

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Democratic Republic of Congo (DRC)
Humanitarian / Resident Coordinator	Ross Mountain
Reporting Period	January 2007 – December 2007

I. Executive Summary

The scope of the operation in the Democratic Republic of Congo (DRC) represents a huge challenge for the humanitarian community. The size of the country and the wide-ranging spectrum of problems affecting Congolese populations require enormous efforts from aid organisations and dictate that considerable resources are needed to cover the most urgent needs.

Requirements of the 2007 DRC Humanitarian Action Plan (HAP) amounted to \$ 690 million while overall contributions to humanitarian aid in 2006, including those outside the 2006 HAP, totalled \$ 440 million. Taking into consideration the crucial period the country was going through in early 2007, the United Nations Central Emergency Response Fund (CERF) allocations played a fundamental role in ensuring both strengthening and early commencement of key programmes addressing emergency priorities. CERF early funding guaranteed continuity of ongoing interventions and helped boost capacities to respond to newly-identified needs. Increased access to isolated, remote or previously insecure areas progressively expanded the scope and coverage of humanitarian interventions. Thus, the additional resources provided by the CERF were also used to ensure appropriate delivery of humanitarian assistance.

In 2007, the Humanitarian Coordinator decided to concentrate the CERF resources on critical activities of core United Nations humanitarian programmes of national scope. Regular meetings throughout the country offered cluster groups and cluster lead agencies the opportunity to discuss this strategic decision. The same forums were regularly used to consult non-government organization (NGO) partners on the specific activities included in the provincial strategies of the HAP linked with national humanitarian programmes. The early receipt of CERF funds allowed United Nations agencies to immediately move forward with essential parts of their operations supporting the implementation of core sector strategies as defined in the 2007 HAP.

The second CERF allocation of the year was instrumental in providing support to programmes with national scope in accordance with the 2007 HAP. Finally, funds allocated through the Rapid Response Window in October 2007, allowed the Humanitarian Coordinator to ensure necessary support to the humanitarian community to respond to the sudden deterioration of the situation in North Kivu province. Renewed fighting in the province forced hundred of thousands of civilians to flee their villages and seek refuge in host families, spontaneous displacement sites and Internally Displaced People (IDP) camps managed by the humanitarian aid community. Overall, humanitarian capacities in North Kivu were overstretched by such a massive movement of populations and required additional support in order to provide basic assistance to rising numbers of internally displaced families. The combined use of CERF and the DRC Pooled Fund provided critical resources to deliver efficient humanitarian aid assistance to affected populations in the province.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$ <u>686,591,107</u> Received: \$ <u>456,579,088</u>			
Total amount of CERF funding received by funding window	Rapid Response: \$ <u>5,000,000</u> Underfunded: \$ <u>47,506,578</u> Grand Total: \$ <u>52,506,578</u>			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ <u>28,936,005</u> Total implementing partners: \$ <u>22,271,124</u> Balance: \$ <u>1,299,449</u> <i>Note: Balance as of 31 December 2007 due to late reception of funds.</i>			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	6,039,825	2,464,944	2,052,312	1,522,569
Geographic areas of implementation	All provinces of the country have benefited from CERF funded programmes. In 2007 CERF funded 29 multi-provincial/national projects covering 10 provinces: Bas Congo, Kasai Occidental, Bandundu, Kasai Oriental, Equateur, Maniema, Ituri District, Province Orientale, Katanga, North Kivu, and South Kivu.			

II. Coordination and Partnership-building

Given the diversity of humanitarian issues in DRC, the scale of humanitarian operations and the differences between eastern and western provinces, the Humanitarian Coordinator decided to rely on existing coordination structures and mechanisms in order to ensure qualitative identification of priority projects, transparency and participation in the decision-making process.

Provincial Inter Agency Standing Committees (CPIAs), provincial and national cluster groups and the national inter-cluster group meet regularly. Provincial clusters meet regularly and discuss, with operational partners, the specific situation of the sector of their responsibility; Emergency needs, gaps, bottlenecks in project implementation by these forums. The CPIAs ensure inter-cluster coordination among all partners in each province of the DRC. United Nations agencies, National and International NGOs and donors participate in CPIAs. Weekly meetings ensure exchange of information, updated analysis of the humanitarian context and an overview of different sector activities, which is provided by cluster leads on the basis of discussions and information gathered within the cluster group.

Cluster lead agencies are responsible for ensuring regular exchange of information between provincial and national cluster groups. They also provide technical support, advice on policies and standards and, when necessary, advice on gaps and funding priorities. Information provided from and to provinces through national clusters is normally shared at the national inter-cluster group where cluster lead agencies meet regularly to coordinate humanitarian operations for the DRC. Office of the Coordination of Humanitarian Affairs (OCHA) chairs this forum.

For the CERF allocations in 2007, CPIAs, and provincial and national cluster groups were regularly informed and consulted in order to determine the list of priority projects to be considered for funding. National cluster lead agencies were requested to ensure specific consultations with cluster partners in the field. On the basis of these consultations, national cluster leads were requested to propose to the national inter-cluster group a list of priority projects to be submitted to the Humanitarian Coordinator for final consideration. Numerous meetings at national and provincial level allowed cluster leads to make informed decisions with regard to the priority list of projects to submit for funding to the Humanitarian Coordinator.

Consultations with provincial clusters ensured a reliable mechanism to identify priority projects on the basis of recently identified and assessed needs. The same process has been used to define strategies of the HAP and it remained operational during the year thanks to regular cluster meetings in the provinces and at the national level.

The experience showed that, although information flow was not entirely adequate to ensure the same level of knowledge between the field and the national level with regard to the specific source of funding, the permanent coordination work ensured rather detailed identification of priority needs and gaps.

The lists of proposals identified by cluster lead agencies were submitted to the national inter-cluster group in Kinshasa for final review. At least two meetings were held for each allocation at the national level to discuss identified proposals. NGOs participated in these meetings, although they repeatedly argued that because they were excluded from direct access to CERF funding, their implication in discussions was of little relevance. This position shows that more needs to be done by OCHA and cluster leads to help NGO cluster members understand the value of their participation in coordination mechanisms.

Prioritized proposals were submitted to the Humanitarian Coordinator for final approval. The Humanitarian Coordinator consulted the advisory board of the Pooled Fund in order to receive additional valuable advice and ensure complementarity with activities funded by the Pooled Fund.

On the basis of guidelines received from the Emergency Relief Coordinator (ERC) and CERF Secretariat, the Humanitarian Coordinator suggested DRC-specific prioritization criteria for the two underfunded emergency allocations of the year. Prioritized projects had to meet the following criteria:

- Target underfunded projects/programmes included in the HAP.
- Identify clearly targeted beneficiaries by project.
- Prioritize life-saving activities.
- Projects should be directly linked to the achievement of core HAP objectives.
- Organisations should propose activities indicating clearly the timing of implementation taking into account access issues and implementing capacities.
- Utilisation and results of previously-received CERF and Pooled Fund funding were carefully considered.

Projects funded through the Rapid Response Window were identified through a specific process of consultation coordinated by OCHA in North Kivu. Provincial cluster groups in addition to the CPIAs were consulted. In order to ensure the complementarity of CERF and Pooled Fund resources in improving the humanitarian response in North Kivu crisis, the Pooled Fund Board was repeatedly informed and specifically consulted on the list of emergency projects to be submitted for consideration for CERF funding.

The Humanitarian Coordinator also informed the United Nations Country Team (UNCT) on the progress of the allocation process and consulted on the final list of proposals submitted to the Emergency Relief Coordinator for approval.

NGOs and government partners were involved in different aspects of project implementation. NGO partners were, in many cases, operational implementing partners of United Nations Agencies. Government entities did participate in the implementation of some of the key programmes supported with CERF funding (e.g., vaccination campaigns) and they were regularly consulted in many other aspects relating to the implementation of projects. Regular consultations were established, primarily through the clusters, between United Nations Agencies and technical departments of the government, either at national or provincial level (e.g., United Nations Children's Fund (UNICEF), World Health Organization (WHO) and United Nations Population Fund (UNFPA) with the Ministry of Health, Food and Agriculture Organization of the United Nations (FAO) and World Food Programme (WFP) with the Ministry of Agriculture).

III. Implementation and Results

Rapid Response projects

The CERF Rapid Response Window funded three projects to respond to additional needs resulting from renewed conflict in North Kivu in September 2007. Humanitarian organisations identified 38 new areas of displacement in the territories of Masisi, Rutshuru and southern Lubero and the periphery of Goma town in North Kivu as well as in the territory of Kalehe in neighbouring South Kivu. By late August 2007, United Nations agencies and NGOs working in North Kivu reported that 225,000 persons had been displaced in the first eight months of the year. By late September this figure had jumped to 355,285 internally displaced persons in the areas affected by the crisis. Local sources indicated that an additional 136,000 persons were temporarily displaced or at high risk of displacement in Rutshuru and Masisi territories.

As a consequence of the rapidly deteriorating situation, the humanitarian community redefined priority interventions through the inter-agency contingency plan on the basis of which a coordinated and combined strategy was defined by the CPIAs and funding requests were submitted to the CERF and the Pooled Fund Rapid Response Windows.

CERF funds were used to support respect for assistance standards in IDP sites, to allow immediate delivery of assistance to displaced populations in sites and other areas and to set up monitoring of IDP and host families' needs in the province. Additional emphasis was put on the monitoring of specific protection needs, particularly focusing on the protection of women and children within displacement sites/camps and in the areas of displacement scattered through the province.

The tables below summarises **CERF** Rapid Response allocation by recipient organisation and by sector.

Agency/Sector	Funding (in \$)	Percent Rapid Response Allocation
UNHCR (Multi-sector)	1,626,709	32.5 percent
UNICEF (Child Protection)	1,332,150	26.6 percent
WFP (Food aid)	2,041,141	40.8 percent
Total	5,000,000	100.0 percent

Source: OCHA/DRC, February 2008

The strategy to respond to the crisis aimed at providing immediate assistance within the newly established sites/camps of displaced population, and to progressively ensure protection activities for displaced populations outside sites/camps. Specific areas of primary concern were prioritized and a combination of projects was approved in order to meet basic emergency needs. Main activities covered were the following:

- Provision of emergency shelter/Non-food Items (NFIs) to IDPs
- Food aid and nutritional services in areas/sites of displacement to strengthen surveillance of nutritional deficiencies of IDPs and secure access for food aid distribution.
- Provision/maintenance of emergency education and strengthening of child protection activities in areas/sites of displacement.
- Maintenance/provision of basic healthcare services in all areas affected by conflict ensuring the delivery of basic healthcare.
- Provision of safe water and sanitation facilities in areas of displacement.

Camp management was directly funded through the CERF Rapid Response Window, including support to health, shelter and NFIs component, as well as food aid and protection-related activities.

Underfunded projects

In 2007, the **Emergency Relief Coordinator** approved two allocations from the **CERF** underfunded Window for DRC in February (\$ 36.6 million) and August (\$ 11 million). The Humanitarian Coordinator, in consultation with cluster lead agencies and cluster groups, determined the list of priority projects to be funded through the CERF.

The coordinated utilisation of **CERF** has been an important part of the Humanitarian Coordinator's strategy in 2007 for the maximisation of common funds aimed at ensuring a broader and more efficient response to funding gaps and specific crisis. Following **CERF** guidelines for Underfunded Window grants, criteria for project selection were adjusted to the **DRC** context. For the two allocations of Underfunded Window received in 2007, the following **DRC**-specific criteria were retained:

- Projects in line with sector strategic priorities identified in the 2007 DRC HAP.
- Projects focusing on funding gaps for key components of humanitarian programmes with national scope.
- Project proposals result from broad consultation with NGO partners through cluster coordination mechanisms at provincial and national levels and CPIAs.
- Proposing United Nations agencies had reported on previous funding received from CERF and Pooled Fund, showing budget utilisation rates.

These criteria allowed the Humanitarian Coordinator to support core activities of United Nations programmes through **CERF** while the **DRC** Pooled Fund could strengthen its focus on provincial-based needs.

The table below summarise underfunded **CERF** allocations by round and by recipient organisation.

CERF Allocation	Agency	Funding (in \$)	Percent Underfunded Emergencies Window Allocation
CERF Under Funded I	UNFPA	1,405,481	3.0
	WHO	1,428,485	3.0
	FAO	3,711,830	7.8
	WFP	7,819,560	16.5
	UNHCR	7,448,178	15.7
	UNICEF	14,773,594	31.1
Total Under Funded I		36,587,128	77.0
CERF Under Funded II	UNFPA	684,465	1.4
	WHO	1,219,500	2.6
	UNHCR	4,372,359	9.2
	UNICEF	4,643,126	9.8
Total Under Funded II		10,919,450	23.0
Grand Total		47,506,578	100.0

Source: OCHA/DRC, February 2008

The table below summarise the two underfunded allocations by recipient organisations.

Agency	Funding (in \$)	Percent Underfunded Emergencies Window Allocation
FAO	3,711,830	7.8
UNFPA	2,089,946	4.4
UNHCR	11,820,537	24.9
UNICEF	19,416,720	40.9
WFP	7,819,560	16.5
WHO	2,647,985	5.6
Total	47,506,578	100

Source: OCHA/DRC, February 2008

The sectors that received the largest portion of **CERF** funding in 2007 were health, food security, protection and multi-sector (**IDPs** and refugee-related activities), with 67 percent of the 2007 total Underfunded Window allocation.

Sector	Funding	Percent Underfunded Emergencies Window Allocation
Health	11,213,116	23.6
Food Security	7,112,290	15.0
Protection	6,828,700	14.4
Multi-sector	6,716,236	14.1
Water and Sanitation	5,545,275	11.7
Common Services and Coordination	4,419,100	9.3
Shelter NFI	2,812,126	5.9
Early Recovery	1,852,647	3.9
Education	1,007,088	2.1
Total	47,506,578	100

Source: OCHA/DRC, February 2008

The CERF was instrumental in helping to kick-start key programs, correct important funding gaps by sector, ensure continuity of core humanitarian programmes, and reduce the risk of food-aid pipeline disruptions, which could have had a negative impact on the continuity and efficient of humanitarian aid delivery in DRC. Finally, the CERF in conjunction with the Pooled Fund has guaranteed increased overall fund availability for humanitarian activities in the country.

(a) Monitoring and evaluation

In order to establish the monitoring and evaluation system of projects funded via the CERF, the Humanitarian Coordinator consulted the UNCT. It was decided that the Joint OCHA / UNDP Pooled Fund Unit would conduct monitoring and evaluation activities of CERF funded activities, capitalising on the Unit's monitoring and evaluation existing capacities, thus creating further synergies.

As a result, a consolidated reporting system was set up to ensure monitoring and evaluation of project implementation for both common funds. The system includes submission of progress reports (two per calendar year) and the submission of a final report upon completion of project implementation. Formats were developed in order to meet CERF and Pooled Fund specific requirements and to avoid multiplication of formats.

Key indicators per sector were identified and agreed upon by cluster groups and cluster leads and then incorporated in the progress reports. The Joint OCHA / UNDP Pooled Fund Unit compiled achievements reported by project in a database. Data were analysed and reports were submitted to the Humanitarian Coordinator. This set of information provided an overview on results achieved and implementation rate allowing the Humanitarian Coordinator to monitor progress of project implementation and ensure early identification of delays and bottlenecks. The Coordinator used this information to raise specific issues related to project implementation with the relevant organisations. He also referred to reported utilisation rates to better inform his decisions on upcoming funding allocations. This type of information represented an efficient management tool enabling the Coordinator to support implementing organisations beyond the mere monitoring exercise.

IV. Lessons learned

Identifying projects in such a big country as DRC through thorough consultation with all partners is a constant challenge. For this reason, the Humanitarian Coordinator requested that Headquarters deadlines be postponed.

Reaching a common and consistent understanding of procedures and processes also proved to be difficult, additional efforts in disseminating information is required at different levels.

Life saving criteria established by the Secretariat created difficulties and tensions among recipient organisations that have different definitions on the matter.

Reporting and monitoring and evaluation activities represent a considerable amount of additional workload for which the OCHA DRC field office was ill-prepared.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Education/ Education	07-CEF-012-F / Education in emergencies	1,007,088	18,740 (6,368 Women, 7,648 Children, 4,724 Men)	UNICEF, Ministry of Education, Alpha Ujuzi, NRC, Solidarités, AVSI	<ul style="list-style-type: none"> • Support procurement, stocks and dispatching of emergency education supplies; • Ensure a last resort response for the education sector and ensure emergency education response in case of displacement; • Emergency education intervention targeting displaced and returnee children; • Supply basic education materials, including students' kits for 85 primary and low-secondary schools. • Procure and distribute recreational kits and school supplies for 42,857 children and adolescents. • Lead and coordinate the education cluster. 	<ul style="list-style-type: none"> • 18,200 children and adolescents accessed schools due to the distribution of school kits • 540 teachers received training on the Programme National Education Primaire • 21 classes were rehabilitated and equipped • 24 Parents Committees were created and trained
Food aid / Food Security	07-WFP-067 / Food Security for IDPs in North Kivu	2,041,141	88,000 (29,902 Women, 35,914 Children, 22,184 Men)	WFP, Caritas	<ul style="list-style-type: none"> • Provide timely and sufficient food assistance to 88,000 IDPs, in North Kivu. • Distribution of food to IDPs in camps and host families in targeted locations in North Kivu. 	<ul style="list-style-type: none"> • 2,144 tons of food have been procured; • 88,000 IDPs received food assistance.
	07-WFP-014 / Emergency food aid for vulnerable populations	3,400,460	175,000 (102,500 Women, 31,000 Children, 41,500 Men)	WFP, n/a	<ul style="list-style-type: none"> • 3,205 metric tons of food commodities procured. • 60,000 IDPs and returning refugees, 14,000 malnourished persons, 8,000 PLWHA and victims of GBV, 2,500 persons affected by natural disasters receive three-month food aid ration. • 65,000 food aid beneficiaries provided with awareness/prevention information on HIV/AIDS. • 500 family sets of cooking/eating utensils distributed. • 250 metric tons of food for road rehabilitation projects. • 80 percent of food distribution target reached during the three-month period. 	<ul style="list-style-type: none"> • 2,748 tons of maize, 123 tons of sugar, 262 tons of oil and 204,800 kg of vegetables. • 3,133 tons distributed. • 175,000 persons did receive food aid; • Preventive awareness on HIV/AIDS related issues.
Emergency Agriculture / Food Security	07-FAO-009 / Strengthening of household food security in areas of population return	3,711,830	285,020 (96,849 Women, 116,321 Children, 71,850 Men)	CDB, COAPEC, BEVO, PAMER, PROBEL, CEP, ASPED, COAPEC, CAPSA, BDD, ACDRI, SEP,	<ul style="list-style-type: none"> • Multiplication and distribution of cassava and sweet potato cuttings, good quality seeds (maize, beans, peanuts, soy beans) • Restocking through introduction of improved animal species in return zones affected by livestock depletion • Rehabilitation of family fish ponds • Rehabilitation of feeder roads in return areas • Community training on farming techniques 	<ul style="list-style-type: none"> • 579 ha of marshlands rehabilitated; • 146 km feeder roads rehabilitated; • 1.3 millions of cassava cuttings and potato vines; • 34,551 kg of crop seeds distributed; • 7,724 farming animals; • 5,466 million seed fish distributed; • 59,606 tools distributed in areas of return;

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
				FUM, AVOVIG, CODEMU, APCER, BAED, ASD, IPAPEL, DVDA, ASAD, EPDD, FVR, RACID, ADECCO, GROUPICO, ACOGENOKI, ABR, IPAPEL, APREDECI, INERA, CFSJ, PADEM, AFEDES, DAPESP, APHIDEV, AELUS, AFPLU, CNBS, EDIGA, APRODI, EFEVENA, UPKA, DECODEK, LAKASO, ENSEMBLE, BAEDI, AFDCO, APRODI, ADEAPE, Labourers, CAPP, CDP/Kiomi, CEDRID, COYA, , GPD/Lubefu, JEDELO, ADIS, ADCL, SOFATU, ODERLAM, SADDEC, GEAPEC, GASK,	(demonstration plots)	<ul style="list-style-type: none"> • 750 ha of cultivated area.

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
				GIDEC, CEPP, APROF, FRAGRICEL, AFWIK, Sr.Th.KAMIJI, AAS, SADE, UTRAD, OAPC, UMOJA, URA, INERA, Inspection Provinciale de l'Agriculture Pêche et Elevage, Ferme Kilek, AFFRP, Amis Sans Frontières de la Femme Rurale et du Paysan, Distribution Congo, Equipe BETO, SADISANA		
Health / Health	07-WHO-009 / Strengthening of health cluster activities in DRC	154,615	N/A	N/A	<ul style="list-style-type: none"> • Expanded geographical access for cluster lead agency • Functioning coordination committees within cluster groups • Enhanced complementarities among health cluster partners • Enhanced use of sector/cluster resources 	<ul style="list-style-type: none"> • 11 provincial clusters have been established and are fully operational in coordinating health activities in coordination with the Ministry of Health.
Health / Health	07-WHO-017 / Measles vaccination campaign in the provinces of Kasai Occidental, Katanga, Maniema and South Kivu.	500,000	748,802 children	PEV/IPS, Ministry of Health, (in collaboration with UNICEF)	<ul style="list-style-type: none"> • Support to vaccination teams in the provinces covered by the project, including support to logistics and transport • Training for vaccination teams • Supervision and evaluation • Measles campaign planning by health zone in the provinces covered by the project • Promotion of measles control and prevention • 500,000 children from 6 to 59 months vaccinated against measles. 	<ul style="list-style-type: none"> • Support to vaccination teams provided in four provinces Kasai Occidental, Maniema, Katanga, and South Kivu. • Training and supervision and evaluation ensured. • Campaigns have been executed according to planning. • 748,802 children vaccinated thanks to CERF funding (out of total 3.7million children reached by the campaign)

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
						countrywide). <ul style="list-style-type: none"> • 112 health committees created • 423 health personnel trained
Health / Health	07-FPA-014 / Improved reproductive health service provision in Katanga ,Maniema and Province Orientale	664,470	84,852 (28,833 Women, 34,629 Children, 21,390 Men)	NGOs IPACs, PNSR (Min of Health)	<ul style="list-style-type: none"> • Procurement and distribution of emergency reproductive health commodities in areas of return. • Rehabilitation and equipment provision of maternity units; • Support community activities (advocacy, sensitization of leaders, traditional birth attendants) to improve referrals 	<ul style="list-style-type: none"> • More than 84 thousands direct beneficiaries of health services, • 164 health staff trained • 6 maternity units rehabilitated (Maniema, Katanga, Province Oriental).
Health / Health	07-FPA-021 / Support to maternal/newborn healthcare and emergency obstetrics	684,465	13,299 (4,519 Women, 5,428 Children, 3,352 Men)	Ets Me Luboya, PNSR/IPS	<ul style="list-style-type: none"> • Strengthening obstetric emergency services. • Reinforce all reproductive health services and reproductive health care. • Increase the number of birth assisted by qualified personnel. • Light rehabilitation of 14 maternities, provision of reproductive health related equipment, drugs and supplies; • Training of personnel. • Establishment of a referral system. 	<ul style="list-style-type: none"> • 14 maternities rehabilitated, furnished and equipped; • 14 maternities regularly provided with drugs; • Personnel of health centres trained (95); • More than 500 birth assisted by qualified personnel; • Orientale, Bandundu and Kasai Occidental provinces. For Kasai Occidental,
Health / Health	07-WHO-022 / Strengthen the immunization of children, pregnant women and persons exposed to meningitis in conflict and post-conflict health zones in the provinces of Kasai Oriental, North Kivu and Province Orientale.	773,870	525,117 (150,905 Women, 374,212 Children)	Maltese International (in coordination with MSF Suisse), Ministry of Health,	<ul style="list-style-type: none"> • Organisation of provincial vaccination teams • Supervision and evaluation • Detailed planning • Logistics and local transport • Procurement of vaccines and equipment 	<ul style="list-style-type: none"> • Teams have been set up and evaluation activities conducted. • Vaccination campaigns have been organized in three provinces (Kasai Orientale, Ituri and North Kivu). • Equipment and vaccines have been procured and distributed to the provinces. • Coverage has reached more than originally targeted beneficiaries.
Health / Health	07-CEF-012-C / Support to malaria control in vulnerable health zones	1,218,195	220,675 (74,985 Women, 90,061 Children, 55,629 Men)	Min of Health, CAMESKIN, PSI/ASF	<ul style="list-style-type: none"> • 180,000 LLINs procured and distributed to children under five and pregnant women. • Utilisation of LLINs is promoted at the community level in the three provinces covered by project activities. 	<ul style="list-style-type: none"> • 220,675 LLINs procured and distributed to children in Ituri, North Kivu, and South Kivu. • Promotion and awareness sections regularly organized.
Health / Health	07-WHO-045 / Maternal healthcare: Prevention of pregnancy complications	1,219,500	180,162 (65,515 Women, 114,647 Children)	Ongoing project.	<ul style="list-style-type: none"> • Support to health centres providing maternal health care in Equateur, Manama and Kasai Oriental; • Essential drugs distribution; • Equipment for maternal care and new baby 	As of 31 December <ul style="list-style-type: none"> • 6 Maternal care services rehabilitated; • 12 trainings sessions. • Drugs distributed.

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
					<p>born services.</p> <ul style="list-style-type: none"> • Basic rehabilitation of maternal care infrastructures; • Neonatal and maternal emergency health care trainings. 	<ul style="list-style-type: none"> • Equipments procured.
Health / Health	07-CEF-012-B / Support the organisation of accelerated immunisation campaigns in the provinces of Bandundu, Maniema, Orientale, South Kivu, Katanga and Kasai Occidental.	1,498,000	27,716 (9,418 Women, 11,311 Children, 6,987 Men)	Ministry of Health	<ul style="list-style-type: none"> • Procurement of vaccines, syringes and cold-chain equipment. • Organization of accelerated immunisation campaigns in three Bandundu, Maniema and Orientale Provinces • 400,000 children and women are vaccinated against major preventable diseases. • Contribute to the vaccination of 3.9 million children against measles. 	<ul style="list-style-type: none"> • Vaccines, syringes and cold chain equipment procured and distributed in the targeted areas; • Campaigns have been organized; • 27,716 children and women vaccinated.
Logistics / Common Services and Coordination	07-WFP-020 / Enhanced humanitarian logistics coordination and service provision	4,419,100	900,000 (350,000 Women, 250,000 Children, 300,000 Men)	UNOPS, Office des Routes, Régie des Voies Fluviales, Société Nationale des Chemins de Fer du Congo, CAA, Hewa Bora, Malu, AGETRAF, DHL, GTM, Trans Air Cargo, Air Services, TFCE,	<ul style="list-style-type: none"> • Operational management and coordination of a national logistics platform. • Small- to medium-scale infrastructure rehabilitation (rail, lake, river, road, airports) to facilitate access to vulnerable populations and support return of refugees and IDPs to areas of origin. • Improved coordination for food aid delivery and delivery of humanitarian assistance in all DRC provinces. • Logistics platform established for the delivery of 60,000 MT of food and non-food items. • 280 km of roads rehabilitated. • Expanded transport capacities by railroad to reduce transport costs for humanitarian cargo. • Enhanced functioning of the logistics cluster mechanism at provincial level. 	<p>FFLoAT</p> <ul style="list-style-type: none"> • Logistics platform fully operational. • More than 5 thousands tons of humanitarian aid transported by plane, barges, trucks and train. • 20 percent of price reduction for air transport and, 30 percent for road transport. <p>Infrastructure rehabilitation:</p> <ul style="list-style-type: none"> • Marking out of the Congo river on the Oubangui delta; • Marking out of the Kasai River. • Rehabilitation of the Became air strip; <p>Rehabilitation de routes</p> <ul style="list-style-type: none"> • Likasi-Mitwaba (165 km) (Katanga) • Domiongo ferry - Lodi (83 km) Kasai Occidental • Linzo-Makembi-Tchutchubo (30 km) Nord Kivu • Nyabiondo-Pinga (40 km) Nord Kivu • Kitshanga-Pinga (100 km) Nord Kivu <p>Reinforcement of railway transport capacities.</p> <ul style="list-style-type: none"> • More than 2 thousands tons moved in Katanga between April and December 2007 • 2 locomotives have been donated by South Africa to SNCC through WFP;

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
						<ul style="list-style-type: none"> • 50 wagons have been rehabilitated. <p>Reinforcement of water transport capacities.</p> <ul style="list-style-type: none"> • A ferry boat should facilitate connections between Mitwaba, Moba and Lubumbashi.
Nutrition / Health	07-CEF-072 / Nutritional surveillance and treatment of acute malnutrition	1,500,001	5,111 (1,737 Women, 2,086 Children, 1,288 Men)	Ongoing project. ADRA, PRONANUT, IMC, COOPI	<ul style="list-style-type: none"> • Supply equipment (therapeutic foods, F75, F100, Plumpy nut, anthropometric kits, etc.) ordered and distributed. • Training health centre staff on national protocol. • Treatment up to 12,500 malnourished children; • Ensure nutritional surveys. • Establishment of community based networks to ensure surveillance, awareness and education. 	<ul style="list-style-type: none"> • 5,111 children admitted in TFC; • 4,536 children successfully treated • 84 percent healing rate • 4 percent mortality rate • 10 percent dropping out rate.
Nutrition / Health	07-CEF-012-A / Treatment of severe malnutrition in DRC	3,000,000	11,726 (3,984 Women, 4,786 Children, 2,956 Men)	ACF-USA, World Vision, Caritas Goma, CBCA, COOPI, Concern, Pronanut, BDOM, AFDI, PIDGM, LWF, ANAM Kindu, IMC	<ul style="list-style-type: none"> • Nutrition clusters fully operational. • Supply equipment (therapeutic foods, medical kits, anthropometric kits, etc.) ordered and distributed for 10,000 severely malnourished children. • Stand-by capacity strengthened through the "Reinforcement du Programme Nutritionnel" (RPN) for the implementation of emergency nutrition activities throughout the DRC. • Nutrition surveys carried out. • Health staff trained on the treatment of acute malnutrition according to the national nutritional protocol. • Increased community awareness on feeding centres and key child care practices to prevent malnutrition. 	<ul style="list-style-type: none"> • 11,726 persons admitted in TFC • 820 TFC staff trained ; • 37 surveys • 10,267 children successfully treated • 80 percent healing rate • 5 percent mortality rate • 10 percent dropping out rate • 270 staff trained on nutritional survey and screening
Protection / Multi sector	07-HCR-027 / Services in IDP camps, North Kivu province	1,626,709	39,312 (10,042 Women, 19,656 Children, 9,614 Men)	Vétérinaires Sans Frontières, Mercy Corps, SLAO, Care International	<ul style="list-style-type: none"> • Reinforce IDPs protection including appropriate settlement of IDPs sites; • Ensure IDPs camps/Sites coordination. • Provide assistance to local authorities ensuring protection to displaced populations. 	<ul style="list-style-type: none"> • 12 sites established and fully operational; • Shelter, water and sanitation facilities provided in all sites; • Camp management organized; • 12 security committees established; • Environmental concerns addressed.
Protection / Protection	07-CEF-012-D / DRC Mine-risk education	353,100	85,000 (28,883 Women,	Handicap International	<ul style="list-style-type: none"> • Reinforce capacities of national authorities and civil society in mine-risk education and provide technical support to partners to 	<ul style="list-style-type: none"> • Mine awareness and mine-risk education programmes organized in North Kivu, South Kivu, Maniema,

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
			34,690 Children, 21,427 Men)		strengthen mine-risk education programmes in the DRC. <ul style="list-style-type: none"> • Develop packages of relevant education and communication materials facilitating behaviour change. • Implement mine risk education activities targeting affected communities in the six more contaminated provinces, via schools, churches, and other community structures. 	Katanga, Orientale and Equateur. <ul style="list-style-type: none"> • Educational and communication packages developed.
Protection / Protection	07-FPA-005 / Sexual and gender-based violence (SGBV): Strengthening prevention and response	741,011	16,395 (5,571 Women, 6,691 Children, 4,133 Men)	ICMH, Coordination des synergies provinciales, Ministère du genre	<ul style="list-style-type: none"> • Set up emergency rapid response system to address GBV victims needs • Support prevention and early detection of HIV/AIDS and STI • Strengthen assistance to victims of GBV in areas of conflict or area of return; • Support 11 provincial GBV committees ; • Support health facilities addressing urgent needs of GBV victims and women with traumatic fistula; • Provide emergency nutritional care for GBV victims; • Advocate for expanded partnerships for a comprehensive response to GBV victims. 	<ul style="list-style-type: none"> • 11 provincial « synergies » reinforced ; • Procurement and distributions of PEP kits; • 16,395 cases of sexual violence documented; • 7,928 GBV victims received medical treatment; • 178 persons trained in monitoring and evaluation GBV programmes; • 120 persons trained in GBV specific data collection.
Protection / Protection	07-CEF-012-E / Protection of women and children affected by armed conflict	840,485	8,233 (2,798 Women, 3,360 Children, 2,075 Men)	Les Aiglons, CAFES, War Child Holland, COOPI	<ul style="list-style-type: none"> • Appropriate psychosocial and medical care for victims of sexual violence provided. • Mitigated/reduced physical harm to children associated with armed groups through their release and family reunification. • Incidence of serious child rights violations monitored; information is (a) fed into programme responses and (b) used to obtain concrete actions to ensure compliance with child rights principles and conventions. 	<ul style="list-style-type: none"> • 8,802 GBV victims identified and assisted; • 8,233 GBV victims psychologically assisted; • 6,852 GBV victims medically assisted; • 651 child soldiers identified, demobilized and reintegrated; • Trainings on resolution 1612 organized and dedicated database set up.
Protection / Protection	07-CEF-079 / Protection of displaced children in Petit Nord region, North Kivu	1,332,150	29,453 (122 Women, 29,232 Children, 99 Men)	AVSI World Vision Save the Children UK	<ul style="list-style-type: none"> • Organisation of Child-friendly Spaces (CFS) in 18 IDP sites. • Organisation of temporary classrooms/schools for IDP children of primary school • Provision of classroom/teacher/student materials to 15,000 students and 300 teachers in 35 primary schools in villages affected by the conflict and areas of displacement; • Non-formal education classes for 5,000. • “School support fee” to school aimed at 	<ul style="list-style-type: none"> • 29,232 children having access to CFS • 321 trained assistants in CFS • 18 Child friendly spaces established and fully functional; • 240 latrines built • 36 CFS’s coordinators and assistants trained • 315 unaccompanied minor identified; • 287 minors placed in hosting families • 86 hosting families identified

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
					<p>ensuring access to school to IDPs and vulnerable children.</p> <ul style="list-style-type: none"> • Ensure protection networks in coordination with HCR. 	<ul style="list-style-type: none"> • 28 children reunified • 6 evaluation missions
Protection / Protection	07-CEF-060-B / Strengthening child protection in emergencies	1,642,450	2,550 (866 Women, 1,041 Children, 643 Men)	SC UK, CAJED, BVES, RTNC, IFESH, Croix Rouge de Belgique Ministère des Affaires Sociales Les Aiglons SIMAMA, CARITAS Dev. MOLOGBE	<ul style="list-style-type: none"> • The DRC is listed on the agenda of the Security Council working group on children and armed conflict, and is thus required to provide bi-monthly reports. • Strengthening the monitoring and reporting mechanism established through SCR 1612; • Reducing the current use of children by armed groups and forces, and assisting those that are released to return back to their communities; • Meeting specific protection needs of children amongst the displaced. 	<ul style="list-style-type: none"> • 467 demobilized children; • 2,550 children having access to professional training.
Protection / Protection	07-HCR-013 / Protection and assistance to IDPs and returning refugees	3,251,654	2,054,512 (883,999 Women, 366,877 Children, 803,636 Men)	AdA, Search for Common Ground, Save the Children, Centre For Victims of Torture, ASADHO, NRC	<ul style="list-style-type: none"> • Ensure monitoring of physical security, rights and wellbeing of returnees and IDPs. • Direct interventions with authorities and other relevant institutions for protection and human rights issues. • Support reconciliation activities conflicts resolution. • Assist women victims of violence and abuse. 	<ul style="list-style-type: none"> • Sensitization and GBV awareness sessions for women. • Community reintegration programs for GBV victims. • 144 protection monitoring missions in localities of Uvira territory. • 147 protection monitoring missions in localities of Fizi territory. • 163 birth certificate issuing support. • 20 sensitisation session on IDP and returning refugees with local authorities • 31 judiciary procedures filed. • 14 reconciliation committees established • 165 illegal arrests solved and 104 property disputes settled. • Radio sensitisation • 105 peaceful cohabitation sessions • 10 protection networks have been established and trained • 611 UAM reunified • Children rights awareness sessions to general public and local NGOs personnel. • 16 legal advice centres • 1,223 cases of human rights violation registered

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
						<ul style="list-style-type: none"> Implementation of the Age Gender Diversity Mainstreaming in IDPs camps and areas of displacement. Protection monitoring on IDP camps and areas of displacement have been ensured.
Community Reintegration / Early Recovery	07-HCR-003-A / Return and Reintegration of Congolese Refugees in DRC	1,852,647	40,490 (17,422 Women, 7,230 Children, 15,838 Men)	IOM, GTZ, CARITAS/Kalemie, CARITAS	<ul style="list-style-type: none"> 100 percent of available fleet is running and properly maintained 100 percent of returnees reach their final destination in safety and dignity No case of epidemics, abuse and/or death is reported at transit centres 	<ul style="list-style-type: none"> Fleets maintained and fully operational; Refugees' return has been facilitated; 3,400 Shelter Kits for returnees have been distributed. Crucial road axes for returning populations have been rehabilitated (366 km). More than 30,000 persons had access to safe water.
Community Reintegration / Multi sector	07-HCR-003-B / Return and Reintegration of Congolese Refugees and IDPs in DRC	2,343,877	39,411 (18,093 Women, 4,870 Children, 16,448 Men)	ADSSE, ATLAS/HI, IOM, GTZ, ACTED	<ul style="list-style-type: none"> Procurement and distribution of non-food items and shelter construction kits for returnees and IDPs. Warehousing and storage of relief items Distribution of return package and shelter kits. 	<ul style="list-style-type: none"> IDPs and returning refugees received NFI packages (plastic sheeting, blankets, kitchen tools, jerry can, soap, bucket, mosquito nets, and school uniforms). Items have been procured stored and distributed in three provinces (Ituri, Katanga, South Kivu). Shelter provision for vulnerable returning refugees and internally displaced families.
Community Reintegration / Multi sector	07-HCR-019-A / Assistance to returning refugees	3,652,249	23,811 (12,382 Women, 0 Children, 11,429 Men)	AIDES, CARITAS, UVIRA, WWI, IMC, GTZ, ACTED, ATLAS/HI, MEMISA, AHA, ASODEV, ERUKIN, CARITAS KALEMIE, MDM, IOM, JOHANNITER	<ul style="list-style-type: none"> Ensure voluntary return, based on an informed decision Ensure safe repatriation of 33,000 refugees; Ensure adequate care and support to vulnerable returning refugees; Support immediate basic needs of returning refugees; Ensure transport means, water access and sanitation facilities for 33,000 returning refugees; Provide specific care to vulnerable (sick, elderly, children, female headed households etc); 1,800 returnee families will receive special shelter assistance 	<ul style="list-style-type: none"> Transport facilitated for 23,811 returning refugees have been; 4,700 return kits distributed; 1,000 shelter kits distributed; All returning children under 5 have been vaccinated; 20/l/d/person provided to returning refugees; 2,100 Kcal/d/person provided to returning refugees.
Shelter and	07-HCR-019-B /	720,110	26,438	Ongoing	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 4.000 return kits distributed;

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Non Food Items / Multi sector	Emergency aid to returning IDPs		(14,100 Women, 5,288 Children, 7,050 Men)	project. GTZ, OXFAM Quebec, ADESSE	<ul style="list-style-type: none"> Provision of essential services to returning populations in Ituri and Katanga (shelter, watsan, health, emergency education). 	<ul style="list-style-type: none"> Rehabilitation of basic infrastructures; 800 families received community reintegration support
Shelter and Non Food Items / Shelter NFI	07-CEF-012-G / Emergency Non-Food Items and Shelter for Returning IDPs	2,812,126	120,000 (40,776 Women, 48,974 Children, 30,250 Men)	Solidarit�s AVSI CRS Solidarit�s NRC AVSI	<ul style="list-style-type: none"> Provision of NFI/emergency shelter up to 120,000 IDP returnees. Coordinate NFI cluster emergencies activities in the DRC. Procurement, transport and storage of NFI and emergency shelter items for IDP returnees. Distribution of non-food items and emergency shelter to IDP returnee populations. 	<p>North Kivu, South Kivu, Ituri and Katanga.</p> <ul style="list-style-type: none"> 24,000 households assisted ; 24,000 NFI kits distributed; 24,000 emergency kits distributed.
Water and Sanitation / Water and Sanitation	07-CEF-060-A / Water and sanitation national emergency response	1,500,675	70,000 (23,786 Women, 28,568 Children, 17,646 Men)	Ongoing project. Mercy Corps Solidarit�s	<p>This project will reduce water and sanitation related health risks through funding emergency interventions that are coordinated through the Watsan cluster. All projects will follow the intervention strategies outlined in the HAP 2007</p> <ul style="list-style-type: none"> Water point protections/rehabilitation Public latrine construction/family latrine promotion Hygiene education 	<ul style="list-style-type: none"> 70,000 persons having access to safe water.
Water and Sanitation / Water and Sanitation	07-CEF-013 / Emergency water and sanitation in conflict- affected areas in DRC.	4,044,600	200,000 (67,959 Women, 81,623 Children, 50,418 Men)	Caritas / Oxfam Quebec Oxfam GB ACF ACF Butoke BDD ACF APEDE Oxfam Quebec Solidarit�s LIDEAS	<ul style="list-style-type: none"> Provision of emergency water systems and sanitation infrastructure to cholera-prone areas and conflict-affected populations Provision of minimum package of water and sanitation interventions. Maintenance of cluster emergency water and sanitation stock (bladders, pumps, latrine slabs). Support to the water and sanitation cluster. 	<ul style="list-style-type: none"> 200,000 persons having access to safe water; 12,000 persons having access to the minimum WASH package; 450 latrines 70 wells 180 WASH committees established.

The table below shows total funding received and direct beneficiaries assisted by cluster through projects funded by CERF in 2007.

Cluster	Funding (in \$)	Percent Total CERF Funding	Beneficiaries
Education	1,007,088	1.9	47,972
Food Security	9,153,431	17.4	548,020
Health	6,713,115	12.8	1,800,623
Logistics	4,419,100	8.4	900,000
Nutrition	4,500,001	8.6	16,837
Protection	9,787,559	18.7	2,206,223
Reintegration and Early Recovery	7,848,773	14.9	103,712
Shelter and Non Food Items	3,532,236	6.7	146,438
Water and Sanitation	5,545,275	10.6	270,000
Total	52,506,578	100	6,039,825

The table below shows achievements of CERF funded projects in relationship to key 2007 HAP indicators by cluster.

Cluster	Indicator	Coverage
Education	Nb of vulnerable children and IDP children accessing school	47,432
	Nb of trained teachers	761
	Nb of rehabilitated and furnished classrooms	21
	Nb of PTA hygiene committees created	24
Food Security	Nb of households receiving agriculture/fisheries/breeding supplies	57,154
	Nb of people receiving food ration according to identified needs	263,000
	Tons of food aid distributed	5,277
	Nb of trained people (Agriculture)	265
	Cultivated area	750
Health	Nb of health personnel benefiting of training	1,010
	Nb of community health committees created	127
	Nb of children vaccinated	1,045,374
	Nb of health structures rehabilitated and furnished	12
	Nb of direct beneficiaries of health services	84,852
	Nb of women vaccinated	164,763
	Nb of IM distributed	220,675
	Nb structures rehabilitated and furnished	14
Logistics	Type and nb of rehabilitated infrastructures	2
	Kg of airfreight transported	441
	Nb of tons transported (road, river)	5,163
Nutrition	Nb of beneficiaries admitted in TFC/SFC	16,837
	Nb of children discharged by nutrition centres	14,803
	Nb of personnel of TFC/SFC trained	820

Cluster	Indicator	Coverage
	Nb of nutritional early warning surveys undertaken	37
Protection	Nb of sexual violence victims (SVV) who received health assistance	15,780
	Nb of SVV identified	24,603
	Nb of SVV psychologically treated	9,233
	Nb of SVV socially and economically reintegrated	1,000
	Nb of IDP camps/sites set up	12
	Nb of child-friendly spaces created in displacement sites/camps	18
	Nb of child soldiers benefiting of school/economic/training support	2,550
	Nb of child soldiers separated from army or armed rebel groups	467
	Nb of unaccompanied children reunified with their families	28
	Nb of unaccompanied/separated minors identified	315
Community Reintegration and Early Recovery	Nb of returning shelter kit distributed	42,641
	Nb persons having access to safe water	67,801
	Nb of returning refugees benefiting from transport to areas of return	57,071
	Nb of returning/refugees IDPs accessing health services	13,102
	Km of road rehabilitated/built	366
Shelter and Non Food Items	Nb of shelter kits distributed to returning refugees/IDPs	4,000
	Nb of households receiving agriculture/fisheries/breeding supplies	800
	Nb of IDP families receiving emergency shelter/NFI kits	24,000
	Nb of emergency kits distributed	24,000
Water and Sanitation	Nb persons having access to safe water	270,000
	Nb of latrines built (door)	690
	Nb of wells, sources and dwells	70
	Nb persons having access to minimum WASH package	12,000
	Nb of water and sanitation maintenance committees created	180

VI. CERF IN ACTION:

SUCCESS STORIES / CERF 2007

In 2007, CERF financed 3 components, allowing the installation of a logistic service inter agency:

1. A fleet of trucks in Katanga and a service of storage: \$2,200,000

25 trucks 6x 6 and 24 tents for storage were acquired.

- Objectives: To answer the insufficiency of the commercial offer for certain destinations and at prices of prohibitory commercial freighting; to improve the capacity of storage of the humanitarian community.
- 11,287 MT of humanitarian aid transported from February to December 2007
- Reduction of the costs of transport of 30 percent for the humanitarian community.



Activities of the Inter agency fleet of Katanga

2. Logistic platform: \$ 800,000

- Objectives: To assist the humanitarian actors in the logistic challenges; pooling of the transport capacities inter agency
- Reduction of the costs of transport, 20 percent for air, 30 percent for the truck driver and even 700% between the railway and the air.
- 6,138 MT of humanitarian cargo transported in 2007



Arrival to Kananga of WHO trucks, transportation facilitated by the FFLOAT

3. Reinforcement of the railway transport capacity: \$ 600,000

- Objectives: removal of the expensive airlifts, increase in the capacities in delivery of the humanitarian community and between humanitarian accesses.
- Transportation of 2,874 MT of humanitarian aid by the humanitarian kalemie express train in 2007.



Activities of the Kalemie-Express train

United Nations Children’s Fund / Democratic Republic of Congo

Programme of Expanded Assistance to Returnees (PEAR)

Between 2006 and 2007 estimated 1,475,253 internally displaced persons (IDPs) returned to their places of origin as the security situation in certain provinces in eastern Democratic Republic of Congo continued to stabilize. United Nations Children’s Fund and partners responded to the needs of returning displaced communities in essential household supplies through Programme of Expanded Assistance to Returnees. The Programme of Expanded Assistance to Returnees programme also ensures access to education for returnee children in especially vulnerable return areas. Programme of Expanded Assistance to Returnees was an underfunded programme in 2007 and received more than \$2 million funds from RF, specifically for the Non-food Item component of the programme. The funding from CERF enabled the development and consolidation of the programme when it was still in its pilot stage during 2007. In particular, the flexibility of funds allowed United Nations Children’s Fund to reach 120,000 Internally Displaced Persons returnees with Non-food Item assistance. Because CERF funding targets national level programmes, this made the Programme of Expanded Assistance to Returnees programme particularly suitable for funding, since it targets 4 provinces in eastern Democratic Republic of Congo with Non-governmental Organization partners who received a significant part of the funds, also enabling United Nations Children’s Fund to fulfil its cluster responsibilities. United Nations Children’s Fund has learnt that there are significant benefits to operating multi-partner, multi-province programmes such as Programme of Expanded Assistance to Returnees, including predictability of supplies and assistance, economies of scale in terms of the size of operations as well as being able to develop a common strategy across a number of partners at the same time. The flexibility of CERF funding has helped enable United Nations Children’s Fund Democratic Republic of Congo to develop such an approach.

Description of the emergency situation

Despite renewed insecurity and the displacement of the civilian population in North Kivu in 2007, the post-election period in many parts of the Democratic Republic of Congo continues to help stabilize former zones of conflict and facilitate the return of displaced populations, especially in the northern part of North Kivu, Ituri, Katanga, and South Kivu. By late 2007, the number of Internally Displaced Persons returnees (1.4 million according to Office of the Coordination of Humanitarian Affairs) still out-numbered the number of newly displaced Internally Displaced Persons in these provinces. While the lack of violent conflict allows for peaceful return, the legacy of conflict in many of the areas of return makes the humanitarian situation there dire. Humanitarian indicators are in many cases still above the emergency thresholds, established as part of the Democratic Republic of Congo HAP (2008). Assistance is required to meet returnees’ basic needs, help facilitate their integration back into society and bring a sense of dignity and normalcy back into their lives. With the successful holding of the Conference on Peace, Security and Development (CPSD) in Goma at the end of January 2008 and the agreement of a ceasefire between the main belligerent parties in eastern Democratic Republic of Congo there is, furthermore, now expectation of the return home of many of the remaining Internally Displaced Persons in the country. Indeed, humanitarian agencies are making the necessary arrangements should there be a significant return process in the troubled Kivu region that hosts the large majority of Internally Displaced Persons today.

How did the implementation of the project address it?

Since November 2006, United Nations Children’s Fund, along with four international Non-government Organization partners – Solidarites, Norwegian Refugee Council (NRC), Association of Voluntary Service Internationals (AVSI) and the Catholic Relief Services (CRS), has initiated the ‘Programme of Expanded

Assistance to Returnees (PEAR). Many of the areas of return targeted by Programme of Expanded Assistance to Returnees have never received any kind of assistance where as basic services such as health and education are poorly functioning, with livelihood opportunities scarce. The Programme of Expanded Assistance to Returnees programme has the largest coverage of areas of return amongst similar projects and through its assessment component is able to build up an accurate picture of the humanitarian situation. The intention of Programme of Expanded Assistance to Returnees is to provide immediate assistance to returnees as well as the assessment of their needs for subsequent interventions to support a more durable return process.

Results/impact that the project had: both quantitative and qualitative

The Programme of Expanded Assistance to Returnees initiative has established an invaluable information network which, through regional antennas and regular assessment missions, has provided the most detailed and comprehensive assessment of the humanitarian situation in areas of return in the Democratic Republic of Congo. Since the start of the programme, Programme of Expanded Assistance to Returnees has undertaken 601 Rapid Assessments (RAs) and 106 Multi-sector Assessments (MSAs) representing approximately 800,000 returnees (or 53 percent of the returnee populations in Democratic Republic of Congo since 2006. Moreover, the sharing of the results of the assessments in more than 79 reports has led to a series of interventions by non- Programme of Expanded Assistance to Returnees actors, including follow-on assessments, other distributions, and new projects.

The Non-food items and Emergency Shelter distribution component of Programme of Expanded Assistance to Returnees has already reached some 45,000 families (or 225,000 persons) in areas of return, with 24 large-scale Non-food items distributions having taken place already providing assistance to approximately 15 percent of returnees. The provision of assistance to meet basic needs has enabled returnees to reintegrate back into society and engage in productive activities once again.

As part of education section of the Programme of Expanded Assistance to Returnees programme 173 classrooms have already been rehabilitated in 34 schools across 3 provinces, with 196 latrines in the schools premises constructed. Furthermore 40,000 education kits have been distributed to children in the schools rehabilitated and targeted by assessments as part of Programme of Expanded Assistance to Returnees. An additional 922 teachers have received education kits and 135 schools recreation items.

Food and Agriculture Organization of the United Nations / Democratic Republic of Congo

School gardens in the Therapeutic Nutritional Centres

In DRC more than 70 percent of households suffer from food insecurity in a population where 80 percent of the households live in rural environment. FAO comes to the assistance of farmers, stockbreeders and fishermen for the rebuilding and the improvement of their means of existence thanks to the activities including market-gardening and food production to breeding and from fishing to the rehabilitation of agricultural roads. Emergency operations such as the distribution of agricultural inputs to vulnerable groups are linked to more durable operations such as trainings of recipients or the rehabilitation of infrastructures to small scales. FAO concentrates its activities on the most vulnerable groups and in particular children who are suffering from malnutrition and their families in the nutritional centres. Indeed, the rates of acute malnutrition noted in the children of less than 5 years remains very high due to the insecurity and the inaccessibility of the certain zones which slows down the committed efforts by the humanitarian community to stabilize the situation.

Funds helped the United Nations Children's Relief Fund (UNICEF) support many projects in the field of nutrition. In coordination with various partners, the aim of these projects is to prevent and treat acute malnutrition of the most vulnerable populations, particularly young children. While children admitted to nutritional centres receive immediate care and recover quickly, the programmes fail to address the root causes of malnutrition, especially poverty.

FAO aims to support UNICEF's programmes by providing families with malnourished children with agricultural inputs for additional income and diversified food. This keeps families off of food aid and children out of nutritional rehabilitation centers.

This intervention is integrated within the framework of a larger program of food safety which targets IDPs, returnees, host families, female victims of sexual violence and the families living with HIV/AIDS. As the leader of the food security cluster in DRC, FAO with its partners has adopted the following strategies in the country in order to assist these vulnerable groups:

- The distribution of agricultural, fisheries and livestock inputs in order to restore the capacities of vulnerable farmers and to increase the availability of food for IDPs, returnees and host families.
- To increase the productivity and the income of small farmers by increasing the availability of improved agricultural inputs.
- To increase the agricultural production by introducing and diffusing quality vegetable material.
- To reinforce veterinary services to protection livestock and promote dialogue among livestock breeders to contribute to the resolution of the conflicts.
- Improve food security monitoring and data analysis throughout the country for a better-informed response;
- Promote school gardens to diversify food intake of children and to keep them in school.
- To improve access to markets by rehabilitating agricultural roads.
- To train humanitarian partners, government agencies and beneficiaries in improved agricultural, fisheries and livestock production.

In 2007, more than 500,000 households were assisted by FAO. In 2008, FAO is helping over 800,000 families, or nearly 4 million people.



FAO helps vulnerable groups in DRC look after their own food security. (Photo: FAO)

List of Acronyms

ACF- Action Contre la Faim (Action Against Hunger)
AVSI -Association of Voluntary Service Internationals
CERF- Central Emergency Response Fund
CPIAs -Provincial Inter Agency Standing Committees
CPSD -Conference on Peace, Security and Development
CRS -Catholic Relief Services
DRC- Democratic Republic of Congo
ERC-Emergency Relief Coordinator
FAO- Food and Agriculture Organization of the United Nations
HAP- Humanitarian Action Plan
HGR -General Hospital of Reference
IDPs- Internally Displaced Persons
MSAs- Multi-sector Assessments
NGO- Non-governmental organization
NFI- Non-food items
NRC -Norwegian Refugee Council
OCHA-Office for the Coordination of Humanitarian Affairs
PEAR -Programme of Expanded Assistance to Returnees
RA -Rapid Assessments
UNCT-United Nations Country Team
UNDP- United Nations Development Programme
UNFPA- United Nations Population Fund
UNICEF- United Nations Children's Fund
WFP- World Food Programme
WHO- World Health Organization