid response interventions, UNICEF and its partners ensured that service delivery was equitable to address the specific needs and risks faced by people living with disabilities. Priority was given to the specific needs of children born with disabilities, women, and girls with disabilities.

In setting up the water works, latrines and showers, the issue of access to the works by people with reduced mobility was considered by UNICEF and its partners. Gently sloping ramps were included in the design to allow access to the sanitary facilities.
Each classroom built has a ramp to allow children with reduced mobility to access the classrooms and thus ensure them the same rights to education as other children.
UNICEF and partners ensured the participation of children with disabilities in the different activities by varying the activities supported via the child friendly spaces as well as identifying socio economic reintegration that could benefit for children with physical disabilities. In South-Kivu, four children with disabilities, including one albino, had access to activities implemented in child friendly spaces and to school reintegration. In child friendly spaces, these children played with materials adapted to their physical condition and their inclusions was effective. For instance, one of the children with a physical handicap could not play soccer, but he played other games with another group of children. He also participated in weaving, knitting, making bracelets with the others, so he felt integrated and included.
CATI interventions benefitted to cholera suspected cases and people around these cases, irrespective of their disability. WASH kits distribution and the awareness raising activities on kits utilization and the importance of hygiene practises were organized so to also include people with physical disability (ex. door to door distribution and sensitization by the CATI team).
During measles vaccination campaigns, children with disabilities and other hard-to-reach children were reached through the implementation of the advanced strategy across all health areas. Community members organized in Community Animation Committees had previously identified children living with disabilities and lists were transmitted to health centres. This is how the teams moved in advanced strategy to vaccinate these children at the same time as the other missed targeted children.

f. Protection:

In order not to stigmatize the direct beneficiaries of the programme, the inclusion of vulnerable children from the community was systematically considered, and for participation in psychosocial support activities through child friendly spaces. In addition, through the coordination of actors, people indirectly affected by emergencies for whom needs could not be covered, either because of budgetary constraints or because they were in other areas of intervention, were referred to other organizations or UNICEF programmes.
Beneficiary protection issues were considered during the implementation of WASH facilities according to the 20 commitments signed by all members of the WASH cluster on beneficiary protection. In the context of this project, these provisions were specifically focused on the installation of gender-separated latrine and shower doors with interior locks, the choice of drinking water systems with standpipes in villages instead of remote springs in the forest, mechanical drilling activities in schools and health centres and proximity to communities to minimise the risk of violence to women and the drudgery associated with fetching water. UNICEF has also ensured that children are not used in construction work.
To ensure that boys and girls have access to safe and protected learning, protection has been mainstreamed in the education response. The capacity of teachers and school directors in PSEA, peace education and psychosocial support were strengthened, enabling them to better respond to the needs of children affected by population movements and epidemics. A total of 195 frontline workers (teachers and school directors) of which 69 are female received training in these areas. This includes 52 teachers (32 female) in Beni and 143 frontline workers (37 female) in Fizi. Awareness raising sessions on life saving messages related to prevention of Cholera, COVID-19 and PSEA were organized reaching 10,300 community members (5,587 female). This includes 6,214 community members (3,451 female) in Beni and 4,116 community members (2,136 female) in Fizi. The choice of location for classrooms built was made based on considerations made on minimizing protection risks for the beneficiaries.

g. Education:

Children aged 6 to 17 affected by population movements and epidemics in Beni and Fizi HZ benefitted from access to education in safe and protective learning environments. The capacity of schools to receive children was improved through the construction of semi durable classrooms and latrines. Furthermore, schools were used as an entry point to disseminate life-saving messages on hygiene promotion, prevention of cholera and COVID-19, PSEA and GBV. The distribution of teaching and learning materials for teachers and children supported reintegration into schools and learning. Teachers and school directors were also trained on psychosocial support as part of efforts to improve learning environment for children.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

The cash transfer modality was not adapted to this type of intervention

9. Visibility of CERF-funded Activities

Title	Weblink
Tweets on UniRR interventions	https://twitter.com/UNICEFDRC/status/1534090327031787522 https://twitter.com/UNICEFDRC/status/1535970391537201152 https://twitter.com/UNICEFDRC/status/1538824289067143169 https://twitter.com/UNICEFDRC/status/1539609960732151808 https://twitter.com/UNICEFDRC/status/1554407086653689856 https://twitter.com/UNICEFDRC/status/1554784557479727112 https://twitter.com/UNICEFDRC/status/1555177176529616898 https://twitter.com/UNICEFDRC/status/1555555208608059393 https://twitter.com/UNICEFDRC/status/1567143201911234561

3.6 Project Report 21-UF-CEF-050

1. Project Information

Agency:	UNICEF	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Common Services	**CERF project code:**	21-UF-CEF-050
Project title:	Support humanitarian actors in strengthening the inclusiveness of humanitarian responses in the Democratic Republic of the Congo		
Start date:	05/11/2021	**End date:**	04/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 350,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 350,000**
Total CERF funds sub-granted to implementing partners:	**US$ 327,102**
Government Partners	US$ 0
International NGOs	US$ 327,102
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF allowed 280 people (124% of the 225 stakeholders initially targeted) from the health and nutrition clusters and the Camp Coordination and Camp Management Working Group (CCCM WG) to receive training on the fundamentals of disability and inclusion. Among these 280 participants, 71 % were men and 29% were women. Women were poorly represented in the trainings, despite the requests made by the HI team to the clusters to involve more women. This low rate was explained by some clusters by the fact that women are poorly recruited in the different organizations. It is also worth noting that nearly 65% of the participants were members of national organizations. The project targeted five clusters (Global Protection, WASH, Shelter/NFI, Food Security, Education). The intervention particularly concerned the strategic hub in Kinshasa and operational hub in the provinces of North-Kivu, South-Kivu, Tanganyika, and the Kasaï. Trainings took place in Kinshasa, Goma, Bukavu, Kalemie, Kananga and Bunia.

At the end of the project activities, 100% of the Disabled People's Organizations (DPOs) supported by the project (four in Kinshasa and four in Goma) signed a declaration of commitment attesting to their willingness and determination to intervene more actively and effectively in the field of humanitarian action in DRC. On the same path, the project made possible for 40 DPO members (20 in Kinshasa and 20 in Goma) out of the 40 planned to took part in the different trainings on the fundamentals of disability and inclusion.

3. Changes and Amendments

No changes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

Note:
Apart from these categories, a total of 280 people (frontline aid workers) from the health and nutrition clusters and the Camp Coordination and Camp Management Working Group (CCCM WG) received training on the fundamentals of disability and inclusion. Among these 280 participants, 199 people (71 %) were men and 81 people (29%) were women

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

About 400 members from the 8 Disabled People's Organizations (DPOs) at the national and regional level benefited from support provided by the trained members and they were equipped to participate in coordination mechanisms and other humanitarian interventions.

6. CERF Results Framework

Project objective	Global Objective: Promote and ensure better consideration of people with disabilities in humanitarian responses in the DRC through capacity building of humanitarian actors and Disabled People's Organizations (DPO) and improve the meaningful participation of people with disabilities in the humanitarian response and coordination mechanisms. Specific objective: Support humanitarian coordination mechanisms (two clusters and 1 GT) as well as DPO for the strengthening and consolidation of inclusive practices and activities during humanitarian responses.
Output 1	The coordination mechanisms of the humanitarian response take greater account of the disability and inclusion.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Common Services			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of key cluster documents (strategies, guidelines, standards, standards, tools, etc.) adapted by the clusters according to the IASC guidelines following the support of Handicap International	9 (3 per cluster)	10	Handicap International project report
Indicator 1.2	# Basic training workshops on disability and inclusion organized for regional clusters and national coordination in Kinshasa.	15 (including 3 at Kinshasa and 12 at hubs at a rate of 3 per hub)	15 (including 3 at Kinshasa, 3 at Goma, 3 at Bukavu, 3 at Kalemie, 2 at Kananga and 1 at Bunia	Handicap International project report. Training reports
Indicator 1.3	# Sectoral training workshops (health, nutrition, camp management) and disability organized for regional clusters and coordination in Kinshasa	15 (including 3 at Kinshasa and 12 at hubs at a rate of 3 per hub)	15 (including 3 at Kinshasa, 3 at Goma, 3 at Bukavu, 3 at Kalemie, 2 at Kananga and 1 at Bunia	Handicap International project report. Training reports
Indicator 1.4	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (humanitarian actors from 3 clusters trained on disability and inclusive humanitarian action: target 225 including 45 persons during training workshop in Kinshasa and 180 persons during training workshop in the 4 hubs	225	280	Handicap International project report. Training reports
Explanation of output and indicators variance:		**Indicator 1.1:** 10 key documents including two from the nutrition cluster, five from the health cluster and three from the CCCM WG were revised as part of the project. Some clusters/working groups presented their guidelines, collection tools, strategic intervention plans, norms and standards. A methodology for revising the documents was proposed to the clusters and the		

	revisions were made in a participatory way by the cluster members during the sectoral workshops. Handicap international was then responsible for compiling and completing the documents where necessary, before transmitting the proposed revisions to the Cluster Leads and Co-Leads. **Indicator 1.2**: The 15 workshops planned on disability and inclusion for the members of the nutrition and health clusters and the CCCM WG were successfully carried out at the rate of: • 3 workshops in Kinshasa (Health cluster, Nutrition cluster, CCCM WG) • 3 workshops in Goma (Health cluster, Nutrition cluster, CCCM WG) • 3 workshops in Bukavu (Health cluster, Nutrition Cluster, CCCM WG) • 3 workshops in Kalemie (Health cluster, Nutrition cluster, CCCM WG) • 2 workshops in Kananga (Health cluster and Nutrition cluster only, since the CCCM WG is not functional in Kananga) • 1 workshop in Bunia (CCCM WG replacing the one in Kananga on the recommendation of the national CCCM WG leader). Each workshop took place over three days (approximately 8 hours per day), and allowed participants to improve their knowledge on disability, vulnerability, inclusion, inclusive humanitarian action, the Convention on the Rights of Persons with Disabilities, the Charter for the Inclusion of Persons with Disabilities in Humanitarian Action, land inclusive budgeting. Participants' knowledge of the above- mentioned themes improved. For example, in Kinshasa, based on the evaluation of the pre and post-tests, the average understanding of members of the health cluster went from 9.6/20 to 15.9/20, that of the Nutrition cluster went from 8.7/20 to 13/20 and that of the CCCM WG went from 7.8/20 to 13/20. In Goma, the average of the members of the health cluster went from 4.5/20 to 9.8/20, that of the nutrition cluster went from 5.5/20 to 12/20 and that of the CCCM WG went from 5/20 to 14.8/20. **Indicator 1.3:** A total of 15 sectoral training workshops for the members of the nutrition and health clusters and the CCCM WG were organized: • 3 workshops in Kinshasa (Health Cluster, Nutrition Cluster, CCCM WG) • 3 workshops in Goma (Health cluster, Nutrition cluster, CCCM WG) • 3 workshops in Bukavu (Health cluster, Nutrition cluster, CCCM WG) • 3 workshops in Kalemie (Health cluster, Nutrition cluster, CCCM WG) • 2 workshops in Kananga (Health cluster and Nutrition cluster) • 1workshop in Bunia (CCCM WG) The members of the health and nutrition clusters and the CCCM WG attended a 3-day training session on the inclusion of people with disabilities in their respective sectors. During these trainings, the participants worked on the barriers of access of people with disabilities to the services of their respective sectors and proposed solutions to remove them. The main measures and standards recommended by the IASC for the inclusion of people with disabilities in humanitarian action were also discussed during these trainings. For the training sessions organized in Kinshasa (national clusters), the aim was also to begin with the revision of the key tools proposed by each cluster (see indicator 1.1). **Indicator 1.4**: 280 stakeholders from the health and nutrition clusters and the CCCM WG benefitted of training

Activities	Description	Implemented by
Activity 1.1	Training of leads, co-leads, IMs, focal points and members of health, nutrition and CCCM clusters in Kinshasa and in the hubs on fundamental concepts on disability and inclusion	Handicap International

	as well as on inclusive humanitarian action at the rate of 3 days per training workshop for 15 participants per workshop.	
Activity 1.2	Sectoral training (inclusive health, nutrition and CCCM) and disability in Kinshasa and in the hubs at the rate of 3 days per training workshop for 15 people per training workshop.	Handicap International

Output 2	The Disabled People's Organizations targeted by the project strengthen their capacities on inclusive humanitarian action and participate actively and fully in humanitarian coordination mechanisms
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Common Services

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	% Target Disabled People's Organizations who commit to participate in the different clusters	100% (the 8 Disabled People's Organizations targeted and reinforced during the project)	100%	Handicap International project report. Training reports
Indicator 2.2	% of target Disabled People's Organizations who have requested to participate in clusters following the required procedures	80% (out of 8 Disabled People's Organizations targeted and reinforced during the project)	100%	Handicap International project report. Training reports
Indicator 2.3	# Basic training workshops on inclusive humanitarian action, IASC guidelines on inclusion, data collection, humanitarian coordination etc. organized for Disabled People"s Organizations at national and regional level	2 (2 hubs)	2	Handicap International project report. Training reports
Indicator 2.4	# Sector training workshops (health, nutrition, camp management, wash, education, food security, shelter, protection) organized for Disabled People"s Organizations at national and regional level.	16 (8 per hub for 2 hubs)	16 (8 in Kinshasa and 8 in Goma)	Handicap International project report. Training reports
Indicator 2.5	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Disabled People"s Organizations members trained on inclusive humanitarian action)	40	40	Handicap International project report. Training reports
Indicator 2.6	Participation rate of Disabled People"s Organizations in cluster meetings in the intervention area for 4 months	80% (at the rate of 8 meetings per month for the 8 clusters). Target reduced due to contingencies so	75%	Handicap International project report. Training reports
Explanation of output and indicators variance:		**Indicator 2.1**: Al the end of the project activities, 100% of the Disabled People's Organizations (DPOs) supported by the project (4 in Kinshasa and 4 in Goma) signed a declaration of commitment attesting to their willingness and determination to intervene more actively and effectively in the field of humanitarian action in DRC:		

	- Participating "fully, effectively and permanently" in coordination mechanisms, particularly clusters, - Supporting humanitarian actors in DRC on strategies and techniques to consider people with disabilities in humanitarian responses in DRC. These 8 DPOs have also committed to respect the principles and rules governing humanitarian interventions and to be guided only by the best interests of people with disabilities who are victims of humanitarian crises. **Indicator 2.2:** All 8 DPOs supported by the project have sent letters of application to join the different clusters. Each DPO initially identified at least two clusters of their choice for which they committed to take part in meetings. Some clusters have responded favorably, and others have not yet responded despite reminders from the project and the DPOs concerned. **Indicator 2.3**: In total, 2 training workshops, of 5 days each, were organized, 1 in Kinshasa and 1 in Goma for the members of 8 DPOs (4 in Goma and 4 in Kinshasa) supported by the project. The trainings focused on disability, vulnerability, inclusion, the Convention on the Rights of Persons with Disabilities, the Charter for the Inclusion of Persons with Disabilities in Humanitarian Action, data collection on persons with disabilities through the Washington Group questions and the IASC guidelines on inclusion. Each DPO designated five of its members to participate in the training. The knowledge of the participants on the above-mentioned topics has improved significantly, since, for example, In Kinshasa, the average went from 6.6/20 in the pre-test to 16.9/20 in the post-test. These trainings were very well received by the participants who felt that they had acquired new and necessary knowledge that will greatly assist them in their various advocacy efforts for the inclusion of people with disabilities in both development and humanitarian action. **Indicator 2.4:** A total of 16 training workshops on sectoral inclusion were conducted for members of the 8 DPOs. 8 workshops in Kinshasa and 8 workshops in Goma. During these workshops participants' knowledge was strengthened on how to consider people with disabilities in humanitarian responses in Health, Shelter, Nutrition, Water Hygiene Sanitation, Education, Protection, Food Security, and Camp Coordination and Management sectors. During these workshops, DPOs worked to identify barriers to easy access for people with disabilities in the humanitarian response for each of the eight sectors mentioned. They also learned about the four IASC must-do actions to recommend to humanitarian actors for the inclusion of people with disabilities in emergency responses. Participants' knowledge of the inclusion of people with disabilities in the humanitarian response for the different sectors has improved. For example, in Kinshasa, between the pre- and post-test, the average went from 8.3/20 to 12/20 for the workshop on Protection, and from 9.5/20 to 13.8/20 for the workshop on Food Security. The participants already had knowledge of certain sectors, which explains why for some workshops the averages between the pre and post- test did not increase much, such as the workshops on the Shelter sector (14/20 in the pre-test), Water Hygiene Sanitation (14.2/20) and Nutrition (15.7/20 in the pre-test). **Indicator 2.5**: 40 members of the 8 DPOs (20 in Kinshasa and 20 in Goma), out of the 40 planned, took part in the different trainings on the fundamentals of disability and inclusion. Each of the 8 DPOs were represented at the trainings by 5 people. Among the 40 participants, there were 18 women and 22 men. In total, there were 29 people with disabilities.

	Indicator 2.6: The participation of DPOs in the different clusters was delayed because it was first necessary to build their capacity through training so that they could submit their application to the clusters and some clusters took some time to accept applications. Thus, the project assessed the participation rate of DPOs over the actual two and a half months that they had the opportunity to participate in the clusters (from April 15 to June 30), and not over the 4 months initially planned by the indicator. In addition, it should be noted that DPOs participated at least once in all clusters, except for the Shelter, Food Security, and CCCM clusters.

Activities	Description	Implemented by
Activity 2.1	Training of Disabled People's Organizations on inclusive humanitarian action in Goma and Kinshasa hubs, during 5 days of training for 20 participants per training workshop at the rate of 5 people per DPO for 4 Disabled People's Organizations per zone.	Handicap International
Activity 2.2	Sector training for Disabled People's Organizations in the areas of WASH, health, nutrition, CCCM, Shelter, protection and education, HNO / HRP) at a rate of 2 days per sector for 20 participants per training.	Handicap International
Activity 2.3	Support Disabled People's Organizations participation in coordination mechanisms	Handicap International
Activity 2.4	Promote active participation of the 8 targeted Disabled People's Organizations in the meetings of the 8 clusters (health, nutrition, camp management, wash, education, food security, shelter, protection) in order to participate now not only in humanitarian coordination mechanisms as recommended by the IASC inclusion guidelines, but also to positively influence the inclusive development and implementation of humanitarian projects. Each Disabled People's Organizations will participate in each cluster (which will make 4 Disabled People's Organizations present in the same cluster)	Handicap International
Activity 2.5	Monitoring / supervision of the active and effective participation of Disabled People's Organizations in the various cluster meetings and setting up of coaching for optimal and fruitful participation by the project team.	Handicap International
Activity 2.6	Training of Disabled People's Organizations on inclusive humanitarian action in the Goma and Kinshasa hubs, during 5 days of training for 20 participants per training workshop at the rate of 5 people per Disabled People's Organizations for 4 Disabled People's Organizations per zone.	Handicap International

7. Effective Programming

a. Accountability to Affected People (AAP)[12]:

See proposal. In 2011, together with other members of the IASC, UNICEF endorsed five formal Commitments to Accountability to Affected Populations (CAAPs): Leadership/governance; transparency; feedback and complaints; participation; design, monitoring, and evaluation. UNICEF adheres to AAP principle and seeks to reinforce frequent community feedback via programmatic visits and Post Distribution Monitoring (PDM). The M&E system ensured quality data through regular program and data quality assurance (DQA) visits. DQAs included periodic verification of data and data sources. After both program and DQA visits, the partner was briefed on corrective actions. UNICEF adopted an intersectional gender approach to project implementation to identify and respond to the specific needs and interests of women and girls with disabilities.

b. AAP Feedback and Complaint Mechanisms:

[12] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

See proposal. The views of affected populations were incorporated to improve implementation through the design of appropriate and sufficiently robust complaints mechanisms to manage (communicate about, receive, process, respond to, and learn from) the claims that beneficiaries may have had regarding policy transgressions and stakeholder dissatisfaction.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

See proposal. UNICEF took measures to ensure that mechanisms were in place to prevent and handle any acts of sexual exploitation and abuse. In each implementation locality, ensure accessible child friendly and gender sensitive reporting channels including community-based complaint.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Not applicable

e. People with disabilities (PwD):

People with disabilities were at the center of the implementation of this project. The goal has been to promote capacity building of clusters to ensure the effective inclusion of people with disabilities in the responses. During humanitarian crises, people with disabilities are more vulnerable to violence, neglect, exploitation, and abuse and are more likely to be left behind, abandoned or neglected. Their participation in clusters now will promote their effective and lasting inclusion not only in the strategic documents of the clusters, but especially during direct responses in the field.

f. Protection:

UNICEF worked with HI to identify boys and girls with disabilities and consult with them and their caregivers to identify barriers and risks in relation to accessing child protection and GBV services as well as on adjustments needed for greater accessibility.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

The cash transfer modality was not adapted to this type of intervention

9. Visibility of CERF-funded Activities

Title	Weblink
No information	No information

3.6 Project Report 21-UF-WFP-037

1. Project Information

Agency:	WFP	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Multi-Purpose Cash Nutrition	**CERF project code:**	21-UF-WFP-037
Project title:	Unconditional Multipurpose Cash Transfers To Vulnerable Congolese Households In Ituri And North Kivu And Reinforcing Of Nutrition Package Through Infant And Young Child Feeding (Iycf) Activities		
Start date:	25/10/2021	**End date:**	24/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 662,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 259,770,000**
Amount received from CERF:	**US$ 4,300,000**
Total CERF funds sub-granted to implementing partners:	**US$ 690,452**
Government Partners	US$ 0
International NGOs	US$ 484,301
National NGOs	US$ 206,151
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partners provided multipurpose unconditional and nutrition sensitive cash assistance to 31,050 foods insecure IDPs, returnees and host communities in Ituri (Gethy and Rho health zones) and North-Kivu (Kitchanga) over a period of six months. The transfer value implemented for assistance was based on emergency minimum expenditure basket, equivalent to USD 14 per person per month, responding to both essential and food security needs.

Additionally, WFP and its partners delivered a set of nutrition sensitive activities including Infant and Youth Child Feeding (IYCF) activities to 15,500 vulnerable beneficiaries in chronically food insecure areas in Ituri (Gethy and Drodro health zone) for a period of six months. As part of the set of nutrition sensitive activities, WFP raised awareness and conducted general screening for malnutrition in targeted communities, provided guidance and support on IYCF problems and practices to pregnant and lactating women and girls (PLWG), provided 421 cooking demonstrations and established 41 support groups for women.

Overall, the CERF-funded project enabled WFP to assist a total of 31,050 direct beneficiaries with cash assistance and 15,500 beneficiaries with nutrition sensitive activities responding to both essential and short-term food security needs of conflict affected vulnerable populations in Eastern DRC. The assistance allowed for improved nutrition and income within households, which reduces the risk of households having to adopt negative coping mechanisms.

3. Changes and Amendments

In view of the increasing humanitarian needs in Ituri province, as well as the need for synergy and complementarity of humanitarian interventions, WFP noted that this CERF allocation could allow for the coverage of more beneficiaries than initially planned (10,500). As a result, WFP requested CERF to approve the extension of the geographical area of intervention for nutrition-sensitive activities to the health zone of Drodro in Ituri. CERF approval to this request enabled WFP to reach additional beneficiaries (i.e., 15,500) and enhancing the impact of CERF funds within the planned project duration. It is worth noting that this increase in the number of beneficiaries did not involve any modification in implementation period, nor the budget.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	1,575	0	525	0	**2,100**	2,225	0	770	0	**2,995**
Internally displaced people	3,150	0	1,050	0	**4,200**	4,550	0	1,540	0	**6,090**
Host communities	3,150	0	1,050	0	**4,200**	4,650	0	1,435	0	**6,085**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**7,875**	**0**	**2,625**	**0**	**10,500**	**11,425**	**0**	**3,745**	**0**	**15,170**
People with disabilities (PwD) out of the total										
	221	0	73	0	**294**	284	0	94	0	**378**

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	2,602	2,534	890	822	**6,848**	2,360	2,298	807	745	**6,210**
Internally displaced people	5,205	5,067	1,781	1,643	**13,696**	4,720	4,595	1,615	1,490	**12,420**
Host communities	5,205	5,067	1,781	1,643	**13,696**	4,720	4,595	1,615	1,490	**12,420**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**13,012**	**12,668**	**4,452**	**4,108**	**34,240**	**11,800**	**11,488**	**4,037**	**3,725**	**31,050**
People with disabilities (PwD) out of the total										
	403	393	138	104	**1,038**	109	113	35	38	**295**

5. People Indirectly Targeted by the Project

As part of this project, targeted communities and their surroundings benefitied indirectly from the project activities through the injection of cash in the local economy. Additionally, 37,530 people (20,641 men and 16,889 women) benefited from awareness raising campaigns on malnutrition and IYCF practices and cooking demonstrations. The latter beneficiaries were composed of family members of pregnant and lactating women and girls (PLWG) and of children under two years old targeted by the project. It was noted that as caregivers, parents or grandparents, these people had some influence on the application of good nutritoinal and Infant and Youth Child Feeding (IYCF) practices of the direct beneficiaries in the household.

6. CERF Results Framework

Project objective	To address the immediate needs of displaced, returnees and vulnerable host families in Ituri and North Kivu provinces through unconditional multipurpose cash transfers to contribute to their overall nutrition and food security status.
Output 1	31050 crisis-affected acutely food insecure populations targeted by WFP and partners in DRC in North Kivu and Ituri receive sufficient cash to meet their basic food and nutrient and non-food requirements

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people benefitting from multi-purpose cash	34,240	31,050	Distribution report
Indicator 1.2	Cash.1b Total value of multi-purpose cash distributed in USD (USD 14 per person x 6 months)	2,876,160	2,773,753	WINGS
Indicator 1.3	% of households with acceptable food consumption scores (Ituri) Target per province Ituri: ≥ 22 %	32%	2.7% [baseline: 0.3%]	Post-Distribution Monitoring (PDM)
Indicator 1.4	% of households with acceptable food consumption scores (North Kivu) Target per province North Kivu: > 37%	47%	12.6% [baseline: 3.3%]	PDM
Indicator 1.5	Food Expenditure Share (% of households who spend less than 65% of their monthly expenditure on food) Target per province: Ituri: < 60 %	55%	98.1% [baseline: 92.2%]	PDM
Indicator 1.6	Food Expenditure Share (% of households who spend less than 65% of their monthly expenditure on food) Target per province: North Kivu: < 37%	32%	54.2% [baseline: 56.7%]	PDM
Indicator 1.7	% of households with Economic capacity to meet essential needs Target per province: Ituri: >15%	20%	N/A	N/A
Indicator 1.8	% of households with Economic capacity to meet essential needs	20%	40.3% [baseline: 14.9%]	PDM

	Target per province: North Kivu: > 15%			
Indicator 1.9	Percentage of Women and Girls of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W). Target per province: Ituri: >20 %	25 %	5.1% [baseline: 1.3%]	PDM
Indicator 1.10	Percentage of Women and Girls of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W). Target per province: North Kivu: > 11.9%	16.9%	6.5% [baseline: 8%]	PDM
Indicator 1.11	Number of people receiving sensitization on COVID-19 prevention measures (through sensitization sessions at distribution sites) (1 person per household = 100% of households)	6,210	14,792	PDM
Indicator 1.12	AP.1b Proportion of assisted people who state that they are aware of their rights and entitlements (informed about the programme, who is included, what people will receive, duration of assistance and how to access WFP complaints and feedback mechanism) (>= 80%)	80	North-Kivu: 5.0 % Ituri: 2.5 %	PDM Note: These results do not consider the knowledge of the CFM
Indicator 1.13	AP.1a Number of affected people who state that they are aware of their rights and entitlements (80% of 6,210)	4,968	15,485	PDM
Indicator 1.14	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner (Proportion of targeted people receiving assistance without safety challenges) (>90%)	90	North-Kivu: 98.1 % Ituri: 99.0 %	PDM
Indicator 1.15	AP.5a Number of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner (90% of 6,210)	5,589	15,335	PDM
Explanation of output and indicators variance:		The results on indicators provided in this report are based on baselines and PDMs conducted on the same populations and in the same areas, in the provinces of North-Kivu and Ituri. However, it is not clear whether these are the same populations as the ones on which target indicators and baselines values were provided for the project proposal submitted and approved in 2021. This is because of the context of WFP's emergency assistance, which generally lasts between 3 and 6 months. As a result, the baseline values are indicated in this report where appropriate. For this report, the baseline values were		

	collected in May 2022 in Ituri and in February 2022 in North-Kivu. The PDMs were conducted in September 2022 in Ituri and in June 2022 in North-Kivu. Following the PDM results, a minimal progress was recorded in Ituri as a result from the context of instability and population movements due to insecurity in the area. This regularly affects the livelihoods of these populations. Regarding the result for the indicator 1.7 % of households with Economic capacity to meet essential needs in Ituri, we are unable to calculate Economic Capacity to Meet Essential Needs because the data on the Minimum Expenditure Basket is not available in the assisted area. Regarding the result for the indicator 1.10 Percentage of Women and Girls of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W) in North-Kivu, it is difficult to assess the tangible impact of the project MPC activity as this group of beneficiaries were not specifically targeted by this activity in North-Kivu. The project targeted specifically these beneficiaries in Ituri, which can explain the more positive results on this indicator for the Ituri province.

Activities	Description	Implemented by
Activity 1.1	Conduct standard pre-intervention assessments (including a gender and protection analysis); contract cooperating partners; train their personnel and Financial Service Providers on cash assistance and protection, including on data protection, accountability to affected populations, humanitarian principles, minimum standards for safe and dignified distributions, as well as on how to address and correctly refer cases to protection actors. Partners will benefit from awareness-raising sessions on Prevention from Sexual and Exploitation and Abuse (PSEA). WFP will work with 2 separate cooperating partners (CP) to be selected at the time of implementation. 1 CP will focus on targeting and registrations and the other partner will focus on cash transfer exercises. WFP will conduct multi-sectoral assessments to ensure that cash modality is applicable in the identified areas.	WFP
Activity 1.2	Conduct targeting exercise to identify vulnerable HHs: WFP and its targeting CP will collect beneficiary and households' data through household visits. During this census-type exercise, the CP collects a wide variety of data from all households. The specific variables collected are defined by quantitative analysis of the EFSA results, to determine which variables are good proxy indicators of food insecurity. These variables, combined with weights from the EFSA analysis, will result in a final quantitative score for each household. These scores are used to identify the most vulnerable households in need of assistance and are used to feed into the final selection of beneficiaries. If and when feasible WFP and partners will consult and work with organisation of people living with disabilities to inform them of the activity and engage them.	WFP and cooperating partners: Congo Handicap-ACDD, Programme d'Appui au Développement des Populations en RDC (PAP-RDC), Actions et Interventions pour le Développement et l'Encadrement Social (AIDES) and Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE).
Activity 1.3	Finalize beneficiary payment lists and technical preparations WFP and CP will conduct physical re-verification, biometric registrations and deduplication via WFP SCOPE, WFP's corporate beneficiary data and	WFP and cooperating partners (PAP-RDC and ADSSE)

	transfer management tool. WFP will print SCOPE cards for all heads of households/alternates, CP will distribute SCOPE cards to these households. WFP uses direct cash transfers through an FSP and/or mobile money transfers (MMT) as transfer mechanisms. The selection of the mechanism depends on the network availability and financial & infrastructural capacity of the FSPs. WFP will utilize one or both mechanisms for project.	
Activity 1.4	Conduct cash transfers to beneficiaries, reconciliation and reporting: WFP, CP and FSP will transfer cash assistance to beneficiaries either through direct cash or MMT mechanisms. Following the transfers WFP will conduct field and central level reconciliation activities. Beneficiary figures and project outputs will be reported through WFP's corporate systems.	WFP, cooperating partners : PAP-RDC, Association des jeunes pour le développement communautaire (AJEDEC) Associazione Volontari per il Servizio Internationale (AVSI) And financial service provider Trust Merchant Bank (TMB)

Output 2	Nutrition sensitive approach that reinforces the caring practices through the promotion of the IYCF in the identified communities in Ituri and referral systems benefiting around 10500 individuals.			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Proportion of children 6–23 months of age who receive a minimum acceptable diet	≥ 70% (indicator in percentage as aligned with corporate level indicators)	8.9% [Baseline: 0.8%]	PDM
Indicator 2.2	Percentage of Women and Girls of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W)- Ituri	Ituri: >= 20 % (approx. 2500) (indicator in percentage as aligned with corporate level indicators)	5.1% [Baseline: 1.3%]	PDM
Indicator 2.3	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (Pregnant and Lactating Women informed about good nutritional and Infant and Young Child Feeding optimal practices)	10,500	15,500	Activity report
Indicator 2.4	N.4 Number of people screened for acute malnutrition	10,500	36,500	Activity report
Explanation of output and indicators variance:		Following a request to the CERF secretariat, WFP was able to assist additional beneficiaries through the extension of the geographical zone of intervention to the additional health zone of Drodro in Ituri.		

Activities	**Description**	**Implemented by**
Activity 2.1	A simple and rapid assessment of IYCF practices among pregnant and lactating women and girls: every pregnant and lactating woman and girl, at the distribution site and within the community, is assessed for IYCF best practices through a simple and rapid questionnaire. If and when feasible WFP and partners will consult and work with	Associazione Volontari per il Servizio Internationale (AVSI) and Health Centers

	organisation of people living with disabilities to inform them of the activity and engage them.	
Activity 2.2	Appropriate guidance and support for women with IYCF problems: After the initial assessment, the beneficiary is referred to qualified / trained staff (i.e. health personnel and community health worker) for appropriate support. In the community, the IYCF support group is set up to promote, support good practices and support mothers in the stages of behaviour change	INGO Associazione Volontari per il Servizio Internationale (AVSI) and Health Centers
Activity 2.3	Awareness group sessions and general screening for malnutrition: at the distribution site, a screening for malnutrition is done systematically among children 6-59 months and pregnant and lactating women and girls with and without disabilities. When appropriate, they are referred to health facilities for further treatment.	INGO (AVSI) and community workers (Relais Communautaires - RECO)
Activity 2.4	Cooking demonstrations in the communities: cooking sessions are organized in some selected distribution sites, in all the community supporting groups, to show mothers and household members how to prepare nutritious and balanced meals.	INGO (AVSI) and community workers (Relais Communautaires - RECO)
Activity 2.5	Setting up support groups for women at the community level: community health workers are trained to set up and run community support groups.	INGO (AVSI) and community workers (Relais Communautaires - RECO)

Output 3	31,050 crisis-affected acutely food insecure people are targeted by WFP and empowered and less inclined to adopt negative coping mechanisms (which could include child labour, forced migration of a household member for work, taking part in harmful work such as mining and criminal activities…)

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Proportion of households where women and men jointly make decisions about the cash received from WFP Target per province: Ituri : 50 % ; North Kivu: 50%	3,105 (50%)	Ituri: 69.8 % North-Kivu: 67.2 %	PDM
Indicator 3.2	Number of targeted households having unhindered access to WFP programmes	5,589 (90%)	Ituri: 99.4% North-Kivu: 99.0 %	PDM
Indicator 3.3	Consumption-based Coping Strategy Index (Average) female headed family Target per province: Ituri: < 32.89North Kivu: < 17.35	< 25	Ituri: 11.18 North-Kivu: 13.92	PDM
Indicator 3.4	Number of awareness-raising meetings dedicated to promoting gender equality	2	27	Activity report
Indicator 3.5	Persons with disabilities who receive cash assistance	1,061	673	PDM
Indicator 3.6	Proportion of targeted people who report that WFP programmes are dignified	>= 80 %	Ituri: 91.6 % North-Kivu: 93.3 %	PDM
Explanation of output and indicators variance:		The results on indicators provided in this report are based on baselines and PDMs conducted on the same populations and in the same areas, in the provinces of North-Kivu and Ituri. However, it is not clear whether these are the same populations as the ones on which target indicators and baselines		

	values were provided for the project proposal submitted and approved in 2021. This is because of the context of WFP's emergency assistance, which generally lasts between three and six months. As a result, the baseline values are indicated in this report where appropriate. For this report, the baseline values were collected in May 2022 in Ituri and in February 2022 in North-Kivu. The PDMs were conducted in September 2022 in Ituri and in June 2022 in North Kivu.

Activities	Description	Implemented by
Activity 3.1	Organize information sessions to educate targeted beneficiaries on the planned intervention, including the benefits of allocating the assistance to women, COVID-19 and protection risks, feedback mechanisms, prevention of SEA. Communications efforts will include radio spots in local languages and will be done through multiple channels to ensure that the information considers age, gender and the respective needs of people with disabilities.	WFP
Activity 3.2	Prioritize women as cash recipients during the targeting process (this includes women and girls living with a disability).	WFP

7. Effective Programming

a. Accountability to Affected People (AAP)[13]:

Throughout the project, WFP DRC continued to implement the Country Accountability to Affected Populations Action Plan and work on meeting the key objectives outlined in the protection workplan. WFP placed a strong focus on community engagement and communication with affected populations developing key radio spots and messages for partners to disseminate on WFP's mandate, targeting and how to report misconduct and protection risks. WFP engages community leaders in the management of complaints related to misunderstandings about WFPs assistance. Additionally, to mitigate the risks related to military checkpoints and taxation, WFP has improved engagement with security actors and sensitization on the humanitarian principles, as well as regular site visits and monitoring.

b. AAP Feedback and Complaint Mechanisms:

In areas targeted for assistance under this CERF allocation, WFP updated its complaints and feedback mechanism, developing new standard operating procedures that consider the different channels used to request information from WFP and file complaints. These SOPs are also part of the pilot project to launch digital complaint and feedback forms for use by partner relief and feedback staff. A three-day training was held for all WFP staff and partner specialist staff between August and October 2022 to introduce the new WFP standard operating procedure and the complaints and feedback form. A sample dashboard was developed to improve the analysis of data received from the complaint feedback mechanism to improve programmatic discussions. Currently, the digital complaint form has been used by partners in Ituri and will be extended to all sites in January. To improve the provision of information to communities WFP worked with an artist to develop banners with illustrations to facilitate understanding of key protection messages and improve reporting of misconduct, including sexual exploitation and abuse. A budget was also allocated to each office to develop radio spots and theatrical productions to make information more accessible.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has 35 PSEA focal points based in the Kinshasa and field offices to cover all WFP area of intervention. The focal points are trained on PSEA, allegation reception and reporting. In 2022, WFP conducted 27 training and sensitization sessions for its cooperating partners.

[13] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

A total of 1,349 persons (Partners and WFP staff) were trained in PSEA (363 women and 986 men participated). At community level 82,233 person were sensitized (35,365 women and 46,868 men) during cash and food distribution. Media sensitization activities on PSEA are also implemented in close collaboration with community radio broadcast in all WFP area of intervention in RDC to date 17,103 person sensitized on the PSEA prevention and allegation reporting (8,067 Men and 9,036 Women).

WFP regularly ensure data incidents analysis on monthly and quarterly basis, based in SEA allegation database, to strengthen our risk mitigation after learning from recent SEA incidents. In 2022 a total of 20 SEA allegations were reported and still being followed up by WFP General Office of Investigation with priority to protect survivors immediately.

To take in consideration PSEA in its humanitarian operations, WFP RDC had also updated its community complaints and feedback mechanism and had, developed in new SOPs that consider the different channels used to request information from WFP and make complaints including reporting SEA allegations. To improve community information provision, WFP has also worked with an artist to develop banners with illustrations to facilitate the understanding of key protection messages and improve reporting on misconduct including sexual exploitation and abuse.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Over the reporting period, WFP conducted systematic gender analyses to ensure that food assistance contributes to the protection of women, men, girls, and boys. Several gender assessments were conducted to meet this objective. This included a Gender and Access assessment in the territory of Beni, Mabalako health zone North-Kivu in June 2022. The assessment provided key insights on barriers faced by women in accessing cash-based assistance, recommendations on how to promote gender equality and joint decision making and ensure women have equitable access to the assistance. To address the challenges, WFP has established clear guidelines to ensure that community complaint committees are representative (50% women) and an emphasis is placed on conducting separate focus group discussions with women to gather their complaints and feedback and advice on how to improve CFM channels.

e. People with disabilities (PwD):

WFP has strengthened its collaboration and engagement with organizations of people living with disabilities to better understand how to adapt activities to accommodate different forms of disability. Assistance is provided to the most vulnerable households or individuals. Throughout the targeting process, WFP strived to consider households with different abilities, including physical disabilities, chronic illnesses, illiteracy. Therefore, the presence of at-risk individuals (particularly women and girls) who lack the capacity to participate in economic activities, due to physical or mental disabilities, were considered important criteria.

f. Protection:

To consider the changing context in Ituri since 2022, WFP has ensured that targeting for unconditional assistance systematically includes both IDPs and host communities. WFP has strengthened the integration of protection risk assessments and site visits to better understand the potential risks, establish mitigate measures and improve community acceptance and engagement. WFP conducted a joint protection risk assessment with the national and global protection cluster, as well as a Do No Harm protection assessment with INTERSOS to determine the WFP response and transfer modality.

WFP protection and AAP officers delivered three-day trainings to the protection and AAP assistants of all cooperating partners supporting WFP nutrition and food assistance activities. In 2022, WFP conducted 27 protection risk assessments, 63 training sessions for partners, 10 briefing sessions to WFP technical teams on the centrality of protection and 27 missions focused on community engagement and information provision. To strengthen community engagement WFP DRC also recruited two additional protection and AAP assistants to support the Goma area office and has continued to strengthen collaboration and coordination with protection actors.

During the reporting period, WFP organized multiple sessions with targeted populations and groups, including engagement with community leaders and local authorities, focus group discussions and awareness raising session on protections risks and feedback mechanisms. Protection assessments were also conducted as preparatory activities to check the conditions and risks related to assistance delivery at all targeted areas.

g. Education:

Although the intervention is not focused on education, the project has significantly contributed to the welfare of children. The integration of protection cross-cutting in the project's focus on preventing and mitigating child protection risks including depolarization, early marriage, and the recruitment of children into armed forces and groups.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	31,050

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

WFP provides assistance according to identified needs, including seasonal factors in order to for the multipurpose cash assistance to have longer-term impact on severely food insecure households. Under this project, WFP provide cash transfers of an average of FC 27,000 (USD 14) per person for a period of six months. The transfer value is calculated to cover the minimum needs of the population. The basic food basket requirement composed of 9 kilos of maize, 4.7 kilos of manioc, 1.7 kilos of beans and 1 liter of vegetable oil per person, per month for an average household. This food basket covers 2,100 kcal per person, per day. In addition to the above-mentioned food basket, WFP assistance will include cooking fuel (12,000 FC), water (6,000 FC), lighting (3,000 FC) and basic hygiene products (4,000 FC) – the essential items included in the Minimum Expenditure Basket and Survival Minimum Expenditure Basket (SMEB). The project encouraged joint decision making for household needs and, where suitable, WFP encouraged women to be registered as head of household and collect the assistance.

Parameters of the used CVA modality:

Specified CVA activity. (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.4 MPC transfers to beneficiaries	31,050	US$ 2,773,753	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet May 30, 2021	https://twitter.com/WFPDRC/status/1398928880489177089?s=20&t=RXYRTmuDZzbByuliWkY3ow
Tweet Sept 23, 2022	https://twitter.com/WFPDRC/status/1573238123479568384?s=20&t=RXYRTmuDZzbByuliWkY3ow
Tweet October 4, 2022	https://twitter.com/WFPDRC/status/1577228606283350017?s=20&t=QZoXR3dVmCgu0sRKlGndLw
Tweet October 10, 2022	https://twitter.com/WFPDRC/status/1579391368488947714?s=20&t=RXYRTmuDZzbByuliWkY3ow
Tweet October 11, 2022	https://twitter.com/WFP_FR/status/1579868471596548096?s=20&t=G9CQ4OJJYvP7Lw-5RDU4ug
WFP Story - A fresh start in DRC's violence-torn northeast	https://www.wfp.org/stories/fresh-start-drcs-violence-torn-northeast/

3.7 Project Report 21-UF-WHO-036

1. Project Information

Agency:	WHO	**Country:**	Democratic Republic of the Congo
Sector/cluster:	Health	**CERF project code:**	21-UF-WHO-036
Project title:	Continuity of quality emergency health care and response to epidemics in favour of the vulnerable impacted by population movements (IDPs, returnees and hosts) in the health zones affected by armed conflict in eastern part of the Democratic Republic of Co		
Start date:	01/11/2021	**End date:**	31/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 6,400,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,857,681**
Total CERF funds sub-granted to implementing partners:	**US$ 643,149**
Government Partners	US$ 0
International NGOs	US$ **204,840**
National NGOs	US$ **438,309**
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

A travers ce financement du CERF, l'OMS et ses partenaires Urgence Médicale Internationale (UMI), CARITAS et Adventist Development and Relief Agency (ADRA) ont contribué à la prise en charge médicale gratuite de 92 940 personnes vulnérables dont 58 176 personnes déplacées, 24 455 retournés et 10 959 communautés d'accueil affectées par les mouvements des populations liés aux conflits armés (incluant 10 328 personnes vivant avec handicap et 283 victimes de violences basées sur le genre). Au total, 4 311 patients référés des centres de santé appuyés aux Hôpitaux Généraux de référence (HGR) ont bénéficié d'une prise en charge médicale appropriée. Par ailleurs, 42 950 filles et garçons âgés de 6 à 59 mois ont été vaccinés contre la rougeole et 9 636 enfants en conflit avec le calendrier vaccinal de routine ont été rattrapés; cinq structures sanitaires ont été sommairement réhabilitées, 101375 personnes des communautés cibles ont été touchées par les messages des sensibilisations en faveur de la protection contre les maladies à potentiel épidémique 160 prestataires de soins ont été formés dans les ZS appuyées sur les ordinogrammes ainsi que dans la prise en charge des affections mentales, 392 relais communautaires sur les pratiques clés familiales et sur la surveillance à base communautaire, 190 prestataires formés sur la SIMR 3ème édition incluant le covid-19 et les maladies à potentiel épidémique avec la mise en place de 8 centrales d'alerte opérationnelles. Des kits médicaux spécifiques et intrants pré-positionnés dans les zones de santé ont contribué à la riposte rapide contre les épidémies en l'occurrence celle du choléra à Masisi et de rougeole dans la ZS d'Oïcha. Par ailleurs, 2170 enfants en conflit avec le calendrier vaccinal ont été identifiés et vaccinés contre la rougeole.

3. Changes and Amendments

Le projet CERF a été mis en œuvre durant la période indiquée et aucun changement sur la situation humanitaire n'a été observé.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	5,911	5,529	3,623	4,004	**19,067**	7,472	6,802	5,133	5,398	**24,805**
Internally displaced people	20,688	19,353	12,679	14,014	**66,734**	14,231	16,468	15,304	12,173	**58,176**
Host communities	2,955	2,765	1,811	2,002	**9,533**	3,269	2,498	2,759	2,433	**10,959**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**29,554**	**27,647**	**18,113**	**20,020**	**95,334**	**24,972**	**25,768**	**23,196**	**20,004**	**93,940**
People with disabilities (PwD) out of the total										
	4,433	4,147	2,717	3,003	**14,300**	2,437	2,763	2,569	2,559	**10,328**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A travers les sensibilisations des agents de santé communautaires formés sur les pratiques familiales essentielles, environ 561 728 personnes vivant dans les aires de santé des 8 Zones de santé ciblées par le projet ont bénéficié indirectement des effets du projet.

6. CERF Results Framework

Project objective	Contribute to the reduction of morbidity and mortality by improving access to basic health care for displaced populations and host families and strengthening the operational capacities of the health zones to respond to the various epidemics in the 8 health zones in the provinces of ITURI, MANIEMA, NORTH-KIVU, SOUTH-KIVU and TANGANYIKA, by the end of October 2022, in DRC
Output 1	95,334 vulnerable persons (M: 27,647; F: 29,554; Males: 20,020 and Females: 18,113), including 66,734 displaced persons, 19,067 returnees, and 9,533 sick host family members, are provided with free and equitable access to quality essential emergency health care.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.7 Number of functional health facilities supported (health facilities (HF) supported and that provide quality basic health care to the vulnerable population (8 RGH) and 24 (HF))	32	32	Rapport activités zone de santé et rapport d'activités des ONG partenaires
Indicator 1.2	Number of vulnerable persons receiving free care in the HF supported by the project (H.8 Number of primary healthcare consultations provided) (M: 27 647; F: 29 554; Boys: 20 020 and Girls: 18113)	95,334	92,940	-Rapport d'activités des formations sanitaires - rapport activités zone de santé - rapport d'Activités des ONG partenaires
Indicator 1.3	Number of patients referred from health facilities supported to RGHs for appropriate medical management.	954	4,311 (soit 9,7% de nos consultations)	Rapport activités des formations sanitaires - rapport activités zone de santé - rapport d'activités des ONG partenaires (
Indicator 1.4	Number of days essential drugs are out of stock,	0	0	Fiches des stocks des structures et rapport de chaque formations sanitaires
Indicator 1.5	Number of health facilities (HF) equipped with emergency health kits, including malaria kits and other specific kits and basic medical equipment	32	32	Le rapport des pharmacies zonales, les bordereaux de livraison, les différents rapports des partenaires.
Indicator 1.6	H.1a Number of emergency health kits delivered to healthcare facilities (100 IEHK basic, 50 IEHK	402	402	Bordereaux de livraison, bon de réception.

	supplementary, 4 IEHK complete, 8 NCD Kit, 4 IEHK Cholera kit, 80 Pneumonia Kit, 16 Blood Transfusion Kit, 8 Sample Collection Kit, 8 IPC kit, 100 SAM Kit, 8 PEP Kit and 8 Kit Santé mentale)			
Indicator 1.7	H.1b Number of people covered by emergency health kits	95,334	92,940	Rapport d'activités des formations sanitaires - rapport activités zone de santé - rapport d'activités des ONG partenaires
Indicator 1.8	H.3 Number of people benefitting from cholera kits	600	822	Les rapports d'activités des Centre de Traitement de Choléra
Indicator 1.9	SP.2a Number of inter-agency emergency reproductive health kits delivered (RH Kit #12)	16	16	Bordereaux de livraison, bon de réception
Indicator 1.10	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	3,814	3,816	Rapport d'activités formations sanitaires - rapport activités zone de santé - rapport d'ctivités des ONG partenaires
Indicator 1.11	Number of vulnerable victims of violence cared for free of charge(F:187 et M :62)	249	283	Les rapports d'activités formations sanitaires et zones de santé
Indicator 1.12	Number of structures summarily rehabilitated	5	5	Les PV de remises des ouvrages Les rapports d'activités zones
Indicator 1.13	Number of people reached by sensitization messages on prevention measures for communicable diseases (HIV, Hep) and diseases with epidemic potential (COVID, cholera, measles, yellow fever,) (M: 27 647; F: 29 554; Boys: 20 020 and Girls: 18 113).	95,334	101,375	Rapports SNIS, les rapports des zones de santé
Indicator 1.14	Number of people living with disabilities who receive free care (H: 4 147; F: 4 433; G:3 003; f: 2 717).	14,300	10,328	Rapports des formations sanitaires, les rapports activités des zones de santé
Indicator 1.15	Number of suggestion boxes installed in supported health facilities (HF) for the reporting of complaints and cases of PSEA	8	32 (une boite à suggestion par formation sanitaire)	Rapport d'activités des zones Rapport des zones de santé
Indicator 1.16	Number of persons living with disability identified and supported.	8,580	10,328	Les rapports d'activités des structures sanitaires
Indicator 1.17	CC.1 Number of frontline aid workers (e.g. partner personnel)	160	160	Rapport des formations Rapport zones de santé

	who received short refresher training to support programme implementation (health care workers capacitated by Mental Health care specialist).			
Explanation of output and indicators variance:		**Indicateur 1.3** : Nombre des patients référés : 4 311 malades ont été référés vers les huit HGR et ce nombre est élevé par rapport aux attendus pour les raisons suivantes : • Affluence des malades des AS voisines vers les structures des AS appuyées qui disposent des médicaments essentiels et qui mettent en application les critères de référence. • Déplacements continus des PDI à la suite des attaques à répétition par des groupes armés dans certaines AS voisines. • La formation sur les ordinogrammes et la forte sensibilisation des communautés ont contribué à l'augmentation de l'utilisation des services de santé. Ceci n'a pas eu d'impact sur le budget prévu, parce que la majorité de ces malades référés sont arrivés aux hôpitaux par leurs propres moyens, les médicaments ont été couverts par le projet. Malgré cette augmentation, la proportion des références représente 9,7% du total des consultations qui s'ajustent sur les normes édictées par la politique nationale qui prévoit 5 à 10% de malades référés. **Indicator 1.8** : Le nombre total des malades pris en charge pour cholera s'élève à 822 qui ont été répertoriés dans les foyers épidémiques des ZS d'Oïcha et Fizi, lesquelles ont bénéficiés d'une réponse efficace grâce à l'appui du projet CERF avec une disponibilité permanente des Kits centraux, périphériques et communautaires de Choléra, mais aussi d'autres kits complets dotés par AIDES et MSF/H dans la ZS de Fizi au Sud-Kivu. **Indicator 1.13 :** Le nombre des personnes sensibilisées a atteint 101,375 dans l'ensemble des huit ZS. Cette situation est expliquée par l'intensification des activités de la sensibilisation face aux différents risques de contamination après la 15ème MVE de Beni, suivie de la déclaration par l'Ouganda de l'épidémie de MVE, pour laquelle les ZS voisines frontalières de l'Ouganda qui étaient à risque en RDC. Des actions de sensibilisation ont été conduites pour éviter une éventuelle contamination MVE avec l'opportunité d'intégration des relais communautaires issus des populations déplacées (bénéficiaires directs du projet) qui ont œuvrés aux côtés des équipes locales des AS. Cette approche a facilité l'acceptation et l'adhésion des populations aux différentes interventions sanitaires à travers les différents canaux de communications utilisés : visites à domiciles, affiches et dépliants, les radios communautaires. **Indicator 1.14 :** Cette faible performance est expliquée par la non prise en compte de la variable « population vivant avec handicap » dans les formations sanitaires au démarrage du projet. Cette donnée a été renseignée tardivement à partir du 3ème mois après les missions de suivi/supervision et pourrait être la cause de la sous-estimation de cet indicateur. Notons que le projet a eu un focus sur les personnes vivant avec handicap physique ou mental. C'est ainsi que 10328 personnes vivant avec handicap consultées ont été rapportées. **Indicator 1.15** : De façon opérationnelle, nous avons installé une boite de suggestion par structures (8 HGR et 24 FOSA) pour optimiser les mécanismes		

	de gestion des plaintes dans les 32 structures sanitaires appuyées par le projet pour une bonne redevabilité envers les bénéficiaires.

Activities	Description	Implemented by
Activity 1.1	Supply 32 health structures (8 HGR and 24 CS) with essential medicines and medical supplies for emergency health care in 8 affected health zones in the provinces of Ituri, Maniema, North Kivu, South Kivu and Tanganyika.	OMS/ Urgence Médicale Internationale (UMI)
Activity 1.2	Purchase medications and medical equipments	OMS/ Urgence Médicale Internationale (UMI)
Activity 1.3	Develop tools and a system for the rational management of medicines and medical equipment in the health facilities targeted by the project	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.4	Set up at least 8 temporary structures (tents, shelters) in health zones with low health coverage.	OMS/ Urgence Médicale Internationale (UMI)
Activity 1.5	Offer free medical care through a partnership with NGOs or existing structures in health centers and general reference hospitals (HGR).	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.6	Ensure free medical care for vulnerable victims GBV.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.7	Organize awareness sessions (community dialogues, educational talks, etc.) on the prevention of diseases with epidemic potential (COVID, cholera, measles, yellow fever, etc.)	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.8	Implement the advanced strategies to bring health care closer to beneficiaries in non-covered health areas.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.9	Light rehabilitation of 5 vandalized health structures	Urgence Médicale Internationale (UMI)
Activity 1.10	Organize capacity building sessions for 200 health providers in Flowcharting and rational drug prescription (25 providers per health zone x 8 health zones = 200).	UMI/Division Provinciale de la Santé (DPS)/BCZS
Activity 1.11	Identify and recover children in conflict with the immunization schedule in the 8 health zones, ensure the logistics of the vaccines.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.12	Compensate for the cost of free health care provided to displaced persons and host family by 15 health facilities.	OMS/ Urgence Médicale Internationale (UMI)
Activity 1.13	Organize awareness sessions for parents to encourage them to participate in routine immunization activities.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.14	Organizing through community health workers, community awareness raising on the right to health of people with disabilities.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.15	Briefing sessions of health workers on the inclusion/management of people with disabilities will be realized.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.16	Mental health care and psychosocial support for people with disabilities in crisis will be realized at health facility level though the capacitation of health care workers by our Mental Health care specialist.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.17	Render accessible to people with physical, mental, sensory and intellectual disabilities some health facilities by supporting the referral/counter referral mechanism.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 1.18	Identify and recover people living with a disability who are eligible for free health care.	UMI/Bureau Central de la Zone de Santé (BCZS)

Output 2	The eight (8) health zones (HZ) have an operational capacity to respond to epidemics and properly manage cases of measles, cholera, malaria and other diseases with epidemic potential.

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of health zones with emergency kits (measles, cholera and malaria) pre-positioned for rapid response to epidemics	8	8	Bon des livraison et PV de réception
Indicator 2.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health providers recycled through briefing sessions in Integrated disease surveillance and response 3rd edition and in the management of measles, cholera and malaria cases.)	200	190 10 prestataires n'ont pas participé à la formation pour raison de sécurité dans la ZS d'Oïcha.	Rapports des formation et rapport des zone de santé
Indicator 2.3	Proportion of outbreaks detected and investigated within 72 hours	100%	100%	Rapport investigation dans zones de santé
Indicator 2.4	Number of cases of measles, cholera and malaria treated in the supported health facilities.	11,875	13,267	Rapports des activités formations sanitaires et zones
Indicator 2.5	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community relays (women/men and people living with disabilities) recycled through briefing sessions on community-based surveillance and good practices in favour of health, vaccination, active case-finding, referral of sick people from the community to health facilities in areas with epidemics.)	400	392	Rapports des formations et rapports zones de santé
Indicator 2.6	H.4 Number of people vaccinated (children who missed routine immunization and benefited from catch-up immunization in Health facilities found in areas with epidemics.)	4,406	9,636	Rapport de vaccination et rapport de zone santé
Indicator 2.7	H.4 Number of people vaccinated (children under 59 months vaccinated against measles)	44,061	42,950	Rapport de campagne de vaccination et rapport de zone santé
Indicator 2.8	Number of health zones with an operational rapid response team and a functional central alerting station,	8	8	Rapport central d'alerte

Explanation of output and indicators variance:	Il a été observé une certaine variation au niveau des résultats réalisés sur les activités de renforcement des capacités des personnels de santé (190/200 attendues pour la SIMR3) où certains participants de la ZS d'Oïcha n'ont pas pu faire le déplacement au moment de la formation à la suite de l'insécurité, La sensibilité du système de surveillance consécutive au renforcement des capacités a permis de détecter au total 13,267 cas (rougeole, paludisme, cholera) sur les 11,875 attendus La sensibilisation des populations cibles des huit ZS a contribué à l'identification des enfants non et insuffisamment vaccinés avec rattrapage 9 636 enfants en conflit avec le calendrier vaccinal de routine. Les sessions d'intensification de la vaccination de routine ont contribué à la vaccination de 42 950 enfants de moins de 5 ans contre la rougeole (soit 97% de couverture vaccinale) liés aux mouvements des populations.

Activities	Description	Implemented by
Activity 2.1	Ensure pre-positioning of an emergency health kit and specific kits according to risk mapping in the targeted health zones.	OMS/ Urgence Médicale Internationale (UMI)
Activity 2.2	Strengthen epidemiological surveillance and active case finding in the community, set up an early warning system and the central alert system, with the involvement of people living with disabilities.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 2.3	Organize investigations of notified and validated alerts.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 2.4	Provision of transport media, sampling kits and transportation of measles and cholera samples to the INRB laboratory.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 2.5	Reinvigorate an epidemic management committee in the supported health zones.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 2.6	Organize catch-up sessions for children who have missed routine immunization or in conflict with the immunization schedule.	UMI/Bureau Central de la Zone de Santé (BCZS)
Activity 2.7	Vaccinate children under 59 months of age against measles.	UMI/Division Provinciale de la Santé (DPS)/BCZS
Activity 2.8	Make the Rapid Response Teams (RRTs) operational with a functional central alert system in the eight (8) health zones supported,	UMI/Bureau Central de la Zone de Santé (BCZS)

7. Effective Programming

a. Accountability to Affected People (AAP) [14]:

Pendant la conception du projet, des populations affectées par les crises ont été consultées pour identifier leurs besoins en soins de santé de base en tenant compte du genre et des personnes vivant avec handicap lors des focus groups. Au démarrage du projet, toutes les parties prenantes (populations déplacées, retournées, communautés hôtes, leaders communautaires et autorités politico-administratives locales) ont été informées du paquet d'activités du projet et de la gratuité des soins proposés à la population bénéficiaire dans les formations sanitaires appuyées. Lors du lancement officiel du projet, ces parties prenantes ont été sensibilisées sur le paquet

[14] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

d'intervention et les activités à mener, ce qui leur a permis d'avoir une connaissance suffisante du projet et de sensibiliser, à leur tour, la communauté bénéficiaire.
Lors de la mise en œuvre et suivi du projet, les membres des comités des populations déplacées, retournées, communautés hôtes, leaders communautaires et autorités politico-administratives locales ont été identifiés par les ONGs partenaires (ADRA, UMI, CARITAS) et ont été impliqués dans la gestion des médicaments (réception, inventaires mensuels) et la participation aux réunions mensuelles des comités de gestion des centres de santé dans le cadre du suivi des activités du projet. Ainsi, toutes les activités du projet ont été mises en œuvre avec la participation active des autorités sanitaires provinciales et locales (DPS, BCZS, agents de santé communautaires, prestataires de soins de santé des structures appuyées).

b. AAP Feedback and Complaint Mechanisms:

Une boite à suggestion a été installée dans chaque formation sanitaire ciblée, soit un total de 32 boites de suggestions. Les populations vulnérables (déplacés, retournés et familles d'accueil) ont été briefées sur les mécanismes de gestion des plaintes (MGP) mis en place (à travers les boites à suggestion) pour collecter les plaintes, y compris celles anonymes, relatives à la mise en œuvre de ce projet. A la fin de chaque mois, des plaintes en rapport avec l'accueil des patients au sein des formations sanitaires et avec la restauration des malades ont été collectées et examinées par les comités de gestion de plainte installés dans les zones, et des solutions ont été proposées. Des réunions mensuelles avec les populations déplacées, retournées et familles hôtes étaient également organisées pour communiquer les solutions proposées. Certaines réunions ont été appuyées par les staffs des ONG ADRA, CARITAS et UMI lors des visites et des missions sur le terrain pour veiller à ce que les points de vue des bénéficiaires soient toujours pris en compte en vue d'améliorer des interventions futures de l'OMS.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Les staffs de tous les partenaires de mise en œuvre (ADRA, UMI, CARITAS) ont été formés sur la PSEA et ont signé un code de bonne conduite. Les prestataires des soins et l'équipe cadre des zones de santé ont été briefés sur l'inconduite sexuel et les six principes de la PSEA. Les populations bénéficiaires ont été également briefées sur la PSEA et la mise en place des MGP. Les sessions de briefing des communautés bénéficiaires ont été réalisées avec l'appui de l'équipe PSEA de l'OMS et collaboration avec les réseaux PSEA. 238 victimes de violences basées sur le genre identifiés dans la communauté ont bénéficié des services offerts dans le cadre de ce projet. Cette intervention a permis d'assurer une collaboration étroite avec les services de protection, la coordination des partenaires et les réseaux PSEA afin d'optimiser la gestion des plaintes et des cas signalés et suspects. Aucune plainte n'a été directement liée aux acteurs impliqués dans le projet. Un numéro vert a été communiqué dans toutes les zones d'intervention.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Le projet a prôné l'égalité des sexes dans les différentes étapes de la mise en œuvre. L'accès aux soins de santé a été garanti à toutes personnes sans distinction de sexe. La gratuité des services de santé a tenu compte des besoins spécifiques des personnes vulnérables et a accordé une attention particulière à la situation des femmes, des filles, des enfants, des personnes handicapées et des personnes âgées. Les besoins spécifiques des femmes et des filles ont été pris en compte pendant la mise en œuvre du projet. Cette catégorie représentait 51% des populations bénéficiaires couvertes.
Un mécanisme d'approche communautaire via les relais communautaires a été mis en place pour identifier les obstacles empêchant les femmes handicapées de venir consulter ou d'accoucher dans les hôpitaux et les centres de santé. Les enfants et les familles les plus vulnérables, les villages les plus reculés, ont été inclus dans l'offre et la demande de services.

e. People with disabilities (PwD)

Durant les sessions de formations des agents communautaires et prestataires des soins, une attention particulière, sans stigmatisation, a été accordée aux personnes vivant avec un handicap au sein de communauté touchée par la crise humanitaire multisectorielle à travers le réseau des groupes communautaires ; ceci afin de faciliter leur accès aux structures de soins de santé. Après les sessions de

sensibilisation, la collecte des données a permis d'identifier quelques 10,328 personnes vivant avec handicap ayant utilisé les services de santé sur 14,300 personnes théoriquement attendues, soit 69% de personnes handicapées prises en charge par rapport à la planification. Ces personnes handicapées ont bénéficié d'une attention particulière par un accès privilégié aux centres de santé pour les soins médicaux.

f. Protection:

Le principe « ne pas nuire » a été respecté dans la mise en œuvre des activités du projet tant pour les bénéficiaires que pour les agents impliqués. Ainsi, un mécanisme de sauvegarde environnemental a été mis en place à travers la gestion correcte des déchets biomédicaux dans les formations sanitaires ciblées. Lors des supervisions et du suivi, une attention particulière a été accordée à la prévention et au contrôle des infections de la part du personnel de santé en mettant l'accent sur la gestion/l'élimination des déchets liquides et solides. Par ailleurs, l'identification des structures appuyées a été faite de manière à rapprocher les bénéficiaires des services disponibles afin d'éviter à ces derniers de parcourir des longues distances. Pour les bénéficiaires éloignés des structures sanitaires appuyées, des cliniques mobiles ont été organisées dans le souci de faciliter l'accès pour tous. Pendant les hospitalisations, les femmes et filles ont eu des toilettes et douches spécifiques. Enfin, lors du suivi et de l'évaluation des activités du projet, les besoins spécifiques des personnes les plus vulnérables ont été pris en compte dans la collecte des informations et des données.

g. Education:

Lors de la conception du projet, les écoles ont été consultées afin d'identifier les besoins de sensibilisation des enfants en âge scolaire sur les maladies diarrhéiques, les infections respiratoires aigués, dans le contexte particulier de la pandémie de COVID-19. Ainsi, des séances de sensibilisation ont été organisées dans les écoles pour vulgariser des mesures de prévention contre le choléra et autres maladies diarrhéiques, notamment dans les zones endémiques, en mettant un focus sur le lavage des mains et l'utilisation des gels hydroalcooliques.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

L'approche cash et voucher assistance n'est pas adaptée à ce type de projet

9. Visibility of CERF-funded Activities

Title	Weblink
Pas d'informations	Pas d'informations

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-UF-FAO-024	Agriculture	FAO	NNGO	$20,947
21-UF-FAO-024	Agriculture	FAO	NNGO	$24,000
21-UF-FAO-024	Agriculture	FAO	NNGO	$24,990
21-UF-FAO-024	Agriculture	FAO	GOV	$25,000
21-UF-IOM-029	Shelter & NFI	IOM	INGO	$531,331
21-UF-IOM-029	Camp Management	IOM	NNGO	$40,728
21-UF-FPA-030	Health	UNFPA	NNGO	$543,859
21-UF-FPA-030	Gender-Based Violence	UNFPA	NNGO	$165,300
21-UF-FPA-030	Gender-Based Violence	UNFPA	NNGO	$386,675
21-UF-HCR-026	Shelter & NFI	UNHCR	INGO	$25,263
21-UF-HCR-026	Water, Sanitation and Hygiene	UNHCR	INGO	$73,762
21-UF-HCR-026	Protection	UNHCR	INGO	$132,723
21-UF-HCR-026	Protection	UNHCR	INGO	$134,529
21-UF-HCR-026	Shelter & NFI	UNHCR	INGO	$144,571
21-UF-HCR-026	Shelter & NFI	UNHCR	INGO	$296,594
21-UF-HCR-026	Shelter & NFI	UNHCR	NNGO	$703,049
21-UF-HCR-026	Shelter & NFI	UNHCR	NNGO	$737,952
21-UF-HCR-026	Shelter & NFI	UNHCR	NNGO	$41,700
21-UF-HCR-026	Shelter & NFI	UNHCR	NNGO	$5,166
21-UF-CEF-049	Child Protection	UNICEF	INGO	$154,604
21-UF-CEF-049	Child Protection	UNICEF	NNGO	$190,396
21-UF-CEF-049	Child Protection	UNICEF	NNGO	$115,588
21-UF-CEF-049	Child Protection	UNICEF	NNGO	$230,713
21-UF-CEF-049	Child Protection	UNICEF	NNGO	$110,904
21-UF-CEF-049	Education	UNICEF	INGO	$110,298
21-UF-CEF-049	Education	UNICEF	NNGO	$119,024
21-UF-CEF-049	Education	UNICEF	INGO	$27,567
21-UF-CEF-049	Education	UNICEF	GOV	$67,136
21-UF-CEF-049	Education	UNICEF	NNGO	$68,487
21-UF-CEF-049	Education	UNICEF	NNGO	$145,726
21-UF-CEF-049	Education	UNICEF	GOV	$8,303
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$423,916
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$256,207
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$101,446
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$74,184
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$134,526
21-UF-CEF-049	Nutrition	UNICEF	NNGO	$377,160

21-UF-CEF-049	Nutrition	UNICEF	GOV	$135,546
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	INGO	$160,543
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	NNGO	$190,141
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	NNGO	$188,530
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	NNGO	$216,524
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	RedC	$72,328
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	NNGO	$160,695
21-UF-CEF-049	Water, Sanitation and Hygiene	UNICEF	RedC	$40,511
21-UF-CEF-049	Health	UNICEF	GOV	$44,501
21-UF-CEF-049	Health	UNICEF	GOV	$2,005
21-UF-CEF-049	Health	UNICEF	GOV	$8,500
21-UF-CEF-049	Health	UNICEF	GOV	$10,191
21-UF-CEF-049	Health	UNICEF	GOV	$20,548
21-UF-CEF-050	Protection	UNICEF	INGO	$327,102
21-UF-WFP-037	Nutrition	WFP	INGO	$362,455
21-UF-WFP-037	Food Assistance	WFP	NNGO	$35,652
21-UF-WFP-037	Food Assistance	WFP	NNGO	$19,517
21-UF-WFP-037	Food Assistance	WFP	NNGO	$47,228
21-UF-WFP-037	Food Assistance	WFP	NNGO	$9,190
21-UF-WFP-037	Food Assistance	WFP	NNGO	$28,972
21-UF-WFP-037	Food Assistance	WFP	NNGO	$65,592
21-UF-WFP-037	Nutrition	WFP	INGO	$121,846
21-UF-WHO-036	Health	WHO	INGO	$204,840
21-UF-WHO-036	Health	WHO	NNGO	$141,517
21-UF-WHO-036	Health	WHO	NNGO	$296,792