

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

Country	Democratic Republic of Congo (DRC)
Humanitarian / Resident Coordinator	Mr. Ross Mountain
Reporting Period	January - December 2008

I. Executive Summary

The continuing crisis in the Democratic Republic of the Congo (DRC), which has claimed more lives than any conflict since World War II, continues to be of great concern to the international community. Expectations that 2008 would witness improvements in the political and security situation following the signature of the Goma accords early in the year were quickly shattered as conflict re-emerged in North Kivu and a new front of violence opened in the Lord's Resistance Army (LRA)-affected areas of the Haut Uele. Conflict in the Eastern provinces has continued to hinder the DRC's ability to drive development efforts forward, so the population continues to suffer the devastating consequences. Compounding this situation was the rapid deterioration of the socio-economic and financial state of affairs in 2008 because of the global financial crisis, which resulted in a sharp drop in revenues and massive loss of employment. Little headway was made in the implementation of the Government's Priority Action Plan, the Governance Contract, and the "Cinq Chantiers". These programmes are urgently needed to improve governance and service delivery, which would thereby reduce the country's over-reliance on humanitarian interventions to address the long-lasting acute and chronic emergencies the country continues to face.

Thus, humanitarian needs in the country remain colossal. Conflict has generated up to 1.35 million internally displaced persons (IDPs) in only three provinces, corroding the coping mechanisms of millions of people. Massive returns, whilst indicating a return to normalcy in certain areas, have also generated important needs for people to adapt to their host areas without straining the limited resources and capacities of their host communities. The rise of food prices, matched with the limited ability of productive areas in the DRC to feed population centres due to logistic constraints have generated malnutrition rates of up to 20 percent in certain health zones. Finally, the continuation of conflict and of the actions of abusive national security forces have created an environment where sexual violence, extortions, kidnappings, looting and other human right violations flourish.

To respond to these most pressing needs, the Humanitarian Action Plan (HAP) 2008 anticipated a series of key activities per sector worth three-quarters of a billion dollars (\$736,511,765). The \$40 million provided by the United Nations Central Emergency Response Fund (CERF), early in the year, helped kick-start a number of these crucial interventions, particularly for the sectors that had not received sufficient funding in the previous year, including water and sanitation, logistics, education and non-food items (NFIs)

Thanks to these funds, nineteen projects were implemented through eight clusters (health, protection, logistics, education, food security, NFIs, nutrition, WASH) by seven UN agencies and up to 60 national and international non-governmental organizations (NGOs), in concert with national authorities.

Intended to address the five key priorities identified in the HAP 2008, namely: mortality, malnutrition, protection, displacement and returns, through complementary multi-sectoral interventions, activities included the provision of basic health services, response to epidemics,

food aid for displaced populations, emergency education, and water and sanitation interventions, agricultural assistance, among many others.

An estimated 3,234,275 people benefited from shelter, non-food items, food, clean water, medical care, educational facilities, transport and means for their sustainable livelihoods through these interventions in the 11 provinces of the DRC (\$12 per beneficiary).

CERF funds also helped the humanitarian community to strengthen its stand-by emergency capacities and early warning systems and increased information on multi-sectoral needs assessments, thereby helping to reinforce humanitarian coordination.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED:	\$ 736,511,765		
	RECEIVED:	\$ 503,915,716		
Total amount requested from CERF	Funds (in total requested):	\$ 41,000, 022		
Total amount of CERF funding received by funding window	Rapid response:	\$ 3,000, 022		
	Underfunded:	\$ 37,706,859		
	Grand total:	\$ 40,706,881		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:	\$ 27,119,346		
	NGOS:	\$ 12,039,083		
	GOVERNMENT:	\$ 1,548,452		
	OTHER:			
	TOTAL:	\$ 40,706,881¹		
Approximate total number of beneficiaries reached with CERF funding	TOTAL	Children	Female	Male
	3,234,275	811,749	530,555	366,529
Geographic areas of implementation targeted with CERF funding (please be specific)	11 Provinces of the DRC			

II. Background

2008 was characterized by intermittent but recurrent cycles of violence in the eastern provinces that caused hundreds of thousands of people to flee. DRC's Government remained slow in building its institutions and improving service delivery, so some of the chronic causes of the high mortality and morbidity rates in the country were left unresolved. Humanitarian indicators continued to be alarming and the demand for life-saving interventions increased. Through a consensual and carefully analyzed process of prioritization, CERF funds were utilized to address some of these most pressing and under-funded needs throughout the year.

Recurrent cycles of violence in Eastern DRC

Following the signing of the Peace accords that ended to the political crisis and armed conflict in the DRC in 2003, and the establishment of a legitimate government in 2006, the eastern provinces of the DRC have continued to suffer cycles of violence. The signing of the Nairobi Communiqué in November 2007 and of the *Actes d'Engagement* (also known as the Goma

¹ Waiting for further clarification from the Humanitarian Country Team re discrepancy in figures. \$ 41,107,018 was disbursed to Humanitarian Country Team in the DRC in 2008 (cerf.un.org)

Peace process) in January 2008 provided a framework for ending conflict in the Kivus while also addressing its political, social, and economic root causes. Yet, months after the signature of these accords, their relevance was undermined by new waves of conflict and crisis. In particular, the upsurge in violence in North Kivu in August 2008, as a result of the resumption of hostilities by the CNDP (Congrès National pour la Défense du Peuple), created an enormous humanitarian crisis involving more than 24,000 IDPs, thereby preventing the re-establishment of state authority and rule of law, further delaying recovery and development. These developments highlighted the fragility of the progress in peace building achieved in recent years.

Outside the Kivu provinces, the resumption of armed activities by militias in Ituri district, Province Orientale, and by the LRA in Haut-Uele district were of serious concern. As for the former, the actions of militias in Ituri and the subsequent clashes between the *Forces Armées de la République Démocratique du Congo* (FARDC) and the militias led to the temporary displacement of civilians in villages south and west of Bunia in mid-October. Meanwhile, in the northeastern district of Haut-Uele, LRA actions resulted in over 1,000 civilians killed, over 180,000 displaced, 16,000 new Congolese refugees in South Sudan, and 500 children abducted by the LRA since spring 2008. These were by far the most serious attacks against Congolese civilian populations since the Uganda rebel movement reached the DRC territory in 2005.

A paralyzing economic crisis and overdue development assistance

Whilst humanitarian needs in conflict-affected areas in the east have received most of the attention of the media, donor community and humanitarian actors, the chronic humanitarian situation in the western provinces of DRC, further deteriorated as the socio-economic and financial situation in the DRC worsened significantly in 2008. This was mainly because of the lack of governmental capacity to respond to basic needs. Externally, the decline in global commodity markets resulted in a dramatic drop of activities in the all-important mining sector, thus considerably reducing revenues and increasing unemployment. Furthermore, the security situation in eastern DRC compelled the Government to allocate additional and unforeseen budgetary resources for military activities, thereby increasing expenditure (FC140 billion overspending). A recent mission of the IMF in December estimated a budget deficit of \$228 Million. Despite the World Bank, IMF and the EU agreement to provide emergency funding to cover the gap, a total budget deficit of CF80 billion remains. This situation, compounded by the fact that only seven out of the nine structural reforms were made to reach HIPC completion meant that debt relief had not been attained. This prevented the GoDRC from making substantial progress in implementing its Priority Action Plan, its Governance Contract and the “Cinq Chantiers of the President to improve the delivery of basic services across the country. Lack of progress on this front has resulted in a lack of sustainable solutions to the alarming malnutrition and mortality rates across the country and a burdening over-reliance on humanitarian interventions to address the symptoms of this state failure.

Further factors complicating the humanitarian situation have been the increase of food prices in the DRC, compounding the already dire food security situation combined with recurring natural catastrophes ranging from floods, tornados, fires, and earthquakes creating further displacements, epidemics, and vulnerability across the country.

Alarming humanitarian indicators across the country

The DRC is among the countries with the worst humanitarian indicators in the world, of which the following can be highlighted: There are an estimated 1.35 million Internally Displaced Persons (IDP) in eastern DRC, of which 841,000 are in North Kivulone. More than 1,500,000 refugees are hosted in the DRC whilst nearly 190,000 Congolese refugees have returned to the DRC since 2004. In addition, almost 1.7 million IDPs have returned to their areas of origin since January 2005. Returning populations require assistance in terms of protection monitoring, emergency assistance to survive for the first three months, and the means to reintegrate their communities without straining limited available resources. Due to the prevailing violence in the

eastern DRC, though not limited to it, an estimated 1100 rapes are reported each month in the DRC, an average of 36 per day.

Out of the 145 territories of the DRC, 117 suffer from moderate food security crises, 28 more face acute food security crises. The results are alarming: estimates suggest that up to 46 percent of children under five are chronically malnourished (1,700,000 children are acutely malnourished and 1,000,000 severely malnourished). On average, it is estimated that 13 percent of the population suffers from acute global malnutrition. These indicators have a strong impact on the morbidity and mortality rates, which are one of the highest in the world: the rate of infant mortality is of 148/1000 births and maternal mortality is estimated at 549/100 000 births. Of all under five deaths, 38 percent are due to malaria, followed by 15 percent diarrhoea and 9 percent IRA. Finally, the gross elementary schooling rate in the DRC is of 64 percent, meaning that some 4.4 million children are out of school.

To address this scale of needs, the HAP 2008 anticipated emergency interventions to feed, protect, provide safe water, appropriate health care, schooling and sustainable means of livelihoods worth over half a billion USD. The HAP appealed, however, to the fact that only flexible, and, complementary activities among various sectors and partners could achieve the desired impact.

CERF funds and prioritization

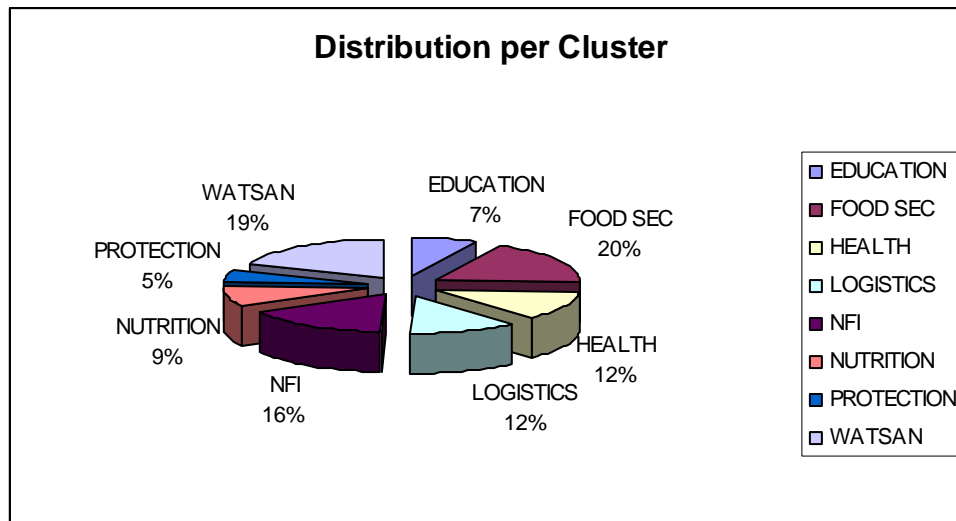
The large and complex array of humanitarian needs in the country required emergency interventions initially estimated at \$ 575,654,186 in the HAP 2008. This figure increased to \$ 736,511,765 in the course of the year due to the up-surge of violence. Of these, \$ 503,915,716 had been mobilized early in the year.

Furthermore, the previous year, 2007, had only received 67 percent of total funding requirements, particularly affecting key sectors in their capacity to deliver the needed services. Thus, the funds requested from the CERF allocation served as catalytic funds to all sectors for the year 2008 whilst also providing additional support to those sectors (namely, water and sanitation, logistics, education, shelter and NFI) that were underfunded in 2007. Within each of these sectors, a further prioritization was made to target specific activities identified in the HAP 2008 for which no funding could be mobilized in the previous year.

Through the Kinshasa Inter-cluster group and with the participation of cluster leads, NGOs, donors and other non-cluster lead agencies, the following process for the allocation of CERF funds was agreed:

1. To divide 30 percent of the \$38 million (\$11.4 million) based on 2008 requirements among the most underfunded sectors in 2007, and to divide the remaining 70 percent (\$26.6 million) amongst all sectors, again based on HAP 2008 requirements. These divisions resulted in one general envelope per sector.
2. In order to determine which sectors were considered under-funded during 2007, Humanitarian Country Team (HCT) partners chose those sectors that had received less than 50 percent of its requirements during 2007. FTS data was used to make the analysis. As a result, water and sanitation, logistics, education and shelter/NFI were identified as the worst funded sectors.
3. 2008 contributions and/or commitments were deducted from the requirements expressed by each sector prior to calculating the sector envelopes.
4. Aside from the 2008 requirements expressed in the HAP a further "Life-Saving Criteria" was applied to the selection.
5. A list of priority under-funded activities for each sector corresponding to these criteria was drawn.
6. Having agreed on priorities, the clusters identified key projects that would respond to these priorities and criteria and that fell within the established sectoral envelopes.

The final package of projects submitted was therefore as follows: Some 19 projects were submitted, including eight clusters (health, protection, logistics, education, food security, NFIs, nutrition, water and sanitation) and seven UN agencies, targeting an estimated three million beneficiaries in all eleven provinces of the DRC. The distribution per sector is represented below:



Given the magnitude of needs in the DRC, the HHAP 2008 identified five priorities around which the response strategy was built, namely:

1. **Mortality:** relating to the very high mortality rates (above emergency thresholds) found across the country;
2. **Malnutrition:** relating to the global and acute malnutrition rates over 10 percent identified in various pockets across the DRC,
3. **Protection:** relating to the widespread exposure of the population to violations, abuses and exposure to mines;
4. **Displacement:** relating to the needs of the vast numbers of displaced populations in eastern DRC and their host families and
5. **Returns:** relating to the needs of returning populations (displaced and refugees) and their host communities. Identifying key activities per priority rather than merely per cluster was intended to encourage the needed multi-sectoral approach and convergence of interventions amongst partners to increase the impact of on-going interventions.

All projects presented to the CERF allocation targeted one or more of these five priorities and encouraged this multi-sectoral convergence. The analysis of results is thus made based on these priorities rather than per sector:

III. Implementation and results

1. Coordination and implementation arrangements

Up to 60 partners, including relevant national authorities, national and international NGOs contributed to the execution of the above-mentioned projects, and were responsible for the implementation of up to 30 percent of the CERF funds (list of partners attached). These partners, are usually chosen either on the basis of being traditional partners of UN agencies for the implementation of their programmes, or, in many cases, for being active members of the provincial clusters and able to

- 1) identify needs and raise the awareness of other cluster members of these needs identified and

- 2) have the operational capacity to deliver an appropriate response. Clusters – where it is estimated that up to 80 percent of partners participate - are, thus, at the core of the decision-making cycle in terms of the defining needs and priorities, relevant activities, identifying able implementing partners and monitoring both the situation and the effectiveness of on-going actions.

CERF funds have contributed to strengthening the clusters and their activities by not only providing needed financial support to respond to needs identified but also, by delegating the decision-making process for its allocation to the clusters and the inter-cluster. Partners generally feel consulted and part of the process of decision-making.

Aside from this general support, CERF funds have also contributed to field coordination by financing certain programmes, such as the PEAR, which provide important humanitarian information to the Clusters in order to prioritize projects. In the second allocation of the Pooled Fund in 2008, for example, 42 percent of projects approved for Ituri, North Kivu and South Kivu targeted areas assessed by PEAR. All 14 projects funded in Ituri were formulated to respond to needs identified by PEAR assessments. Similarly, the areas identified by the nutrition project helped the cluster mobilize further funds and partnerships to address these areas.

Distribution of fund allocations by type of partner:

Implementing organisation	US\$	Percentage
UN Agencies	26 613 910	65.4
NGOs	12 039 083	29.6
Government	1 548 452	3.8
Private	505 436	1.2
Total	40 706 881	100

2. Project activities and results, including actual beneficiaries

1) Mortality

Two projects were presented to CERF for addressing this first HAP priority. One aimed at reducing maternal and child mortality the targeted at improving early warning and therefore responses to epidemic outbreaks.

The objective of the first project was to reduce maternal mortality at birth to less than 1 percent and child mortality for fewer than five to less than 2 per 1000 per day by improving the quality of health services in two provinces particularly affected by high mortality rates: Equateur and Bandundu. Thus, CERF funds allowed for the rehabilitation of seven maternity and paediatric wards in seven referral hospitals in these two provinces; the installation of solar panels and water reservoirs in a further fourteen structures to provide them with autonomy in electrical and water supply; the provision of maternity equipment to ten referral hospitals, including beds, reanimation material and paediatric emergencies; the supply of maternity kits to a further 50 health centres; and the provision of the above mentioned 10 referral hospitals and 50 health centres with essential medicines. 205 health professionals (doctors, nurses, nutritionists) and 415 community leaders (politico-administrative authorities, religious leaders, teachers, NGOs, artists, etc) were trained on sensitization skills to raise awareness amongst communities on the dangers of pregnancy and birth, on reproductive health and good practices; a further 696 members of the community were trained on the role of women and adolescents in their communities.

Through these activities, the project targeted an approximate 260,000 children under age five as well as 25,000 pregnant women.

The objective of the second project was to improve the early diagnosis and the effectiveness of responses to epidemiological outbreaks in the provinces of Equateur, Province Orientale and Kasai Occidental, provinces largely affected by outbreaks including monkey fever and Ebola. CERF funds allowed for the rehabilitation of three provincial laboratories and 22 laboratories in Referral hospitals in these four provinces. The laboratories were properly equipped and supplied with the necessary materials as well as staffed with two trained laboratory technicians. Targeted referral structures were also provided with transportation means in order to ensure a functional referral of samples. Through these activities, the project targeted an approximate 280,000 beneficiaries, 100 health personnel benefited from training.

Through the support to these programmes, CERF funding contributed to the strengthening capacities for early and appropriate responses to recurrent epidemics and to reducing child and maternal mortality in the most affected areas.

Both projects were implemented by WHO in collaboration with national health authorities and partners.

2) Malnutrition

One project was presented to the CERF aimed at reducing the prevalence of acute global malnutrition to less than 10 percent across the country. Thanks to CERF's contribution, three main results were obtained: 1) the strengthening of the surveillance system and early warning on malnutrition; 2) the nutritional assistance to severely malnourished children, and; 3) the strengthening of national capacities. Specifically, the following was achieved: thirteen rapid nutritional surveys (SMART) were carried out across the country allowing the identification of five nutritional emergencies; ten nutritional screenings were carried out and more than 300 health personnel and some 500-community networks were trained to continue carrying out screenings and referral of the malnourished. Furthermore, over forty-eight nutritional centres were supplied with therapeutic food, basic medical kits for malnutrition, equipment and anthropometric materials and two therapeutic nutritional centres were rehabilitated. In total, twelve thousand malnourished children were assisted through this programme with a 90 percent rehabilitation rate and a 3.1percent mortality rate.

Through the support of this programme, CERF funding contributed to the identification of five vulnerable zones but also mitigated the lack of financial resources to accelerate the reduction of morbidity and mortality related to acute malnutrition.

This project was implemented by UNICEF in collaboration with the National Nutritional Programme (PRONANUT), the provincial medical inspectorates and a number of international NGOs including: ACF, COOPI, AAI, BDOM, CPK, LWF and APEE.

3) Protection

Four projects related to various aspects of protection were presented for CERF funding. They aimed at improving the monitoring and identification of violations perpetrated against vulnerable populations--mainly women and children---and at the provision of adequate assistance to victims of violence.

The first project aimed at supporting a monitoring system for grave violations of children's rights. The project resulted in the strengthening of systems for collection and verification of information by supporting more than ninety child protection organizations in the field, as well as supporting and protecting nearly two hundred child rights defenders. A referral system was established for these victims to receive adequate assistance. Some six hundred

children were assisted through these activities including some 485 child soldiers identified and referred to transit centres and/or families.

The second project aimed at ensuring the delivery of adequate medical and psychosocial assistance to victims of sexual violence in key areas including displaced camps and the areas hosting the expelled Congolese populations from Angola. The project resulted in seventy health personnel being adequately trained, the reinforcement of protection mechanisms and referral systems for victims of sexual violence and in the referral of victims identified to appropriate medical and psychosocial centres. Related to this activity was another initiative aimed at supporting the established Child and Women protection units for the prevention and response to cases of sexual violence. This intervention resulted in the strengthening of the technical capacities of these units through training and the provision of basic equipment and materials and benefited an estimated one thousand, two hundred people.

Finally, the fourth intervention related to protection was a project aimed at the medico-chirurgical and psychosocial assistance of victims of sexual violence in five key health zones in the provinces of Equateur, Kasai and Maniema. Nearly five thousand victims of sexual violence referred to these centres benefited from the intervention.

These initiatives were carried out by UNICEF, UNFPA and WHO in collaboration with national authorities and local and international NGOs.

4) Displacement

Six projects were presented to CERF funding to assist displaced populations in the Eastern Provinces of the DRC. Sectors include shelter and NFI, food aid, emergency education and emergency water and sanitation.

The first project aimed at providing all families newly arriving in IDP camps with plastic sheeting and NFIs to improve their living conditions in the camps. As a result, an estimated 170,000 IDPs (or 34,000 families) benefited from this initiative.

In support to these displaced populations, three food aid interventions were supported, resulting in the distribution of up to eight thousand tons of food for an estimated half a million beneficiaries of which roughly 140,000 were men, 250,000 were women and 110,000 were children, particularly in North Kivu but also in Oriental Province, South Kivu and Maniema. Funds were also utilized to rehabilitate 120 km of roads in order to reach vulnerable populations. CERF funds were crucial to avoid a break in the food pipeline to IDP populations from June to December 2008.

	Tons	Beneficiaries	Men	Women	Children
	2 629	236 000	80 400	85 200	71 000
	2 844	66 275	22 088	23 887	20 300
	2 386	198 833	35 790	143 143	19 900
Total	7 859	501 108	138 278	252 230	111 200

Two other important interventions complemented these initiatives. A project of emergency education which resulted in the creation of 30 non-formal spaces of education; 30,000 students and 1,300 teachers benefiting from school kits and training; 150 school classes being built or rehabilitated, the creation of 150 latrines in each school and, finally, the provision of professional training to 6,000 demobilized children previously associated with armed groups. In total, this project benefited over five hundred and seventy thousand children and more than 4,000 teachers.

Finally, an emergency water and sanitation project resulted in one hundred thousand IDPs and seventy-five thousand host families benefiting from a minimum package of sanitation and awareness on the factors of transmission of water-borne diseases. A further two hundred and thirty-seven wells were built; one hundred and seventy-six water and sanitation maintenance committees were created and 5922 latrines were built. In total, more than five hundred and thirty thousand people benefited from this intervention and now have access to safe water.

5) Returns

Five projects were presented for CERF funding to provide assistance to returning IDPs and refugees to their areas of origin and with the aim of ensuring the sustainability of their reintegration process and livelihoods after months and years of displacement. The first intervention aimed at supporting the return of refugees from Tanzania to their areas of origin in the northern provinces of Katanga. Through this programme, more than one thousand seven hundred refugees were transported to their areas of origin and provided with food rations. A transit camp to host them upon their arrival was also established. Similarly, the PEAR programme (Programme of Extended Assistance to Return) offered assistance to up to 163,996 returning IDPs to their areas of origin of which 65,597 were men, 65,597 women and 32,792 children. This assistance included mainly shelter and NFIs.

Complementing these initiatives, and in the same areas of return, two health programmes were put in place: one to support emergency primary health care to ensure quality medical assistance to returning populations (areas of displacement were also targeted). This project benefited an estimated 412,437 displaced and returnee populations – of which 158 376 were men, 171 574 women and 82 487 children) with basic health care and 410 health personnel with training. A further intervention provided obstetrical care and reparation of fistulas within the health centres of the health zones in return areas benefiting 36,354. In these targeted health zones, 90 percent of births were assisted by trained and qualified personnel. Some 19,000 women and 1,000 newly born benefited from obstetrical care and newborn emergency services.

Finally, an emergency intervention for agricultural recovery was also supported in order to create sufficient seeds and food supplies in the country, promote the multiplication and redistribution of seeds, as well as support to pisciculture and cattle breeding. Through this intervention, approximately 239,500 people benefited from improved access to food, including 135,000 women and 29,000 children. About 995 hectares of cultivated area were created and 136 people were trained on adequate agricultural practices.

In support to the above-mentioned interventions, a transversal logistical project was also supported to ensure the transport of humanitarian goods and personnel to areas otherwise inaccessible. Two boats were operated by partners of the logistic cluster to improve the humanitarian access along the river Congo. Thus, 80 percent of transport requests by humanitarian partners were positively fulfilled in a secure manner with a total of 60 metric tons being transported for humanitarian actors per month.

Breakdown of beneficiaries

Sector/ Cluster	Total Beneficiaries	Men	Women	Children
Education	576 947	4 278		572 669
Food aid	501 108	138 278	252 230	111 200
Health	1 118 591	158 376	212 728	82 487
Nutrition	12 000			1 200
Protection	3 533			601
Shelter and NFIs	334 521	65 597	65 597	32 792
Water, Sanitation and Hygiene	687 575			
Total	3 234 275	366 529	530 555	800 949

3. Partnerships

As mentioned above, up to 60 partners participated in the implementation of the projects. Due to the lack of capacities of national authorities in the DRC, partnerships for implementation mostly favour international and national NGOs (with 28 percent of the funds) against a three percent funding actually going through the authorities. Despite this fact, most of the projects included an element of capacity building of the national authorities. It is hoped that through these actions, their involvement and financial responsibility may increase over the years.

The most interesting partnerships supported by the CERF, are those created by cluster leads or particular UN agencies to create stand-by emergency capacity to respond to a variety of emergency needs originating from conflict, natural catastrophes or epidemics. These are notably:

- 1) the Rapid Response mechanism of OCHA and UNICEF, which through the support of one or two international NGOs guarantee multi-sectoral needs assessments and support in any given province in the DRC to an identified emergency;
- 2) the PEAR programme which operates similarly to respond to needs arising from returns, and;
- 3) the RPN programme which, through the same procedures, is designed to respond to nutritional emergencies.

Aside from these special inter-agency/cluster partnerships, most UN agencies implement their activities through partners and have generally stated the following as advantages and disadvantages of these partnerships:

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ NGOs work with local communities since a long time and are well established within these communities. Therefore, they have a deeper knowledge of the socio-economic situation and of the areas most affected and concentrations of vulnerable populations as well as of the main relevant actors. ▪ NGOs wide-spread presence in the field grants them increased mobility and adapted logistical set ups. Many can go to areas, which the UN cannot reach due to UN security restrictions. ▪ International and national NGOs integrate their activities within national systems and implicate the agents of the state, thereby improving national appropriation. 	<ul style="list-style-type: none"> ▪ Partners are not subject to the same standards and norms of control than UN agencies and therefore sometimes fail to be sufficiently transparent and to maintain adequate reporting standards

<ul style="list-style-type: none"> ▪ NGOs have national human resources and thereby contribute on a daily basis to national capacity building. ▪ Thanks to their human resources, logistic capacity and mobility, partners help in reaching more beneficiaries in less time for less costs. ▪ NGOs are active members of clusters where most operational decisions take place. ▪ Projects are more pertinent, weaknesses and challenges are better known and therefore responses are more realistic and effective 	
---	--

4. Gender mainstreaming²

5. Monitoring and evaluation

Monitoring and evaluation mechanisms in the DRC are based on a three-level system:

- 1) At the project level, for which the UN agency and individual partners are responsible, mostly based on an analysis of whether expected results as stated in their original proposal have been attained or not;
- 2) At the cluster level, whereby – provincially and sometimes at the territorial level - cluster members in collaboration with the authorities seek to monitor and measure the adequate implementation of cluster-member activities in any given sector. These evaluations would focus mainly on whether expected project results have been achieved.
- 3) Finally, still within the cluster level and with national authorities, cluster members collect data pertaining to the indicators outlined in the HAP to determine the impact of humanitarian interventions in their respective provinces. This data collected by the clusters from all the provinces is then consolidated and analyzed in Kinshasa twice a year (for the preparation of the HAP and the Mid-Year review) in order to re-establish and re-evaluate geographical and sectoral humanitarian priorities.

² Waiting for input from Humanitarian Country Team

IV. Results:

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
Shelter and Non Food Items	08-CEF-023-B Expanded Programme to assist returnees (PEAR)	\$4,544,846	200,000	163 996 (65 597 men, 65 597 women and 32 792 children)	<ul style="list-style-type: none"> UNICEF: Solidarités: 1 907 836; NRC 819 972; CRS 518 523; AVSI 819 972 	<ul style="list-style-type: none"> 200.000 beneficiaries received NFI kits 	<ul style="list-style-type: none"> Number of displaced receiving emergency shelter/NFI kits : 163 996
	08-HCR-014 Non-food items and urgent shelter for returnees and IDPs	\$1,713,463	185,950	170,525	<ul style="list-style-type: none"> UNHCR: GTZ: 96 000, ADSSE 50 416 	<ul style="list-style-type: none"> All displaced families hosted in the newly established sites received shelter and plastic sheeting 34.000 NFI kits foreseen to replace kits distributed to households living in the camp beyond three months period. 	<ul style="list-style-type: none"> Number of displaced receiving emergency shelter/NFI kits : 170 525
Food Security	08-WFP-029 Emergency support to restore agriculture	\$3,670,000	245,000	239 500 (115 000 men, 135 000 women and 29 000 children)	<ul style="list-style-type: none"> FAO: National NGO:96 943; Government: 3 505 	<ul style="list-style-type: none"> Ensure in country availability of seeds and manioc cuttings Distribution of tools and seeds to produce vegetables Short cycle breeding promotion Fisheries promotion 	<ul style="list-style-type: none"> Cultivated area : 995 hectares Number of trained people (Agriculture) : 136

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
Food Security	08-WFP-029 Food assistance for the internally displaced, and returnees	3,496,551	51,350	236 600 (80 400 men, 85 200 women, 71 000 children)	<ul style="list-style-type: none"> WFP: LWF: 14 796; Première Urgence: 41 059; AVSI: 4 762; Caritas 37 815 	<ul style="list-style-type: none"> Procurement and transportation of 3.420 metric tonnes of food Distribution of 3.420 metric tonnes of food to 51.350 beneficiaries Avoid interruption on the pipeline and in the distribution of food to beneficiaries 	<ul style="list-style-type: none"> Number of people receiving food ration according to identified needs: 236 600 Metric tonnes of food distributed: 2 629
	08-WFP-054 Food assistance for displaced persons and/or returnees in the North Kivu and food assistance for an employment programme for rural zones in Maniema	\$4,199,997	76,860	66 275 (22 088 men, 23 887 women, 20 300 children)	<ul style="list-style-type: none"> WFP: Caritas Goma: 85 324 Première Urgence: 31 894 	<ul style="list-style-type: none"> Procurement and transportation of 2.987 Mt maize of flower Distribution of 2.987 tonnes of flower to 76.860 IDPs Pipeline interruption filled in order to maintain regular distribution to beneficiaries 120 km of road rehabilitated 	<ul style="list-style-type: none"> Number of people receiving food ration according to identified needs: 66 275 Tonnes of maize distributed : 2 844
	08-WFP-087 Targeted food aid for victims of armed conflict and other vulnerable group	\$3,000,022	182,700	198 833 (35 790 men, 143 143 women, 19 900 children)	<ul style="list-style-type: none"> WFP: Caritas Goma: 73 945; Première Urgence: 17 639; ADSSE: 5 877 	<ul style="list-style-type: none"> Respond to identified need for returnees and reintegration by contributing to life savings through food aid distribution for IDPs and returnees in North Kivu Province and in the district of Ituri (Oriental Province) 	<ul style="list-style-type: none"> Number of people receiving food ration according to identified needs: 198 833 Metric tonnes of food distributed: 2 386

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
Nutrition	08-CEF-026-B Treatment for the acute malnutrition	\$3,400,000	11,000	12000 children	<ul style="list-style-type: none"> ▪ UNICEF: GoDRC: 319 156 ACFUSA: 1 099 349 COOPI: 151 883 CPK: 21 169 LWF:10 826 BDOM Kongolo: 8415 APEE: 9 933 Association Alliance Intern: 5,405 	<ul style="list-style-type: none"> ▪ 11.000 severely malnourished children admitted in TFC ▪ Distribution of assets and medical equipment to TNC and SFC ▪ 640 personnel duly trained on the protocol for treatment of severe malnutrition 	<ul style="list-style-type: none"> ▪ Number of beneficiaries admitted in TFC/SFC : 12 000 ▪ Number of personnel of TFC/SFC trained: 4 268 ▪ Number of children discharged by nutrition centres: 90 percent
Protection	08-CEF-023 Monitoring system for serious violation of children's rights	\$240,000	2,000	601	<ul style="list-style-type: none"> ▪ UNICEF: CAFES: 19 444; CAJED: 120 938 	<ul style="list-style-type: none"> ▪ Information on violations gathered and verified ▪ 92 child protection organisations supported ▪ 192 child rights defendant trained ▪ Cases of sexual violence identified documented and referred for holistic care 	<ul style="list-style-type: none"> ▪ Number of Child Soldiers in transit centres/families : 458
	08-FPA-015 Support for the protection of children and women for the prevention and response to sexual violence	\$420,287	1,501,622	1200	<ul style="list-style-type: none"> ▪ UNFPA: GoDRC:100 000 ICMHD: 150 000 Synergie ONGnationales: 23 000 	<ul style="list-style-type: none"> ▪ Operational capacities of child and women protection units reinforced. 	<u>No results reported</u>

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
	08-HCR-015 Initial assistance for return of Congolese refugees	\$836,312	35,000	1732	<ul style="list-style-type: none"> ▪ UNHCR: Caritas Kalemie: 350 000 AIDES: 311 600 	<ul style="list-style-type: none"> ▪ 100 percent of refugees receive assistance and their return is facilitated. 	<ul style="list-style-type: none"> ▪ Number of people receiving food ration according to identified needs : 1 732 ▪ Number of people benefiting of transport facilitation: 1 732 ▪ Number of camps (sites) set up: 1
Education	08-CEF-023-A Education in the emergency situation	\$2,798,050	90,000	572 669 children	<ul style="list-style-type: none"> ▪ UNICEF: GoDRC : 244 028 Alpha Ujuvi: 67 136 APEC: 108 788 AIDES: 62 580 ASVI: 94 554 LWF: 35 511 CEPAC: 9 817 	<ul style="list-style-type: none"> ▪ 20 informal education spaces created ▪ 30.000 pupils and 1300 teachers receive school kits and recycling training ▪ 150 classrooms and 150 latrines repaired ▪ 6.000 CAAG receive vocational skills training 	<ul style="list-style-type: none"> ▪ Number of children accessing school: 572 669 ▪ Number of trained teachers: 4 278 ▪ Number of rehabilitated and furnished classroom : 48 ▪ Number of children receiving school kits: 572 669
Health	08-CEF-026-A Support for implementing emergency primary health care for the returned/displaced populations in the affected zones	\$550,087	475,019	412 437 (158 376 men, 171 574 women et 82 487 children)	<ul style="list-style-type: none"> ▪ UNICEF: GoDRC: 95 914 	<ul style="list-style-type: none"> ▪ IDPs and returnees receive qualitative health care including obstetrical care. 	<ul style="list-style-type: none"> ▪ Number of direct beneficiaries of health services: 412 437 ▪ Number of health personnel benefiting of training : 410

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
Health	08-FPA-013 Delivery of emergency obstetrics and reparation of urogenital fistula for returnees in the North and South Kivu, Kasai Oriental	\$500,000	20,000	36 354 women	<ul style="list-style-type: none"> ▪ UNFPA: IMC Tshikapa: 35 500; GoDRC: 33 000; WFP: 38 000; Privés: 127 050 	<ul style="list-style-type: none"> ▪ 90 percent of child delivery assisted by trained personnel ▪ 19.000 women and 1000 newly born babies have access to dedicated neonatal health care 	<ul style="list-style-type: none"> ▪ Number of direct beneficiaries of health services: 36 354
	08-FPA-014 Delivery of medical and psychosocial care for the victims of sexual violence in Minova (South Kivu), in the displacement camps of Masisi (North Kivu) and in the repressed area in Wikong, Kasai Oriental	\$597,060	3,000	0	<ul style="list-style-type: none"> ▪ UNFPA: GoDRC: 101 794; 3 Tamis(Sud Kivu): 15 175; CAMPS: 9 100 	<ul style="list-style-type: none"> ▪ Health and psychological care provided to victims of sexual violence; Sexual violence protection mechanisms reinforced ▪ Legal and medical documents available for victims of sexual violence 	<ul style="list-style-type: none"> ▪ Number of health personnel benefiting of training: 70
Health	08-WHO-020 Improvement of early and preventive diagnosis and response to epidemics l'Equateur, Orientale and Kasai Occidental provinces	\$900,004	300,000	280,000	<ul style="list-style-type: none"> ▪ WHO 	<ul style="list-style-type: none"> ▪ 3 provincial and 22 General Referral Hospital laboratories equipped and furnished and necessary chemicals provided; ▪ 2 staff trained for each structure ▪ Sample collection system organized and functional 	<ul style="list-style-type: none"> ▪ Number of direct beneficiaries of health services: 280 000 ▪ Number of health personnel benefiting of training: 100 ▪ Number of health structures rehabilitated and furnished: 5

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
	08-WHO-021 Delivery of medical, surgical, and psychosocial care for the victims of sexual violence in the five zones in l'Equateur, Kasai Oriental, Maniema provinces	\$1,000,001	5,000	4,800	<ul style="list-style-type: none"> WHO 	<ul style="list-style-type: none"> 100 percent of identified victims receive health care. 	<ul style="list-style-type: none"> Number of SVV medically treated : 4 800
Health	08-WHO-030 Minimum package of essential interventions for the survival of the mother, the new born, and children in the emergencies in l'Equateur and Bandundu provinces	\$1,000,001	452,000	385000	<ul style="list-style-type: none"> WHO 	<ul style="list-style-type: none"> 1 General Referral Hospital and 5 health centres equipped furnished and drugs provided. Light rehabilitation of 80 percent of targeted structures. Mother and Newly Born Survive Services reinforced in all targeted areas. 	<ul style="list-style-type: none"> Number of direct beneficiaries of health services: 385 000 Number of health personnel benefiting of training: 600 Number of health structures rehabilitated and furnished: 11 Number of health committees created: 30

Sector/Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of beneficiaries	Beneficiaries reached	Implementing partners and funds disbursed (US\$)	Expected Results/outcomes	Actual results and improvements for the target beneficiaries
Water and Sanitation	08-CEF-030 Emergency response in Water and Sanitation	\$7,340,200	425,000	687,575	<ul style="list-style-type: none"> ▪ UNICEF: ACF Usa: 1891918; Première Urgence: 609.000; GoDRC : 139709; Butoke: 465680. Bdd Luebo: 20370; Oxfam Q: 197483; Solidarités: 38055; ACTED: 199123; Hope in Action: 20420; CRS: 57043; Merlin 19541; Oxfam GB: 	<ul style="list-style-type: none"> ▪ 100 000 IDPs have access to the minimum standard package in water and sanitation ▪ Awareness on water-born diseases ensured ▪ 75.000 returning IDPs or IDP living in host families, or vulnerable IDPs will have access to the water and sanitation package including family latrines. 	<ul style="list-style-type: none"> ▪ Number persons having access to safe water: 532 847 ▪ Number persons having access to minimum WASH package: 227 852 ▪ Number of wells, sources and dwells: 237 ▪ Number of water and sanitation maintenance committees created: 176 ▪ Number of latrines built: 5 922
Logistics	08-WFP-053 Service of humanitarian transportation on Congo river and its tributaries	\$500,000	UN Agencies and ONG benefiting from logistics support provided by WFP		<ul style="list-style-type: none"> ▪ WFP: Caritas 300,000; IOM: 200,000 	<ul style="list-style-type: none"> ▪ 80 percent of transport requirements met ▪ Provide safe and reliable transport of persons, goods and food ▪ 60 metric ton month transported 	<ul style="list-style-type: none"> ▪ Two boats built

V. CERF IN ACTION:

Developing a stand-by emergency response to malnutrition in the DRC

The HAP 2008 in the DRC finally gave the nutritional situation in the country its due importance. Following a series of alarming results of nutritional surveys in western areas of the DRC, nutrition was introduced as one of the five priorities to be addressed throughout the year, not only in conflict-affected areas but countrywide. Noting that most assistance was focused in the conflict-ridden areas in the east, whilst distressing mortality and malnutrition rates were being identified in isolated pockets elsewhere in the country, the HAP appealed to all humanitarian partners in the DRC

- to shake-off the comfort levels of area-based approaches,
- increase their mobility in the country,
- seek the most affected areas,
- be more reactive, and
- honour the humanitarian imperative by targeting in an efficient, effective and timely manner the areas that needed it the most.

With the successful examples of the Rapid Response Mechanism (RRM) run by OCHA and UNICEF, and MSF's PUC (Emergency Programme in Congo) whereby stand-by capacities were created to react within 72 hours to any given crisis (e.g. displacements and natural catastrophes in the case of the RRM and epidemic outbreaks in the case of the PUC), the Nutrition Cluster aspired to develop this same capacity to better identify nutritional crises in the country and better respond to them. The nutrition cluster, in collaboration with the National Nutrition Programme (PRONANUT) and cluster members thereby proposed an Emergency Nutrition Programme (RPN).

One of the major problems faced by the cluster, at the time, was the limited numbers of credible nutritional surveys and the incompleteness of available information to draw an accurate map of the nutritional situation in all health zones in the country. Yet, as with many other cases, donors were reluctant to fund needs assessments and surveys to overcome these limitations, despite general agreement that interventions should be based on reliable assessments.

Thanks to the \$ 3.4 million granted by the CERF allocation to the nutrition cluster, these limitations were partially overcome and the RPN programme was boosted in its capacity to identify needs and provide appropriate responses.

Based on alerts provided by health centres across the country to the nutrition cluster, cluster members were able to deploy to these areas and conduct up to 13 rapid nutritional surveys. As a result of this system, the surveillance and alert system of nutritional emergencies in the country was strengthened and on the basis of the surveys conducted, 5 nutritional emergencies were identified. This was followed by an emergency nutritional intervention whereby 48 nutritional recuperation centres were created and supplied with therapeutic food, medical kits and relevant equipment to provide adequately nutritional care. The intervention benefited an estimated 12,000 children under five severely malnourished and indirectly benefited 64,800 people.

Thanks for CERF funds, which constituted 25 percent of the funds available to nutritional emergencies in the country, the nutritional map of the DRC evolved and became more complete thereby providing improved elements for analysis and decision making for the allocation of further resources. Furthermore, the in-country early warning and standby emergency capacity was considerably strengthened. The project was implemented by the Ministry of Health, through the Provincial Health inspections and the National Nutrition Programme with the collaboration of nine (9) national and international NGOs working in perfect synergy. CERF funds were crucial in strengthening and consolidating this system, allowing it to demonstrate the advantages of the proposed mechanism and thereby improving its chances to receive further financial support in the coming months/years.

