

# Democratic Republic of the Congo

2004



**Consolidated Appeals Process (CAP)**





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## *In Tribute*

*In 2003 many United Nations, International Organisation, and  
Non-Governmental Organisation  
staff members died while helping people in several countries struck by crisis.*

*Scores more were attacked and injured.*

*Aid agency staff members were abducted.  
Some continue to be held against their will.*

*In recognition of our colleagues' commitment to humanitarian action  
and pledging to continue the work we began together  
We dedicate this year's appeals to them.*

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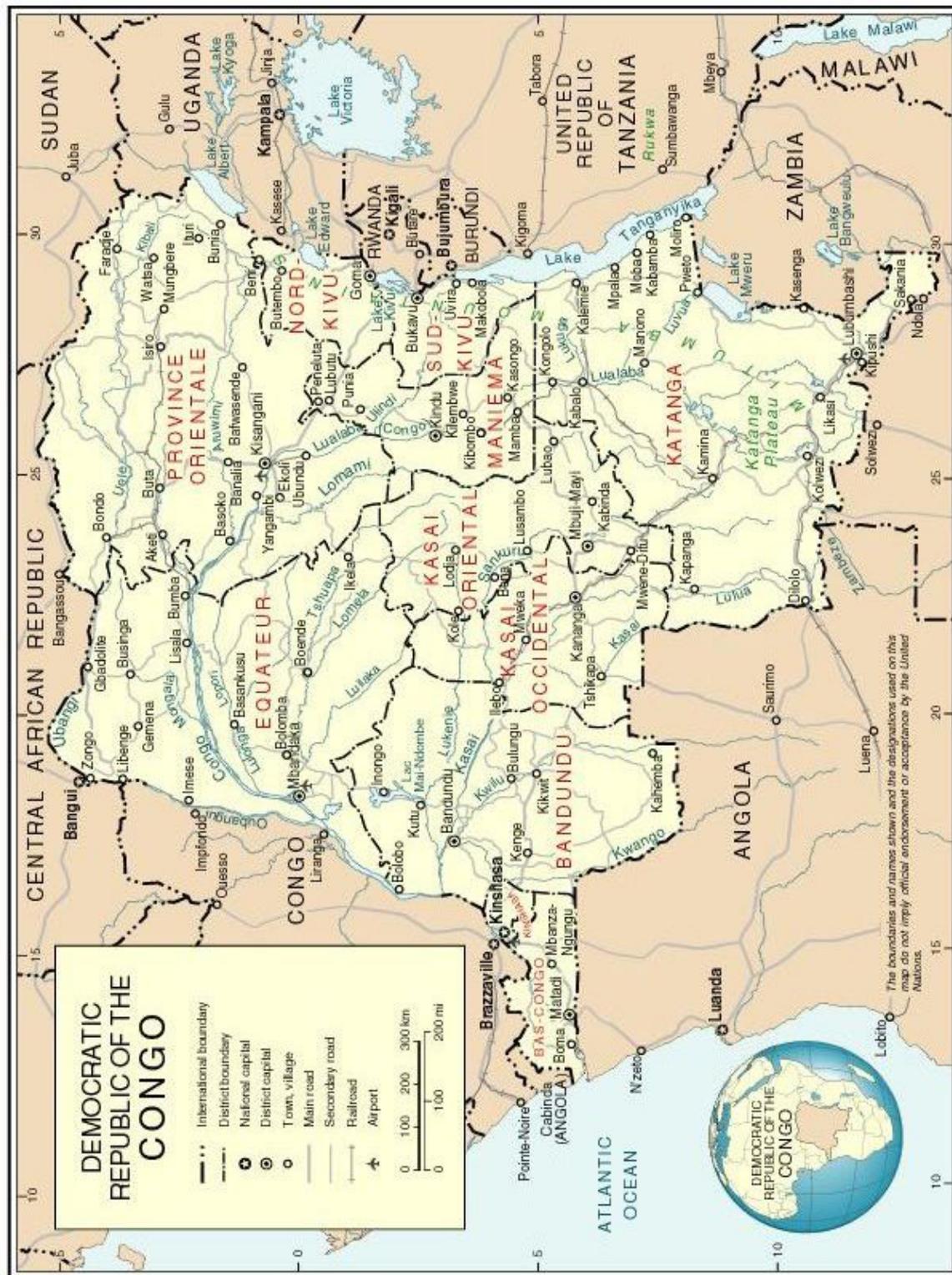
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## 1. EXECUTIVE SUMMARY

In 2003, DRC turned a page in its political history. The previous government and former rebel groups united for the first time under a common banner of national unity, putting aside their differences to form a new, Transitional Government. The prevailing political climate of goodwill – while still fragile and embryonic – has given birth to cautious optimism as to the country's future - provided that all stakeholders shoulder their respective responsibilities and fully implement their moral and legislative commitment to the peace process.

The establishment of a first ever Ministry for Solidarity and Humanitarian Affairs is a crucial step and is instrumental in the Transitional Government's strategy for the consolidation of peace and security.

However, the loci of this internecine conflict remain in the eastern part of the country, with daily fighting, looting and pillaging endemic in the provinces of Ituri, North and South Kivu and Maniema. The reality of local warlordism and the widespread lack of adherence to the commitments of the peace accords despite being signed by all parties provide a constant, sobering counterweight to the positive advances made at national and international level.

Over five years of war has left murderous trails of destruction across the country and has further crippled an already ailing population. Flagrant sexual violence as a weapon of war has rocked cultural foundations and weakened traditional societal coping mechanisms. Frequent waves of militia movements have increased the numbers of internally displaced people to record levels, impeded access to isolated parts of the country and increased the vulnerability of already marginalised communities. Morbidity, mortality and Human Immune-deficiency Virus (HIV) prevalence rates are high and access to education and basic social services is practically non-existent, key indicators of a catastrophic humanitarian crisis.

To respond to this ongoing crisis, the 2004 strategy is founded on a rights-based approach. The goal is to alleviate and prevent human suffering. This will be achieved by saving lives and safeguarding livelihoods, by reducing vulnerabilities in affected communities and by maximising coordination mechanisms to facilitate the transition period between relief and development. This strategy will draw on all legal instruments and will ensure all stakeholders fulfil their respective roles in ensuring protection and assistance to populations in need. The right to provide unimpeded humanitarian assistance must also be respected, and advocacy and action to improve access will be key priorities.

The United Nations Country Team (UNCT) and the humanitarian community in the Democratic Republic of Congo (DRC) call for increased support for the 2004 CAP so that it can cooperate with the new Transitional Government to assist the most vulnerable, while laying the foundations of reconciliation and peace. International donors are asked to prioritise the innocent victims of war, women, children, widows, the Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome (HIV/AIDS) affected, and the elderly. In addition to strengthening humanitarian assistance, this is an opportune time to cooperate with the Government to reinforce the country's social structures that provide for the basic well-being of all, such as judicial and health systems, schools, water and sanitation services. It is a window of opportunity to help build a nation.

The Consolidated Appeal (CA) 2004 for the Democratic Republic of Congo will seek to raise **US\$ 187,094,868** in order to channel humanitarian assistance to the most vulnerable.

# DEMOCRATIC REPUBLIC OF THE CONGO

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## UN Consolidated Inter-Agency Appeal for Democratic Republic of Congo 2004

Summary of Requirements  
By Appealing Organisation  
as of 22 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements
Alternative	500,000
ATA	50,370
COLFADHEMA	124,223
FAO	11,598,250
GDR/BC	24,420
HI B	197,250
ILO	2,530,000
IOM	1,250,000
JRS	4,620
KOC	99,280
MEMISA Belgium	918,756
NDC (DRC)	61,000
NRC	122,000
OCHA	6,837,548
OHCHR	2,528,959
PNRBC	162,960
UNDP	6,179,226
UNFPA	2,330,000
UNHCR	23,114,682
UNICEF	37,249,771
UNIFEM	500,000
UNMACC (DRC)	694,520
UNMAS	887,510
UNSECOORD	1,048,520
WFP	83,752,812
WHO	4,328,191
<b>Grand Total</b>	<b>187,094,868</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

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## UN Consolidated Inter-Agency Appeal for Democratic Republic of Congo 2004

Summary of Requirements - by Sector  
as of 22 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original requirements
AGRICULTURE	11,598,250
COORDINATION AND SUPPORT SERVICES	8,870,330
ECONOMIC RECOVERY AND INFRASTRUCTURE	8,225,000
EDUCATION	2,719,091
FAMILY SHELTER AND NON-FOOD ITEMS	4,793,863
FOOD	83,752,812
HEALTH	25,349,900
MINE ACTION	5,027,744
MULTI-SECTOR	23,114,682
PROTECTION/HUMAN RIGHTS/RULE OF LAW	9,523,653
SECURITY	1,048,520
WATER AND SANITATION	3,071,023
<b>Grand Total</b>	<b>187,094,868</b>

## 2. THE YEAR IN REVIEW

### 2.1 Changes In the Humanitarian Situation

2003 was a significant year for the DRC, and developments on the political/military and economic/social fronts had important consequences for the humanitarian situation.

One of the most significant changes in the political arena was the formation of a Transitional Government in late July, as an end result of the inter-Congolese dialogue. Other important milestones were the Ituri crisis, the brief deployment of the International Emergency Multi National Force (IEMNF) and the Security Council's revision of the United Nations Mission in the Democratic Republic of Congo's (MONUC) mandate from Chapter VI to Chapter VII.

#### ***Political and Military***

The most significant development was the long-awaited installation of the Transitional Government on 17 July 2003. The formation of the Government was the culmination of a long process that included almost all of the main parties to the conflict, and required continuous international pressure. While the Government is still in the process of strengthening itself, the presence of former rebel leaders from all over the DRC in Kinshasa and in the Government is a very hopeful sign, notwithstanding the ongoing local conflicts that continue to plague eastern DRC.

Although massive withdrawal of foreign troops led to increased stability along the Lusaka frontline, security conditions drastically deteriorated in other areas disputed by Congolese belligerents. In the absence of any national or foreign conventional force, new frontlines appeared, creating an environment of total exposure and vulnerability. This in turn unleashed a new cycle of massive displacement, and led to appalling human rights abuses, especially against women and children. Towns such as Uvira, Shabunda and Minembwe in South Kivu, Ankoro in North Katanga and Mambasa in Ituri were all badly affected by the series of attacks.

Intermittent tensions between Rwanda and Uganda, allegedly using Congolese soil to settle their differences, in addition to the frequent shift of alliance between warring factions and a constant flow of arms, all rendered the security situation precarious, if not close to non-existent, in Ituri and North Kivu. However, the change in regime in the Republic of Central Africa brought more favourable security conditions to Equateur, and cross border trade with Bangui was re-born as the border reopened.

Having witnessed some of the most intense and bloody eruptions of fighting in 2003, Ituri has essentially become the killing fields of the Congo<sup>1</sup>. The town of Bunia in Ituri experienced two waves of intense fighting, the first in early March 2003 and the second in May 2003, following the withdrawal of the Uganda's Peoples' Defence forces (UPDF). The May fighting almost derailed the work of the Ituri Pacification Committee (IPC) and was only halted through strong diplomatic pressure and the insertion of a small MONUC force.

With ethnic massacres bordering on genocide, hundreds of thousands fled Bunia, but heavy loss of lives was averted when relief workers provided the remaining 20,000 civilians in the town with basic protection and humanitarian assistance. The Security Council then mandated an Interim Emergency Task Force (IEMF) while it strengthened MONUC's mandate from Chapter VI to Chapter VII, and created an Ituri Brigade, which took over from the IEMF on 1 September 2003. The change in mandate, the handover and consequent increase of troops, were intended to ensure a more secure environment and increased humanitarian access and assistance for the civilians of Ituri, and marked a major development in the approach to the crisis. This strengthened UN peacekeeping presence was a response to the international outrage that followed the events in Bunia, as well as reports of forced acts of cannibalism in December 2002 at Mambassa. Despite the strong force and mandate, the security situation in Ituri has remained extremely unstable, as evidenced by the April massacre in Drodro and the most recent massacre of more than 50 people in Katchele (mostly children) in early October 2003.

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<sup>1</sup> Channel Four International c4i.tv Documentary, "Congo's Killing Fields", 2003. <http://www.c4i.tv/external/home.asp>

## ***Economic and Social***

In the economic arena, the implementation of the National Economic and Recovery Programme supported by the Bretton Woods Institution alleviating the country's debt situation had an inspiring effect on a number of levels. This impacted positively on planning and activities for 2003. In January 2003 OCHA facilitated a joint mission with World Bank (WB), United Nations Development Programme (UNDP), European Union (EU), and the International Monetary Fund (IMF) to east and northwest DRC aimed at identifying rehabilitation programmes. The mission led to the new Reunification Programme to be funded by the WB at a total cost of US\$ 214 million. The programme includes the rehabilitation of the Kisangani-Bunia and Mbuji-Mayi national roads. The Reunification Programme is the first ever initiative of this size in the eastern provinces. Western provinces are also incorporated in the Emergency Multi-sectoral Programme for Rehabilitation and Reconstruction (US\$ 1.7 billion) for which two thirds of the required funds are already available.

In July, the WB agreed to write off US\$ 10 billion worth of debt, on the condition that certain clauses are fulfilled within a two-year timeframe. Besides this, the EU and other Donors proposed several other aid packages after the Transitional Government was installed in July 2003. Subsequently, the Government drafted a number of legal bills aimed at improving economic transparency for private enterprise development. Among the new legislations, a forestry bill, a mining bill, and a new Code of Investment are expected to establish a more sound business environment. Funded by a grant from IDA, the rehabilitation of the Matadi-Kinshasa road will improve both commercial activities in the Kinshasa-Matadi corridor, and the competitiveness of the national ports in Matadi and Boma. The launch of a € 205 million aid package by the EU in September was a further symbol of international political engagement and a step towards releasing the DRC from its brutal legacy of the past.

In August, river trade reopened and the first convoy of commercial barges reached Kisangani. This ended a "de facto" embargo that had prevailed since the official opening in May 2002 by humanitarian actors and MONUC. The growth in economic activity due to increased access not only restored livelihoods for river dwellers but also restored a certain degree of dignity for people living on the newly opened axes. Another positive aspect was the development of a network of telecommunication systems, which resulted in extended coverage throughout the country's major cities.

This extended transportation and communication network reopened the cash transfer system and monetary reunification, boosting coping mechanisms and micro investment opportunities particularly in urban communities. However, despite the progress made in certain areas of resource management (for example the offshore oil agreement between DRC and Angola), the plundering of natural resources continued unabated, as confirmed by the third report of the UN Panel on Illegal Exploitation of Resources and other forms of Wealth<sup>2</sup>. Large scale industrial looting still prevails in the country's sites as witnessed at Miba, Gecamines and offshore oil plants. Indeed, pillaging of DRC's resources has become the accepted norm; the scale of abuse ranges from confiscation of essential public service salaries, extortion of farm products from farming women and abuse of the women themselves, rampant exploitation by diamond diggers and gold mongers, to Congolese children sent down medieval mining shafts.

## ***Humanitarian trends***

A fifth year of uninterrupted war in large parts of the DRC further eroded coping mechanisms, and pushed entire populations to near exhaustion. This was reflected in the startling increase in IDP numbers from 2.7 million in January 2003 to 3.4 million in August 2003. The general outlook for the DRC remains pessimistic, with persistent patterns of violence, rife insecurity is apparent. The humanitarian situation deteriorated throughout the year. This was not only a reflection of the prevailing political stalemate, but also the worsened security situation due to the unprecedented levels of violence that erupted in the East. With international attention focused on Ituri, more specifically Bunia, other crisis pockets such as Maniema and the Kivus often went unnoticed which further exacerbated their suffering.

The delay in setting up the Transitional Government, in part due to extended talks and negotiations on issues around the armed forces, had a negative impact on Disarmament Demobilisation and

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<sup>2</sup> Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of the Democratic Republic of the Congo, 2001. <http://www.un.org/News/dh/latest/drcongo.htm>

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Reintegration (DDR) activities. This delay hampered the implementation of the Common Humanitarian Strategy elaborated in 2002, which included a pillar dedicated to the dynamics of reintegration.

On a more positive note, increasingly stable regional dynamics in neighbouring countries led to the organisation and repatriation of more than 23,500 refugees as of August, with support of central and local authorities. This included 11,957 Angolans, and approximately 8,923 Rwandans. The change in regimen in the Central African Republic (CAR) led to the repatriation of 2,007 Central African Republic refugees and 618 Republic of Congo (RoC) refugees. On the basis of the National Refugee Law, promulgated in October 2002, a National Eligibility Commission (NEC) was established by the head of state on 20 August 2003, in line with the tripartite memorandum signed in December 2002 between the DRC, Angola and the United Nations High Commissioner for Refugees (UNHCR).

Following the establishment of the Transitional Government, strong advocacy by the Office for the Coordination of Humanitarian Affairs (OCHA) and local peace building efforts supported by MONUC and local actors, access began to improve slightly in certain areas, notably along the Kindu-Lokandu, and Kindu-Kalima axes and in South Kivu in towns such as Shabunda, Bunyakiri and the surrounding areas of Walungu. This renewed humanitarian space and the prospect of a massive return of displaced persons highlights the ever-increasing humanitarian needs of vulnerable populations.

### 2.2 Financial Overview

As of the 13 October 2003, reported contributions to the DRC CAP totalled 36.3% of requirements against a global average more than 60% for all CAPs. This places DRC among the appeals with the lowest response. Reported funding per specific agency for 2003 is as follows:

<b>WFP</b>	<b>73.7%</b>
<b>UNHCR</b>	<b>69.5%</b>
<b>OCHA</b>	<b>59.3%</b>
<b>FAO</b>	<b>26.5%</b>
<b>UNDP/UNSECOORD</b>	<b>17.3%</b>
<b>UNICEF</b>	<b>11.0%</b>
<b>WHO</b>	<b>1.9%</b>
<b>Atlas Logistique</b>	<b>0.0%</b>
<b>FAO</b>	<b>26.5%</b>
<b>ILO</b>	<b>0.0%</b>
<b>Memisa Belgium</b>	<b>0.0%</b>
<b>OHCHR</b>	<b>0.0%</b>
<b>UNAIDS</b>	<b>0.0%</b>
<b>UNDP</b>	<b>0.0%</b>
<b>UNESCO</b>	<b>0.0%</b>
<b>UNFPA</b>	<b>0.0%</b>

Other appealing agencies have not received funds through the CAP at the time of writing.<sup>3</sup>

This severe lack of funding has had a negative impact on the implementation of UN agency projects. The impact was particularly harsh as humanitarian needs have increased during 2003, as seen in the Ituri crisis, and the internal displacement in North and South Kivu and Maniema. Implementing costs remained high because assistance to vulnerable populations was still dependent on air transportation due to lack of road infrastructure.

Full development cooperation from donors was delayed by political dynamics, i.e. the lagging behind of the Sun City negotiations and the slothful implementation of the Transitional Government's structures; the donors main precondition for releasing funds. Emergency humanitarian agencies were more generously funded than development actors, as a result of the widespread instability and the delay in setting up national structures. It is also believed that the primacy given to the Iraq crisis had a deleterious impact on funding for relief operations in the DRC.

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<sup>3</sup> These figures are cited from OCHA Financial Tracking System as of 13 October 2003 and are based on reported funding by agencies.

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At the same time, donors report that DRC is the third-best funded crisis after Iraq and Afghanistan. Funding outside the CAP was at least US\$ 20.1 million, and much more was given in bilateral assistance. These funds were mostly channelled to the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC) and international NGOs. This illustrates donors' inclination to fund operational relief organisations, and underlines their call to UN agencies to further a coordinated response of the operational agencies through rapid response interventions in acute humanitarian crisis.

### 2.3 Monitoring Report and Monitoring Matrix 2003

Strategic Objectives	Output	Indicators	Achievements/Constraints
Accompany the widening of humanitarian space	<ul style="list-style-type: none"> <li>➤ More and regular accessibility to vulnerable populations / more target groups for the humanitarian action</li> <li>➤ Reduce mortality and morbidity</li> <li>➤ Reduce malnutrition</li> <li>➤ More respect for fundamental humanitarian principles and human rights</li> <li>➤ Space for recovery activities / sustainable rehabilitation and development initiatives</li> <li>➤ Reduce insecurity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Responsiveness / number and impact of Emergency Humanitarian actions</li> <li>➤ Evolution of MICS (Multi Indicator Cluster Survey)</li> <li>➤ Evolution of epidemiological surveillance</li> <li>➤ Evolution in agricultural production</li> <li>➤ Access to civilians in conflict areas and interaction with local authorities</li> <li>➤ Security of humanitarian personnel</li> <li>➤ Rehabilitation projects by development partners</li> </ul>	<p><u>Achievements:</u></p> <ul style="list-style-type: none"> <li>➤ More actors present on the field / resumption of multi- and bilateral cooperation</li> <li>➤ Dynamic of DRRR process and withdrawal of foreign troops / regional political favourable situation</li> </ul> <p><u>Constraints:</u></p> <ul style="list-style-type: none"> <li>➤ Inaccessibility of some areas: need for negotiation with local authorities for the understanding of fundamental humanitarian principles on access to the vulnerable and impartiality</li> <li>➤ Lack of implementing partners in some areas: need for more assessment missions and mobilisation of actors</li> <li>➤ Continuation of Human Rights violations: Monitoring and investigation of HR violations cases</li> <li>➤ Need for cooperation and coordination between humanitarian, development and military actors</li> </ul>
Reinforce the reintegration dynamics	<ul style="list-style-type: none"> <li>➤ Reintegration of IDPs and returned refugees</li> <li>➤ Reinforcement of local coping capacities, especially of the host populations</li> <li>➤ Re-launch of local economies / increase revenue / decrease poverty of the populations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Spontaneous and definite return movements of refugees and IDPs</li> <li>➤ Successful integration programmes/ fulfilment of basic needs (food, health and education) of the returnees and their hosts</li> <li>➤ Resumption of local trade / increase in agricultural production / transport over the infrastructures</li> </ul>	<p><u>Achievements:</u></p> <ul style="list-style-type: none"> <li>➤ Linkages between all DRRR actors / arrival of new DRRR partners</li> <li>➤ Favourable climate for reintegration process</li> </ul> <p><u>Constraints:</u></p> <ul style="list-style-type: none"> <li>➤ Need for effective coordination mechanisms in order to address all aspects of reintegration / DRRR</li> <li>➤ Need for a minimal commitment of local authorities / minimal security situation</li> </ul>

## General Monitoring of 2003

### Constraints/achievements

In spite of operational constraints, absence of political goodwill at the national level, low level funding and a massive increase in humanitarian needs, several organisations continued to assist the most vulnerable, especially in the east of the country. UN agencies, NGOs and MONUC collaborated closely in order to contain the crisis as best possible. The most common emergencies resulting from the conflict were: frequent population movements; sexual and gender based violence (SGBV), increasing malnutrition rates and the outbreak of several epidemics. Close coordination with MONUC in humanitarian actions was especially helpful in providing logistical support in an attempt to reach the population in the eastern part of the country. However, no significant impact was achieved with regard to child or maternal mortality in the DRC, nor were any great improvements seen in critical areas of concern that have often been under-served, such as psychosocial effects of the crisis and the increase in SGBV.

### HEALTH

Despite the range of interventions undertaken and the increased presence of humanitarian actors, the health situation continues to deteriorate far beyond accepted standards and the number of injuries and deaths increased as a direct result of the war. A study on mortality and morbidity by the International Rescue Committee (IRC) showed a slight improvement in epidemiological surveillance, although preparation and response processes were still unsatisfactory. Nevertheless, although WHO managed to implement some epidemiological surveillance, access was still difficult in the East with only an estimated 10-20% of the population having basic health care within their reach. There was also poor funding for health projects financed through the CAP framework.

The DRC epidemiological profile for 2003 has been marked by the upsurge of epidemic outbreaks. The war and the consequences of insecurity significantly increased this risk, as did the lack of funding for the minimum package directed against the seven leading diseases and the weakness of surveillance system played a role in those outbreaks. WHO Statistics for 2003 illustrate the horrendous human cost of the conflict: Cholera: 17,086 cases, 573 deaths; Measles: 40,136 cases, 1,941 deaths; Meningitis: 6,573 cases 1,650 deaths; Monkey pox 459 cases, 23 deaths; Malaria: 2,122,878 cases 374,520 deaths.

### FOOD SECURITY AND NUTRITION

For 2003, the World Food Programme (WFP) had planned to mobilise 84,000 MTs of food to feed a targeted caseload of 1.1 million people of made up IDPs, malnourished children and lactating nursing women, refugees (mostly Angolans and Central Africans), returnees and other vulnerable groups. In partnership with the Food and Agriculture Organization (FAO), European Community Humanitarian Office (ECHO) and local and international NGOs, WFP attempted to reinforce the capacity of the local population in an attempt to develop their sustainable food production.

While the Ituri crisis further exacerbated the food gaps in the east, food demand dramatically increased in newly accessible areas, where several thousand people were severely malnourished. This prompted WFP to review its planned food assistance strategy and they launched an emergency operation for an additional 46,000 MTs of food targeting 483,000 food insecure people in Bunia, Lubero, Beni, Plain of Ruzizi, Baraka, Rural Fizi, Kitutu, rural Kindu, rural Kasongo, Kabalo, Nyunzu, Kongolo, and Kalemie with a focus on nutritional activities.

In 2003, out of the total 130,000 MTs of food appealed for, 86,117 MTs was made available, consisting of carry over stocks from 2002 and 2003 contributions. However, 46,000 MTs out of the resourced quantity were still being shipped to DRC for distribution at the time of writing. The situation of food availability set against the country's increasing needs meant the prioritisation of beneficiary categories, with malnourished children and the reduction of rations as a priority. As a consequence, the recovery trend in malnourished people on nutritional programmes was significantly slow. Alongside the challenges in the east, breakthroughs continued in provinces such as Equateur, where displaced people scattered on the Congo River received food as part of a food-for-work (FFW) programme.

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Efforts were also made to reach the minority pygmy population in Businga who were displaced several times and suffer from low levels of malnutrition.

The planned interventions of FAO in 2003 centred on four main areas of activity: 1) emergency interventions consisting of essential agriculture and fishing inputs; 2) transitional interventions to reduce the need for imported inputs, i.e. seed multiplication and livestock breeding; 3) rehabilitation activities to facilitate the return to a normal development path such as repair of rural roads and support to fish hatcheries; and 4) coordination of the agricultural interventions undertaken by a variety of actors.

### **PROTECTION, HUMAN RIGHTS AND RULE OF LAW**

In 2003, the DRC human rights record remained poor. For most of the year, the country was still divided into territory controlled by the Government and territories controlled by several rebel factions, foreign troops, ethnic militias and other armed groups. Forces were responsible for unlawful killings, torture, beatings, rape, extortion, and other abuses. In general, these abuses were left unpunished. Violence against women and rape were severe problems and occurred with impunity. Discrimination against women and indigenous Pygmies continued. Combatants abducted women and children and forced them to perform labour, military services, and sexual services. Ethnically based violence resulted in thousands of deaths, mainly in Ituri province. Despite much talk on the issue of impunity little seems to have been achieved. Key to progress is the efficient use of national judiciary structures and international instruments as well as regional governments honouring their commitments under international law.

In line with the CAP 2003 human rights strategy, the Office for the High Commissioner for Human Rights (OHCHR) conducted, among others, the following activities:

- reinsertion of vulnerable persons (victim of violence because of ethnic background) from Kinshasa to Eastern DRC;
- support to civil society organisations through micro credit projects;
- support to the following institutions: the Truth and Reconciliation Commission (TRC), the National Observatory on Human Rights, and the Inter-ministerial Committee on legal periodicals, and the Permanent Commission on Congolese Law reform;
- support to community-based projects led by women;
- organisation of an awareness campaign on human rights and the culture of peace to be implemented in Ituri;
- preparation of a seminar on the role of women in the DRC peace process.

The year 2003 was also challenging in the field of child protection. The eastern and north-eastern parts of the country were substantially affected by a multitude of violations of children's rights, mainly due to the instability, insecurity and poverty related to the armed conflict. Sexual exploitation, body mutilations, use of children in armed groups, and separated children due to displacements were common occurrences in DRC throughout the year. The presence of street children in the provincial and national capital cities was still rampant and seems to be on the increase. In response to all of these issues, UNICEF and the child protection partners have contributed substantially to the well being of the children whose rights were violated. Rapid response to the displaced and the separated children were constantly on the agenda during a year in which more than 500,000 women and children were assisted with their basic needs. In April, UNICEF held a national workshop on Prevention, Disarmament, Demobilisation and Reintegration (PDDR) with civilian, governmental, non-governmental and military actors from all political and military movements to define guiding principles for the PDDR of children. This resulted in a national programme framework for the PDDR of children. Also, UNICEF in collaboration with UNDP, MONUC, and implementing partners developed an operational plan for the Disarmament, Demobilisation and Reintegration (DDR) of children in Ituri.

To ensure better knowledge of rights and guarantees of the IDPs, the OCHA Internal Displacement Unit and Norwegian Refugee Council (NRC) undertook a joint training and awareness programme in areas affected by displacement for key stakeholders including authorities and non-state actors. In 2003, trainings on the Guiding Principles on Internal Displacement took place in Goma, Kalemie,

Masisi, Kinshasa, Gbadolite, Bukavu, Kasongo, Beni and Bunia in partnership with the national and international NGOs present in each location.

### **Support to the consolidation of peace and reconciliation**

Most actions undertaken in 2003 targeted the Ituri Province, following the tragic events that unfolded in May. In support of the Ituri Pacification Commission, UNDP led a joint mission composed of the following agencies, programmes and offices: WFP, UNICEF, FAO, WHO, OCHA, MONUC and Multi-country Demobilisation and Reintegration Programme (MDRP) to Ituri, from 2-4 April, 2003. The objective of the mission was threefold: to attend the opening ceremony of the Ituri Pacification Commission, to advocate for peace and reconciliation as well as the cessation of the recruitment of child soldiers in Ituri, and to officially present the UNDP peacebuilding and development project to the 177 participants of the IPC. Through the project, UNDP contributed to create the operational conditions for the setting up of the IPC.

UNDP participated in the development of the Ituri Peace Strategic Plan, comprised of: political, human rights, child protection and public information components. Within this framework, UNDP was responsible for building the capacity of the Ituri Interim Administration in the area of good governance, conflict resolution, financial accounting as well as conducting the disarmament, demobilisation and reintegration of ex-combatants. Support to the Ituri Interim Administration was also organised through a series of dialogue sessions with the different bodies of the Interim Administration.

### **WATER AND SANITATION**

Too many Congolese still lack proper hygiene measures or access to potable water in a sufficient quantity and quality. Scarce resources, access and implementing partners limited the number of vulnerable populations the humanitarian community was able to reach and serve. As peace and the Transitional Government take hold of DRC in 2004, increased access and a more stable environment will allow humanitarian actors to provide access to potable water and basic hygiene measures.

In 2003, DRC continued to experience massive displacement of the population as well as various outbreaks of water-borne diseases, particularly along the Congo River and in northern North Kivu. In Beni, where over 300,000 persons have settled following insecurity in Ituri and in the Lubero region, both emergency and transitional water and sanitation measures were addressed and delivered to the IDP population and host populations. Water sources were captured in Maniema and South Kivu and emergency responses such as trucking of water and the establishment of temporary water points were delivered in North Katanga, South and North Kivu as well as Bunia. A series of cholera treatment centres have been constructed and are operational along the Congo River in Northern Katanga, and along Lake Tanganyika in South Kivu.

In response to the emergency situation in DRC, particularly the population movement, an emergency preparedness stock and rapid response team were established to respond to these needs in a rapid, efficient manner. Increased coordination and a common strategy have enabled the humanitarian community to implement emergency water and sanitation throughout the eastern part of the country.

### **SHELTER AND NON- FOOD ITEMS**

Although only 50,000 families were targeted through the CAP 2003, in the first trimester of 2003, more than 100,000 families received kits of 'first necessity items' emergency non-food items (NFIs) throughout the territory, particularly in eastern DRC, where the majority of insecurity and acute displacement has occurred. These families received either a reinsertion or emergency IDP kit. The need for emergency NFI kits has become increasingly apparent and needs continue to increase each day throughout the DRC.

### **ECONOMIC RECOVERY AND REINTEGRATION DYNAMICS**

Extreme poverty marked by a minimal purchasing power characterised the year 2002. It did not improve in 2003. Production in each economic sector decreased, with only the services sector showing a slight improvement. Nevertheless, positive trends were displayed when the National

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Economic and Recovery Programme was launched in April 2002, with the support of the Bretton Woods institutions, and yielded encouraging first results in 2003.

For the first time in several years, the Gross Domestic Profit saw an annual growth rate of 3% in 2002 with a fall in inflation to 15.8% compared to 135% in 2001 and 511% in 2000. The clearance of debt arrears towards the IMF, the World Bank and the African Development Bank (ADB) in June 2002 facilitated the country's access to debt cancellation programmes: the traditional Club of Paris arrangement in September 2002 and the Enhanced Highly Indebted Poor Countries (HIPC) initiative in July 2003.

### **Reintegration dynamics**

The World Bank opened programmes in Gemena, Isiro and Masisi with other development actors. For the first time, development actors began community rehabilitation projects in the East, while the Multi-country Demobilisation and Reintegration Programme (MDRP) developed an interim strategy to support the establishment of a national institutional mechanism and DDR programme for ex-combatants.

In April 2003, the interim strategy for the development of a national DDR programme for Congolese Forces was formulated by UNDP in close consultation with national and international stakeholders. The objective of the strategy was to assist the Government of the DRC in preparing a sound and credible DDR programme for Congolese forces in support of the implementation of the all inclusive Global Accord on Transition in the DRC, signed on 17 December 2002.

United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), International Labour Organization (ILO), Food and Agriculture Organization (FAO), Office for the Coordination of Humanitarian Affairs (OCHA), United States Agency for International Development (USAID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), international and national NGOs, MONUC and other parties such as religious groups participated in discussions to address the needs of ex-combatants and their dependents, child soldiers, and other vulnerable groups such as wounded ex-combatants, and women associated with armed groups. Numerous studies and evaluations undertaken by members of the working group enable a greater understanding of the likely areas of intervention and the environment in which reintegration of ex-combatants could take place.

### **COORDINATION**

As the coordinating body for the UN system, OCHA continued in its role as coordinator and information provider in a principled and unified approach to national and international NGO partners, donors, government and all other actors. OCHA chaired and further streamlined weekly interagency meetings to enhance critical information exchange. The DRC weekly monitoring tool also played an active role in focusing on priority areas in an attempt to facilitate a more integrated response. Early warning information was included in order to promote an integrated approach to the crisis and efficiently react to emergencies. Bunia was an example of improved coordination, information flow and rapid response mechanisms between MONUC and all humanitarian actors. Other improved coordination examples between MONUC and OCHA was the transport of state exam papers in 2003 enabling children to complete their official education process during 2003.

OCHA also provided legal services and advice facilitating the NGO community in addressing various issues ranging from registration of NGOs, obtaining visas and access, to solving administrative obstacles before and after the installation of the Transitional Government. OCHA acted as a liaison mechanism between UN agencies and NGOs in a concerted effort to implement higher standards of security, recognising the imperative of protecting humanitarian personnel operating in extremely dangerous situations.

Internally, OCHA fully implemented restructuring of its offices, and opened new field offices in the east, which strengthened coordination, and provided more regular monitoring on access and information on the humanitarian situation in the provinces. In 2003 Emergency Humanitarian Interventions (EHI) were conducted to the sum of US\$ 400,000 supporting more than 25 emergency humanitarian actions and numerous interdisciplinary assessment missions in attempts to consolidate access. Examples of rehabilitation interventions were the Kindu Barge, the Kama evaluation mission,

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emergency airlifts to Nyunzu, emergency assistance to IDPs in Lomani, and airlifts to Bunia in collaboration with UNICEF. EHI also funded Aviation Sans Frontières aircraft, based in Bunia, which is used to facilitate humanitarian evaluation missions.

The media interest that arose from the Ituri crisis, combined with the high profile delegation visits was also used as an advocacy tool to highlight the needs of other areas such as South Kivu, although the tragic events of Iraq distracted international attention from DRC.

Continued advocacy was carried out in respect of humanitarian principles in order to re-establish and consolidate access to vulnerable populations. The reopening of the Congo River and the advancing of Kambelebele railway project between Katanga and Maniema were all significant improvements in consolidating access. To ensure better knowledge of rights and guarantees of IDPs, the OCHA Internal Displacement Unit and NRC undertook a joint training and awareness programme in areas affected by displacement for key stakeholders including authorities and non-state actors. In 2003, trainings on the Guiding Principles on Internal Displacement took place in Goma, Kalemie, Masisi, Kinshasa, Gbadolite, Bukavu, Kasongo, Beni and Bunia in collaboration with national and international NGOs.

### **SECURITY**

The primary responsibility for the safety and security of UN personnel in field operations rests with host governments. Humanitarian actions continued to suffer as a result of deteriorating security in various pockets of the DRC. Some serious security incidents occurred in 2003 directly affecting humanitarian activities and actors in the DRC. Insecurity was a permanent threat to populations and humanitarian actors in the DRC, particularly in the eastern part of the country. These potential threats to humanitarian personnel, particularly in remote areas persisted. In the eastern provinces and those bordering the Lusaka frontline, in Maniema, the Kivus and Ituri in general, conditions remained volatile, making many areas inaccessible and limited sustainable access.

Despite the Transitional Government's declaration on free movement of persons and goods throughout the territory, restrictions were still imposed on national and international humanitarian staff, an example of this was seen in western Katanga, where visas issued by the ex-rebel authority RCD/G were not recognised in what had previously been Government held territory.

Minimum Operational Security Standards (MOSS) is a fundamental policy document created by the UN to help determine the minimum requirements arrangements for the field, to provide a mechanism to increase the security awareness of personnel, reduce risk, support field operations and establish a detailed instruction for implementation. These instructions exist to provide a clear explanation of how MOSS should be implemented for each security phase, for example, indicating what is required in terms of MOSS-compliant vehicles and equipment, radios, satellite telephones, flak jackets and other essentials. MOSS was developed in response to the UN requirement to ensure that minimal essential security practices are established and maintained in the delivery of security support to UN staff. MOSS is divided into four sections: security planning, training of staff, telecommunications and security equipment. It is a system-wide initiative that is managed by the United Nations Security Coordination (UNSECOORD).

UNSECOORD is assisting in the DRC to proactively implement MOSS with the active participation of UN organisations - OCHA, UNICEF, UNDP, OHCHR, UNHCR and WFP. Each organisation is responsible for undertaking measures enabling staff to operate effectively and safely at their particular location. Each organisation has been made responsible for providing resources to enable them to become MOSS-compliant.

### **DISASTER MANAGEMENT**

In 2003 better volcanic risk management provided a common cause for a number of key stakeholders to consolidate forces. Local authorities in Goma presided over commissions on Disaster Management, Education, Sanitation and Communications. Members included UN agencies, the local Red Cross and national and international NGOs. A community awareness campaign initiated by Concern reached more than 250,000 people ensuring that half of the population of Goma was informed about potential

volcanic health risks and who to alert should there be new fissures or gas emissions. A video and public information material in an attempt to demystify the volcano and to propagate accurate early warning information was also produced, in collaboration with OCHA.

### **REFUGEES**

Some 23,505 refugees including 11,957 Angolans and 8,923 Rwandans were assisted to return home. However, delayed funding hampered repatriation operations.

An Eligibility Commission was established, with registration of all refugees almost completed, and refugee law was introduced into the National University Curriculum. A sexual and gender-based violence action plan was implemented and 99,552 refugees received health, education and food production assistance. Due to improved food self-reliance, the number of refugees receiving food distribution was decreased by 20%.

## **2.4 Lessons learned**

### ***Lesson 1***

Lack of accountability by parties to the conflict has reduced the impact of humanitarian aid and triggered massive waves of population displacement. Exactions on civilians by unpaid and undisciplined armed elements in the DRC reached alarming proportions following the withdrawal of conventional armed forces, as in Uvira in October 2002, in Mambasa in November 2002 and in Ituri in April / May 2003.

### ***Lesson 2***

Saving lives being the overarching objective, the strict respect of the principles of neutrality and independence must be combined with the use of armed protection to allow civilians and humanitarian actors to evolve in a safer environment.

### ***Lesson 3***

Addressing impeded access to areas of greatest needs requires sustained active advocacy. Although recent agreements between the parties include clauses regarding the provision of humanitarian assistance to all civilians without discrimination as to ethnicity, religious belief or political opinion, more needs to be done. Serious concerns are expressed by the relief community with regard to the continued deterioration of the overall humanitarian situation in eastern DRC. Achieving access remains one of the priorities.

### ***Lesson 4***

International humanitarian aid cannot meet the needs of all vulnerable populations. Humanitarian actors cannot realistically meet the magnitude of the DRC's needs. The difficulties in recruiting human resources, limited finances and response capacities are all indicative of the need for alternative responses, a more complementary approach and closer cooperation in different strategies of assistance from humanitarian, transition, and DDDR to structural programmes. This is highlighted by the absence of any IDP strategy and a need to develop a more concerted, integrated approach to the problem of displaced populations.

### ***Lesson 5***

Media attention on specific, major crises resulted in other less publicised areas being overlooked in terms of advocacy and funding. The Iraq crisis has had a negative impact on the funding level of humanitarian projects in the DRC, particularly during the first half of 2003. Within DRC, the Ituri crisis has diverted international attention from vulnerable areas such as Malemba-Nkulu in Katanga, Saramabila in South Maniema (Interahamwe/ex-Forces Armées Rwandaise militia raids on civilians) and Ingende in Equateur (Forces Armées Congolaise exactions on civilians).

### ***Lesson 6***

Remote areas have not benefited from improved coordination at national and provincial levels. Insecurity in the DRC derives primarily from the proliferation of armed violence coupled with a total lack of respect of the most basic humanitarian principles on the part of foreign and Congolese war

protagonists since the first wave of war in 1996. Survival mechanisms are exhausted owing to twelve years of extensive looting throughout the country, especially in rural areas. Insofar, the efforts deployed to achieve better coordination have no effect on isolated populations.

### **3. HUMANITARIAN CONTEXT**

#### **3.1 Dichotomy still dictates**

Peace has stalled in the DRC as the country faces the dichotomy of relative stability in the west highlighted by its readiness for peace, versus the perpetual volatility of the east. This dichotomy continues to have a catastrophic humanitarian impact. Slow economic growth in the west threatens any real progress, resulting in reduced, fragmented, and erratic payments for required, fundamental services and personnel, such as armed forces. In terms of humanitarian response there has not been adequate planning or an internalised strategy to reflect provincial differences. Some parts of the country are in a transitional phase, some in development phase and others are stuck in an emergency phase. The result of a single strategy applied to the country and the lack of a specifically targeted multi-sectoral provincial approach has led to provinces such as Equateur being sidelined, where the transition from relief to development is to take place.

Hope now rests on a Government of National Unity to assume the responsibility of creating favourable conditions for first steps towards consolidating a peace process, widening humanitarian space and an environment for improved economic recovery and sustainable livelihoods for the people of the DRC. Although the presidential decree issued on 21 September 2003 defined the roles and responsibilities of the recently nominated 52 member executive cabinet and the various governmental departments, the Government's future path and priorities remains unclear and mined with obstacles.

National optimism should not distract from the fact that there are a large majority of indicators such as mortality, morbidity and primary health care (PHC) access that are still below acceptable norms. Coping mechanisms have collapsed and the vulnerable population continues to pay high price in terms of loss of life. The Human Development Index (HDI) shows poverty levels far below international thresholds. Misery has become an endemic condition in Congolese society where even securing the most basic needs has become an arduous daily task. The public sector has been crippled, and there is little or no infrastructure at urban or provincial levels. People suffer from serious food shortages, with statistics illustrating the ever-worsening standards of living and the limited impact of humanitarian assistance. Not only has the human cost of the continuing conflict in DRC grown, it is equally clear that we are witnessing the breakdown of the very fabric of society and the shaking of cultural foundations, through the use of rape as a weapon of war against children and women aged of 4 to 84.

Faced with such a challenge a country like DRC poses, all actors must have realistic goals and objectives. In addition, the vast geography of the country, an expanse almost four times the size of France, with little or no infrastructure in place means the current modus operandi is still by air, and logistical difficulties continue to be a major obstacle in the delivery of humanitarian aid, and any rapid response. No single actor can realistically meet the magnitude of the DRC's needs. The difficulties in recruiting human resources, limited finances and response capacities are all indicative of the need for a more complementary approach and closer cooperation in the different strategies of assistance, from humanitarian, transition, DDDR, to structural development programmes.

An analysis of the humanitarian situation shows that one of the major problems facing DRC is high and increasing levels of vulnerability among displaced populations, and death as a direct result of the ongoing conflict and its effect on the DRC's social fabric. The flagrant and systematic increase of human rights abuses, combined with rampant impunity clearly depicts the challenge of protecting civilians throughout the country.

A recent IRC<sup>4</sup> mortality report estimates approximately 3.3 million people lost their lives between August 1998 and December 2002 in the five eastern provinces of DRC. It is believed that this death toll has exceeded that of any war in Africa or indeed anywhere in the world since World War II.

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<sup>4</sup> IRC Report April 2003 "Mortality in the Democratic Republic of Congo".

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Approximately 800,000 perished in 2002 due to the continuing crisis. The latest surveys from independent organisations, UN agencies and Government authorities indicate an alarming health situation. Less than 30% of Congolese have access to basic health care, 74% suffer from severe food insecurity<sup>5</sup>, over 1 million children suffer from acute malnutrition, tens of thousands of women have been victims of sexual and gender based violence, against a backdrop of the continuous slaughter of civilians by armed groups.

According to the latest Affected Populations Report there are now 3.4 million displaced people in the DRC.<sup>6</sup> This overwhelming figure of displaced people in the DRC is indicative of the scale of the problem and shows an increase of over 706,500 people between January 2003 and August 2003. The numbers of IDPs provide evidence that the IDP caseload is the second largest in the world and the country's most serious and imminent challenge. Without clear strategies and commitment to resolve the situation this issue alone risks becoming a powder keg igniting further unrest over the next year.

All of this indicates no ownership of authority as armed groups continue to clash and results in a population constantly on the move, living without dignity, in permanent fear, and without basic structures. However, the disarmament of foreign and Congolese militia has long proven to be a formidable task given the absence of any real cessation of hostilities on the various frontlines. Unless the Transitional Government implements an effective national disarmament programme, and rebuilds a regular salaried, disciplined security force, it will be difficult to see the positive effects of the peace process on the average person.

**The lack of access and rampant insecurity in DRC remain the major constraints to providing humanitarian aid and protecting the civilian population. The lack of security is not only detrimental to delivering humanitarian aid and security for relief workers, but also highlights a root cause of the disastrous humanitarian situation.**

It is hoped that the arms embargo imposed through UN Resolution 1493<sup>7</sup> will eventually have an impact on the security situation.

The exploitation of the country's vast mineral wealth remains key to the conflict. Year after year neighbouring countries and large-scale domestic mining activities (Miba, Gecamines and offshore oil plants) continue to plunder the DRC's natural resources<sup>8</sup>. Hundreds of thousands have been tortured or killed in armed conflict to secure this wealth and multitudes dying from malnutrition and disease had to flee their homes because of fighting. In essence, neighbouring countries continue to reap material rewards furthermore stoking inter-ethnic conflict in DRC in the absence of any solid, state structure. The lack of systemised contingency planning, the absence of community preparation, and the occurrence of natural disasters in different provinces also contribute to this dire humanitarian situation.

The denial of access to disputed areas over more than half a decade of civil war has increased morbidity and mortality rates in the DRC to alarming levels.

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<sup>5</sup> AO report "State of food insecurity in the world" UNDP Human Development Report 2003.

<sup>6</sup> Affected Populations Report August 2003 [www.db.idpproject.org](http://www.db.idpproject.org).

<sup>7</sup> UN Security Council Resolution 1493 ( July 2003, paragraph 20)  
<http://ods-dds-y.un.org/doc/UNDOC/GEN/N03/443/15/PDF/N0344315.pdf?OpenElement>

<sup>8</sup> Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of the Democratic Republic of the Congo, 2001.  
<http://www.un.org/News/dh/latest/drcongo.htm>

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Indicator	2000	2001	2002	2003*	Sources*
Infant mortality (under five- per 1,000)	146	200	213	213	MICS 2 <sup>9</sup>
Mortality related to war (daily)	1000	2600		1460	IRC
Maternal mortality per 100,000 births	1830	2250	1289	1289	UNFPA and MICS2
Acute Malnutrition (in selected areas)					
Global	7 – 16%	7 – 30 %	16.1%	16	MICS2
Severe	3 – 8.5%	3 – 9.4%	6.2%	13	
Morbidity patterns (absolute figures)					
Cholera		4,760		17,086	WHO DRC
Measles		5,776			
Inflation (western DRC)	511%	135%(YTD)	15.8%		World Bank, OCHA
Food deficit (western DRC)	10 – 40%	10 – 55%	64%	73%	UNDP
School enrolment	67%	36%	48%	52%	MICS2
Literacy Rate			32%	32%	MICS2

### 3.2 Humanitarian Principles and Human Rights

In DRC, civilians are increasingly targeted, and are victims of power struggles where the lack of any state structures or ownership of authority continues to cost many lives. The setting up of a new National Transition Government must reverse this trend and reduce the shameful loss of lives of present and recent years. The State structure will hold the primary responsibility to provide protection and assistance to its citizens. Only when this responsibility cannot be assumed by national authorities or de facto authorities in place, is external humanitarian assistance provided. The international humanitarian community in DRC is dedicated to supporting the fundamental rights of its citizens, which are embedded in the Millennium Development Goals<sup>10</sup> (MDG).

#### Rights and responsibility based approach

In view of the current situation in DRC, the theme *Hear Our Voices* is poignantly appropriate. For many years atrocities have gone unreported, as continued reprisals against the civilian population by armed groups has left a murderous trail of innocent victims. In line with alleviating this suffering the humanitarian community endorses the primary principle of the Code of Conduct<sup>11</sup>, The Humanitarian Imperative: to prevent and alleviate suffering; to protect life and health (improve the human condition); and to ensure respect for human beings. The Humanitarian Imperative outlines the right to receive humanitarian assistance and a right to offer it as fundamental humanitarian principles. The Humanitarian Imperative also implies a global protection approach, i.e. the respect of international humanitarian law and human rights.

The international community in DRC also acknowledges the importance of adhering to the Humanitarian Charter<sup>12</sup>. The Charter outlines the right to protection and affirms the fundamental importance of the right to life with dignity. After numerous requests from the humanitarian community for action to be taken against human rights perpetrators, the UN Security Council, following a visit in June 2003, issued one of the strongest reminders ever made to belligerents in the DRC, stating that the fight against impunity would now be a priority.

All actors will be responsible for diplomatic pressure, public awareness campaigns, observance of human rights, with accountability remaining key to advancing the protection issues in the DRC.

To ensure humanitarian programmes are implemented in accordance with the highest international standards, UN agencies, Government and all other humanitarian actors will also uphold the following core principles: impartiality; neutrality; independence; assistance; human rights; protection; participation; coordination; transparency and Responsibility.<sup>13</sup> Further:

- humanitarian assistance will promote the best interests of vulnerable groups by addressing their basic needs;

<sup>9</sup> Multiple Indicator Cluster Surveys

<sup>10</sup> The World Bank Group, 2000. <http://www.developmentgoals.org/>

<sup>11</sup> Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, in SPHERE handbook, pp.312-322, Oxfam, Oxford, 2000.

<sup>12</sup> Humanitarian Charter and Minimum Standards in Disaster Response in SPHERE Handbook, pp.312-322, Oxfam, Oxford, 2000.

<sup>13</sup> Principles of Engagement for Emergency Humanitarian Assistance in the DRC, UNOCHA, 1999.

- humanitarian assistance will be provided on the basis of assessment and be distributed impartially to people in need, irrespective of the political, ethnic, or social affiliation;
- humanitarian actors will build on and strengthen local capacities by working through and providing technical support to the Government.

### **HEAR OUR VOICES** **The Humanitarian Imperative**

**Musika** is 24 year old, from a village in eastern Congo, was walking home from market with her little sister carrying her baby son. They had been to buy clothes for children. On the way back they were set upon by 3 teenage men in uniform. They tried to steal what she had bought, pushing her sister aside. When Musika protested they ordered her to lie down and shut her mouth or they would kill her. She asked them how they could do this to a woman carrying a small child. One of the men held her legs so she fell over, another held her shoulders then the third climbed on top of her, ripped her clothes off and brutally raped her. When he had finished, he said the others would have raped her, only the children were watching. Musika struggled home and told her husband about the rape.

He said he felt helpless because he knows he can do nothing to protect her or punish her attackers. He has forbidden her to go to market as he doesn't want her to be raped again. Musika is one of the "lucky" ones as her husband has not rejected her. But nobody from their home goes to market anymore, so their lives are even more desperate now. Musika still suffers from bleeding and her back aches when carrying her baby. But she told her story because she wants these rapes to stop. She said she hoped that the presence of humanitarians meant that it was the beginning of the end of these attacks.

**Justin**, 16, ex-child soldier, North Kivu, DRC

I joined the military at 13 after the death of my mother and brother. I thought I would have a better life with the military because my father was old and couldn't take care of me -- unfortunately, I suffered more than I imagined.

At UNICEF's demobilisation centre, I am well fed [with WFP food] and clothed, something I never had with the military. I am learning many things now: how to live again in peace with others, improving my reading and writing, and being taught agricultural skills.

When I leave the centre, I hope to return to school so that one day I can become a pastor. I am worried, though, because my family is poor and it will be difficult to pay my education. I am also afraid that when I return home, I will be forced to re-enroll in the military; so I would like to see more steps taken to stop the authorities from enrolling minors in the military.

If I could give a message to people from rich countries, I would say first: thank you for your assistance. I will also pray for them and hope that their good gestures will continue so that other children in trouble can receive help here in Congo or in other countries in need throughout the world.

**Auguste**, 12, ex-child soldier, South Kivu, DRC

When I was younger, my mother died giving birth so I left to live with a host mother and then she died, so I returned to live with my father. I've never really been to school. My family paid once for one month but couldn't pay after that so I was chased away.

One night, when I was 11, someone knocked on our door. Papa answered to find a group of armed men demanding money. We didn't have any money and could only offer them a pig, so they shot papa. After looting our house, the armed men made me go with them carrying everything on my head.

We walked for months through the Kahuzi Biega Park until we reached Bunyakiri [South Kivu]. During this whole time, I had to sleep outside with no blanket and was given only raw meat to eat. At every village, the armed men looted, raped and killed. When I saw their behaviour, it scared me and I knew I didn't want to be a part of it; so one night I fled while they argued over alcohol. They started shooting everywhere and I had to fall on the ground to avoid being shot but I was able to get away.

Now that I am at UNICEF's [demobilisation] centre, I receive food [from WFP], clothes, flip flops and advice on how to behave myself. I am happy with what I receive here but I would also like to go to school. I have no more family and cannot return home because I'm afraid of being killed so I wish I could be educated here.

If I could give a message to people in rich countries, I would first say thank you for the assistance you have already provided and I would also like to encourage them to continue these acts of love and generosity.

### 3.3 Capacities and Vulnerabilities

#### Critical Groups

The international community in the DRC will primarily target the most vulnerable groups, in line with the moral obligation of humanitarians to assist the most vulnerable.

#### Internally Displaced Peoples

The DRC has one of the highest levels of vulnerability as a result of continuous conflict, now reaching unprecedented levels. More than 3.4 million are displaced. DRC has the highest displacement figures in the whole of the African continent, next only to Sudan with 4.5 million IDPs. Displacement is due to the continued fighting, destabilisation and insecurity in the region. A sharp increase in displacement has been measured in North and South Kivu, Maniema, Province Orientale and Katanga.

Since 1999, the number of IDPs increased from 800,000 to 3.4 million as estimated by OCHA DRC in August 2003. All too often, the population, who have paid a high price of due to war since 1998, is already weak and suffering from extreme poverty and insecurity. People are forced to leave their fields, homes and communities with the few belongings they have, to walk several days towards secured villages or the heavy forests, where if they are lucky they can find assistance or at the very least, a temporary safe haven from marauding militia.

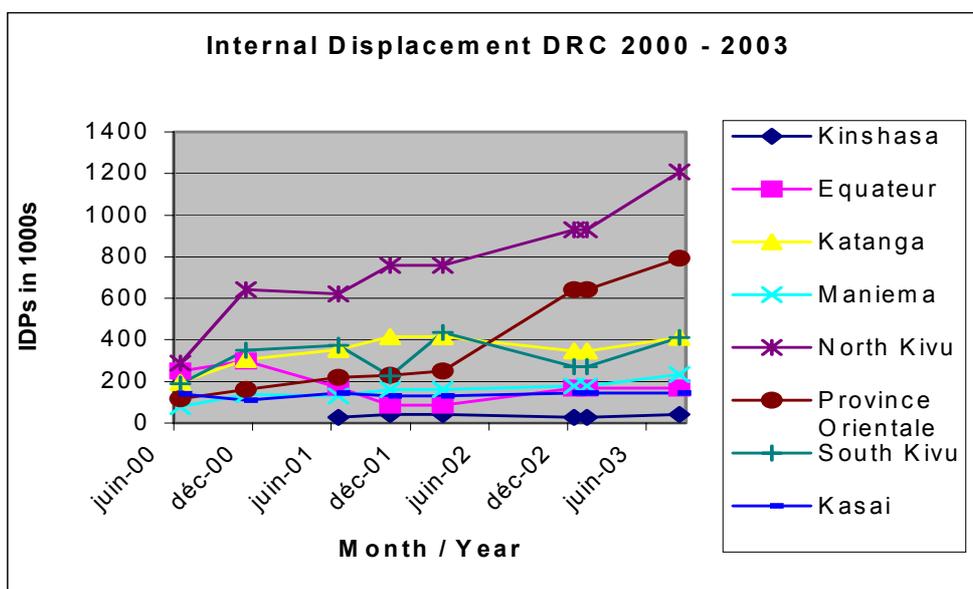


Elderly woman asking for help

OCHA

During this critical time, the civilian population is very often the victim not only of the initial violence that caused the displacement, but of looting, rape, and violence along the path on which they flee and in towns where they settle temporarily. Women and children and the elderly Congolese are again, those who suffer the most.

Displacements are often spontaneous and not systematic, with no real favourable conditions in place for return; most IDPs reside with host families, which further strain an already weak coping system. An untold number remain inaccessible to aid, often hidden in forests and living in deplorable conditions.



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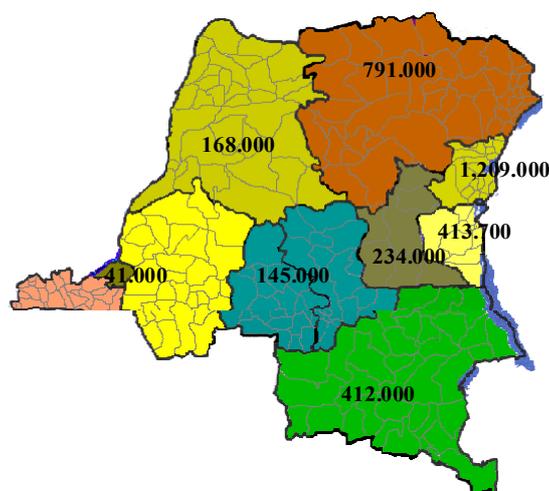
The vast majority of the displaced in DRC are in the eastern provinces in Equateur, north-western DRC. *“Among the main constraints impeding the delivery of assistance are security, pressure from rebel groups not to operate in areas they do not control, lack of information and qualified staff willing to work under exceedingly difficult conditions<sup>14</sup>”.*

It is rare to find a village in eastern DRC that has not been significantly affected by the continuing civil war. Communities that host these newly displaced families are already victims of war and face a lack of basic services and access to sufficient food and potable water. Those who are lucky enough to be accepted by host communities place a further strain on already poor families and further increase competition for resources, including land and income generating activities.

The displaced are forced to flee their homes into the surrounding forests or into ‘host’ communities. As the troops fighting advance or retreat, they loot and destroy most of the structures in their path. Not only do the displaced lose their belongings and homes but all infrastructure is destroyed as well. Schools, health centres, and hospitals are often looted and destroyed. Markets are displaced and fields are ravaged. All too often, as vividly illustrated in Ituri and in South Kivu in 2003, the vulnerable population, particularly women and children, do not escape the wrath of war. Lack of access to populations in need remains one of the major problems, with high insecurity and lack of adherence to humanitarian principles creating further obstacles for displaced persons.

### IDP MAP – OCHA Kinshasa

#### *Personnes déplacées - août 2003*



Civilians are often pressed into service by the troops they encounter as camp followers, soldiers, and sex slaves. Entire communities are displaced or destroyed. Coping mechanisms that already existed in this already difficult context are further compromised.

Many receive no aid at all, and live in appalling conditions, while some hide naked in forests, unable to reach safe havens, living in a constant state of fear. People resort to sharing one set of clothes in order to maintain some semblance of dignity as they take turns going to public places to access basic health care.

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<sup>14</sup> IDP Interagency Mission Report DRC 26-28 February 2003.

### **Women and children**

In a context where basic fundamental governance is still elusive the protection of human rights is a constant challenge, women and children remain highly vulnerable. The abhorrent sexual exploitation and abuse of women and children is essentially a war within a war, a war against women and children attributed to the armed forces and militia involved in the conflict in the DRC. They continue to commit serious abuses against women and children and frequently target women for rape and other sexual violence. Women and girls are often attacked while carrying out everyday chores - including working in the fields, collecting firewood or bringing produce to the market.

According to reports from a local NGO in Uvira, from October 2002 to February 2003, an average of 40 women are raped every day, often in the presence of their families. Those who survive such brutality often live with physical, emotional and psychological scars for a lifetime. The rape of women and children has a devastating impact on entire communities. Children lose all aspects of their protective environment - with schools closed, health care facilities non-existent, family members killed before their eyes, siblings forcibly recruited into the armed forces, and entire families displaced and communities destroyed.

Women and children remain highly vulnerable to disease. WHO reports that malaria remains one of the most important causes of mortality and morbidity in DRC especially among pregnant women and children, and furthermore contributes indirectly to HIV transmission for anaemic patients during transfusion. The fight against this disease is hindered by numerous factors: chemo resistant strains, such as collapsed health systems, low community participation and high staff turnover. Measles and diarrhoea also figure as some of the biggest killers, especially for children in the IDP camps where communities live packed closely together and are more susceptible to contracting such communicable diseases.



Displaced women and children – Bunia IDP Camp OCHA

Statistics from the WHO DRC show that measles is the second leading cause of mortality among children until age five. Approximately 24,000,000 children are at risk. Creative, effective avenues of vaccination coverage must be developed and implemented to reduce mortality related to this preventable disease. Respiratory tract infections are an important cause of death that can be treated with simple effective and cost-efficient measures, costing less than US\$ 1 per period of illness. Severe malnutrition continues to affect over 7,000 young children each month. Appropriate treatment of malnutrition in therapeutic feeding centres (TFC) is essential and is available through a national programme. Community based malnutrition prevention and management is also available and will continue to be promoted. Complications of pregnancy and maternal mortality are extremely high in DRC. In some places up to 3% of pregnant women die, more than 5 times the average in the African region. Care for pregnant women can be improved through targeted training and provision of essential materials

According to a UNICEF report in June 2003<sup>15</sup> thousands of children, some younger than ten years old, were recently recruited and are being used as child soldiers by the various armed groups. Many of these children are forced to take part in horrific violence. Countless others have been killed or maimed in combat. As many as one third of the 30,000 fighters are children. The phenomenon of street children is emerging with the fragmentation of families and communities and as a result of the huge displacement. Over 12 per cent of children do not reach their first birthday in DRC. Other abuses against women and children are told in stories of young mothers in Kinshasa who have just given birth, and have become prisoners of the hospital authorities, unable to pay for basic health services.

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<sup>15</sup> www.unicef.org

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The young mothers are then obliged to work on the premises until they have paid their debt. Not only is this a chronic indicator within the public health sector, a downright denial of human rights, but a stark portrait of the absence of dignity.

### **HIV/AIDS**

Rape is correlated with the acquisition of HIV. The horror of sexual and gender based violence and rates of HIV/AIDS in DRC are alarming. Reports from the Panzi hospital in Bukavu in 2002 and 2003 indicate that 27% of those raped tested positive for HIV. While the sample group is small it is nevertheless an indication of a growing problem. The lethal combination of high rates of HIV rates among soldiers and the massive phenomena of rape in eastern Congo translates into a death sentence for most raped girls and women.

According to an IRC report HIV/AIDS is rapidly becoming one of the leading causes of death in the DRC, with an estimated HIV infection rate of 5%, compared to 8% in Tanzania and 25% in South Africa. Other estimates indicate that 15% of the population is infected in eastern DRC. According to UNAIDS a prevalence rate greater than 1% indicates a general epidemic and that current HIV/AIDS trends are worsening within the DRC. According to a survey carried out by ALISEI during the month of March, 24% of pregnant women have HIV/AIDS in Kalémie. The estimated HIV average prevalence is 5% for the year 2003 with a higher rate for women related to, among others, socio-cultural vulnerability multiple troop movements and population displacements. The impact of HIV is grave taking into consideration the life span of the population is 47 to 51 years. The scenario is even more bleak and aggravated by the morbidity burden due to the coexistence of HIV/TBC (tuberculosis), which affects a third of the seropositive population.

Hospitals and health centres have little or no screening methods for HIV. Out of 507 blood transfusions documented in September 2001 not one was screened for HIV. More often than not, women and children are the most frequent recipients of blood transfusions. The prevention aspect in addressing HIV/AIDS is severely lacking in DRC. Little or no educational programmes on healthy sexual practice, the use of condoms or public awareness campaigns on the positive aspects of safe sex are other factors in the spread of HIV/AIDS.

Data from DRC HIV sentinel sites surveyed in 2003:

Sentinel sites covered	Province	N	% HIV	% Syphilis
1. Binza	Kinshasa	536	3.9	0.4
2. Boyambi	Kinshasa	503	3.2	0
3. Kingasani	Kinshasa	580	4.3	0.9
4. Matadi (Mat. Kinkanda)	Bas-Congo	509	4.7	0.4
5. Mbandaka	Equateur	660	5.2	2.4
6. Mbujimayi (Mat. Dipumba)	Kasai Oriental	540	3.1	1.7
7. Lubumbashi (Mat. Sendwe )	Katanga	514	6.0	1.6
8. Vanga	Bandundu	571	2.5	1.2
9. Mikalayi	Kasai Occidental	500	2.4	1.6

6 HIV sentinel sites not yet covered: Lodja ( Kasai Oriental), Kindu ( Maniema ), Bukavu (Sud Kivu), Goma (Nord-Kivu ), Kisangani (P. Orientale), Bunia (P. Orientale).

### **Capacities**

In these difficult situations, few or no coping mechanisms exist for these critical groups. Whatever coping mechanisms do exist is further compromised as communities and populations are stretched to their limits. While internally displaced persons traditionally gravitate towards traditional structures such as churches and common ethnic links such as host families, other mechanisms have been developed in response to the deteriorating situation.

As seen in Maniema and North Kivu, traditional coping mechanisms can include the selling of specific household items such as spoons and casseroles crafted locally. One coping mechanism that has evolved as a result of continuing insecurity and displacement is the complex system of '*Mangene*' or hiding places in forests. These dwelling places are not only temporary 'homes' or communities, but

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also include a highly developed system of communication that signals to others, who are fleeing, where safe havens are found.

Unfortunately, very few supportive coping mechanisms exist for those affected by HIV/ AIDS in DRC. Often, those affected by HIV simply state that they are sick, hoping not to expose themselves or their families to the stigma associated with HIV.

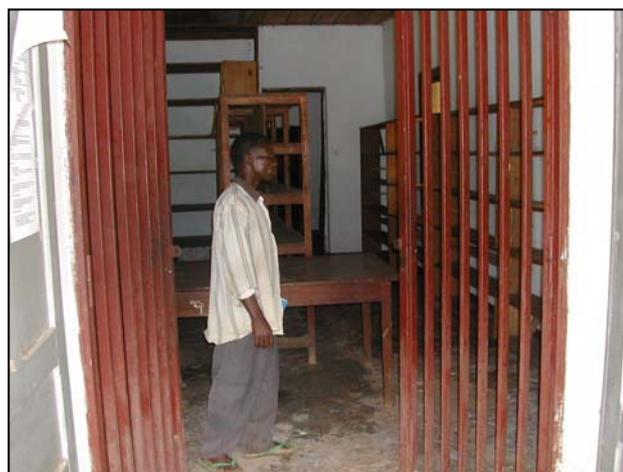
Other coping mechanisms include families sending HIV/AIDS infected loved ones to villages in the interior to live out their last days, where they can disguise their illness for one more socially acceptable or less stigmatised. In Kivu, the population have developed a name for HIV infected persons called 'karuo'. Karuo, is used to describe the symptoms of those suffering from HIV infection, but is believed to be a type of poisoning that has been administered by someone taking revenge for a malicious act.

Humanitarian agencies must continue to support community initiatives and reinforce traditional coping structures. Advocacy for the protection of these critical groups as well as and sensitising local authorities in the respect of human rights and humanitarian principles is instrumental in restoring dignity to the population of the DRC.

### Glimpses of Vulnerability



Glimpses of vulnerability - Orphans of War OCHA



Pharmacy in Bunia – March 2003 - OCHA

## 4. SCENARIOS

These scenarios were developed in the Goma and Kinshasa CAP workshops in July and September 2003, respectively.

### ***The most probable scenario - dichotomy between East and West***

The political backdrop will remain very fragile. Although dialogue will continue throughout the transition period, the process will be wrought with difficulties. In western areas the situation will remain calm and there will be increased return of IDPs and assistance for reintegration activities. Across the country human rights violations and persistence of impunity will remain of serious concern. Any delay in implementing army reform and DDR plans will also aggravate the situation. The security situation for humanitarians will remain delicate and personnel will regularly need to be relocated from areas of insecurity.

Despite an increase in donations from financial institutions and increased capacity of humanitarian actors and donors alike, humanitarian needs will go unmet due to an increase in newly identified ones. Humanitarian actors will be unable to assure a smooth transition from emergency assistance to development assistance, leading to a demand for additional funding from external sources. There will also be difficulties in the decentralisation of the Government and emulation at the provincial level.

Insecurity will continue in the East, particularly in Ituri, the Kivus and Maniema; and certain armed groups will continue to declare their legitimacy. MONUC's change in mandate will bring about increased levels of stability in parts of Ituri and elsewhere in the east. At the same time, neighbouring countries will continue to interfere in eastern DRC. In Equator and Kasai, humanitarian needs will increase and local populations will have to rely on re-establishing traditional coping mechanisms. Improved security conditions will highlight the need for more rehabilitation programmes.

In the accessible secure zones, there will be an increased spontaneous return of IDPs and refugees from neighbouring countries and the repatriation of Congolese refugees in DRC, and an increase in humanitarian aid where return and reinsertion programmes are to be established. There will be also be an increase in the spread of HIV/AIDS due the increased incidents and interactions associated with movements of displaced people.

In all areas, human rights violations and SGBV will continue, related to the lack of any formal structures to deal with impunity and the lack of respect for human rights and humanitarian principles. Local actors will have little capacity or credibility, leading to further demands to reinforce local structures, necessary to ensure that humanitarian will have access to vulnerable populations and those affected by continued fighting.

### ***Best-case scenario***

The Transitional Government will assume control of the whole country. This in turn will lead to economic recovery and ultimately better coordination and management. Conflict will end and the protection of civilians will become a State priority. There will be a limited transition from Emergency programmes to Development assistance, and stable security conditions should prevail.

### ***Worst-case scenario***

There will be a breakdown in talks leading to a stalemate in the Government. This potential collapse would lead to renewed presence of foreign troops, new alliances and increased fighting between militia groups and attempts to regain territory from the RCD/G. This would bring about an increased risk of conflict in Kinshasa and elevated violence in the provinces. MONUC will be unable to achieve its objectives. Rioting and social unrest in Kinshasa would lead to evacuation and this in turn would leave a coordination/response void and would leave the humanitarian situation unaddressed throughout the country. There would also be renewed conflict between DRC, Rwanda and Uganda.

## 5. STRATEGIC GOALS

Based on the most probable scenario and humanitarian context developed above, the humanitarian community elaborated a comprehensive common response strategy as the main component of the Common Humanitarian Action Plan (CHAP) for 2004.

Despite differences in local contexts and levels of relief and recovery needs across the DRC, it is important that all activities fall under an overall conceptual framework. Different regions may require diverse strategies undertaken by various actors according to their comparative advantages. However, all should be carrying out their assistance based upon commonly agreed objectives and principles as to ensure maximum harmonisation and impact. This conceptual framework needs to harmonise activities at two levels: 1) to respond to the continuing humanitarian needs; and 2) to prepare for increased recovery and development efforts geared towards an exit strategy. These two levels should be both geographically and sectorally balanced.

Faced with the size and the complexity of operations within a country such as the DRC, humanitarian partners are often not in a position to attain their goals due to lack of human resources, limited management structure or lack of funds. The humanitarian community will readjust planning and projections and outline more realistic objectives. This framework also includes more effective use of coordination tools, and a more participative approach from all actors, civilian, humanitarian and Government to collective strategising and planning.

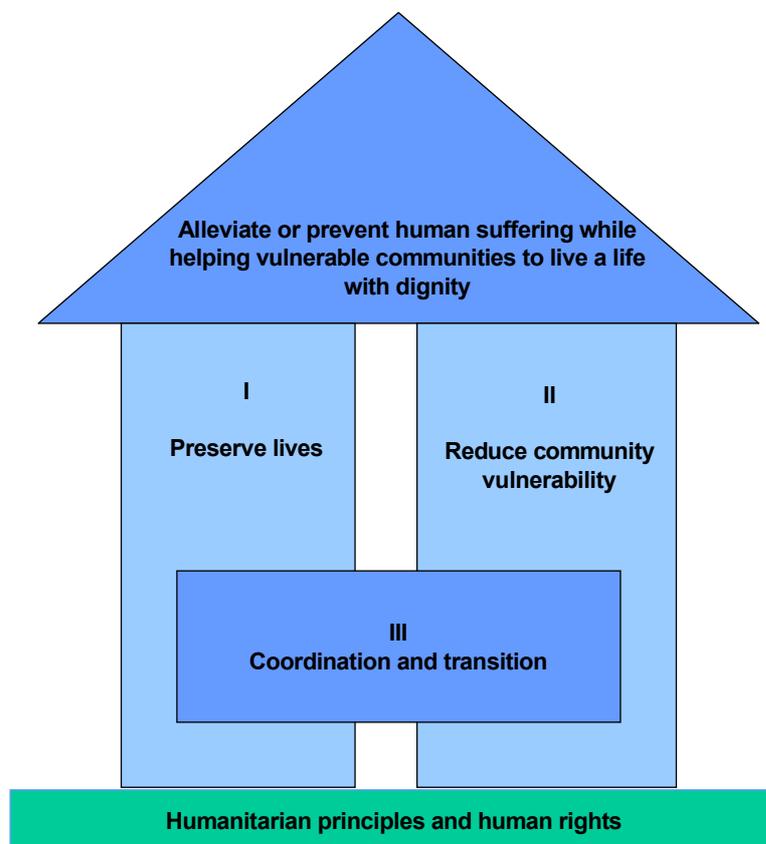
The ultimate goal of the Common Humanitarian Action Plan (CHAP) for 2004 is to:

**Alleviate or prevent human suffering while helping vulnerable communities in the DRC to live a life with dignity.**

This overarching goal is translated into three axes:

- I. **Preserve lives;**
- II. **Reduce vulnerabilities within affected communities;**
- III. **Maximise coordination mechanisms and facilitate the transition from relief to development.**

COMMON HUMANITARIAN ACTION PLAN 2004 FOR DRC



With a view to alleviation of suffering and restoring dignity to the populations in need, partners will aim to pursue a rights based strategy which will draw on the legal instruments and humanitarian principles as the foundation. The strategy will also endeavour to reflect the targets agreed upon in the Millennium Summit. This in turn will ensure a collective principled framework between National Authorities, UN, Donors, International NGOs, and national NGOs.

Together with the Transitional Government, the assembly of actors will aim at securing universal standards of dignity and the gradual transition from emergency assistance towards development, economic recovery and reconstruction.

**First Pillar**

**Preserve lives**

In an attempt to attain this goal, humanitarian partners will support the mechanisms within the Transitional Government, in its primary responsibility to respond to the needs of the Congolese people and bring about a more dignified life for vulnerable populations in the DRC. In 2003, there was a high increase in the killing and targeting of civilian populations and a marked increase in cases of sexual and gender based violence. Preserving lives by widening and consolidating humanitarian space also implies the provision of assistance to the most vulnerable groups. This will be achieved through advocating for basic humanitarian needs such as food, shelter and access to health care. The strategy will also incorporate the setting up of Rapid Response mechanisms to timely address emergency crisis in a timely manner and to reinforcement coping mechanisms as a viable alternative to humanitarian aid.

In order to achieve this strategic goal, the humanitarian community shares the following common objectives:

- widen and consolidate humanitarian space;
- ensure and advocate for activities in protection to ensure respect for basic human rights and humanitarian principles;
- ensure the set up of rapid response mechanisms and ensure follow up of contingency plans;
- reinforce coping mechanisms;
- promote the responsibility of the State at national, provincial and local level in order to respond to humanitarian needs;
- support the fight against impunity.

## **Second Pillar**

### **Reduce vulnerabilities within affected communities**

In order to reduce levels of vulnerability within affected communities, basic services will be reinforced, grass roots initiatives will be supported and reintegration facilitated. A participatory approach to initiatives aimed at supporting community peace and reconciliation groups will be paramount to delivering the affected communities from increased levels of vulnerability. This will involve discussions around reconciliation at the community level with civilians, official authorities and armed groups, in an attempt to attain peace consolidation.

The second pillar, reducing vulnerabilities in affected communities, is how the humanitarian community will support the interim emergency needs in the transitional phase in DRC. As development actors are unlikely to be fully operational within the next 12 months, humanitarians will sustain aid operations while preparing for the handover.

In order to achieve this strategic goal, the humanitarian community shares the following common objectives:

- reinforce and ensure access to basic services;
- support community initiatives;
- facilitate reintegration process and harmonise reintegration activities for ex-combatants with overall reintegration and recovery programming;
- support community response mechanisms (reconciliation, peace building and legal land division for returnees);
- promote a participatory approach in setting up and elaborating strategies for affected populations;
- support economic recovery activities.

## **Third Pillar**

### **Maximise coordination mechanisms and facilitate the transition from relief to development**

All partners recognise the necessity for coordination to improve the efficiency and coherence of the response to humanitarian needs in DRC. Coordination also plays a vital role in ensuring the necessary relief provided to the vulnerable population in the transitional phase. The humanitarian community has thus, developed this third transversal axis, to bridge the two operational pillars and ensure complementarity between the various aid actors and sustainability of programmes. As all actors are responsible and accountable in improving coordination, this will include Government, humanitarian implementers, donors and local actors alike.

A special emphasis will be placed on improving overall coordination on the issue of internal displacement, as IDPs are the primary group of concern to the humanitarian community in the country. No specific agency in DRC is mandated with the response to IDPs, therefore a collaborative approach is essential. Hence IDP needs have been addressed throughout the sector-based strategies, with special attention given to complementarity.

In order to achieve this strategic goal, the humanitarian community shares the following common objectives:

- participate in development of integrated approaches to humanitarian issues of concern;
- ensure better management of information systems;
- ensure better safety of humanitarian actors;
- reinforce synergy between coordination mechanisms and favour an improved multi-sectoral approach;
- facilitate the decentralisation of response strategies and coordination mechanisms; promote accountability for all actors;
- ensure a collaborative and integrated approach for response to internal displacement;
- promote the responsibility of the State at national, provincial and local level in protecting civilians;
- support national coordination capacities.

## 6. ROLES AND RESPONSIBILITIES

Hope is now riding high on the officially installed National Union of Government to take up its responsibility to protect civilians who have been victim not only of state collapse but also of atrocious human rights abuses.

The Transitional Government supported by the international community will bear overall responsibility for the provision of humanitarian assistance. It will also assume its role of protection, ensuring the safety of humanitarian personnel and material, while ensuring coherence of programmes for humanitarian assistance and programmes aimed at return, reintegration, and recovery.

### **Government**

The Government, who has the ultimate responsibility to protect its citizens and facilitate humanitarian aid, will coordinate regularly with humanitarian partners at both national and provincial levels, on all relevant strategic issues. It will also facilitate humanitarian operations by providing accurate information on priorities and intentions. With the support of the international community the State will also accept responsibility for bridging the gap from emergency to national recovery programmes. In turn it will also be responsible for preventing any deterioration in the humanitarian situation by registering displaced populations and ensuring minimum standards of assistance, with the support of the international community.

### **United Nations**

The United Nations will primarily assist vulnerable populations in an increased effort to prevent loss of life. The role of the UN will be to support the Government's efforts to coordinate and consolidate humanitarian assistance. In line with a rights based approach all actors will ensure that objectives and activities reflect the Millennium Goals and core humanitarian principles in their work in DR Congo.

To this end the Humanitarian Coordinator will be responsible for facilitation and coordination of all humanitarian issues. At the policy level the UNCT will meet in order to develop strategic policies and programmes, and for coordination issues, the Humanitarian Coordinator will be supported by OCHA in facilitating coordination at all levels. The Humanitarian Advocacy Group also chaired by the Humanitarian Coordinator will continue as a forum for decisions taken and as a follow up of these actions. This is also emulated at the provincial level.

MONUC has the overall goal of assisting the Congolese parties through a successful national transition to good governance culminating in free and fair elections within the constitutionally authorised period of two to three years. The core programmes are: advancing peace and security to end the tragedy of war and conflict; through military deployments in conflict-ridden areas of the country and the Disarmament, Demobilisation, Repatriation, Resettlement and Reintegration (DDRRR) of armed combatants; facilitating the political transition leading to elections; establishing the rule of law and respect for human rights, through support to the justice sector and regular human rights monitoring, investigations and advocacy; addressing the legacy of war by improving human conditions for sustainable peace, by facilitating humanitarian assistance.

### **Sector Activities**

In *Health issues* at sectoral level WHO will continue to advise the Government on all issues related to better coordination in the health sector supported by UNFPA and UNICEF who will play a leading role in *Water and Sanitation*.

In *Food Security* issues FAO will work closely with partners to attain better coordination, assisting by UNICEF who will set up nutritional centres and the introduce national nutritional protocol. WFP will also be instrumental in logistics with the provision of essential food stuffs to nutrition centres and will assist in seeds and tools distribution.

In *Human Rights* issues, the Office of the High Commissioner for Human Rights (OHCHR) alongside MONUC, UNDP, UNICEF and ILO will continue to advocate for the respect of human rights with UNICEF playing a leading role in Child Protection, and UNHCR taking the lead on all issues concerning refugees. OCHA will continue in its role of facilitating coordination between all actors, and will continue to advocate for the protection of civilians and access to vulnerable populations.

### **Donors**

Donors are asked to provide support in line with priorities identified in the 2004 Consolidated Appeals Process. Donor institutions have already expressed their desire to collaborate fully with Government and UN agencies in order to further develop appropriate policies in advocating for humanitarian principles. Donors will also provide technical support to national institutions to build capacities within community structures.

### **Non-Governmental Organisations**

The role of the NGO community will be to serve as main implementers of humanitarian programmes on the ground reaching out to vulnerable populations. NGOs will also be on the frontline breaking down boundaries to improve access with the support of their UN partners. NGOs will meet with OCHA on a weekly basis in liaison groups and in sectoral groups with UN agencies and will have an integral role in providing information to define needs and strategies.

## **7. COMPLEMENTARITY WITH OTHER ACTORS**

Faced with overwhelming responsibilities, demand and constraints in terms of access, logistics and funding since the onset of the armed conflicts in DRC, humanitarian actors have opted for a strategy of rapid joint response, active advocacy for access and respect of humanitarian principles. In order to address exceptional circumstances, relief organisations and humanitarian coordination instances have resorted to no less exceptional forms and levels of "engagement against resignation", ranging from the opening of "airspace humanitarian corridors" in the absence of any ceasefire agreement, to the extensive use of the Emergency Humanitarian Intervention fund (EHI). Likewise, concrete steps have been taken towards the reopening of river and rail traffic, and relief actors have resorted to some historical compromises with principles of neutrality (use of the Congolese patriotic chord to gain access to civilians across frontlines) and of independence from military forces (Ituri, May 2003). The launch of a Transition Government provides the humanitarian community with hope for rapidly expanding human security, in all its forms, enhanced by a renewed sense of state responsibilities.

Following the Good Humanitarian Donorship meeting in Stockholm June 2003, donors have agreed to redefine their role in humanitarian action, to adopt a more informed and critical role in the definition of humanitarian policy and programmes. This principled framework will be piloted in DRC in 2005 but may begin influencing funding as of 2004.

The deployment of new institutional actors during the year 2004 throughout the country (State structures, World Bank, IMF, UNDP, EU and other long term institutions) is expected to bring about a new coordination of activities between emergency, community initiative, economic recovery. As far as humanitarian action is concerned, varying levels of vulnerability will be the determining operational criteria.

In the same vein, decentralised partnership will be promoted between emergency relief and support to economic recovery. Humanitarian actors will endeavour to promote the principle of provincial strategies thus, erasing the de facto frontlines created over the years across Equateur, the Kasais and

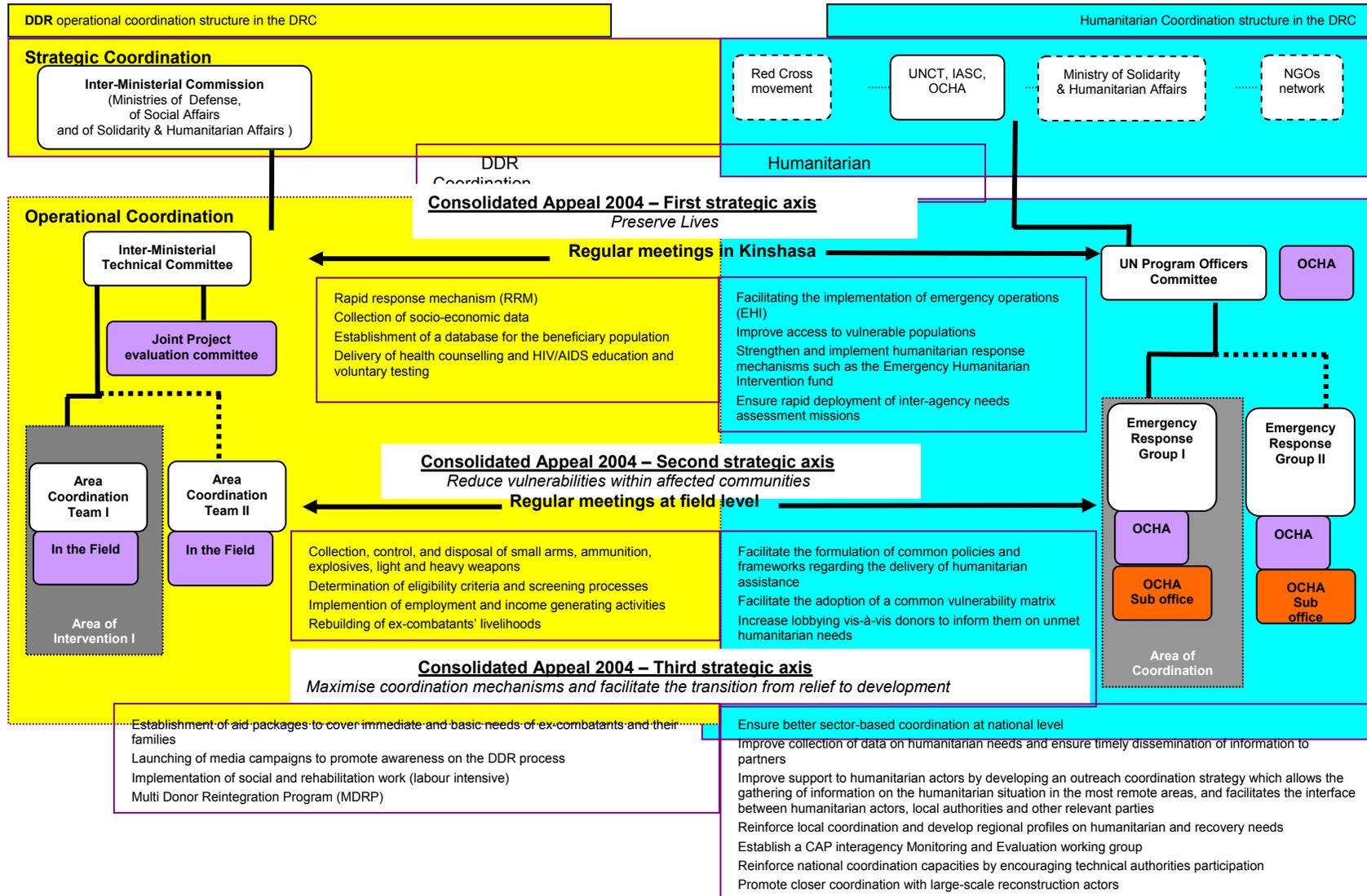
Katanga provinces, by repositioning actors and airlift capacities: for instance, humanitarian strategies regarding Lusambo in Kasai or Manono in central Katanga will hopefully no longer be initiated from distant Goma. Likewise, cross-provincial strategies will be conducted according to common humanitarian challenges and/or natural economic ties between various regions, such as Beni, Bunia and Kisangani, or between South Kivu and Maniema.

As in 2003, the DDR strategy is vital as it represents the entry gate for access to humanitarian community's core target population, and for promoting and launching early recovery programmes. For it to have a substantial and sustainable impact on the ground however, it is in turn extremely dependent upon further progress in the restoration of law and order. Should this fail to materialise, humanitarian action would remain the sole channel for concrete support to civilians trapped in the complex crisis of eastern DRC, using its usual channels and *modus operandi* and targeting victims to an extent apportioned to security procedures.

# DEMOCRATIC REPUBLIC OF THE CONGO

UNITED NATIONS

## AN OPEN FRAMEWORK FOR HUMANITARIAN AND REINTEGRATION DYNAMICS



## **8. RESPONSE PLANS/SECTOR PLANS**

### **8.1 Health**

#### **Situation Analysis**

In 2003, the DRC entered a new era. A Transitional Government was put in place and prospects of an entire territory will be opening for humanitarian aid emerged. Despite the range of interventions undertaken and the presence of humanitarian actors, the health situation, including the reproductive health situation is still unstable, with morbidities far higher than the accepted standards coping mechanisms have collapsed and mortalities have increased alarmingly. Immediate and cross-sectoral precautions must be taken and implemented.

#### **Goal**

**To reduce morbidity and mortality within the vulnerable populations in the most affected areas.**

#### **Objectives:**

- Adopt a provincial-based strategy and gradual decentralisation;
- Shift from curative care to a public health approach;
- Improve coordination and complementary roles among intervening parties through data collection and information exchange;
- Build partnerships with health authorities and local NGOs at both central and community level;
- Encourage treatment seeking behaviour within the population using communication and sensitisation tools;
- Improve geographic and security accessibility to health structures;
- Promote free access to health for indigent patients;
- Promote staff motivation;
- Mobilise appropriate financial contribution for urgent projects;
- Address and provide immediate health, including reproductive health and sanitary needs for the communities;
- Improve the mental and physical well being of the population at risk;
- Reduce vulnerability of the population by controlling and helping reduce the major causes of death (malaria, respiratory infections, diarrhoeal diseases, meningitis, and measles);
- Promote appropriate behavioural changes and create awareness on HIV/AIDS and provide PEP kits for survivors of sexual and gender based violence;
- Promote the utilisation of Reproductive Health emergency kits for IDPs and survivors of sexual and gender based violence;
- Enhance health authority capacity at community and provincial levels to cope with the emergency phase;
- Organise the health system to be better prepared for post conflict in terms of services delivery.

#### **Indicators**

- Number of morbidity and mortality cases reported on weekly basis in area under programme coverage;
- Number of patients attending the health structure by age and sex;
- Vaccination coverage of vaccine preventable diseases for women and children <5;
- Number of health zones per province implementing the minimum package;
- Quantity and quality of data, figures, and maps provided;
- Number of provinces that have developed a contingency plan;
- Percentage of appropriate case management compliant with therapeutic and diagnosis guides;
- Number of surveys carried out (nutrition, mortality, Knowledge, Attitudes, Practice–KAP surveys, Multiple Indicator Cluster Surveys -MICS);
- Number of treated SGBV survivors.

## 8.2 Coordination

### Situation Analysis

The overlapping series of regional and local conflicts driven by the scramble for resources, state failure and ethnic rivalries have been characterised by lack of access, insecurity, high levels of population displacement and widespread human rights abuses, including rape and other sexual and gender based violence, murder, use of child soldiers, looting and forced labour. Driven by the complexity of the situation in the DRC and the blatant dichotomy between accessible secure zones, where humanitarian needs are expected to increase due to a return of IDPs and refugees, and insecure areas in the East characterised by unmet humanitarian needs, the humanitarian community has identified a cross-cutting pillar of the CHAP: *'Maximising coordination mechanisms and transition from relief to development'* in which national and local actors will have an increasing role, which includes the development of more community-based strategies in response to the diversity of needs.

Rapid response to acute emergencies, like the one experienced in Ituri, is key to fulfilling the humanitarian imperative. The direct and efficient impact of the Emergency Humanitarian Intervention fund (EHI), used as a collaborative decision making tool, which includes heads of UN agencies, donors and respective representatives at provincial level, is exemplary of a coordination and rapid response tool. However, EHI is only used as a last resort and when donors and other existing mechanisms cannot respond to the new crisis.

With a current estimate of 3.4 million IDPs, the humanitarian community faces tremendous challenges in meeting their multi-sectoral needs. An inter-agency mission on internal displacement was conducted in DRC in January and February 2003 and highlighted the need for more specific coordination mechanisms on the issue of internal displacement, and a more concerted approach. This issue is therefore a priority for the humanitarian community as a whole. The Humanitarian Coordinator, assisted by OCHA, will specifically ensure that the following strategy is implemented to fill identified gaps.

### Goal

**To facilitate and ensure the effective and coordinated response to all phases of any natural and man-made humanitarian emergency in areas of greatest humanitarian need in the DRC.**

### Objectives

- Improve access to vulnerable populations.
- Ensure rapid deployment of inter-agency needs assessment missions.
- Facilitate the formulation of common policies and frameworks regarding the delivery of humanitarian assistance.
- Facilitate better sector-based coordination at the national level.
- Improve collection of data on humanitarian needs and ensure timely dissemination of information to partners.
- Strengthen and implement rapid humanitarian response mechanisms such as the Emergency Humanitarian Interventions fund (EHI).
- Improve support to humanitarian actors by developing an outreach coordination strategy to allow the gathering of information on the humanitarian situation in the most remote areas, and facilitate the interface between humanitarian actors, local authorities and other relevant parties.
- Reinforce local coordination and develop regional profiles on humanitarian and recovery needs.
- Establish a CAP inter-agency Monitoring and Evaluation working group.
- Facilitate the adoption of a common vulnerability matrix.
- Increase lobbying vis-à-vis donors to inform them on unmet humanitarian needs.
- Reinforce national coordination capacities by encouraging technical authorities participation.
- Promote closer coordination with large-scale recovery actors.

### *Specific objectives on internal displacement coordination:*

- create a inter-agency task force on internal displacement;
- reinforce and support local thematic groups on populations movement;

- facilitate the development of a national plan of action for response to internal displacement with an emphasis on protection and reintegration response;
- facilitate the development of a methodology to collect data on population movements;
- develop a database on displaced populations.

### Indicators

- Frequency of information and analysis reports on the humanitarian situation.
- Contingency plans are designed, and follow up is ensured.
- Common strategies are formulated and monitored.
- Populations in areas of greater needs have better access to humanitarian aid.
- Accountability and integration of state services in humanitarian actions have increased.
- Cooperation with entities responsible for planning and implementing DDR, recovery and developmental activities ensures relief and recovery activities are planned and undertaken in a timely manner with a perspective of longer-term impacts.
- Increased presence of humanitarian actors in the most affected areas.
- Number of emergency initiatives supported.
- Average time for implementation of emergency initiatives.
- Number of humanitarian actors deployed and timeframe.
- Number of reintegration and resettlement programmes supported.
- Number of inter-agency assessment missions conducted.
- Level of funding of humanitarian programmes.

## 8.3 Food Security and Nutrition

### Situation Analysis

The nutritional status of a large number of the Congolese population remains poor. Recent surveys by FAO indicate severe deficits in both calorie and protein intakes as a result of unprecedented high levels of malnutrition among the population, the Government of DRC has listed this issue as one of its top priorities to address. Following the ongoing peace process, the subsequent access to some previously inaccessible areas has revealed large numbers of IDPs living in desperate nutritional conditions in several parts of the country. In places less affected by insecurity, most of the population face limited access to food and basic health care.

In 2003, the number of nutritional centres increased following new access to areas such as Kindu, Kasongo, Shabunda and Uvira, which had remained isolated for years. Lack of adequate resources still remain a major bottleneck for aid agencies to provide basic assistance to the affected populations. In the Ituri District and part of North and South Kivu, many people remain in dire need of food assistance because of the escalation of violence; access to food is compromised as a result of frequent attacks and looting by combatants.

### Goal

**Reinforce local capacity in addressing nutritional deficiencies of the most vulnerable/affected people in DRC with the long-term view of mitigating and preventing malnutrition.**

### Objectives

- Improve the nutritional situation of the population by increasing their access to malnutrition centres.
- Extend the nutrition surveillance system to all DRC provinces.
- Reinforce community-based nutrition.
- Implement emergency agriculture, livestock and fisheries activities to support food production and reduce dependence on external assistance.
- Reinforce the coordination of food security activities and dissemination of related information.
- Improve and/or maintain households' access to food, thus preserving the nutritional status of the targeted populations.
- Improve access of targeted communities to sustainable self-reliance assets through training, rehabilitation of community infrastructure and foster their social and economic reinsertion.
- Contribute to improve the rate of attendance, regularity and good results of targeted school children.

## Indicators

- Decrease in the global malnutrition rate in targeted areas.
- Percentage of coverage level in nutritional surveillance.
- Number of households having efficiently carried out agricultural production programmes.
- Number of households skilled in new agricultural techniques through training.
- Percentage of relapses in assisted nutritional centres.
- Availability of updated information on the nutritional status of affected population on a monthly basis.
- Total number of food beneficiaries.
- Number of beneficiaries in general food distribution.
- Number of participants in Maternal and Child Health (MCH)/supplementary and therapeutic feeding programmes.
- Number of children in school feeding.
- Number of Food-for-Work (FFW) participants.
- Number of Food-for-Training (FFT) participants.
- Number of HIV/AIDS affected people who are reached through WFP assistance.
- Number of children associated with combatant forces who have received WFP assistance.

## 8.4 Education

### Situation Analysis

Despite the progress in the peace recovery process, the IDP population in DRC is still high, currently estimated at over 3.4 million. Approximately 400,000 of these internally displaced are children between the age of 5 to 12 years old, and do not attend school in DRC.

In addition, nearly all children of pre-school age have no access to health care and early childhood development programmes. Only 3 % of 3-5 year-olds are enrolled in pre-primary/kindergarten schools. These schools charge expensive fees and only operate in urban and suburban areas. Similarly, traditional cultural practices related to early childhood education is disappearing. This not only deprives most 0-8 year olds of a good start in life but also impedes their access to primary education with a trend showing a slight disadvantage for girls.

Over 50% of primary school aged children do not have access to primary school and only 32% of Congolese adults can read and write.

The continuing conflict, deteriorating infrastructures, mismanagement of state resources and a serious collapse in family coping mechanisms have all been party to creating such a dire situation. Humanitarian organisations must address education, often forgotten in emergency situations; education which has a major role to play on the road to pacification.

### Goal

**Improve access to quality primary and secondary education as well as adult literacy and training programs for vulnerable populations affected by the conflict.**

### Objectives

- Ensure early childhood development.
- Improve access to basic education and to assist in psychosocial healing processes.
- Train teachers, parents and communities in life skills such as gender, HIV prevention, peace education.
- Contribute to the definition of a national education strategy.
- Develop the protection and education of young children through early childhood development.
- Assure free obligatory access to primary school for children.
- Increase the literacy rate in adults.
- Improve the quality of education in DRC.

## Indicators

### Early Childhood Development (ECD):

- number of community care structures, preschool nurseries and child-friendly spaces in IDP camps supported;
- number of parents/families sensitised on good awakening practices and knowledge;
- total of ECD kits distributed and used.

### For primary/ secondary school:

- number of displaced children reintegrated into the formal system, gross enrolment rates (boys vs girls);
- promotion rates per grade per year (boys vs girls);
- number of additional classes constructed and number of semi-permanent schools operational in IDP camps;
- total educational kits distributed and used;
- drop out rate.

### For adults:

- number of adults over 18 years of age that can read and write.

### For teachers:

- total of teachers trained in the host schools and displaced teachers in IDP camps;
- total of teachers' kits distributed and used.

## 8.5 Water and Sanitation

### Situation Analysis

Water, when available, is all too often not only in insufficient quantity but is not potable. According to UNICEF/MICS 2 survey, only 46% of families in DRC have access to potable water and 95% of rural populations do not have easy access to potable water.

Access to potable water and in a quantity that is sufficient is a major problem in DRC and is also a factor in the high rates of morbidity and mortality related to diarrhoeal diseases and cholera epidemics. Diarrhoeal illnesses are the second cause of morbidity in children, second only to malaria followed by acute respiratory infections.

The problem of drinking water and the risk of water borne epidemics such as cholera and dysentery increase with the displacement of populations from one locality or village to another. Often, the capacity of host villages to meet their everyday needs are stretched and insufficient, and with the arrival of additional families, these means are further stretched, placing entire populations at risk of diarrhoeal diseases. The international standard of 15 - 20 litres per person a day is rarely achieved.

### Goal

**To reduce morbidity and mortality related to water-borne illnesses, with particular emphasis on vulnerable populations in the most affected areas.**

### Objectives

- Provide potable water, hygiene kits and latrines for displaced families and host communities.
- Adopt provincial-based strategies and gradual decentralisation.
- Improve access condition to potable water in health structures in zones that are isolated or 'enclaved'.
- Shift from emergency Water, Environment and Sanitation (WES) activities to a development/ public health approach.
- Improve coordination and complementary roles among intervening parties through data collection and information exchange.
- Build partnerships with health authorities, water authorities and local NGOs at both central and community level.

- Encourage appropriate hygiene practices and behaviours within the population using communication and sensitisation tools.
- Promote community based water projects and maintenance.
- Mobilise appropriate financial contribution for urgent projects.
- Decrease morbidity and mortality related to water borne illnesses.
- Increase access to potable water to vulnerable population in both quantity and quality.
- Address and provide immediate WES interventions in emergency situations, with particular emphasis on displacement of populations and zones affected by cholera/ dysentery epidemics.
- Improve the WES situation of targeted populations.
- Improve the level of knowledge of targeted populations regarding good hygiene behaviours and practices.
- Reduce the vulnerability of targeted population by controlling and eliminating the spreading of water borne illnesses.
- Promote the utilisation of appropriate hygiene structures (latrines, water evacuation systems etc.).
- Enable the health and water authorities, at community and provincial level, to respond to WES needs during the emergency phase and start controlling the situation more efficiently.

### Indicators

- Quantity of potable water available per day to the target population.
- Decrease in the prevalence of water borne diseases in targeted populations.
- Number of cholera cases reported in targeted populations.
- Number of dysentery cases reported in targeted populations.
- Number of hygiene kits distributed.
- Number of latrines constructed.
- Number of water sources rehabilitated or captured.
- Number of sensitisation materials distributed in the different languages.
- Number of local WES committees established and active.

## 8.6 Shelter and Non-Food Items

### Situation Analysis

Collaborating partners such as OCHA, UNICEF, Caritas, ACF USA, IRC, AVSI, MSF, World Vision, World Relief, Action Agro Allemande, CEVSI, Alesi, Memisa, Merlin, Premiere Urgence, the Xavériens Father, the Sisters of Divin Maitre, and many others continue to serve these vulnerable populations through the distribution of materials of the “first necessity” to the displaced of DRC. As an immediate response to any emergency, the humanitarian community provided relief kits comprised of shelter materials, blankets, jerry cans, soap, cooking sets, and other essential non-food relief items to cater for the neediest displaced families. Assistance was also provided to the families returning to their villages when security situation permitted.

### Goal

**To ensure that vulnerable Congolese have the minimum survival conditions and to continue the distribution of emergency non-food items to the most vulnerable, those forced to flee their homes due to armed conflict and/or natural disasters that cause the destruction or loss of their homes.**

### Objectives

- Provide food or emergency nutritional activities for children under-five, and pregnant, lactating women.
- Ensure delivery of non-food items such as blankets, jerry-cans, soap, cooking sets, plastic sheeting to meet basic hygiene needs.
- Ensure gender mainstreaming in programming of NFI activities.
- Ensure environmental protection is programmed into NFI activities.
- Promote beneficiary participative approach in NFI activities.
- Ensure monitoring and evaluation is conducted.

## Indicators

- number of families that receive NFI kits.
- number of families with NFI after 3 months.
- number of homes established with distributed NFI.

## 8.7 Economic Recovery and Reintegration Dynamics

### Situation Analysis

The reduction of the debt burden, combined with the restoration of official development assistance (including budgetary aid), is expected to provide additional resources for pro-poor spending. Although encouraging, the results are fragile because of the limited number and strength of growth sources. The high incidence of poverty and the extent of material and institutional deficits accumulated over years of economic mismanagement and political turmoil, the fragmentation of the national market because of the war and uncertainties. It will take much more than the mere prospect of a reunified country and Government, a lowered debt burden and increased Official Development Assistance resources to ignite the revival of local economies, which is highly expected to bear a high burden of the peace and reconciliation process. Therefore, in addition to macroeconomic programmes, it is important for UNDP and its partners to target economic recovery and capacity building activities at the local and community levels, as there is currently little or no employment.

### Goal

**Revive local economies and strengthen local communities in severely affected areas where security conditions permit the progressive transition from emergency aid to activities aimed at restoring the productive capacity of these war-torn communities, and reintegrating IDPs, returnees and ex-combatants.**

### Objectives

- Strengthen social leadership and community governance structures.
- Promote basic good governance principles at the community level.
- Rehabilitate public facilities (roads, schools, health centres, trade facilities).
- Facilitate local people's access to land and other economic and financial assets.
- Promote income generating activities at the community level.
- Ensure that there is an appropriate response to the needs of IDPs, returnees and ex-combatants.
- Restore trade flows between the concerned communities and the major regional markets and, therefore, facilitate the circulation of paper money and access to basic manufactured consumer goods.
- Reopen trade routes distorted by war and the subsequent displacement of local populations.
- Encourage micro-enterprise development.
- Ensure participation of beneficiaries.

### Indicators

Programme monitoring will be based on the following indicators:

- Number of local leaders trained in techniques aimed at reinforcing communities' social cohesiveness;
- Number of communities with efficient governance structures;
- Number of public facilities rehabilitated;
- Number of local farmers provided with micro-credit/seeds/tools;
- Length of trade routes rehabilitated;
- Average family income;
- Number of IDPs, returnees, and ex-combatants involved in reintegration activities;
- Penetration rate of basic manufactured consumer goods.

## 8.8 Protection, Human Rights and Rule of Law

### Situation Analysis

As the Ituri province was the scene of the most horrific of crimes against civilians in 2003, populations in other parts of the country were increasingly targeted by armed groups as well. Fighting and mounting insecurity in eastern provinces have led to increased, mass internal displacement of people. Harassment is common during displacements and populations frequently arrive in safer areas traumatised and in need of life-sustaining support. In conflict areas where there is frequent fighting, whole communities are subjected to the looting of their property and their only means of self-support, including livestock, household goods and NFIs.

More than 50% of IDPs are children. The exclusion of street kids, including those labeled “sorcerers” remains an issue of grave concern given their increased exposure to violence and risk of physical, sexual and emotional exploitation and abuse. In Kinshasa alone there are an estimated number of 20,000 children that have taken the street as their home.

Alarmingly, under-age conscription among armed groups continues. The mechanisms for the demobilisation and reintegration of the estimated 25,000 to 30,000 children associated with armed groups has started with the establishment of a strategic framework that was adopted following the April UNICEF/UNDP national workshop on PDDR for children. In Ituri alone, there is an estimated 8,000 to 10,000 children associated with armed groups. A special operational plan has been established for the demobilisation of these children.

Sexual, physical and psychological violence perpetrated against women and children (mostly girls) is widespread. The problem is compounded by the fact that discussion of such acts is a social taboo. Moreover, even if a women or child does speak out, seldom will they receive the necessary assistance or support. Survivors of sexual and gender based violence should be provided with easy, confidential and secure psychosocial and material support and medical treatment including appropriate advice on HIV/AIDS and other STIs and family planning.

Knowledge and awareness of basic human rights and humanitarian principles is cruelly lacking among DRC stakeholders. Not only is there rampant impunity, but the country also lacks basic infrastructure regarding protection and rule of law, thus exposing the population to constant insecurity. With widespread insecurity and an embryonic national peace process, the international community also needs to focus on peace-building and reconciliation opportunities.

### Goal

**Foster the emergence of Rule of Law and support the consolidation of peace in DRC by developing activities related to the promotion of peace, human rights and humanitarian principles, with special emphasis on the fight against impunity and focus on vulnerable groups such as women, children, elders and internally displaced persons.**

### Objectives

- Build governmental, non-governmental and UN institutional capacities on humanitarian principles and human rights.
- Reinforce institutional and operational mechanisms for the fight against impunity and strengthen the effectiveness of the judicial system.
- Continue to promote a culture of human rights among Congolese communities.
- Raise awareness and knowledge of displaced populations’ rights and needs among key stakeholders, in particular the Transition Government of DRC.
- Promote the return and reintegration of IDPs in dignity and in compliance with international standards.
- Promote the cessation of recruitment and the reintegration of the children associated with armed groups.
- Promote the protection of survivors of sexual exploitation and abuse by increasing the prevention mechanisms and increase response capacity and accessibility.
- Promote the prevention of the phenomenon of street children and increase the community capacity to assist with their sustainable reintegration.

- Facilitate the decentralisation of national structures responsible for the protection of the human rights of the various vulnerable groups.
- Ensure beneficiaries participation in development, implementation and monitoring of protection activities.
- Promote basic good governance principles at national and local community level.
- Reinforce regional and local capacity in peace-building and conflict prevention and resolution including traditional mechanisms.
- Build the capacity of local and regional organisations in peace-building and conflict prevention and resolution.
- Support constructive social dialogue and confidence building among war-torn communities.
- Ensure gender mainstreaming in all protection, human rights, rule of law and peace-building initiatives.

### Indicators

- Number of people (national, provincial and community level) trained on human rights international humanitarian law and humanitarian principles.
- Number of sensitisation materials distributed in the different languages.
- Number of local protection and peace committees established and active.
- Number of conflict transformation initiatives supported.
- Number of violent conflicts resolved by local structures and organisations using traditional methods.
- Number of displaced separated children documented, number of children reunified.
- Number of children associated with armed groups demobilised and reintegrated, number of new recruits.
- Number of women and children survivors of sexual exploitation treated and cared for.
- Number of street children identified and reunified.
- Number of persons officially registered.
- Number of decentralised offices of national structures established.

## 8.8 Security

### Situation Analysis

The security situation in DRC has globally improved with the signature of the Global and Inclusive Accord between the belligerent groups leading to the setting up of a Transitional Government. The situation still remains highly tense in Kinshasa, and critical in the eastern and northern regions.

In Kinshasa crime is not new but has seen an upsurge in criminalities related to an increase in the number of soldiers and/or militia assigned for the security of newly appointed government officers. On the other hand, the inter-ethnic confrontations in Bunia continue despite the signature of the ceasefire by the protagonists under the aegis of MONUC.

Operational security has become a core function of the UN and an important part of humanitarian assistance. It was agreed in 2001 to include field security requirements in the CAP. Further, the previously stated deadline for MOSS compliance of 10 January 2003 or provision of a timetable for MOSS implementation remains in place. The implementation of MOSS in the DRC still requires substantial resources. Funding of MOSS in the DRC must become a priority, given the ongoing and precarious security situation.

Some serious security incidents occurred in 2003 directly affecting humanitarian activities and actors in the DRC: during these recent spring and summer months, there have been further incidents of both kidnapping and hijackings of UN personnel and vehicles in the eastern half of the DRC. A UN national staff member, serving in Goma was kidnapped by RCD-Goma rebel soldiers in August 2003 and later released. Likewise, a UNICEF vehicle was also hijacked near Goma in August 2003. MONUC elements were also kidnapped by separate rebel factions near Goma. Another atrocious security incident was the previously well-reported murder of two MONUC officer observers in early May 2003, in the vicinity of Bunia.

During this period another especially egregious security incident was the recent massacre of Hema villagers by Lendu tribal militia, again in the vicinity of troubled Bunia town. In early October, the village of Katshelli, some 40 kilometers northeast of Bunia was brutally and unexpectedly attacked by Lendu tribesmen, despite the supposed end to hostilities in the region. Thus far to date, the investigating MONUC troops have discovered 65 bodies of which 40 were women and children. There is a great likelihood that such incidents will continue.

Currently, there are three security phases in the DRC:

- Phase 2 in effect in Kinshasa and the western part of the country;
- Phase 3 is applied in the centre of the DRC;
- Phase 4 in eastern DRC.

All agencies have been instructed with regard to the MOSS – to conform with respect to their individual sub-offices. Due to lack of an effective communication network, agencies have been advised to equip their sub-offices with VHF and Codan radios.

Conflict with Rwanda is still possible with the presence of armed groups in the region. As a result, agencies have been requested to better secure their locations and also their vehicles, e.g. with anti-mine ballistic blankets.

### **8.9 Mine Action**

#### **Situation Analysis**

Designated as the focal point for mine action in the DRC, the role of the UN Mine Action Coordination Mission (UNMACC) is to provide expertise to both MONUC and the humanitarian community through coordination and assistance in implementing mine-action activities. Its primary objectives are:

- to develop and maintain a reliable mine/Unexploded Ordnance (UXO) information system based on the Information Management System for Mine Action (IMSMA);
- to define and help implement an Landmine Impact Survey (LIS) that will be the key element needed to develop a national mine-action plan;
- to implement emergency mine-action activities;
- to provide mine-action expertise within the DRC to MONUC and the humanitarian community, and to national authorities and agencies;
- to assist UNICEF and other organisations in developing a nation-wide risk prevention campaign.

In the immediate future, UNMACC will also assist MONUC in implementing urgent survey operations of suspected mined airfields and roads that are a threat to further deployment of the mission. The Mine Action Portfolio (MAP) 2004 is a starting point for the development of an inclusive national mine-action programme for the DRC.

The Mine Action Portfolio (MAP) will become the de-mining sector of the CAP. The UN Mine Action Coordination Mission (UNMACC) will be available to consult and provide support to humanitarian actors at all stages of their deployment, planned or emergency deployment.

Humanitarian mine action is to be tightly integrated with the other aspects of humanitarian assistance to population and in protecting humanitarian personnel in delivering aid and the early stages of project development. The conclusions of the Humanitarian Financing Work Programme (HFWP) draw attention to the deficiencies in the current aid system, which causes the collective impact of humanitarian action to be much less than the sum of its parts. The Mine Action Partners process in the DRC was launched on June 11, 2003 and has seen as many as 30 participating organisations at the country team meetings. The United Nations Mine Action Service (UNMAS) is the coordinating agency for the DRC and is working to carry out all the steps required to develop the Mine Action Portfolio. The new element in the 2004 process has been the inclusion of NGOs alongside the UN agencies at all stages and levels of the Portfolio development. This has resulted in a programme that reflects the current status of the mine problem in the DRC and the level of involvement of the various actors.

## Goal

**To ensure security and support to all United Nations staff and associated personnel delivering humanitarian programmes.**

## Objectives

- Dissemination of security instructions contained in MOSS.
- Ensure security in the conduct of humanitarian activities (generally implemented by OCHA and International NGOs).
- Assist NGOs in their overall work towards grassroots communities.
- Exchange information with implementing agencies (particularly NGOs on security matters and provide security advices accordingly).
- Be in a better position to obtain “first degree” information (primarily on security matters) in sensitive areas so as to inform the UNCT and other Development partners as well.
- Mitigate and / or respond to threats and security incidents.
- Reduce to a minimum aggressions and other attacks on the UN staff members, as well as NGO personnel.
- Shorten delays for police intervention.
- Enhance overall communications among the UN staff and NGOs on security measures.
- Provide critical elements on the “early warning system” and security issues to UN staff.

## Indicators

- Number of agencies that have implemented MOSS instructions by December 2003.
- Recruitment of qualified local staff to carry out security activities (5 radio operators, 5 drivers and 1 administrative assistant for Bunia, Beni and Kalemi).
- Purchasing of one patrol vehicle for the police and one for the Field Security Coordination Officer (Bunia, Beni).
- Number of security clearances.

## *Mine Action Specific Objectives*

- Conduct de-mining operations.
- Increase Mine Risk Education.
- Increase victim assistance through awareness programmes.
- Improve data collection.
- Ensure increased advocacy.
- Optimise resources of the UNMACC to tackle mine-related issues within those programmes.

## **8.10 Disaster management**

### **Situation Analysis**

The Democratic Republic of Congo (DRC) has been undergoing political, economic and social turmoil for more than a decade. Superimposed on this is the high risk of natural and manmade disaster. Some of the most recurrent natural disasters in the DRC are floods, landslides, erosion, tornados, with active tectonic and seismic volcanoes erupting twice in the last six years resulting in loss of life, and an increase in the number of IDPs. Of specific concern are the risk of heavy erosion due to tropical rain and the lack of drainage infrastructures jeopardising the stability of Kinshasa’s nuclear plant.

### **Goal**

**The principal goal is the vulnerability reduction of population from natural and/or man made disaster within the post conflict situation.**

### **Objectives**

- Provide transitional support for developing disaster risk reduction capacity within the post conflict situation. Implicated institutions would be: the UN agencies dealing with disaster reduction; development and humanitarian issues; implicate governments; the civil societies and NGOs.
- Develop an effective and efficient early warning system in DRC.

- Support capacity building for humanitarian, civil society and UN agencies for speedy intervention to save lives soon after disaster breaking out.
- Improve OCHA, International Strategy for Disaster Reduction (ISDR) and UNDP quick response to mitigate vulnerability in the disaster-affected areas.
- Develop effective resource mobilisation mechanisms.
- Provide a disaster risk assessment for a meaningful delineation of the areas at risk to primary and secondary hazards.

### Indicators

- Transitional support for developing disaster risk reduction provided.
- Disaster early warning system developed.
- Capacity building for speedy response achieved.
- Percentage of mobilised resources.
- Number of workshops for government official held.
- School preparedness programmes made available.
- Targeted information materials translated in French and local languages.
- Number of Disaster Management and Training Programme (DMPT) trainings held.
- Cooperation with disaster implicated states achieved.

## 8.11 Multi Sector

### Refugees

#### Situation Analysis

It is expected that by the end of 2003, the refugee population will have decreased to some 255,000 mainly as a result of voluntary repatriation to Angola, Rwanda, Central African Republic and the Republic of Congo. More than 80% of Angolans have expressed their desire to return home and repatriation will continue throughout 2004. After the examination of the prevailing conditions in the region with regard to Rwandan refugees, and noting the substantial increase in the number of Rwandan refugees voluntarily electing to return home, UNHCR reviewed and changed its policy from merely facilitating voluntary returns to promotion of voluntary repatriation. Promoted repatriation will continue during the first half of 2004 while it is intended to declare the "ceased circumstances" cessation clause in 2004. Moreover, in view of developments in Sudan, UNHCR has prepared a regional repatriation plan, which will be launched in 2004, if a peace agreement is signed. UNHCR is currently also preparing a plan for the return of Congolese refugees from neighbouring countries. The plan will be implemented in phases according to prevailing political and security situation in areas of origin or return. In the meantime, the refugee population will require continued protection assistance, basic services and assistance towards self-reliance.

There is a need to develop national protection capacities through accession to international instruments such as the 1954 conventions on statelessness, implementation of eligibility procedures, and registration system, developing a pool of expertise from which government and NGO capacity can be drawn. Risks of exploitation and abuse of refugees are high in the DRC context. The office will continue to reinforce prevention and response mechanisms to sexual and gender based violence, exploitation and abuses, prevention of forced military recruitment of refugees, particularly children.

#### Goal

**Ensure protection and well being of refugees. Pursue durable solutions such as voluntary repatriation, local integration, resettlement where appropriate, in collaboration and integrated response with other humanitarian and political actors.**

#### Objectives

- Enhance the national legal framework and procedures for protection and search of durable solutions.
- Increase government and civil society knowledge on refugee rights and enhance their capacity to address refugee-related issues.
- Strengthen the protection of refugees against exploitation and abuse.

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- Pursue resettlement for refugees for whom neither voluntary repatriation nor local settlement will be feasible.
- Continue and complete organised voluntary repatriation in safety and dignity and monitor spontaneous return movements.
- Ensure availability of basic services and support economic self-reliance for refugees who have not yet reached and an acceptable level of food security and decrease assistance-dependency to enhance local integration.

### Indicators

- Number of refugees repatriated.
- Refugees make informed decisions, depart with proper documentation and well prepared.
- No security incidents, injuries or loss of life and property during movement. Increased number and improved quality of Refugee Status Determination decisions.
- All refugees in DRC are registered and receive documentation.
- No forced recruitment /conscription of refugee children.
- Decrease of SGVB incidents and all identified SGBV perpetrators face legal persecution.
- Number of students in undergraduate level study refugee law at two universities in DRC.
- Refugee families have access to sufficient quantities of arable land (0.25ha/family) and food assistance is decreased without impacting nutritional status.
- Refugees' contributions to consultation health fees reach local levels by the end of 2004 without impacting noticeably on acquired morbidity and mortality rates.
- Enrolment and school attendance rates are maintained.

**9. STRATEGIC MONITORING 2004**

*(not an exhaustive list)*

Strategic Objectives	Output	Indicators	Achievements/ Constraints
Preserve lives	<ul style="list-style-type: none"> <li>* Widen and consolidate humanitarian space</li> <li>* Ensure and advocate for activities in protection to ensure respect for basic human rights and humanitarian principles</li> <li>* Support the fight against impunity</li> <li>* Ensure the set up of rapid response mechanisms</li> <li>* Reinforce coping mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>* Number of km opened and utilised (roads, rivers, rail systems)</li> <li>* Number of EHI actions</li> <li>* Positive trend changes in MICS indicators</li> <li>* Increase/decrease in percentage of agricultural production</li> <li>* % of previously inaccessible areas accessible</li> <li>* Percentage of legal/judiciary structures operational</li> <li>* Decrease in security incidences reported involving staff members</li> <li>* Frequency SPHERE standards achieved</li> </ul>	
Reduce vulnerabilities in affected communities	<ul style="list-style-type: none"> <li>* Reinforce and ensure access to base services</li> <li>* Support community initiatives</li> <li>* Facilitate reintegration process</li> <li>* Support community response mechanisms (reconciliation, peace building and legal land division for returnees)</li> <li>* Reinforce rapid response mechanisms, crisis management and ensure follow up for contingency plans</li> <li>* Promote a participative approach in setting up and elaborating strategies for affected populations</li> <li>* Support activities in economic recovery</li> </ul>	<ul style="list-style-type: none"> <li>* Number of new consultations</li> <li>* Ration of health structures vs population</li> <li>* % of health services covered per zone</li> <li>* Number of rehabilitation projects implemented</li> <li>* Number of reintegrated IDP families</li> <li>* Number of crisis committee established and operational</li> <li>* Number of provincial emergency contingency plans developed and operational</li> <li>* Time needed to respond to emergency crisis</li> <li>* Number of post-crisis evaluations</li> <li>* Number of beneficiaries attending workshops</li> <li>* Number of provincial- sectorial strategies developed</li> <li>* Number of new micro credit projects established</li> </ul>	

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<ul style="list-style-type: none"> <li>* Maximise coordination mechanisms to facilitate the transition from emergency humanitarian aid to development</li> </ul>	<ul style="list-style-type: none"> <li>* Reinforce and ensure access</li> <li>* Support community initiatives</li> <li>* Facilitate reintegration process</li> <li>* Support community response mechanisms (reconciliation, peace building and legal land division for returnees)</li> <li>* Reinforce rapid response mechanisms, crisis management and ensure follow up for contingency plans</li> <li>* Promote participative approach in setting up and elaborating strategies for affected populations</li> <li>* Support activities in economic recovery</li> </ul>	<ul style="list-style-type: none"> <li>* Number of inter agency missions/ evaluations</li> <li>* Number of inter agency co-ordination meetings</li> <li>* Percentage of strategy plan achieved</li> <li>* Number of community initiatives supported</li> <li>* Number of CAP 2004 projects funded</li> <li>* Level of CAP 2004 funding</li> <li>* Number of new development projects implemented</li> <li>* Number of families reintegrated</li> <li>* Sq. meters of land available per families</li> </ul>	
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### 10. CRITERIA FOR PRIORITISATION

While there is general agreement that priorities should be determined on the basis of needs assessment, there are often other interests at stake, which may lead to competition for limited resources. When different sets of priorities are externally imposed, bilateral concerns and interests predominate to the possible detriment of the humanitarian response. Prioritisation is possible, and the framework offered by the CAP should be better used for this purpose.

The first priority is to facilitate and ensure the quick, effective, and well-coordinated provision of humanitarian assistance to those seriously affected by conflicts in the DRC.

Achieving access remains a priority in 2004. Humanitarian mandates need to be better protected, including by reminding all parties the key principles that must underlie humanitarian aid efforts (e.g., neutrality, impartiality, access to those in need, accountability to donors for aid provided, etc.); and promoting, assisting, and if necessary, leading negotiations to obtain free, safe and unimpeded access for humanitarian assistance to those in need.

The deployment of humanitarian actors in remote areas is critical to effective humanitarian assistance. Given the fragmented nature of the crises, an effective presence outside the main towns is the key to formulation and implementation of a humanitarian strategy. The success of international relief aid hinges on a viable field presence. The presence of field actors is critical for determining sector needs and responsibilities at the local level, liaison with provincial authorities, and managing access.

Humanitarian activities must be related to the dynamics and nature of the local crisis. This often requires a "course correction" that can be made difficult by a centralised analysis of needs and adequate response. "Course correction" at local level is expected to result in improvements in access and increase in beneficiary numbers. In response, the entire humanitarian operation is asked to re-orient itself in order to carry out an agreed set of coordinated life-saving activities.

The notion of responsibility will be the cornerstone of the partnership between humanitarian and other actors at every level (transition authorities, International community, civil society, UN system).

Accountability is essential for humanitarian action to remain impartial and to be perceived as impartial. At a minimum, adequate reporting and agreed monitoring mechanisms must be in place to achieve this end. Monitoring and Evaluation must be complemented by a shared sense of responsibility on the part of donors and humanitarian organisations to develop and agree on performance measures, based on shared standards. In its response to the Congolese crises, the humanitarian community should favour common approaches and undertake joint assessments. These assessments aim to establish a common understanding of the crises and clearly establish responsibilities across the system.

Finally, one of the priorities is the new reality of 'transition' situations, where the end of conflict results in increased access to populations and a commensurate increase in relief needs. This 'transition' phase requires heightened coordination to address surging needs and to make sure that there will be no gap between pure relief support and the next phase in which communities will need to be supported in their self-sustainability. This is a particular challenge in situations where humanitarian actors have taken up responsibilities to fill gaps when development actors could not assume such tasks. Recent experiences indicate that coordination of humanitarian activities will often have to be undertaken within a larger international initiative. In such situations a closer relationship with development functions becomes increasingly common. In this context, it is also essential to maintain the integrity of the humanitarian imperative and humanitarian space.

# DEMOCRATIC REPUBLIC OF THE CONGO

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Project code	Sector Name	Sector/activity	Original requirements
<b>Alternatives</b>			
DRC-04/MA11	MINE ACTION	Arms for development pilot project	500,000
<b>Sub total for Alternative</b>			<b>500,000</b>
<b>ATA</b>			
DRC-04/MA02	MINE ACTION	Mine risk education through theater	50,370
<b>Sub total for ATA</b>			<b>50,370</b>
<b>COLFADHEMA</b>			
DRC-04/MA06	MINE ACTION	Training for community development specialists	124,223
<b>Sub total for COLFADHEMA</b>			<b>124,223</b>
<b>FAO</b>			
DRC-04/A03	AGRICULTURE	Rehabilitation of agricultural production for conflict-affected families	8,265,000
DRC-04/A04	AGRICULTURE	Support and promotion to agriculture production sector and fishery resources	975,000
DRC-04/A02	AGRICULTURE	Support to production of good quality planting material and to small scale animal breeding activities	1,367,800
DRC-04/A01	AGRICULTURE	Support to the coordination of emergency agricultural operations and improvement of food security information	990,450
<b>Sub total for FAO</b>			<b>11,598,250</b>
<b>GDR/BC</b>			
DRC-04/MA10	MINE ACTION	Information and sensitization to the danger of mines	24,420
<b>Sub total for GDR/BC</b>			<b>24,420</b>

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Project code	Sector Name	Sector/activity	Original requirements
<b>HI B</b>			
DRC-04/MA07	MINE ACTION	Humanitarian demining project in Ikela	197,250
<b>Sub total for HI B</b>			<b>197,250</b>
<b>ILO</b>			
DRC-04/ER/104	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency income generation for vulnerable groups in eastern DRC	1,650,000
DRC-04/ER/105	ECONOMIC RECOVERY AND INFRASTRUCTURE	Labour-intensive programme for emergency jobs creation in support to the community reintegration of disarmed groups during the interim phase (Ituri, North Kivu, South Kivu, Maniema and Katanga)	880,000
<b>Sub total for ILO</b>			<b>2,530,000</b>
<b>IOM</b>			
DRC-04/ER/101	ECONOMIC RECOVERY AND INFRASTRUCTURE	Rehabilitation of community infrastructures in Pweto	1,250,000
<b>Sub total for IOM</b>			<b>1,250,000</b>
<b>JRS</b>			
DRC-04/MA09	MINE ACTION	Training of animators and sensitization of internally displaced persons to the danger of mines	4,620
<b>Sub total for JRS</b>			<b>4,620</b>
<b>KOC</b>			
DRC-04/MA13	MINE ACTION	Production of orthopedic equipment and supply of radiology equipment	99,280
<b>Sub total for KOC</b>			<b>99,280</b>
<b>MEMISA Belgium</b>			
DRC-04/H09	HEALTH	Safe blood transfusion	918,756
<b>Sub total for MEMISA Belgium</b>			<b>918,756</b>

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Project code	Sector Name	Sector/activity	Original requirements
<b>NDC (DRC)</b>			
DRC-04/MA01	MINE ACTION	Institutional support to the government of the DRC	61,000
<b>Sub total for NDC (DRC)</b>			<b>61,000</b>
<b>NRC</b>			
DRC-04/P/HR/RL06	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Training on IDP guiding principles, counselling and legal assistance to IDPs on return	122,000
<b>Sub total for NRC</b>			<b>122,000</b>
<b>OCHA</b>			
DRC-04/CSS02	COORDINATION AND SUPPORT SERVICES	Coordination of humanitarian assistance	5,535,104
DRC-04/CSS03	COORDINATION AND SUPPORT SERVICES	Emergency humanitarian interventions (EHI)	1,236,000
DRC-04/P/HR/RL04	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Training programme on internal displacement principles	66,444
<b>Sub total for OCHA</b>			<b>6,837,548</b>
<b>OHCHR</b>			
DRC-04/P/HR/RL05	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Monitoring of and technical cooperation programme regarding the human rights situation in the DRC	2,528,959
<b>Sub total for OHCHR</b>			<b>2,528,959</b>
<b>PNRBC</b>			
DRC-04/MA12	MINE ACTION	Capacity building for survivor assistance	162,960
<b>Sub total for PNRBC</b>			<b>162,960</b>

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Project code	Sector Name	Sector/activity	Original requirements
<b>UNDP</b>			
DRC-04/CSS04	COORDINATION AND SUPPORT SERVICES	Inter-agency cooperation for disaster reduction in the Goma/North Kivu area	1,000,000
DRC-04/CSS05	COORDINATION AND SUPPORT SERVICES	Security strengthening on nuclear centre for studies and research - Kinshasa (CREN-K) site	514,226
DRC-04/ER/I02	ECONOMIC RECOVERY AND INFRASTRUCTURE	Rapid response mechanism for disarmament, demobilisation and reintegration in DRC	3,090,000
DRC-04/ER/I03	ECONOMIC RECOVERY AND INFRASTRUCTURE	Support to economic recovery in the Bokungu area, district of Tshuapa, province of Equateur	1,355,000
DRC-04/S/NF02	FAMILY SHELTER AND NON-FOOD ITEMS	Woods for everybody - human settlements recovery in the Sankuru and Kabinda districts	220,000
<b>Sub total for UNDP</b>			<b>6,179,226</b>
<b>UNFPA</b>			
DRC-04/CSS01	COORDINATION AND SUPPORT SERVICES	Development of a model of data collection specifically designed for IDPs identification	585,000
DRC-04/H11	HEALTH	HIV/AIDS prevention for demobilised groups	895,000
DRC-04/H12	HEALTH	Prevention of sexual violence and meeting the medical and psycho-social needs of sexual violence victims	850,000
<b>Sub total for UNFPA</b>			<b>2,330,000</b>
<b>UNHCR</b>			
DRC-04/MS01	MULTI-SECTOR	International protection and basic humanitarian assistance to refugees in DRC, pursuing durable solutions such as voluntary repatriation or local integration	23,114,682
<b>Sub total for UNHCR</b>			<b>23,114,682</b>

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Project code	Sector Name	Sector/activity	Original requirements
<b>UNICEF</b>			
DRC-04/E01	EDUCATION	Educational support for internally displaced and war-affected children	2,719,091
DRC-04/S/NF01	FAMILY SHELTER AND NON-FOOD ITEMS	Assistance to the most vulnerable displaced and refugee children and women	4,573,863
DRC-04/H02	HEALTH	Accelerated vaccination activities	5,357,954
DRC-04/H03	HEALTH	Emergency measles epidemic response	2,548,295
DRC-04/H04	HEALTH	Emergency primary health care	3,088,636
DRC-04/H06	HEALTH	HIV/AIDS prevention in Eastern Congo	1,084,659
DRC-04/H01	HEALTH	Malaria control	2,352,273
DRC-04/H14	HEALTH	Nutrition rehabilitation and promotion	3,926,136
DRC-04/MA14	MINE ACTION	Mine risk education and awareness activities	2,221,591
DRC-04/P/HR/RL01	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Identification and family reunification of separated children due to the conflict in DRC	1,633,523
DRC-04/P/HR/RL03	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Prevention of and response to survivors of sexual gender- based violence	2,189,773
DRC-04/P/HR/RL02	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Prevention, demobilisation and reintegration of children associated with armed groups	2,482,954
DRC-04/WS01	WATER AND SANITATION	Emergency water and sanitation	3,071,023
<b>Sub total for UNICEF</b>			<b>37,249,771</b>
<b>UNIFEM</b>			
DRC-04/P/HR/RL07	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Advocacy to end gender-based violence	500,000
<b>Sub total for UNIFEM</b>			<b>500,000</b>
<b>UNMACC (DRC)</b>			
DRC-04/MA04	MINE ACTION	Emergency mine/unexploded ordnance (UXO) clearance in the Democratic Republic of Congo	694,520
<b>Sub total for UNMACC (DRC)</b>			<b>694,520</b>

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Project code	Sector Name	Sector/activity	Original requirements
<b>UNMAS</b>			
DRC-04/MA05	MINE ACTION	Emergency impact survey in the Democratic Republic of Congo	171,620
DRC-04/MA08	MINE ACTION	Tools for mine risk education	241,290
DRC-04/MA03	MINE ACTION	United Nations Mine Action Coordination Center	474,600
<b>Sub total for UNMAS</b>			<b>887,510</b>
<b>UNSECOORD</b>			
DRC-04/S01	SECURITY	Field security officer support	1,048,520
<b>Sub total for UNSECOORD</b>			<b>1,048,520</b>
<b>WFP</b>			
DRC-04/F01	FOOD	Protracted relief and recovery operation for populations affected by armed conflict	83,752,812
<b>Sub total for WFP</b>			<b>83,752,812</b>
<b>WHO</b>			
DRC-04/H07	HEALTH	Community-based psycho-social rehabilitation	1,113,000
DRC-04/H08	HEALTH	Epidemics preparation and prevention in eastern DRC	985,676
DRC-04/H05	HEALTH	HIV sentinels surveillance	296,410
DRC-04/H10	HEALTH	Malaria prevention and control in complex emergency situations	644,369
DRC-04/H13	HEALTH	Support to emergencies management	1,288,736
<b>Sub total for WHO</b>			<b>4,328,191</b>
<b>Grand Total:</b>			<b>187,094,868</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>AGRICULTURE</b>			
DRC-04/A03	FAO	Rehabilitation of agricultural production for conflict-affected families	8,265,000
DRC-04/A04	FAO	Support and promotion to agriculture production sector and fishery resources	975,000
DRC-04/A02	FAO	Support to production of good quality planting material and to small scale animal breeding activities	1,367,800
DRC-04/A01	FAO	Support to the coordination of emergency agricultural operations and improvement of food security information	990,450
<b>Sub total for AGRICULTURE</b>			<b>11,598,250</b>
<b>COORDINATION AND SUPPORT SERVICES</b>			
DRC-04/CSS02	OCHA	Coordination of humanitarian assistance	5,535,104
DRC-04/CSS01	UNFPA	Development of a model of data collection specifically designed for IDPs identification	585,000
DRC-04/CSS03	OCHA	Emergency humanitarian interventions (EHI)	1,236,000
DRC-04/CSS04	UNDP	Inter-agency cooperation for disaster reduction in the Goma/North Kivu area	1,000,000
DRC-04/CSS05	UNDP	Security strengthening on nuclear centre for studies and research - Kinshasa (CREN-K) site	514,226
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>8,870,330</b>
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			
DRC-04/ER/I04	ILO	Emergency income generation for vulnerable groups in eastern DRC	1,650,000
DRC-04/ER/I05	ILO	Labour-intensive programme for emergency jobs creation in support to the community reintegration of disarmed groups during the interim phase (Ituri, North Kivu, South Kivu, Maniema and Katanga)	880,000
DRC-04/ER/I02	UNDP	Rapid response mechanism for disarmament, demobilisation and reintegration in DRC	3,090,000
DRC-04/ER/I01	IOM	Rehabilitation of community infrastructures in Pweto	1,250,000
DRC-04/ER/I03	UNDP	Support to economic recovery in the Bokungu area, district of Tshuapa, province of Equateur	1,355,000
<b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>8,225,000</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>EDUCATION</b>			
DRC-04/E01	UNICEF	Educational support for internally displaced and war-affected children	2,719,091
<b>Sub total for EDUCATION</b>			<b>2,719,091</b>
<b>FAMILY SHELTER AND NON-FOOD ITEMS</b>			
DRC-04/S/NF01	UNICEF	Assistance to the most vulnerable displaced and refugee children and women	4,573,863
DRC-04/S/NF02	UNDP	Woods for everybody - human settlements recovery in the Sankuru and Kabinda districts	220,000
<b>Sub total for FAMILY SHELTER AND NON-FOOD ITEMS</b>			<b>4,793,863</b>
<b>FOOD</b>			
DRC-04/F01	WFP	Protracted relief and recovery operation for populations affected by armed conflict	83,752,812
<b>Sub total for FOOD</b>			<b>83,752,812</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>HEALTH</b>			
DRC-04/H02	UNICEF	Accelerated vaccination activities	5,357,954
DRC-04/H07	WHO	Community-based psycho-social rehabilitation	1,113,000
DRC-04/H03	UNICEF	Emergency measles epidemic response	2,548,295
DRC-04/H04	UNICEF	Emergency primary health care	3,088,636
DRC-04/H08	WHO	Epidemics preparation and prevention in eastern DRC	985,676
DRC-04/H05	WHO	HIV sentinels surveillance	296,410
DRC-04/H11	UNFPA	HIV/AIDS prevention for demobilised groups	895,000
DRC-04/H06	UNICEF	HIV/AIDS prevention in Eastern Congo	1,084,659
DRC-04/H01	UNICEF	Malaria control	2,352,273
DRC-04/H10	WHO	Malaria prevention and control in complex emergency situations	644,369
DRC-04/H14	UNICEF	Nutrition rehabilitation and promotion	3,926,136
DRC-04/H12	UNFPA	Prevention of sexual violence and meeting the medical and psycho-social needs of sexual violence victims	850,000
DRC-04/H09	MEMISA Belgium	Safe blood transfusion	918,756
DRC-04/H13	WHO	Support to emergencies management	1,288,736
<b>Sub total for HEALTH</b>			<b>25,349,900</b>

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<b>MINE ACTION</b>			
DRC-04/MA11	Alternative	Arms for development pilot project	500,000
DRC-04/MA12	PNRBC	Capacity building for survivor assistance	162,960
DRC-04/MA05	UNMAS	Emergency impact survey in the Democratic Republic of Congo	171,620
DRC-04/MA04	UNMACC (DRC)	Emergency mine/unexploded ordnance (UXO) clearance in the Democratic Republic of Congo	694,520
DRC-04/MA07	HI B	Humanitarian demining project in Ikela	197,250
DRC-04/MA10	GDR/BC	Information and sensitization to the danger of mines	24,420
DRC-04/MA01	NDC (DRC)	Institutional support to the government of the DRC	61,000
DRC-04/MA14	UNICEF	Mine risk education and awareness activities	2,221,591
DRC-04/MA02	ATA	Mine risk education through theater	50,370
DRC-04/MA13	KOC	Production of orthopedic equipment and supply of radiology equipment	99,280
DRC-04/MA08	UNMAS	Tools for mine risk education	241,290
DRC-04/MA06	COLFADHEMA	Training for community development specialists	124,223
DRC-04/MA09	JRS	Training of animators and sensitization of internally displaced persons to the danger of mines	4,620
DRC-04/MA03	UNMAS	United Nations Mine Action Coordination Center	474,600
<b>Sub total for MINE ACTION</b>			<b>5,027,744</b>
<b>MULTI-SECTOR</b>			
DRC-04/MS01	UNHCR	International protection and basic humanitarian assistance to refugees in DRC, pursuing durable solutions such as voluntary repatriation or local integration	23,114,682
<b>Sub total for MULTI-SECTOR</b>			<b>23,114,682</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			
DRC-04/P/HR/RL07	UNIFEM	Advocacy to end gender-based violence	500,000
DRC-04/P/HR/RL01	UNICEF	Identification and family reunification of separated children due to the conflict in DRC	1,633,523
DRC-04/P/HR/RL05	OHCHR	Monitoring of and technical cooperation programme regarding the human rights situation in the DRC	2,528,959
DRC-04/P/HR/RL03	UNICEF	Prevention of and response to survivors of sexual gender-based violence	2,189,773
DRC-04/P/HR/RL02	UNICEF	Prevention, demobilisation and reintegration of children associated with armed groups	2,482,954
DRC-04/P/HR/RL06	NRC	Training on IDP guiding principles, counselling and legal assistance to IDPs on return	122,000
DRC-04/P/HR/RL04	OCHA	Training programme on internal displacement principles	66,444
<b>Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			<b>9,523,653</b>
<b>SECURITY</b>			
DRC-04/S01	UNSECOORD	Field security officer support	1,048,520
<b>Sub total for SECURITY</b>			<b>1,048,520</b>
<b>WATER AND SANITATION</b>			
DRC-04/WS01	UNICEF	Emergency water and sanitation	3,071,023
<b>Sub total for WATER AND SANITATION</b>			<b>3,071,023</b>
<b>Grand Total</b>			<b>187,094,868</b>

**PROJECT SUMMARIES**

**Health**

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Malaria control in the Democratic Republic of the Congo
<b>Project Code:</b>	DRC-04/H01
<b>Sector:</b>	Health
<b>Objective:</b>	To contribute to the reduction of morbidity and mortality due to malaria, particularly in children under five and pregnant women.
<b>Targeted Beneficiaries:</b>	5,000,000 people living in 50 health zones, with a focus on pregnant women and children under five.
<b>Implementing Partners:</b>	WHO, National Malaria Control Programme, local and regional health authorities, International NGOs, local NGOs and other UN agencies.
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 2,352,273</b>

**Project Description**

Malaria remains the primary killer of children under five years in the DRC. In the DRC, bed net coverage and their use by communities are unsatisfactory although a large number of partners made efforts during 2003 to extend the distribution bed nets. Over 600,000 households received bed nets during 2003, however coverage remains alarmingly low.

Insecticide treated mosquito nets (ITN) programme is one of the appropriate and sustainable actions recommended as personal and community protective measures against malaria. Numerous studies conducted in Africa have shown that, when used correctly, ITN efficiently reduce the morbidity and mortality associated with malaria.

Taking into account the main role of the community in the process as the first beneficiary and the current level of knowledge and practices of mothers, the National Malaria Control Programme (NMCP) with the support of multiple partners such UNICEF, WHO, USAID has been implementing a national ITN programme in households. Experiences from existing projects show that the organisation of the communities through local malaria control committees is improving. However, the continued success of these interventions depends on the community participation and its mobilisation for active services.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Social marketing and distribution of ITNs	470,000
Training of community workers	200,000
ITN procurement	1,200,000
Supervision, monitoring and evaluation	200,000
Indirect programme support costs*	282,273
<b>Total</b>	<b>2,352,273</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

## DEMOCRATIC REPUBLIC OF THE CONGO

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Accelerated Vaccination Activities
<b>Project Code:</b>	DRC-04/H02
<b>Sector:</b>	<b>Health</b>
<b>Objective:</b>	To reduce child mortality and morbidity due to preventable childhood diseases by immunising all children under 15 years against the five major diseases, prevent epidemics and reduce child mortality and morbidity
<b>Targeted Beneficiaries:</b>	3,000,000 children less than 15 years old
<b>Implementing Partners:</b>	UNICEF, WHO, local and provincial health authorities, in collaboration with UN and NGOs partners
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 5,357,954</b>

### Project Description

Only 40% of Congolese children have been vaccinated all major childhood illnesses. The interrupted and insufficient supply of vaccines; the limited accessibility to vaccination services; the lack of alternative vaccination strategies to reach the unreachable; the poor utilisation rates of the health services; the bad management of vaccination services; and finally, the limited amount of communication strategies to mobilise the population are the main reasons which have lead and are determining the unacceptably low coverage.

In addition to the chronic constraints that traditional a vaccination programmes have faced in DRC, the five-year civil war has further destroyed not only health structures and limit accessibility but has created a large population of displaced and those isolated. These two groups are particularly vulnerable and are most affected by morbidity and mortality caused by preventable childhood illness such as measles and tetanus.

To respond to the above challenges, consultations were held with various partners such as international NGOs, Health Ministries, donors and UN agencies to determine an appropriate strategy to improve vaccination coverage. These meetings have led to the following recommendation: Instead of spreading our limited resources by applying the classic routine Expanded Programme on Immunisation (EPI) approach to vast and inaccessible areas health actors should try to focus our limited implementation capacity. This will include disposing of an array of strategies, which can be adopted on the micro level such as classic routine EPI with fixed sites combined with Sustainable Outreach Services (SOS).

This approach will have three components in order to '*reach the unreachable*' and increase vaccination coverage of Congolese children:

1. Organisation and implementation of acceleration activities in previously under served areas to boost the current coverage levels;
2. Improvement and increase in the quality and availability of routine EPI services, including both the fixed sites and outreach activities;
3. Ensuring coordination between public health services and NGOs.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Vaccines	1,250,000
Injection equipment	1,200,000
Cold chain equipment	600,000
Implementation costs	600,000
Monitoring and supervision	265,000
Social mobilisation	200,000
Logistics	600,000
Indirect programme support cost*	642,954
<b>Total</b>	<b>5,357,954</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Emergency Measles Epidemic Response
<b>Project Code:</b>	DRC-04/H03
<b>Sector:</b>	Health
<b>Objective:</b>	To reduce child mortality and morbidity due to measles by immunising all children aged between 9 months and 5 years against measles, prevent epidemics and reduce child mortality and morbidity
<b>Targeted Beneficiaries:</b>	2,000,000 children between 06 months and 15 years
<b>Implementing Partners:</b>	UNICEF, WHO, local and provincial health authorities, in collaboration with UN and NGOs partners
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 2,548,295</b>

### Project Description

During 2003, the DRC continued to experience numerous outbreaks of measles throughout the territory. Various studies show that the level of measles vaccinations in children under five remain alarmingly low. It is estimated that 54% of children are not protected from measles, the second leading cause of mortality of children under five in the DRC.

This preventable disease often causes high levels of mortality in the populations most affected, such as those displaced, malnourished, or living in close quarters.

To reduce the frequent outbreaks of measles occurring each year in several areas of the country, especially in the eastern part, UNICEF will continue to provide emergency vaccination materials to implementing partners to respond to measles epidemics throughout the territory.

These emergency campaigns will continue to target all children between 6 months and 15 years of age that have not been previously immunised against measles. This approach will contain and limit morbidity and mortality due to measles in affected zones. UNICEF will also provide basic life saving medicines to implementing partners for the curative treatment of those who contract measles.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Vaccines	500,000
Injection equipment	350,000
Medicines for treatment of measles infected children	375,000
Cold chain equipment	192,500
Implementation costs	300,000
Social mobilisation	150,000
Logistic	375,000
Indirect programme support cost*	305,795
<b>Total</b>	<b>2,548,295</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Emergency Primary Health Care
<b>Project Code:</b>	DRC-04/H04
<b>Sector:</b>	Health
<b>Objective:</b>	To meet the basic health needs of 6.5 million war-affected and impoverished populations; control cholera epidemics and reduce maternal and child mortality and morbidity
<b>Targeted Beneficiaries:</b>	6.5 Million war-affected displaced and host communities, and impoverished population in 40 health zones, with focus on women and children, approximately 3,000,000 children and women
<b>Implementing Partners:</b>	UNICEF, local and provincial health authorities, in collaboration with WHO and NGO partners (CRS, Caritas, ACF-USA)
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 3,088,636</b>

### Project Description

With a new era of peace and transition arriving in DRC, it is a crucial moment that will impact the health situation that faces almost 70% of the population - limited or no access to basic health care.

In an effort to reverse the current trend of increased mortality, UNICEF, in 2003, continued provide 633 health structures in 41 health zones with essential drugs, medical supplies, training and logistic support, via implementing partners such as Caritas, Catholic Relief Services, CESVI, and Action Contre la Faim-USA. As each of these health zones aided are located along the frontline where the population has been undeserved or not served at all since 1998, this emergency medical support is particularly important. Combined, these implementing partners serve a population of more than six million vulnerable people.

The primary objective of this intervention is to increase the access of the population to an efficient and sustainable health care system that provides quality services, resulting in an improvement in the health status of served communities.

UNICEF's priority in 2004 will be first to consolidate, reinforce and extend the existing partnerships to ensure the provision of basic PHC services. Adjustments will be made to increase the accessibility of primary health care through the development and promotion of the minimum package, and will take into account the limited ability of most families to pay for access to the most basic health services. This emergency primary health programme will target 6 million of the most vulnerable of Congo.

Essential drugs and equipment, including emergency health kits and essential drugs, especially for the treatment of malaria, will be provided to the implementing partners to support the health structures. UNICEF partners will also introduce simple management tools and train the staff of the selected health centres to rationalise the use of these supplies. In addition, implementing partners will design and implement health programmes that assure increased access by the population to basic life saving treatment.

UNICEF has begun a programme to link UNICEF emergency health programmes with the existing UNICEF health zone revitalisation programme. Through this integrated approach, UNICEF will be able to assure that these vulnerable populations receive both emergency aid as well as access to sustainable, reliable, quality, basic health services.

In 2003, the DRC continued to experience one its worst cholera epidemics in a decade, second only to the epidemic of 2002. In response to the various medical emergencies that can arrive in Congo, UNICEF, acting as the primary UN agency reacting to emergency cholera outbreaks via medicines and materials, will maintain its capacity to respond to any outbreak of cholera. In strategic stocks throughout the country, consisting of essential cholera medicines and water treatment supplies will be maintained and made available to implementing partners as well as emergency funds for the construction of emergency CTC where necessary.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Emergency medical kits for affected health structures	400,000
Support to 500 health centres with essential drugs kits	700,000
Emergency rehabilitation of health structures	400,000
Control and treatment of cholera	600,000
Emergency Health education	266,000
Logistics (airlifts/ transport and distribution of medical supplies)	340,000
Indirect programme support cost*	382,636
<b>Total</b>	<b>3,088,636</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in the DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Project Title:</b>	HIV Sentinels Surveillance
<b>Project Code:</b>	DRC-04/H05
<b>Sector:</b>	Health
<b>Themes:</b>	Monitoring & evaluation
<b>Objective:</b>	To assist the National AIDS Programme in the monitoring and evaluation of the HIV epidemic trends in order to improve the national response to HIV/AIDS epidemic.
<b>Targeted Beneficiaries:</b>	The National Aids Programme, the 11 provincial coordinating offices, international and national NGO's, all the bilateral / multilateral agencies and other key stakeholders are the targeted beneficiaries because they need information to assess their intervention packages.
<b>Implementing Partners:</b>	<ul style="list-style-type: none"> <li>➤ The National Aids Programme will play a major role in coordinating of the sentinel surveys, data collection, analysis and dissemination of the results.</li> <li>➤ The Public Health School of Kinshasa will provide human resources to conduct the field behavioural and biological surveys through the sentinel sites.</li> <li>➤ The aids reference lab will assist in the quality control of the field HIV testing.</li> </ul>
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 296,410
<b>Funds Requested:</b>	<b>US\$ 296,410</b>

### Project Description

The major difficulties in the planning process in DRC are the lack of the data to assess HIV, sexually transmitted infections and sexual behavioural trends. In 2003 the WHO is supporting the HIV surveillance. In order to assess HIV trends, after five years of civil war in DRC, there is a need to provide essential data for 2004, to evaluate the impact of the war on HIV epidemic and to develop appropriated interventions.

**Expected Results** are that HIV prevalence is determined among the pregnant women attending the prenatal clinic in 23 sentinel sites, and that the key sexual behaviour indicators are measured among the young people around the sentinel sites.

The data from the sentinel surveys is then used for the guidance in the interventions. In DRC, the HIV surveillance system took place by 1990. The National AIDS Programme had selected 23 sentinel sites in order to ensure the coverage of the 11 provinces. Practical guidelines and training programmes were developed. But data from sentinel sites are not regularly collected, due to the lack of financial resources. The biological and behavioural surveys costs are evaluated as US\$ 10,000 by year by site, including: training and supervision missions, support to the sentinel surveillance, equipment, furniture, consumables, data collection, analysis and dissemination of the results.

**Intervention:** In DRC, the HIV surveillance system took place by 1990. The National AIDS Programme had selected 23 sentinel sites in order to ensure the coverage of the 11 provinces. Practical guidelines and training programmes were developed. But data from sentinel sites are not regularly collected, due to the lack of financial resources.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Training and supervision: 23 sites x US\$ 3,000	69,000
Support to the sentinel surveillance: 23 sites x US\$ 2,000	46,000
Equipment, furniture and consumables: 23 sites x US\$ 5,000	115,000
Data collection, analysis and dissemination: 23 sites x US\$ 1,000	23,000
HAC*, project coordination, monitoring and reporting	26,632
Programme support costs	16,778
<b>Total</b>	<b>296,410</b>

\* Health Action Crises, for functions undertaken through the regional offices and headquarters for projects coordination, monitoring and reporting.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	HIV/AIDS Prevention in Eastern Congo
<b>Project Code:</b>	DRC-04/H06
<b>Sector:</b>	Health
<b>Objective:</b>	To provide information and education on HIV/AIDS to young people and to reduce the number of new HIV infection among young people and new-borns in six cities in the Eastern Congo.
<b>Targeted Beneficiaries:</b>	200,000 Youth, at school and out-of-school, especially the most vulnerable adolescents and young people involved in commercial sex, affected by sexual abuse, displaced or refugee and 10,000 pregnant women and their new born in Kisangani, Bunia, Goma, Bukavu, Uvira and Kalemie and areas affected by the conflict and displacement.
<b>Implementing Partners:</b>	UNAIDS, WHO, UNFPA, WFP, MONUC, OCHA, Ministries of Health, Education and Social Affairs, Provincial authorities, International NGO (SCF, IRC, PSI) and local NGO
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 1,084,659</b>

### Project Description

According to the National AIDS Control Programme estimates, the prevalence of HIV among adults (15-49) in the DRC is approximately 5%, some estimates in zones in the east have a prevalence as high as 24%. This is particularly the case in the areas affected by conflict, due to the presence of armed forces from countries with higher prevalence, the movement of refugees and the displacement of populations. Mother-To-Child Transmission (MTCT) of HIV has become a very critical issue because nearly 15% of notified AIDS patients are children below five.

UNICEF's HIV/AIDS prevention activities focus on life-skills and peer education for 200,000 in and out-of-school youth (10-24 years old). A situation analysis must be made in order to evaluate the specific risks and vulnerabilities towards HIV/AIDS of these adolescents and young people. Some behavioural change communication activities will aim at promoting sexual behavioural changes of 20,000 vulnerable young people like adolescent and child soldiers, young truck drivers, commercial and occasional adolescent and young sex workers, and displaced young people. It is also planned to develop a pilot project in an emergency setting to reduce the MTCT of HIV, targeting an estimated 10,000 pregnant women in existing and functioning health structures.

All of these activities will be implemented in six of the main cities in the Eastern Congo especially along the border between DRC and Uganda, Rwanda, Burundi and Tanzania: Kisangani, Bunia, Goma, Bukavu, Uvira and Kalemie and in some specific areas most affected by the conflict.

UNICEF interventions to prevent HIV/AIDS transmission in youth and children will include the following priority activities in these six cities:

- Organise a rapid KAPB survey for a situation analysis to assess sexual behaviour of young people, the prevalence of sexual abuse and violence;
- Strengthen and expand provincial and community level AIDS prevention networks in targeting the most vulnerable young people. The promotion of condoms (through collaboration) and voluntary tests will be associated;
- Train 1.000 peer-educators, teachers and community workers to make life skills education based HIV/AIDS education and to promote knowledge of the disease and preventive measures to limit its spread among young people and vulnerable groups;
- Sponsor a radio and inter-personal campaign to raise public awareness about HIV/AIDS and its prevention and to reduce the stigma on HIV/AIDS;
- Make advocacy campaign towards military leaders and all soldiers in order to prevent sexual violence;
- Access to quality prenatal and postnatal services through the introduction of a package of interventions aimed at preventing mother-to-child transmission through training of health care providers in HIV/AIDS testing and counselling. Provide HIV testing and counselling to pregnant women.

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The collaboration with other UN agencies and international NGOs will be assured through a coordinating committee at provincial and district level. The convergence and synergy of actions from UNAIDS agencies will be promoted through the combination of interventions in these sites. For example:

- UNAIDS will ensure the coordination of activities on AIDS;
- WHO will ensure the blood safety and the surveillance;
- UNFPA will supply the condoms and STI case management kits;
- UNICEF will develop communication activities and support the PMTCT components.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
KAPB survey on HIV/AIDS among vulnerable groups	54,500
Production of communication and life-skills materials	140,000
Training of community workers, teachers and health workers	200,000
Purchase of Anti Retro Viral to prevent MTCT of HIV	Donation in kind by the Manufacturer
Voluntary Counselling & testing, medical and psycho-social services	270,000
Community mobilisation, peer-education and media communication	210,000
Monitoring /evaluation	80,000
Indirect programme support costs *	130,159
<b>Total</b>	<b>1,084,659</b>

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Project Title:</b>	Community-based Psycho-social Rehabilitation
<b>Project Code:</b>	DRC-04/H07
<b>Sector:</b>	Health
<b>Theme:</b>	Mental health
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ to alleviate the psychosocial suffering of the population.</li> <li>➤ to reinforce the capacity of local actors.</li> </ul>
<b>Targeted Beneficiaries:</b>	Population of 4 provinces in Eastern DRC, children, adolescent and Women.
<b>Implementing Partners:</b>	COOPI, National programme for mental health, UNICEF, UNFPA.
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	<b>US\$ 1,113,000</b>
<b>Funds Requested:</b>	<b>US\$ 1,113,000</b>

### Project Description

Mass killings, rape and sexual violence on children and women, families buried alive in communal grave, unbearable death scenes added to daily and continuous challenges for survival have left undoubtedly indelible scars on the psychological entity of entire communities especially population living the East and led to the emergence of multitude of psychological and neurological symptoms among children, adolescents and women aggravated by scarcity of projects and expertise aiming to tackle this issue in its emergency phase.

Training of community health workers, community leaders, teachers and families at large on basic notions. Support to local NGOs and associations in psychosocial management of affected persons. Provision of guidelines and psychotropic drugs to health structures when necessary. Supervision, monitoring and evaluation conducted by local health authorities and mental health national programme

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Assessment and survey (needs estimation /province) (20,000x4)	50,000
Training and supervision	
Training of trainers (100), training of community health workers (1,000)	350,000
Psychotropic drugs 100 kits x10,000	150,000
Consultation: 1 psychologist, 1 psychiatrist for one year	25,000
Local NGOs support	175,000
Logistic support	200,000
HAC*, programme coordination, monitoring and reporting	100,000
Programme support costs	63,000
<b>Total</b>	<b>1,113,000</b>

\* Health Action Crises, for functions undertaken through the regional offices and headquarters for projects coordination, monitoring and reporting.

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<b>Appealing Agency:</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Project Title:</b>	Epidemics Preparation and Prevention in eastern DRC
<b>Project Code:</b>	DRC-04/H08
<b>Sector:</b>	Health
<b>Themes:</b>	Outbreaks detection and response
<b>Objective:</b>	Reinforce national programme capacities in epidemics early detection and Response.
<b>Targeted Beneficiaries:</b>	Population of Eastern DRC especially: Kivu, Oriental, Katanga and Kasai provinces.
<b>Implementing Partners:</b>	Ministry of health, provincial local health authorities, emergencies and humanitarian national programme, UNICEF, UNFPA
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 985,676
<b>Funds Requested:</b>	<b>US\$ 985,676</b>

### Project Description

Although the effort deployed to tackle the emergence of outbreaks supposed to be under control or even eliminated the death toll caused each season by those epidemics specifically in Eastern provinces is still on the rise. The limited accessibility and security, the absence of preparation strategies and preventive measures has made the situation more complex and unpredictable which is inevitably heading toward more mortality unless comprehensive and realistic early warning and response system is implemented.

### Goal

To reduce mortality and morbidity directly linked to communicable diseases outbreaks in complex emergencies settings.

### Objective

- Outbreak-prone diseases tendency surveillance mainly measles, cholera, malaria, meningitis Plague, Ebola and other hemorrhagic fevers.
- Early outbreaks detection especially in populated (crowded) places: urban areas and camps. Response preparation in fewer than 48 hours after the epidemic notification.

### Principal Expected Results

- Epidemiological reports on daily and weekly basis produced.
- Potentially epidemics diseases in urban areas and camps controlled.

### Activities

- Setting up crisis committees.
- Qualitative training of health staff in charge of surveillance.
- Community health workers training in sensitisation and community role.
- Laboratory support with test, reagent and equipment.
- Guidelines on proper case management, referral system, isolation procedures and correct body burial.
- Establishment of coherent early warning system:
  - active surveillance: active cases search in the community;
  - passive surveillance: using health structures;
  - suspect cases surveillance and rumours verification;
  - reports production.
- Community participation through communication and health education.
- Vaccination campaign for measles and meningitis.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Sensitisation (advocacy, health promotion, information exchange)	50,000
Laboratory 10 Kits x 15,000	150,000
Emergency health kits: basic, cholera	250,000
Training 200 nurses, 800 CHW	50,000
Documents production: case management protocols, forms	25,000
International epidemiologist	80,000
Supervision, monitoring and evaluation at community, provincial and central level	79,000
Logistics support	150,000
HAC*, programme coordination, monitoring and reporting	93,053
Programme support costs	58,623
<b>Total</b>	<b>985,676</b>

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\* Health Action Crises, for functions undertaken through the regional offices and headquarters for projects coordination, monitoring and reporting.

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<b>Appealing Agency:</b>	<b>MEMISA BELGIUM</b>
<b>Project Title:</b>	Safe Blood Transfusion
<b>Project Code:</b>	DRC-04/H09
<b>Sector:</b>	Health
<b>Themes:</b>	HIV/AIDS
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ 100% of the blood transfusions are tested for blood grouping and HIV</li> <li>➤ 100% of the training sessions and health promotion sessions are held</li> </ul>
<b>Targeted Beneficiaries:</b>	1,300,000 persons in Bandundu and 750.000 persons in North-Equator Children less than 5 years represent 70% of the transfusions and pregnant women 15%
<b>Implementing Partners:</b>	Diocesan Structures, Health inspectors, District Medical Officer, Hospital directors, WHO
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 918,756</b>

### Project Description

In the DRC the population is weakened, prone to malnutrition and epidemic diseases on the rise. The majority of the health structures do not function properly anymore, including the service of blood transfusions. The limited resources in terms of finances and personnel have been channelled for other priorities. Various armed forces and militia use rape as a tool of war accelerated in certain regions; alongside this is a severe increase in the propagation of the Aids-virus.

Memisa hopes to reach out to the people in the 19 different health zones at Bandundu and in the 6 zones of the North province of Equator not only to guaranty the possibility of sure blood transfusions but even to conduct an up to date report of the epidemic. They will also conduct awareness campaigns for preventive measures, the risks of transmission, the consequences of the disease and the treatment.

The activities will concentrate on investment for laboratory materials, purchase in consumable (group-tests, HIV detection tests), training and supervision.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Equipment	219,200
Functioning costs including consumables	421,200
Support costs	278,356
<b>Total</b>	<b>918,756</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

<b>Appealing Agency:</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Project Title:</b>	Malaria prevention and control in complex emergency situations
<b>Project Code:</b>	DRC-04/H10
<b>Sector:</b>	Health
<b>Themes:</b>	Utilisation of Insecticide treated bed nets, pregnant women intermittent prophylaxis treatment, malaria case management
<b>Objective:</b>	To contribute to the reduction of morbidity and mortality among children and pregnant women in selected Health Zones
<b>Targeted Beneficiaries:</b>	1,000,350 children under five years and 200,070 pregnant women from: Orientale Province: 18 Health zones of 3 districts (Kisangani, Tshopo and Ituri) Maniema Province: 8 Health Zones Total covered population: 5,001,718
<b>Implementing Partners:</b>	<ul style="list-style-type: none"> <li>➤ UNICEF: Insecticide treated bed nets distribution</li> <li>➤ National Malaria Control Programme: Case management and Antimalarial drug studies, training, monitoring, supervision and evaluation</li> <li>➤ Province Health Service Office and Health Zones Office: Bed nets distribution, case management, antimalarial drug studies, health communication, community involvement, training, monitoring, supervision and evaluation</li> </ul>
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 644,369
<b>Funds Requested:</b>	<b>US\$ 644,369</b>

### Project Description

Malaria remains one of the most important causes of mortality and morbidity in the DRC especially among pregnant women and young children and indirectly contributes to HIV transmission for anaemic patients during transfusion. In situations of complex emergency, displacement of non-immune persons in malaria high risk areas, environmental deterioration that encourages mosquitoes breeding sites, weakened nutritional status, difficulty accessing food and medicine, breakdown of health systems and the extension of chemo resistant strains of malaria parasites are some of the conditions which contribute to the worsening of the prevailing malaria burden.

A comprehensive humanitarian action should include malaria prevention and control activities such as ensuring timely and appropriate case management both in community and health infrastructures, promoting the use of insecticide treated bed nets, introducing the intermittent prophylaxis treatment for pregnant women, setting up epidemic prevention control measures, assessing anti-malarial drug efficacy, community involvement and health education. Other activities to carry out in collaboration with other projects include human health resources training, drug and medical equipment supplies, supervision, monitoring and evaluation. The expected outcome would be an overall reduction of morbidity and mortality, and promotion of welfare and development.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Improving malaria case management in communities	44,000
Improving malaria case management in health infrastructures	350,200
Introducing intermittent prophylaxis treatment for pregnant women	82,500
Assessment of anti-malarial drug efficacy	50,000
Support Roll Back Malaria Task Force in Health Zones	23,300
Promoting the use of insecticide treated bed nets (see other agencies)	0
HAC*, programme coordination, monitoring and reporting	57,895
Programme support costs	36,474
<b>Total</b>	<b>644,369</b>

\* Health Action Crises, for functions undertaken through the regional offices and headquarters for projects coordination, monitoring and reporting.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS POPULATION FUND</b>
<b>Project Title:</b>	HIV/AIDS Prevention for Demobilised Groups
<b>Project Code:</b>	DRC-04/H11
<b>Sector:</b>	Health
<b>Themes:</b>	Armed forces and STIs/ HIV/AIDS prevention
<b>Objective:</b>	Increase information delivery and provision of condoms and RH services to reduce STI & HIV/AIDS transmission among ex fighters and their families.
<b>Targeted Beneficiaries:</b>	50,000 persons comprising 10,000 ex fighters and 40,000 members of their families
<b>Implementing Partners:</b>	Ministry of Defence, Ministry of Health, Ministry of Humanitarian Affairs, MONUC, UNAIDS, UNDP, WHO, UNICEF, Local & international NGOs, (COLPHADEMA)
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 895,000</b>

### Project Description

With the set up of the transition phase, disarmament, demobilisation and reintegration (DDR) will be one of the main challenges for peace building in DRC. There is a strong need to reinforce the use of prevention measures against STIs and HIV/AIDS among ex fighters and their families. The ex-combatants are very young, and mainly operate in the eastern area of the country where the HIV/AIDS prevalence is around 22% (source PNL5-2001). Nearly 10,000 ex fighters and 40,000 dependants are located in the area.

Creation of an awareness raising programme on the HIV/AIDS for the local population and focusing on young ex-soldiers and their dependants is imperative to a successful DDR process. Based on the UNFPA comparative advantage on reproductive health information, service and commodity delivery, the present support aims at the development of an HIV/AIDS component with: a) an awareness programme on STIs & HIV/AIDS in five eastern provinces (North Kivu, South-Kivu, Eastern province, Maniema and Katanga) and b) community based distribution programmes of condoms and other needed reproductive health supplies in the demobilisation sites of these five provinces. The Project will complement and reinforce the UN Joint Initiative on the Sexual Violence, which includes an HIV/AIDS prevention component. It will be articulated on these key actions:

1. Conduct base line and final studies including sexual behaviour and knowledge of the targeted demobilised soldiers;
2. Train 500 peer educators for the development and implementation of communication for behaviour change plans of action at the community level;
3. Initiate community based service delivery of condoms and other reproductive health supplies in the five provinces covered by this project;
4. Launch of social mobilisation campaigns to raise awareness on the risks related to HIV spread;
5. Provide Health Centres with reproductive health kits to provide ex combatants' families with reproductive health care, including care for survivors of sexual violence (including emergency contraception, antibiotics to address STIs, post-exposure prophylactic drugs (PEP), male and female condoms and other RH products;
6. Organise VTC services and Communication for behaviour change.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
KAP studies and surveys	70,000
Production of didactic & sensitising materials	90,000
Training of Peer educators and capacity building of local partners	85,000
Voluntary Counselling and Testing (VCT) services and services providing RH health care, including medical and psychosocial care to survivors of sexual violence (procure HIV tests, RH kits and PEP drugs)	315,000
Social mobilisation campaigns against STIs and HIV/AIDS in relation with community leaders and local NGOs	100,000
Start up of CBD, purchase of condoms and other essential RH supplies	150,000
Monitoring, evaluation and management aspects	85,000
<b>Total</b>	<b>895,000</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>UNITED NATION POPULATION FUND</b>
<b>Project Title:</b>	Prevention of Sexual Violence and Meeting Medical and Psychosocial Needs of Sexual Violence Victims
<b>Project Code:</b>	DRC-04/H12
<b>Sector:</b>	Health
<b>Theme:</b>	Prevention and care for survivors of sexual violence
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Strengthen local structures and services providers capacity to deliver quality care and specific medical and psychosocial response to sexual violence victims.</li> <li>• Mobilise a joint response among all stakeholders to address sexual violence among IDPs and other vulnerable groups (reinforce planning and coordination exercises for community awareness, prevention, care, data collection, monitoring &amp; management).</li> </ul>
<b>Targeted Beneficiaries:</b>	4 provinces: Equateur, Katanga, North and South kivu
<b>Implementing Partners:</b>	WHO, UNIFEM, Social Funds, COOPI, local NGOs, Ministry of Health (IPS), Ministry of Women Condition and Family
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 10,150,000
<b>Funds Requested:</b>	<b>US\$ 850,000</b>

### Project Description

The exacerbation of sexual violence against women and children is mainly due to the crisis and conflicts the DRC has encountered since 1996. The report of the recent interagency field assessment on sexual violence<sup>16</sup> has confirmed the high prevalence and the atrocities of rape (Bukavu in South Kivu: 10,000 women was raped, in Kalemie 1,500 women, etc). Victims are mainly women from 4 to 80 years, but more and more cases of male victims are reported. Sexual violence is used as weapon and its consequence on the mental and physical health is very damaging (haemorrhages, fistula, and STI including HIV/AIDS). The deliquescence of healthcare infrastructure has led to a lack of sufficient qualified service providers in terms of medical, surgical and psychosocial care, a lack of adequate technical equipment and the absence of a referral system for an appropriate follow up of GBV victims to assist them with reintegration into the Community.

The support will contribute to the reduction of morbidity and mortality related to GBV through:

- increasing awareness on the prevalence and prevention of sexual violence and HIV/AIDS/STIs and the role of Community, military and political leaders in prevention and response;
- providing medical assistance for screening and prevention of STIs/HIV/AIDS through provision of medical equipment and RH commodities (pep kits, HIV/ test & essential drugs);
- provision of medical, surgical and psychosocial care for survivors of GBV through training of service providers and equipment of health facilities with RH kits, including emergency contraception, antibiotics to prevent STIs and post-exposure prophylactic drugs (PEP);
- setting up of income generating activities for survivors;
- elaboration and utilisation of standardised protocols for sexual violence victims (confidentiality and security).

**Approach:** The support will be channelled through public health facilities, local NGOs with the coordination, technical and logistic support of UNFPA and WHO.

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<sup>16</sup> \* The GBV Field assessment has been decided from with the joint initiative (Government, UN and local & international NGO) to address sexual violence in DRC. In this context a joint mission has visited last August, six provinces of the western and eastern country to collect data for the project development.

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Rehabilitation and equipment of 15 health facilities and provision of RH emergency kits including PEP kits, male and female condoms and other essentials reproductive health drugs	425,000
Training of health providers on medical and psychosocial care for survivors, including counselling, STI prevention, norms and standards, etc.	125,000
Campaign development on GBV awareness and prevention	100,000
Data collection, survey and other fields assessment	125,000
Coordination, evaluation and knowledge sharing	75,000
<b>Total</b>	<b>850,000</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Project Title:</b>	Support to Emergencies Management
<b>Project Code:</b>	DRC-04/H13
<b>Sector:</b>	Health
<b>Themes:</b>	Emergencies and humanitarian actions
<b>Objectives:</b>	<ul style="list-style-type: none"><li>➤ To alleviate the suffering of affected populations, physical and psychological through immediate interventions.</li><li>➤ To make available emergency kits and others inputs in strategic distribution sites.</li><li>➤ To reach rapidly the affected areas and vulnerable population (children, women and old persons).</li></ul>
<b>Targeted Beneficiaries:</b>	Victims of emergency situations (epidemics, war situations, displaced populations and natural disasters) in 11 provinces.
<b>Implementing Partners:</b>	National emergency programme, MIMESA Belgium, UNICEF, UNDP.
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,288,736</b>

### Project Description

The recurrence of emergencies both natural and human-made throughout the year and affecting geographically all provinces without exception has increased the vulnerability of communities already traumatised by ongoing economic crisis.

The absence of contingency plans at central and provincial levels, the lack of community-based strategies coupled with uncoordinated flash interventions are among the main causes contributing to the disastrous situation prevailing today (continuous cholera epidemics, avoidable high mortality related directly or indirectly to emergencies).

### Project Objectives

- Adoption of community-based preparation and response strategies.
- Reinforcement of national programme capacities.
- Elaboration of contingency planning with all stakeholders.
- Availability of buffer stocks on pre-selected sites for rapid field interventions.
- Information sharing and dissemination.
- Cross-borders interventions and experience sharing.
- Post-crisis evaluation and adoption of lessons learned guidelines.

### Activities to be Conducted

- Training and technical support of interventions teams (central and provincial) in emergencies mitigation.
- Training of community health workers disasters management elementary notions.
- Establishment of early warning sites on disaster-prone areas.
- Support of joint investigation and evaluation missions to affected zones.
- Assessment and mapping of provincial vulnerability, risks and hazards.
- Parallel management of psychosocial trauma resulting from disasters.
- Provision of necessary inputs (emergency kits, vaccines and lab tests).
- Logistic support and strategic positioning of inputs.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Medical kit (emergency kits, cholera kits, surgical kits)	250,000
Vaccines, reagents and lab equipment	160,000
Training and investigation missions	180,000
Recruit an International Emergency Health Officer/1 year	60,000
Logistics (airlifts, transport)	250,000
Supervision and evaluation	200,000
HAC*, programme coordination, monitoring and reporting	115,789
Programme support costs	72,947
<b>Total</b>	<b>1,288,736</b>

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\* Health Action Crises, for functions undertaken through the regional offices and headquarters for projects coordination, monitoring and reporting.

# DEMOCRATIC REPUBLIC OF THE CONGO

## Food Security and Nutrition

<b>Appealing Agency:</b>	<b>WORLD FOOD PROGRAMME</b>
<b>Project Title:</b>	Protracted Relief and Recovery Operation for Populations Affected by Armed Conflict
<b>Project Code:</b>	DRC-04/F01
<b>Sector:</b>	Food
<b>Themes:</b>	IDPs, Refugees, Host populations, Nutrition, Food security, HIV/AIDS, DRRR and gender
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Improve and/or maintain households' access to food, thus preserving the nutritional status of the targeted populations.</li> <li>• Improve access of targeted communities to sustainable self-reliance assets through training, rehabilitation of community infrastructure and foster their social and economic reinsertion.</li> <li>• Contribute to improve the rate of attendance, regularity and good results of targeted school children.</li> </ul>
<b>Targeted Beneficiaries:</b>	1,602,700 IDPs and other war-affected populations
<b>Implementing Partners:</b>	UNOPS, FAO, OXFAM, ICRC, UNHCR, WHO, MSF-B, GAA, Concern, Merlin, ECHO, SCF-UK, UNICEF, ACF-USA, MSF-F, CARITAS, PCID, Fraski, CPK, Solidarité, World Vision, FHI, CRS, International, DRC Government, GTZ, ADES, BASICS, USAID
<b>Project Duration:</b>	January 2004 – December 2005
<b>Funds Requested:</b>	<b>US\$ 83,752,812</b>

### Project Description

WFP will provide support to people suffering from critical food insecurity including internally displaced persons; malnourished children and pregnant/lactating women; refugees from neighbouring Angola and Central African Republic; and other groups deemed vulnerable.

Priority will be given to the life saving/relief component. This includes free but, limited in time, distributions of food to newly IDPs and returnees; activities related to therapeutic or supplementary feeding targeting malnourished children, lactating and nursing women, and vulnerable group feeding. To address newly emerged urgent humanitarian needs related to the reunification context of the country, WFP will support new projects in the field of HIV/AIDS, emergency school feeding and the demobilisation and reintegration of children associated with combatants. The refugee component will target Angolan and Central African refugees waiting for repatriation.

Through the recovery component, WFP will continue to support the activities of reintegration and reinforcement of capacity with a view to fostering food self-sufficiency by means of food for assets activities. Rehabilitation of feeder roads, reforestation, seed multiplication, promotion of market gardening as well as training in marketable skills.

<b>FINANCIAL SUMMARY</b>		
<b>Budget Items</b>	<b>MTs*US\$ / MT</b>	<b>US\$</b>
Cereals	71,253*231	16,459,443
Pulses	23,020*393	9,046,860
Oil	6,144*851	5,228,544
CSB	3,971*258	1,024,518
Salt	1,039*39	40,521
Sugar	823*240	197,520
<b>Sub-Total</b>	<b>106,250</b>	<b>31,997,406</b>
Shipment fees, insurance		8,692,333
LTSH costs		23,970,721
ODOC		1,496,190
Direct support costs		11,906,053
Indirect support costs		5,690,109
<b>Total (for 2004)</b>		<b>83,752,812</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>FOOD AND AGRICULTURE ORGANIZATION</b>
<b>Project Title:</b>	Support to the Coordination of Emergency Agricultural Operations And Improvement of Food Security Information
<b>Project Code:</b>	DRC-04/A01
<b>Sector:</b>	Agriculture
<b>Themes:</b>	Emergency Response Funds, Preparedness and Contingency, Coordination and support to the implementation of emergency agricultural projects and food security information
<b>Objective:</b>	To provide the Ministry of Agriculture with the technical and logistical support required to coordinate emergency agricultural operations and to support food security surveillance; support to NGOs.
<b>Targeted Beneficiaries:</b>	Vulnerable rural populations, NGOs, government, provincial authorities, UN agencies and donors
<b>Implementing Partners:</b>	UN, Ministry of Agriculture, Province Agricultural Services, international and local NGOs
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 990,450</b>

### Project Description

The conflict in the DRC has led to the displacement of more than 3.4 million people over nearly half of the national territory (1.2million km<sup>2</sup>), causing a large scale humanitarian disaster. However, due to recent peace agreements and the extension of humanitarian space, a more optimistic political situation has arisen, will allow for easier access to numerous conflict-affected families who have been isolated for several years.

The new response strategies will require large-scale coordination in order to be effective. For over three years, FAO has collected and disseminated information related to food security using its network of fourteen operational offices and sub-offices distributed throughout the nine most affected provinces. In collaboration with national and international partners, FAO elaborates strategic intervention plans adapted to address the particular needs of conflict-affected beneficiaries.

Through this set up, FAO has been able to: (i) implement and facilitate implementation of a large number of food security interventions throughout the country; (ii) collect, consolidate, analyse and disseminate food security related information to all concerned; and (iii) provide technical expertise to those involved in emergency agriculture assistance. The improved access to the vulnerable populations and the subsequent increased capacity of the humanitarian community to address their needs and provide relevant assistance highlight the importance of a strengthened coordination among partners, in which FAO should continue to play a central role. In 2004, FAO will reinforce the emphasis on food security information management in order to promptly monitor and respond to the needs of those most vulnerable, especially those who have been inaccessible for years due to the conflict.

### Objectives

The purpose of FAO's emergency coordination office in the DRC is to contribute to saving lives and livelihoods and to decreasing the vulnerability of the populations affected by the crisis and the conflict through assistance to food production within a multi-sectoral approach and to collect, analyse and disseminate information on food security.

#### Specifically, the Project Aims to:

- coordinate food security interventions that focus on the most vulnerable groups and facilitate the return of IDPs to their communities;
- improve the nutritional status of the target population and prevent crises by developing preventive multi-sector food security activities;
- extend areas accessible to humanitarian assistance through coordinating assessment missions and ensure continued access to newly accessible lands;
- assist the recovery of the local agricultural economy through promotion of local micro-credit activities and reconstruction of the roads and ponds.

## DEMOCRATIC REPUBLIC OF THE CONGO

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FAO and its partners (WFP, UNICEF, NGOs) will undertake the following activities:

- distribution of agricultural kits (tools and seeds) and fishing kits to vulnerable groups such as returning and recently returned IDPs. Specific agriculture kits and technical training will be provided to families with undernourished children frequenting nutritional centres;
- support to the multiplication of quality vegetable material (seeds, cuttings, creepers) through national structures in charge of these activities;
- contribution to income generating activities and support to the reconstruction of previously inaccessible roads to promote agriculture and commercial activities and assistance in the rehabilitation of ponds;
- support to the recovery of small ruminants breeding;
- coordination, supervision and follow-up on food security and vulnerability information, an early warning system and updating contingency plans;
- collection, processing and dissemination of food security information.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Project Implementing Costs:	
International expertise: 1 Emergency agriculture coordinator, 1 Deputy Coordinator for the Eastern provinces, 1 GIS specialist (1p/m), 1 International Administration assistant (6m/m), 1 logistician	422,000
National expertise: 1 Agronomist Food Security specialist, 2 Food security information specialists, 12 Heads of regional sub-offices, 22 information collectors	210,120
Administrative staff (Administrative-Assistant, Secretaries, and drivers)	106,800
Training local partners and coordination meetings	32,000
Equipment: Vehicle, HF radios, computer (including GIS) office supplies	90,000
Operating Costs (including communication cost, contribution to UN security system, maintenance of vehicles)	80,000
Administrative Costs (Including technical backstopping)	49,530
<b>Total</b>	<b>990,450</b>

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<b>Appealing Agency:</b>	<b>FOOD AND AGRICULTURE ORGANIZATION</b>
<b>Project Title:</b>	Support to Production of Good Quality Planting Material and to Small-Scale Animal Breeding Activities
<b>Project Code:</b>	DRC-04/A02
<b>Sector:</b>	Agriculture
<b>Themes:</b>	Nutrition, IDPs, income generation
<b>Objectives:</b>	To reduce dependence on external aid through support to transitional interventions at the grassroots level; reinforce local producer's capacities; assist national services in the supervision of producers; distribute quality seeds and small animals in rural areas.
<b>Targeted Beneficiaries:</b>	250 multiplier associations and 50,600 conflict-affected families
<b>Implementing Partners:</b>	UN, Ministry of Agriculture (SENASA), Province Agricultural Services, local and international NGOs
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 1,367,800</b>

### Project Description

In addition to the immediate impact on the food security situation of the Congolese population, the long drawn-out conflict has led to a further deterioration of the already weakened Congolese agriculture sector as a whole.

Several humanitarian agencies are involved in seed distributions, though neither the private nor the public seed sector is in a position to satisfy the demand for good quality seeds. To reduce dependence on external aid, it is essential that efforts toward good quality seed production at the community level that have been initiated by FAO and its partners in stable areas, be gradually expanded to other areas as they become accessible.

In its strategic framework that aims to support coping mechanisms, FAO has identified the need to support small scale animal breeding at the community level as a key strategy. Projects undertaken since 1999 have proven to be effective in improving the food security of beneficiary households through, *inter alia*, the generation of income. In addition to replicating these activities in new areas, it appears essential to boost local breeds' production capacities at the community level to supply areas in need of core breeds.

#### Cohesion with the general strategies of CAP 2004

FAO supports the production of quality seeds through local structures such as agri-multipliers (SENASA and INERA) in response to emergencies. The produced seeds will be widely distributed to households with malnourish children. The core breeding of ducks will complement share-cropping systems to sustain the greatest number of vulnerable households.

Beyond improving and upgrading local production and expertise, the project will assist in the rejuvenation of local economies through purchasing seeds produced by local multiplier associations.

### Objectives

The project aims to reduce dependence on external aid through support to transitional interventions at the grassroots level, namely seed production and animal breeding. Specifically the project aims to:

- give priority to the local multiplication of quality vegetable material;
- ensure distribution of inputs to the most vulnerable populations;
- reinforce animal production activities in connection with small-scale breeding.

### Activities

The project will undertake to:

- procure basic/foundation seeds from research centres;
- provide 250 multiplier associations with basic/foundation seeds, tools and training in good quality seed production;
- contract local multiplier associations to produce more than 530 MTs of good quality seeds;
- distribute the seeds produced to 34,100 vulnerable households.

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Within the projects small animals breeding component, the project will undertake to:

- Provide 16,500 households with core breeding animals as well as appropriate training.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
<b>Agricultural inputs</b> (Quality seed production): Basic seeds (to be distributed to contracted seed producers): 40 MTs of seeds: beans, maize, soya, rice and groundnut at US\$ 2/kg, 2,500 hoes at US\$ 2.5/unit, 1,200 machetes at US\$ 2.2 /unit, (US\$ 88,890) Quality seeds (purchase in the framework of contract with grassroots seed producers): 530 MTs of seeds at US\$ 0.75/kg, 34.200 hoes at US\$ 2.5/unit, 14,000 machetes at US\$ 2.2/unit, (US\$ 513,800) Livestock inputs: 16,500 core breeding ducklings, 131,500 kg starter food and veterinary products, 66 incubators and transportation cost (US\$ 340,000).	942,690
<b>Contracts:</b> partnership with local structures for follow up	50,560
<b>Project implementing cost:</b> 1 International (6 m/m) and 3 national expertise (36 m/m), administrative support staff (US\$ 116,000) and travel (US\$ 15,000)	131,000
<b>Equipments:</b> Field and office	41,000
Training (training sessions and production of extension material)	22,500
Overall operation costs (including transportation, stocking, renting of offices, monitoring)	111,650
Administrative costs (including technical backstopping)	68,400
<b>Total</b>	<b>1,367,800</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>FOOD AND AGRICULTURE ORGANIZATION</b>
<b>Project Title:</b>	Rehabilitation of Agricultural Production for Conflict-Affected Families
<b>Project Code:</b>	DRC-04/A03
<b>Sector:</b>	Food security and nutrition
<b>Themes:</b>	Nutrition, IDPs, income generation
<b>Objective:</b>	Provide conflict-affected families with immediate support for the rapid rehabilitation of agricultural production through the provision of input and basic technical knowledge
<b>Targeted Beneficiaries:</b>	593,500 families, consisting of 222,000 families with malnourished children in nutrition centres and 371,500 IDPs, returnees, ex-combatants and urban poor who have been displaced.
<b>Implementing Partners:</b>	Institutions: IPAE UN: OCHA, WFP, UNICEF International NGOs: ACF, SCF-UK, Solidarities, Malteser, World Vision, AVSI, MSF, Acted, IRC, COOPL, CESVI, CONCERN, AAA, Première Urgence, Alisei National NGOs: CEMUBAC, Caritas, APREDECI, UWAKI, FOLECO, ICG, and other NGO partners known by provincial coordinators
<b>Project Duration:</b>	January - December 2004 (two to three agricultural seasons)
<b>Funds Requested:</b>	<b>US\$ 8,265,000</b>

### Project Description

The rural population of DRC is approximately 40 million people. More than 60% currently suffer from alarming food insecurity. The most recent FAO report on world food insecurity states that despite its agricultural potential (the DRC has the agricultural capacity to feed nearly 3 billion people), more than 75% of the population is undernourished. In eastern DRC, nutritional assessments show that malnutrition rates vary from 5 to 30% across many provinces.

In response to this alarming situation, more than 200 nutritional centres have been established in DRC in order to avoid mass starvation. Furthermore, the relative peace in certain regions has allowed the rural population, isolated for many years due to the conflicts, to begin to benefit from humanitarian assistance to recover their livelihoods and improve their food security.

### Objectives

In addition to food assistance, nutrition and NFI<sup>1</sup> interventions through WFP, and in collaboration with UNICEF and NGOs, FAO will supply basic agriculture inputs and reinforce a multi-sector intervention that focuses on food security.

The Congo Emergency Pool, or *Le Pôle Urgence Congo pour la sécurité alimentaire* (PUC), is comprised of five agencies among the UN and NGOs. PUC will take the lead role in prioritising activities that focus on families with undernourished children as well as interventions that aim to establish new intervention zones for the benefit of displaced and isolated populations.

### Activities

In collaboration with PUC and a provincial "Food security commission", FAO will undertake the analysis and establishment of intervention zones and methodologies and explore operational partnerships. The project activities are further detailed below:

#### Interventions with Nutrition Centres

The project aims to train and provide agriculture tools to families with children who suffer from malnourishment in order to curb the increase of children within nutrition centres. In every nutrition centre, an agronomist will be assigned to families to ensure continued training and a pursuit of agricultural productivity through the use of an agricultural kit. The average cost of the kit is assessed to be US\$ 10 for each of the 222,000 families targeted.

**Interventions with Displaced Populations**

NGOs that work closely with the rural population of DRC repeatedly identify agricultural tools as essential inputs to assist in improving food security. Through this project, PUC will respond to the needs of rural families by providing immediate agricultural kits that are adapted to the particular situation of the identified population. The agricultural kits mainly consist of one hoe, vegetable and food crops seeds and fishing inputs. The average cost of this kit is US\$ 14 for 371,500 beneficiary families.

**Expected Results**

The expected results are of two kinds:

Results in-kind:

1. Improved food crop production (beans, maize, groundnuts, soya beans) for about five months;
  - diversification and improvement of the present food ration (currently consisting of cassava leaves and tubers) with the production of vegetables;
  - contribution in animal proteins by distributing guinea pigs and fishing tools.
  
2. Cash results:
  - contribution in food crop equivalent in value to 12 months of house rent, ten medical consultations and one year tuition for children in a family;
  - provision of one hoe and other agricultural inputs will enable each displaced family to earn US\$ 10 monthly;
  - amaranth seeds will allow families to sell Lenga Lenga leaves every three weeks and thus will contribute substantially to families' income generation.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Agricultural Inputs: 185 Nutritional centres (222,000 malnourished-families) Vegetable seeds, potatoes vines, hand tools, guinea pigs (US\$ 2,177,155) Vulnerable families (351,300) Vegetable seeds, potatoes vines, hand tools, guinea pigs (US\$ 3,467,465) Fishing inputs (US\$ 545,400)	6,190,020
Contract with partners (NGOs)	325,000
Project Implementing Costs: 2 International consultant (12 months/each, US\$ 240,000); 10 National consultants (12 months each, US\$ 108,000); administrative support (30 agents for 21 months, US\$ 120,000) and travel (US\$ 120,000)	588,000
Training (Including training sessions and distribution of extension material)	55,000
<i>Equipment (Field and Office)</i>	135,000
Operating Costs (including storage, handling, internal transport, monitoring and evaluation)	559,329
<i>Administrative Costs and technical backstopping</i>	412,651
<b>Total</b>	<b>8,265,000</b>

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<b>Appealing Agency:</b>	<b>FOOD AND AGRICULTURE ORGANIZATION</b>
<b>Project Title:</b>	Support to and Promotion of the Agriculture Production Sector and Fishery Resources in Crisis-affected Areas
<b>Project Code:</b>	DRC-04/A04
<b>Sector:</b>	Food security
<b>Themes:</b>	Nutrition, IDPs, income generation, accessibility
<b>Objective:</b>	Stimulate agriculture production in stable and newly accessible agricultural areas
<b>Targeted Beneficiaries:</b>	Over 12,000 families from remote areas, host families, vulnerable families as well as war victims, IDPs and agro-economic operators.
<b>Implementing Partners:</b>	Institutions: IPAE, SNRDA, PNPf, INERA, SENASEM UN: WFP International NGOs: AVSI, Atlas Logistique National NGOs: PGD, ASEMA, CAB, APREDECI,
<b>Project Duration:</b>	January – December 2004 (Two to three agricultural seasons)
<b>Funds Requested:</b>	<b>US\$ 975,000</b>

### Project Description

Despite the damage and looting resulting from years of conflict, the agro-economic capacity of DRC has been preserved. The recent adoption of a peace agreement has allowed rural populations to reinstate income generating activities such as crop and vegetable cultivation, improvement of marshlands for vegetable and rice production, agricultural trading, road rehabilitation and maintenance, and fish pond rehabilitation. As living conditions gradually return to normal, supporting the economic potential and improving upon agricultural production in the short and medium-term can enhance livelihoods.

As a consequence of the successive conflicts in DRC, many rural development projects that had considerably contributed to improving the living conditions of the population have been completely destroyed. With the return to peace, the international community and national implementing partners are prepared to reinforce the initiatives of Congolese communities and work toward rehabilitation and development.

### Objectives

The project aims to complement emergency activities through various rehabilitation interventions that contribute to rural development and complement the ongoing income generating initiatives of rural communities. Specifically, the project aims to support agricultural road rehabilitation and improvement of marshlands for vegetable cultivation and fish ponds, which will reinforce the production capacities of stable populations and improve agricultural production, market accessibility and, hence, agro-economic exchanges.

### Activities

The project will undertake the following activities:

- the rehabilitation of feeder roads through facilitating contracts with local enterprises;
- improvement of marshlands through drainage and promotion of vegetable cultivation;
- the rehabilitation of fish ponds that were destroyed or abandoned during the conflicts.

### Expected Outputs

- Rehabilitation of 200 km of feeder roads through work by local enterprises.
- Rehabilitation of local agriculture production and agro economic exchanges.
- Improvement of 150 hectares of marshland for 5,000 vegetable cultivation farmers.
- Rehabilitation of 150 hectares of fish-ponds for 7,000 fish producers who will be able to produce 250 MTs of *Tilapia nilotica*.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Agricultural Inputs: Vegetable (100 Kg) and crop seeds (10 MTs) and hoes (4,000 at US\$ 2.5 each), US\$ 23,500; road maintenance tools (1,000 hoes, 1000 shovels, 1,000 picks, 500 wheelbarrows, US\$ 38,000) Contract with local enterprises Reloading of 30,000 cubic meter at 1.5\$/m <sup>3</sup> US\$ 45,000); 150 meter-bridges at 750\$/m (US\$ 115,500); 700 meter-pipe passage at 350 US\$/m (US\$ 21,000) and supervision (US\$ 22,230) Fishing inputs 750,000 fish fry at 0.05 US\$/unit (US\$ 37,500); 7,500 hoes, 1,000 wheelbarrows, 7,500 spades, 4,000 shovels (US\$ 106,250); Supervision contract with local structure (US\$ 17,500)	615,480
Project Implementing Costs: International consultant (1 consult during 12 months, US\$ 39,600); 2 National consultants (12 m/months, US\$ 43,200; administrative support (30 agents for 21 months, US\$ 24,000) and travel (US\$ 35,000)	141,800
Training (Including training sessions and distribution of extension material)	25,000
Equipment (Field and Office)	65,000
Operating Costs (including storage, handling, internal transport, monitoring and evaluation)	78,970
Administrative Costs and technical backstopping	48,750
<b>Total</b>	<b>975,000</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Nutrition rehabilitation and promotion
<b>Project Code:</b>	DRC-04/H14
<b>Objective:</b>	Reduce child mortality due to severe malnutrition
<b>Targeted Beneficiaries:</b>	70,000 severely malnourished children in DRC, particularly in areas affected by conflict and displacement.
<b>Implementing Partners:</b>	UNICEF, local and provincial authorities, in collaboration with UN and NGOs partners
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 3,926,136</b>

### Project Description

Despite numerous interventions in the domain of emergency nutrition and food security, the DRC has not seen a significant reduction in the global rate of acute malnutrition. Although advances and life saving interventions have saved thousands of lives throughout Congo, it is estimated that over 1,000,000 children under five continue to suffer from acute malnutrition.

Since 2001, UNICEF has taken the lead in the supplying of nutritional materials, nutritional surveys and therapeutic food-stuffs such as therapeutic milk and high protein biscuits. It is because of this role that UNICEF has taken the lead in integrated, multi-sectorial approach to emergency nutrition response in collaboration with governmental partners, UN agencies (WFP and FAO) and national and international NGOs throughout the territory.

Currently, more than 5,000 severely malnourished children under five are attending monthly the 88 therapeutic feeding centres (TFCs) run by UNICEF partners (Malteser, Cemubac, Coopi, ACF-USA, SCF-UK, World Vision, Solidarités, Caritas, and MSF-S, MSF-H, MSF-F, some religious organisations) countrywide. It is estimated that a significant number of children, currently in areas where no TFCs exist, are also in need of therapeutic feeding assistance.

Seven (7) kgs of therapeutic food (therapeutic milk, high protein biscuit) is required to treat one severely malnourished child. In addition, feeding kits, cooking equipment, drugs for the treatment of severe malnutrition related diseases, and funds for the installation/rehabilitation of the TFCs are also needed at UNICEF supported feeding centres. In addition high protein biscuits and emergency therapeutic foods such as *Plumpy Nut*, allow implementing partners to better serve those populations in particularly hard to reach areas where insecurity and inaccessibility limit emergency nutritional responses.

In 2004, UNICEF will target 70,000 severely malnourished children in DRC and will continue to integrate the national nutritional protocol as well as enlarged the established system of nutritional surveillance. The continued improvement of the coordination and standardisation of the treatment of acute malnutrition and prevention programmes as well as establishing a system of nutritional surveillance in DRC will be a priority for 2004.

As with all UNICEF emergency programmes, an integrated approach is utilised to assure complementarity and cohesion of UNICEF supported nutritional activities. Such an example is illustrated through the link between UNICEF's community based nutrition programme and the emergency nutrition programme, where community based women's group are trained not only in nutritional education such as exclusive breast feeding and balanced meals but also in the identification and referral of acutely malnourished to appropriate nutritional centre.

Throughout Congo, populations remain isolated and in risk. As access improves to previously isolated areas or previously accessible areas close due to acute insecurity, UNICEF will play an essential role in rapid response and treatment of these children by supporting implementing partners. By purchasing both High Protein Biscuits and UNIMIX, UNICEF will not only be able to provide emergency therapeutic milk, medicines and funds for emergency rehabilitation needed for therapeutic feeding centres, but will also be able to provide emergency nutritional food stuffs to respond to the immediate needs and stop further deterioration of these vulnerable children.

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Therapeutic food	900,000
High protein biscuits/ UNIMIX	900,000
Logistics, inland transport and distribution	475,000
Feeding equipment including OXFAM feeding kits	250,000
Conduct 15 nutritional surveys	30,000
Support to 85 feeding centres, including rehabilitation.	100,000
Vaccination materials for vaccination of severely malnourished children	300,000
Training, including technical assistance (1 international nutritionist, 2 emergency nutrition assistants)	400,000
Anthropometric instruments	100,000
Indirect programme support cost *	471,136
<b>TOTAL</b>	<b>3,926,136</b>

Donations-in-kind, especially BP-5. *Plumpy Nut*, and therapeutic milk are a valued support.

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

# DEMOCRATIC REPUBLIC OF THE CONGO

## Protection

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Identification and Family Reunification of Separated Children Due to the Conflict in DRC
<b>Project Code:</b>	DRC-04/P/HR/RL01
<b>Objective:</b>	To identify, document, trace families, establish mediation, reunify and follow-up children that have been separated mainly during mass movements due to the conflict in DRC.
<b>Targeted Beneficiaries:</b>	National government, national partners, communities, and separated children
<b>Implementing Partners:</b>	Ministry of Women's Affairs and Family, Ministry of Social Affairs and the national and international child protection agencies.
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,633,523</b>

### Project Description

The DRC has suffered from over five years of conflict that is now coming to an end with the establishment of the Government of Transition in Kinshasa. It is estimated that 3 400 000 people are displaced in the country, 600,000 of whom are newly displaced. In these situations, children represent more than 50% of the displaced population and the under five represent as much as 20% of the displaced population.

One of the most common protection issues related to mass movements is the danger of children being separated from their parents. One lesson learned from mass movement is that prevention and immediate assistance in the case of displacement is the best way of preventing separations.

Separated children are a particularly vulnerable group. They are at risk of numerous types of exploitation from forced labour (including recruitment) to sexual violence. In order to respond to this urgent need of increased protection, this project intends to harmonise the family tracing mechanisms and working tools in the DRC, to train groups on the technical aspects of family tracing and reunification, to increase prevention through sensitisation and provision of immediate assistance, and to support tracing activities through implementing partners of child protection agencies.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Personnel cost (international and national)	300,000
Family tracing mechanisms and materials (Develop national approach, print tracing forms for the whole country)	300,000
Training on family tracing and reunification	237,500
Support to implementing partners for family tracing activities	300,000
Material support and emergency rehabilitation of transit centres	300,000
Indirect programme support cost *	196,023
<b>Total</b>	<b>1,633,523</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Prevention, Demobilisation and Reintegration of Children Associated with Armed Groups
<b>Project Code:</b>	DRC-04/P/HR/RL02
<b>Objective:</b>	To stop recruitment of children in armed groups, to pull children away from the front line, to demobilise children who are already associated with armed groups and to support their reintegration in the community
<b>Targeted Beneficiaries:</b>	National government, national partners and children associated with armed groups
<b>Implementing Partners:</b>	The Ministry of Social Affairs, the Ministry of Defence, national and international child protection NGOs
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 2,482,954</b>

### Project Description

UNICEF DRC has long campaigned for the demobilisation and non-use of children by any armed group for any purpose throughout the DRC. This advocacy has resulted in a legal framework that prohibits the use and recruitment of children under 18 in Congolese law as is the norm in international law. Nevertheless, it is estimated that there are 20,000 to 30,000 children associated with armed groups presently in the DRC. Most of these are located in the conflict areas, such as Ituri and North and South Kivu. All armed groups in DRC have recruited and used children and have yet to demobilise a significant number of these children.

In April 2003, UNICEF along with UNDP hosted a national workshop in Kinshasa on the demobilisation and reintegration of children associated with armed groups. This workshop led to the establishment of a strategic framework that provides the guiding principles on the PDR (prevention, demobilisation and reintegration) of children associated with armed groups. These interim guiding principles are used throughout the country and will continue to be followed until the establishment of a national PDR programme.

Approximately 1,500 children have been demobilised and reintegrated in DRC since 1999. Over 50% of those children went through UNICEF supported reintegration programmes. It is expected, with the momentum of the peace accord and the reunification of the country, that 2004 has the potential to be one of the biggest years for the PDR programme in DRC and will finally see the establishment of a national PDR programme.

UNICEF plans to continue its leadership for the PDR of children associated with armed groups. Activities of prevention, demobilisation and reintegration of children are planned for. This project targets the provision of assistance for demobilised children but also addresses the development and integration of PDR activities throughout the territory- educating civil and military authorities, communities and implementing partners. Activities of sensitisation, advocacy, training and capacity building are capital in the prevention and reintegration components of any PDR programme. UNICEF demobilisation activities will focus on advocacy with armed groups and the training of staff in the verification process of children. The reintegration activities include the support to transit centres for demobilised children and the support to health, education and development activities for demobilised children.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Personnel cost (international and national)	500,000
<i>Prevention activities</i> (sensitisation, child protection network, community protection cells, etc)	385,000
<i>Demobilisation activities</i> (training on verification process, identification of children, boys and girls, in armed groups, etc.)	350,000
<i>Reintegration activities</i> (transit centres, family tracing and reunification, school assistance, skills training, etc.)	950,000
Indirect programme support cost *	297,954
<b>Total</b>	<b>2,482,954</b>

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Prevention of and response to survivors of sexual and gender based violence
<b>Project Code:</b>	DRC-04/P/HR/RL03
<b>Objective:</b>	To prevent sexual violence and respond to women and children survivors of sexual violence
<b>Targeted Beneficiaries:</b>	National government, national partners, survivors of sexual violence, emphasis on women and children at particular risk for sexual violence
<b>Implementing Partners:</b>	The Ministry of Family, Ministry of Social Affairs, Ministry of Women's Affairs, Ministry of Justice, and national/ international NGOs, women and youth groups
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 2,189,773</b>

### Project Description

Since October 2002, eastern DRC has seen an outstanding number of acts of both violence and sexual abuse throughout the region, especially in Ituri and the Kivus. In response to this, UNICEF has intensified its efforts in 2003, to develop a comprehensive approach to meeting victims' special needs.

UNICEF will provide implementing partners such as COOPI, DOCS, Med Air, IRC, CEPAC, AMI, GTZ, MSF and Merlin with specific medical kits and medicines needed to assure the recuperation and protection for persons who have sustained sexual assault or abuse.

UNICEF will also work in close collaboration with partners intervening in psycho social- trauma care, to ensure that these victims have access to appropriate psychological trauma care. Reference centres will be identified if existing structures are available or else established on a needs basis.

Based on previous success and experience, UNICEF will continue to support existing and establish additional reference centres for victims of violence. These centres will offer, where appropriate, medical care for those requiring trauma care and psychological support. UNICEF has had previous successes in psychological support in Kisangani, Kindu, Bukavu, and Bunia. UNICEF will support actions to duplicate this success in various regions where the needs present.

These centres will be identified and established in existing health structures where possible and constructed in those sites where no psychical structures exist. Medicines for the treatment of sexually transmitted diseases as well as minor surgical kits will be made available and care provided free for these women and girls.

In instances of physical violence and human rights abuses, UNICEF will work in collaboration with the High Commission on Human Rights to assure that a system of monitoring and reporting is established and operational. As with all protection activities, a parallel activity of advocacy and education in these issues will accompany the physical care.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Establishment of community structures and warning systems	350,000
Establishment of referral systems for victims of SGBV	227,000
Support to implementing partners for sexual violence treatment and prevention activities	525,000
Material support and emergency rehabilitation of referral centres	500,000
Medical and psychosocial support materials	325,000
Indirect programme support cost*	262,773
<b>Total</b>	<b>2,189,773</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

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<b>Appealing Agency:</b>	<b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b>
<b>Project Title:</b>	Training Programme on Internal Displacement Principles
<b>Project Code:</b>	DRC-04/P/HR/RL04
<b>Sector:</b>	Protection and Human Rights
<b>Theme:</b>	Internally Displaced Persons
<b>Objective:</b>	Apprise national and local authorities of their responsibilities and raise awareness among stakeholders on displaced populations' rights and standards.
<b>Targeted Beneficiaries:</b>	National Governmental and local authorities, humanitarian partners and internally displaced populations in DRC
<b>Implementing Partners:</b>	OCHA, NRC
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 66,444</b>

### Project Description

Following recommendations of an inter-agency mission on internal displacement conducted in January 2003, the OCHA Internal Displacement Unit (OCHA IDP Unit) implemented a pilot training programme on the Guiding Principles on Internal Displacement in DRC. This was complementary to a similar project conducted by the Norwegian Refugee Council (NRC) in North Kivu and North Katanga provinces. The project aimed at: 1) appraising the DRC authorities and other non-state actors on their roles vis-à-vis the displaced populations; 2) disseminating and popularising the Guiding Principles in areas affected by displacement; and, 3) improving coordination mechanisms on internal displacement.

Through field workshops using IASC training modules and awareness tools, the pilot project has proved to be an efficient and de-politicised mechanism to sensitise local authorities and humanitarian actors on protection and assistance needs of internally displaced persons.

In order to continue enhancing awareness and knowledge on displaced populations' rights and standards by Government authorities in DRC, humanitarian agencies and NGOs engaged in assistance and protection of internally displaced persons, as well as displaced persons themselves, OCHA DRC will, in 2004, fully integrate the IDP training programme into its own work plan and undertake the following activities:

- plan and organise training workshops on the Guiding Principles in areas affected by displacement or return movements;
- train staff members of agencies and organisations with a mandate related to assistance and protection of internally displaced persons;
- develop and disseminate awareness tools on Guiding Principles within displaced populations;
- support the development of a national strategy for response to internal displacement through training on related issues with key Governmental partners.

By carrying out this project, OCHA will contribute to pursuing a strategic goal of the CHAP first pillar: to ensure and advocate for protection activities and to ensure respect for basic human rights and humanitarian principles. This project also directly supports the following Protection sector objective: to raise awareness and knowledge of displaced populations' rights and needs among key stakeholders, in particular the Government of DRC, and the following Coordination sector objective: foster the development of a national IDP strategy with special emphasis on return and reintegration plans.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
1 National training assistant X 12 months	15,800
Travel expenses of staff (transport and DSA)	8,000
Workshops	25,000
Development of Guiding Principles awareness tools (including printing)	10,000
Support costs 13%	7,644
<b>Total</b>	<b>66,444</b>

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<b>Appealing Agency:</b>	<b>OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS</b>
<b>Project Title:</b>	Monitoring of, and Technical Cooperation Programme regarding the Human Rights Situation in the DRC
<b>Project Code:</b>	DRC-04/P/HR/RL05
<b>Sector:</b>	Protection/Human Rights/Rule of law
<b>Themes:</b>	National Human Rights Institutions, Governance, Fight Against Impunity
<b>Objective:</b>	Strengthening governmental and non-governmental national institutions in charge of the protection and promotion of human rights and strengthening transitional judicial mechanisms.
<b>Targeted Beneficiaries:</b>	Victims of human rights violations, NGOs, Civil Society, the Government and in particular the institutions in charge of the application of the law
<b>Implementing Partners:</b>	Ministry of Human Rights, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Interior, Ministry of Social and Family Services, UNDP, MONUC, UNHCR, UNICEF, OCHA, ILO
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 2,528,959</b>

### Project Description

The human rights situation in the DRC remains of serious concern, in particular in the provinces formerly under the control of rebel movements. Gross and massive human rights violations have been reported throughout the country. Numerous cases of arbitrary arrests and detentions, summary executions, torture (including sexual violence) and other forms of ill-treatment, as well as enforced disappearances, continue to be regularly reported. Furthermore, the conditions of detention and the administration of justice remain of concern.

The transitional Constitution provides for the establishment of five civic institutions namely the Truth and Reconciliation Commission, the National Observatory on Human Rights, the Independent Electoral Commission, the Commission on Ethics and the Fight against Corruption and the High Authority of Media. It is crucial for OHCHR to support not only these institutions, but also public authorities and the civil society at large during this transitional period. OHCHR activities will mainly focus on the fight against impunity and the establishment of a state based on rule of law in the DRC.

This project aims at reinforcing national institutions, governmental and non-governmental, in charge of the protection and promotion of human rights. The implementation of this project will contribute to the establishment of the rule of law in the DRC, by encouraging the development of activities related to the promotion and protection of human rights with a particular focus on the fight against impunity.

With a view to achieving these aims, and taking into account the complexity of the current human rights situation, the Office will opt for a global, participative and integrated approach based on the complementarities of the various relevant partners. A particular focus will be the coordination of activities, through thematic groups as well as working relationships with public institutions, institutions supporting the transition and the Parliament.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Staff costs	845,095
Travel of staff	57,220
Contractual services	776,435
General operating costs	107,016
Supplies and acquisitions	95,420
Grants, contributions, fellowships and seminars	356,831
<b>Sub-total</b>	<b>2,238,017</b>
Programme support costs (13%)	290,942
<b>Total</b>	<b>2,528,959</b>

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<b>Appealing Agency:</b>	<b>NORWEGIAN REFUGEE COUNCIL</b>
<b>Project Title:</b>	Training on IDP Guiding Principles, counselling and legal assistance to IDPs on return
<b>Project Code:</b>	DRC-04/P/HR/RL06
<b>Sectors:</b>	Protection and Human Rights
<b>Themes:</b>	Internally Displaced Persons
<b>Objective:</b>	Appraise authorities of their responsibilities and raise awareness among stakeholders on displaced populations' rights and standards and facilitate return.
<b>Targeted Beneficiaries:</b>	Authorities, humanitarian partners and internally displaced populations in DRC
<b>Implementing Partner:</b>	NRC
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 122,000</b>

### Project Description

Following several recommendations of an inter-agency mission on internal displacement conducted to DRC in 2002 and 2003, the NRCI undertook a training programme on the Guiding Principles on Internal Displacement focused on the North Kivu and Katanga provinces, in collaboration with OCHA Internal Displacement Unit (OCHA IDP Unit) and other partners.

Through field workshops using NRC training modules, as well as theatre plays on IDP rights broadcasted on the radio in Swahili, the project has proved to be an efficient and de-politicised mechanism to sensitise local authorities and humanitarian actors on protection and assistance needs of IDPs.

In order to continue enhancing awareness on displaced populations' rights, NRC will undertake the following activities:

- plan and organise training workshops on the Guiding Principles in North Kivu and Katanga Provinces;
- disseminate awareness tools on Guiding Principles to local NGOs and displaced populations.

To accompany the return and reintegration process of IDPs to their homes, NRC will also provide legal assistance and information on return to prospective returnees in North Kivu Province. The following activities are planned:

- information sessions with IDPs, returning communities and communities of origin on conditions in areas of origin and potential obstacles to return;
- legal assistance on repossession of property and land rights, taking into account the complexity of local customary law, as well as national and international binding legal instruments.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
4 National trainers X 12 months	36,000
Travel expenses of staff	10,000
Workshops	35,000
Development of Guiding Principles awareness tools (including printing)	9,000
Legal assistance and information	20,000
Support costs	12,000
<b>Total</b>	<b>122,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT FUNDS FOR WOMEN</b>
<b>Project Title:</b>	Advocacy to end gender-based violence
<b>Project Code:</b>	DRC-04/P/HR/RL07
<b>Sector:</b>	Protection/Human Rights/Rule of Law
<b>Themes:</b>	Gender/Human Rights
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ To reduce incidence of gender based violence by promoting and strengthening women leadership capacities in selected areas in the east of DRC.</li> <li>➤ To advocate an end of violence against women through a coordinated strategy in collaboration with the OHCHR for the protection of women against gender based violence and the promotion of their human rights.</li> </ul>
<b>Targeted Beneficiaries:</b>	<ul style="list-style-type: none"> <li>➤ East Kivu civilian population including women and girls targeted for sexual and gender based violence through support to women's organisations and networks.</li> <li>➤ Law enforcement officers and military personnel receiving human rights training.</li> <li>➤ HIV-positive women and girls (it is estimated 130,000 new persons will contract HIV, 100,000 others will develop AIDS and 100,000 deaths related to AIDS will be registered each year in DRC)</li> </ul>
<b>Implementing Partners:</b>	MONUC Gender Focal point Office of the High Commissioner on, Human Rights Ministry of Women Condition and Family, Local NGOs and Women Network Ministry of Human Rights UNDP
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 550,000
<b>Funds Requested:</b>	<b>US\$ 500,000</b>

### Project Description

Violence against women in the DRC, since the beginning of the present cycle of conflict in 1996 had reached epidemic proportions. The findings of the Inter-Agency SGBV Field Assessment, which took place in South and East Kivu in August, revealed that the sexual violence and exploitation in that area have been underreported. In South Kivu, for example, between early 2002 through March 2003, it is estimated that more than 10, 000 women were raped, including 1,500 in Kalemi alone. Violence against women has even become more pervasive in the area where militarisation and the presence of weapons legitimise new levels of brutality and even greater levels of impunity. Women are physically and economically forced to or are left with little choice but to become sex workers or to exchange sex for food, shelter, safe passage or other needs; their bodies become part of the barter system. Police forces and other civilian authorities often take advantage of women's powerlessness even when they are in custody. These conditions have increased women's vulnerability, in particular increasing the incidence of HIV/AIDS.

This project will provide support to women and girl victims of violence through their social networks in their communities. It will concurrently raise awareness of DRR personnel as well as the community, in particular law enforcement officials, military, on women human rights, in order to protect women and cease impunity. This will be done through:

- raising Awareness of women's human rights through legal literacy programmes for women victims and law enforcement personnel;
- supporting local women's organisations to establish and sustain multipurpose centres where women are able to discuss community based strategies to address gender based violence, enhance access to available and delivery of humanitarian assistance, and receive services and support;
- ensuring that gender equality and human rights dimensions of HIV/AIDS are integrated into key policies, programmes and activities of relevant bodies and different partners in South Kivu;

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- supporting the process of DDDR by advancing strategies for addressing special needs of women and their families.

### Approach

Input from major stakeholders in the Congo will be sought with coordination and technical support provided by UNIFEM in partnership with other UN agencies. Financial and technical support will be provided to community based counterpart women's organisations and networks in order to ensure local ownership and long-term sustainability.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Training (Training of Trainers, development of training material and stakeholders workshops, women groups and networks and capacity building for military and law enforcement personnel)	200,000
Awareness raising on issues related to legal literacy in the context of DDDR	80,000
Training of law enforcement people on laws protecting women in the DDR process	120,000
Contribution to the establishment of the multipurpose centre	100,000
Programme support (10%)	50,000
<b>Total Project Budget</b>	<b>550,000</b>
<b>Total</b>	<b>500,000</b>

**Education**

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Educational support for internally displaced and war-affected children
<b>Project Code:</b>	DRC-04/E01
<b>Objective:</b>	To provide 150,000 displaced and war affected children with basic literacy, numeracy and life-skills education by supporting 500 schools with basic material and equipment and by assisting 5,000 teachers with basic teaching instruments and training in the most affected provinces, particularly North and South Kivu, Province Orientale, North Katanga, Equateur, Maniema and two Kasais.
<b>Targeted Beneficiaries:</b>	Estimated 150,000 displaced and war affected children as well as 5,000 teachers
<b>Implementing Partners:</b>	UNICEF, UNESCO, CARITAS, CRS, JRS, NRC, MEDAIR, ALISEI, AVSI, local & provincial education authorities & Local NGOs
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 2,719,091</b>

**Project Description**

Despite the progress in the peace recovery process, the IDP population in DRC is still high, currently estimated at over 23.4 million. Approximately 400,000 of these internally displaced are children between the age of 5 to 12 years old, equivalent to approximately 10% of the primary school age children not attending school in DRC.

In addition, nearly all children of pre-school age have no access to health care and early childhood development programmes. Only 3 % of 3-5 year-olds are enrolled in pre-schools that charge often very expensive fees and only operate in urban and suburban areas. Similarly, traditional cultural practices related to early childhood care is disappearing. This not only deprives most 0-8 year olds of a good start in life but also retards their access to primary education, with girls at a slight disadvantage.

This emergency education project aims to provide displaced and other war affected children with a good start in life and appropriate timely access to primary school in addition to basic literacy, numeracy and life-skills education programme, to promote a learning environment more favourable for children and teachers. It would specifically focus on supporting early childhood development activities and on resuming basic educational activities, particularly for the internally displaced and war-affected children in eastern and central DRC, in existing schools and promote the reopening of schools in war affected areas. This emergency programme is developed under the UNICEF education regular programme's plan of action to ensure a complementary education programmes in DRC, thus assuring that the maximum impact is achieved for these vulnerable children. This emergency education programme will aim to ensure a harmonious early childhood development to 10,000 children under five years as well as improve access to basic education to 150,000 displaced and war-affected children. Five hundred (500) schools will be targeted by this operation. In addition, 5,000 teachers will be supported with basic teaching instruments and trained in life skills as gender, HIV prevention, and peace education.

The set of core indicators for this **emergency education programme** will include:

**For Early Childhood Development:** (I) number of community care structures, preschool nurseries and child friendly spaces in IDP camps supported (ii) number of parents/families sensitised on good awakening practices and knowledge; (III) total of ECD KITS distributed and used;

**For primary school:** (i) number of displaced children reintegrated into the formal system, gross enrolment rates (boys vs girls) (ii) promotion rates per grade per year (boys vs girls), (iii) number of additional classes constructed and number of semi-permanent schools operational in IDP camps (IV) total educational kits distributed and used;

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**For teachers:** (I) total of teachers trained in the host schools and displaced teachers in IDP camps (II) total of teachers' kits distributed and used.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Support to community care and formal preschool structures	185,000
Parental education	25,000
Procurement and distribution of 3,000 educational kits and 1,000 recreational kits for children	610,000
Procurement and distribution of 5,000 educational kits for teachers	210,000
Procurement and distribution of 8,000 school desks	530,000
Support to curriculum development	110,000
Training of Trainers and teachers	300,000
Support to school's rehabilitation and latrines construction	300,000
Monitoring and evaluation (central and district levels)	130,000
Indirect programme support cost*	319,091
<b>Total</b>	<b>2,719,091</b>

\*Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

**Water and Sanitation**

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Emergency water and sanitation
<b>Project Code:</b>	DRC-04/WS01
<b>Objective:</b>	To meet the basic water and sanitation needs of 600,000 war-affected and impoverished populations and reduce maternal and child mortality and morbidity
<b>Targeted Beneficiaries:</b>	300,000 war-affected displaced persons and their host communities, and impoverished population, with focus on women and children.
<b>Implementing Partners:</b>	UNICEF, local and provincial health authorities, in collaboration with NGO partners (Solidarité, IRC, OXFAM, ACF, etc)
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 3,071,023</b>

**Project Description**

As reported in the UNICEF MICS2 survey, only 46% families in Congo have access to potable water. Many host communities have minimum resources at their disposal and these resources such as access to water and latrines are too many times not sufficient to meet the needs of both the host community and displaced population. This serious lack of hygiene facilities coupled with diminished access to water and little or no access to basic health care services places both of these populations at risk to water born diseases, thus increasing their morbidity and mortality.

During 2003, UNICEF continued to play an important role in water and sanitation emergencies through the supplying of emergency water supplies such as bladders, water pumps, water treatment products and materials for the construction of emergency latrine blocks. In collaboration with international NGOs, UNICEF was able to meet the basic water and sanitation needs of approximately 3.0million vulnerable persons, consisting primarily of IDPs and their host communities. In addition, UNICEF has taken the lead in emergency response to cholera epidemics throughout the territory. During 2003, UNICEF provided emergency supplies for cholera epidemics in Katanga, Kivu, Maniema, Bunia and Mbuji-Mayi and established a series of cholera treatment centres in Katanga, along the Congo River.

The priority for UNICEF in 2004 will be to not only ensure that displaced population's basic needs are met as far as protection from the elements and the transport of water, but to also insure that these vulnerable populations and their host communities exposure to water borne diseases are decreased. By increasing the resources to respond, by building emergency water points and latrines and providing water treatment products, UNICEF will be able to improve the general living and health conditions of these populations.

Bladders, water treatment products, as well as materials for the construction of 600 emergency latrine blocks and the rehabilitation or construction of 600 emergency water points will be provided to internationally recognised organisations to meet the emergency water and sanitation needs of these vulnerable populations.

UNICEF has established a link between UNICEF emergency water programmes with the existing UNICEF WES programme. Through this integrated approach, UNICEF will be able to assure that these vulnerable populations receive both emergency aid as well as access to sustainable, reliable water and sanitation solutions.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Emergency hygiene kits affected populations	700,000
Emergency latrine blocks	700,000
Rehabilitation of water source	900,000
Bladder 5m3 and 10m3	152,500
Water treatment products (chlorine, micro-pur etc)	100,000
Hygiene education and animation	150,000
Programme support (15%) and recovery costs (5%) *	368,523
<b>Total</b>	<b>3,071,023</b>

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

**Shelter and Non-Food Items**

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Assistance to the most vulnerable displaced and refugee children and women
<b>Project Code:</b>	DRC-04/S/NF01
<b>Objective:</b>	Meet the basic needs of affected populations, with special attention to the women and children
<b>Targeted Beneficiaries:</b>	350,000 IDPs (or about 60,000 families), with a particular emphasis on women and children
<b>Implementing Partners:</b>	UNICEF, local and regional health authorities, in collaboration with UN and NGOs partners
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 4,573,863</b>

**Project Description**

OCHA estimates that there are approximately 3.4 million internally displaced persons in the DRC and more than 340,000 Congolese refugees in neighbouring countries. Since 2000, UNICEF has taken the lead in the distribution of emergency non-food items to the IDP population in DRC, providing more than 300,000 IDP families with essential non-food items.

Whether it be displaced populations that have lost their belongings while fleeing or returnees, who wish to re-establish their homes, the need for essential non-food items remains high among both the displaced and host family population. The phenomenon of nudity has been seen more and more often as families that have been living in forests or other similarly remote, desolate areas are returning to villages since fleeing in 1998 or earlier, arriving in a deplorable condition.

Special attention will be given to the well being of children and women in displaced sites and refugee camps in collaboration with HCR. Newborn Baby Kits containing essential care and hygiene supplies (baby blanket, sheet, towel, booties, diaper, baby powder, bucket and laundry soap and cloths) for the infant and mother will be distributed to the mothers.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Emergency relief package to 60,000 families	3,000,000
Provision of 5,000 baby kits	300,000
Second hand clothes	225,000
Logistics (transport and distribution, including eventual airlift)	500,000
Programme support (15%) and recovery costs (5%) *	548,863
<b>Total</b>	<b>4,573,863</b>

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

**Economic Recovery and Reintegration Dynamics**

<b>Appealing Agency:</b>	<b>INTERNATIONAL ORGANIZATION FOR MIGRATION</b>
<b>Project Title:</b>	Rehabilitation of community Infrastructures Pweto II
<b>Project Code:</b>	DRC-04/ER/I01
<b>Sector:</b>	Economic recovery
<b>Themes:</b>	Infrastructure rehabilitation, roads, bridges, schools, health centres; potable water & sanitation, agricultural assistance repatriation of refugees and IDPs
<b>Objective:</b>	Increase stability and living conditions of local communities and improve access to potable water, sanitation, education, health, and food security.
<b>Targeted Beneficiaries:</b>	Population of Pweto territory (200,000 persons)
<b>Implementing Partners:</b>	DRC Government, Provincial authorities in Lubumbashi.
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,250,000</b>

**Project Description**

The territory of Pweto was severely affected by the war from 1998 to 2000 and witnessed an exodus of the population. The Pweto phase I, implemented during 2002-2003, helped initiate the movement of people back to the territory through rehabilitation of infrastructure; roads, bridges, schools, health centres, water, sanitation and agricultural assistance in and around the town of Pweto.

Pweto II, to be implemented from November 2003 to October 2005, will build on the success of the first phase by continuing to rehabilitate the infrastructures in the territory of Pweto, and to stabilise the local communities by the creation of employment and increased food production.

The project will also assist and facilitate the logistical aspects of the voluntary repatriation of Congolese refugees from Zambia to DRC as well as IDPs within the Katanga province.

The project aims to improve road access to the regions by rehabilitating the road network from Pweto - Kilwa - Kasomeno, towards Lubumbashi, increase stability and living conditions via improved education, health, water and sanitation facilities. Create employment by the use of local enterprises in the implementation of works.

Provide self-sufficiency in agricultural production and reintroduce to the region the development of rice paddies and small farm animals to help reduce exploitation of lake Mwero by over fishing.

**Activities**

- Restoration & reconstruction of primary schools 14
- Rehabilitation of health centres & construction maternity 9
- Improve sanitary and environmental conditions 9
- Improvement of access roads & bridges 340 km.
- Agricultural assistance; development of rice paddies

<b>FINANCIAL SUMMARY</b>	
<b>Budget item</b>	<b>US\$</b>
Human resources	162,500
Travel	9,000
Equipment & supplies	69,000
Local office	25,000
Services	13,500
Real estate & works	842,500
Other: logistics, shipping & warehousing	7,500
Contingencies	121,000
<b>Total</b>	<b>1,250,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Project Title:</b>	Rapid response mechanism for disarmament, demobilisation and reintegration in DRC
<b>Project Code:</b>	DRC-04/ER/I02
<b>Sector:</b>	Economic Recovery and Capacity-building
<b>Themes:</b>	Demobilisation, Disarmament and Reinstallation
<b>Objective:</b>	To support the resolution of contingencies and emergencies which arise from DDR process and may hamper the normal course of the process, in particular the reinsertion of ex Combatants in the host communities.
<b>Targeted Beneficiaries:</b>	Ex-combatants (28,000 for Ituri & 10,000 for voluntary Disarmament) and communities of reinstallation
<b>Implementing Partners:</b>	UNDP, MONUC, UN Agencies and NGOs
<b>Project Duration:</b>	January – June 2004
<b>Funds Requested:</b>	<b>US\$ 3,090,000</b>

### Project Description

Rapid Mechanism Response (RRM) aims at supporting the resolution of emergencies and contingencies that come from DDR process, that are likely to delay, change or endanger the happening of the normal process. RRM is a DDR financial and operational support action, ready to use in situations that would require a punctual and specific intervention.

The Rapid Response Mechanism will respond to programmatic and operational contingencies and emergencies of the whole DDR process by immediate deployment of human resources, techniques, equipment and other inputs, as well as by rendering DDR services in the intervention zones of the programme (i.e., demobilisation zones, transit centres, welcoming zones, re-installation community).

(b) To facilitate the preparation of national DDR programme by undertaking exploratory activities, peace reinforcement and reconciliation, information exchange and consultation before the target group and other conflict affected populations.

The global project budget is US\$ 3,090,000. To date, the UNDP contribution is US\$ 300,000 and French Cooperation is EUR 1,000,000. The funds requested reflect the remaining project shortfall (US\$ 3,090,000).

<b>FINANCIAL SUMMARY</b>	
<b>Budget Item</b>	<b>US\$</b>
Support of contingency and emergencies in DDR process (5 service lines) :	3, 000,000
Service line A: Exploratory activities	
Service line "B" : Management of operational contingencies	
Service line "C": Management of community emergencies	
Ligne de Services "D" : Emergencies or contingencies in Disarmament field	
Service line "E": Foreign Forces DDRRR	
Fund administrative cost (3%)	90,000
<b>Total</b>	<b>3,090,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Project Title:</b>	Support to economic recovery in the Bokungu area, District of Tshuapa, Province of Equateur
<b>Project Code:</b>	DRC-04/ER/I03
<b>Sector:</b>	Economic Recovery and Capacity-building
<b>Themes:</b>	Income generation, infrastructure rehabilitation, social development
<b>Objective:</b>	Contribute to the re-invigoration of the local economy through capacity-building development activities, rehabilitation of public facilities, and fishery/agriculture promotion activities.
<b>Targeted Beneficiaries:</b>	31,310 households in the localities of Lombo, Luay, Luando, Lolaka, and Nkole in the Bokungu area, District of Tshuapa, Province of Equateur
<b>Implementing Partners:</b>	UNDP/ NGOs
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,355,000</b>

### Project Description

It is widely recognised that people in the southern part of the province of Equateur live in appalling conditions as a consequence of fierce battles that took place in the areas around the Bokungu-Ikela axis between 1998 and 2000. Reports by OCHA, FAO, WFP, ICRC and several other sources have documented widespread cases of malnutrition and the presence of large numbers of IDPs. The localities around Bokungu were severely affected by the armed conflict. Local people had to frequently run for cover in the forests as rebels and government troops occupied their settlements in turn. Roads are in bad shape, car and boat traffic is scarce, and consequently trade relationships are very low between the provincial market town of Mbandaka on the Congo River and the communities located along the Tshuapa River. The distortion of economic relations is largely expressed in the magnitude of a barter economy, which has replaced money-based economic transactions in several areas of the District of Tshuapa. The destruction of several schools and other public facilities, as a result of years of under funding, was aggravated by a hurricane that struck Bokungu Town and its surroundings on February 21, 2003.

The project will support to existing local leadership structures to insure full participation of the beneficiaries and sustainability of the results; rehabilitation of trade facilities, schools and primary health facilities in Bokungu Town and the surrounding communities; promotion of multi-component fishery/agricultural recovery activities; micro-credit programmes to traders in the Bokungu-Mbandaka axis.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Assessment missions	20,000
Capacity-building activities	38,000
Rehabilitation work	550,000
Fishery/agriculture promotion activities	650,000
Micro-credit to traders	55,000
Personnel and administrative support	30,000
Project monitoring	12,000
<b>Total</b>	<b>1,355,000</b>

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<b>Appealing Agency:</b>	<b>INTERNATIONAL LABOUR OFFICE</b>
<b>Project Title:</b>	Emergency income generation for vulnerable groups in Eastern DRC
<b>Project Code:</b>	DRC-04/ER/I04
<b>Sector:</b>	Local Economic Recovery
<b>Themes:</b>	Employment, Income generating activities
<b>Objective:</b>	To provide income generation activities for the most vulnerable groups
<b>Targeted Beneficiaries:</b>	Youngsters, women and children heads of family among returnees and displaced persons
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 1,650,000</b>

### Project Description

A major component of vulnerability in DRC has been the lack of opportunities for revenues creation. Along the frontline, people have been unable to produce because of insecurity. The war has exacerbated the situation of employment in DRC. Unemployment has rocketed in the urban areas, whereas underemployment is general in rural areas. Youngsters are the most affected by unemployment. The creation of employment requires emergency measures. In this line, ILO has undertaken the formulation of an emergency programme for employment creation and income generation, focussing on four main areas of intervention: labour intensive infrastructure rehabilitation, micro and small enterprises promotion, micro-finance and capacity building. Within this programme, employment has been considered as a cross-cutting issue, which needs to be promoted in recovery and transition programmes.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Labour intensive micro-projects	1,000,000
Support to cooperatives and other producers association	500,000
Operating costs	150,000
<b>TOTAL</b>	<b>1,650,000</b>

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<b>Appealing Agency:</b>	<b>INTERNATIONAL LABOUR OFFICE</b>
<b>Project Title:</b>	Labour intensive programme for emergency jobs creation in support to the community reintegration of disarmed groups during the interim phase (Ituri, North-Kivu, South-Kivu, Maniema and Katanga)
<b>Project Code:</b>	DRC-04/ER/I05
<b>Sector:</b>	Economic recovery and capacity building/ DDR
<b>Themes:</b>	Emergency jobs creation, economic reintegration
<b>Objective:</b>	The main objective of this project is to provide emergency jobs opportunities to voluntary disarmed ex-combatants through intensive labor activities to enhance their reintegration within the interim DDR phase.
<b>Targeted Beneficiaries:</b>	Ex-combatants
<b>Implementing Partners:</b>	UNDP, NGOs
<b>Project Duration:</b>	6 months
<b>Total Project Budget:</b>	US\$ 880,000
<b>Funds Requested:</b>	<b>US\$ 880,000</b>

### Project Description

Following the establishment of the Transitional Government and the launching of the process towards the restructuring of the army, the Democratic Republic of the Congo is engaging in a vast demobilisation and reintegration programme. As part of the interim phase, it is expected the voluntary disarmament of some ex-combatants, particularly in the East of DRC. In order to support their reinstallation and reintegration in their communities, the project aims at creating jobs opportunities under labour intensive modality.

The creation of emergency employment and income opportunities on a large scale and at a relatively low cost is one of the conditions of the success of the interim phase. Public labour-intensive works projects to rebuild the socio-economic infrastructure damaged during the war are suitable to provide temporary employment also for large number of war affected people, including the ex-combatants.

The objective of this project is to support the interim strategy of DDR through the promotion of emergency job creation for the demobilised ex-combatants in eastern DRC. Its strategy consists of facilitating the participation of ex-combatants in public works programmes undertaken in their reintegration areas. This will allow them to complement their reinsertion benefits and enhance their reintegration perspectives. Special focus will be given to the rehabilitation of public interest infrastructures, such as feeder roads, schools and hospitals repair, environment rehabilitation, among others. The project will provide the beneficiaries with the necessary training in different skills areas required by the reconstruction projects.

This project is based on ILO's experience in emergency job creation through labour intensive programmes. It will be executed in close relation with the existing projects aiming at socio-economic infrastructure rehabilitation.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Assessment missions	20,000
Information/ orientation of ex-combatants	50,000
Training of partners in labour intensive methods	130,000
Implementation of a number of pilot rehabilitation projects	600,000
Direct operating costs (including technical support service)	80,000
<b>Total</b>	<b>880,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS POPULATION FUND</b>
<b>Project Title:</b>	Development of a Model of Data collection specifically designed for IDP identification
<b>Project Code:</b>	DRC-04/CSS01
<b>Sector:</b>	Coordination and support services
<b>Themes:</b>	Reintegration dynamics
<b>Objective:</b>	To facilitate the return and reintegration of internally displaced persons in various areas
<b>Targeted Beneficiaries:</b>	IDP groups in Kinshasa and Equateur (Mbandaka).
<b>Implementing Partners:</b>	OCHA, UNDP, Ministry of International Affairs, Ministry of Social Affairs Ministry Humanitarian Affairs and Solidarity, local and International NGOs
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 585,000</b>

### Project Description

A report of the UN inter-agency mission conducted in January 2003, in various provinces of DR Congo revealed a lack of reliable data on IDPs, although internal displacement is the principle element of the humanitarian crisis. As a result, the information on movements of population and humanitarian needs and responses remains fragmented and partial and is not adequately and systematically shared. The information gathering and analysis on IDP and other vulnerable groups remain fragmented and inconsistent.

This project aims at achieving one main objective: to develop a methodology for the identification of IDPs willing to return home using two pilot groups (In Kinshasa and Equateur). It will request the implementation of the following activities:

- Elaboration of questionnaire for identification, registration and categorisation of IDPs;
- Set up of a sampling frame for IDP identification;
- Training of surveyors;
- Analysis and dissemination of data on IDPs;
- Management of data related to IDPs.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Data collection and information management (including personnel)	380,000
Training sessions and production of material	75,000
Production of materials	30,000
Support to national institutions	50,000
Support costs	50,000
<b>Total</b>	<b>585,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Project Title:</b>	Woods for everybody (Human settlements recovery)
<b>Project Code:</b>	DRC-04/S/NF02
<b>Sector:</b>	Shelter and non-food items
<b>Objective:</b>	Support population with good and strong wood for housing Ascertain construction and strengthen building capacities
<b>Targeted Beneficiaries:</b>	100,000 families living in the five war-affected areas of the SANKURU.
<b>Implementing Partners:</b>	United Methodist Committee on Relief (UMCOR)
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 220,000</b>

### Project Description

The SANKURU and KABINDA Districts in the Northern KASAÏ were entirely under rebels' occupation for more than 5 years. This situation led population to leave their houses. Since they were living in not sustainable conditions (weak buildings), 90 % of those populations came to find their house destroyed with the bombing and violence of the war.

In order respond to this awful situation, UMCOR initiated the current project in order to restore sustainable and suitable lodging.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Wood cutting tools (material)	95,000
Supporting equipment	55,000
Labour	45,000
Sites installation fees	15,000
Administration fees	10,000
<b>Total</b>	<b>220,000</b>

**Coordination and Support Services Projects**

<b>Appealing Agency:</b>	<b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b>
<b>Project Title:</b>	Coordination of humanitarian assistance
<b>Project Code:</b>	DRC-04/CSS02
<b>Sector:</b>	Coordination
<b>Themes:</b>	IDPs, Information Management, Preparedness and Contingency Planning, Support services
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ Assist the Humanitarian Coordinator in the lead role of coordinating inter-agency humanitarian planning and response</li> <li>➤ Widen and consolidate humanitarian space</li> <li>➤ Facilitate a decentralised coordination of humanitarian aid while sustaining community efforts</li> <li>➤ Transparent and efficient management</li> </ul>
<b>Targeted Beneficiaries:</b>	UN system, NGOs, Donor community, Government, vulnerable population in the DRC
<b>Implementing Partner:</b>	OCHA
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 5,535,104</b>

**Project Description**

OCHA's mission statement is to mobilise and coordinate effective and principled humanitarian action in partnership with national and international actors in order to alleviate human suffering in disasters and emergencies, advocate for the rights of people in need, promote preparedness and prevention, and facilitate sustainable solutions.

In 2004, OCHA will continue to help the humanitarian community to concentrate its efforts on attending to the urgent needs of the most vulnerable populations while interacting with other actors thus developing a variety of "hand-over strategies" from relief to economic recovery.

OCHA's goal in the DRC is to support the Humanitarian Coordinator's functions in facilitating and ensuring the effective and coordinated response to all phases of any natural and man-made humanitarian emergency in areas of greatest humanitarian need. To do so, OCHA will focus on its core functions: information management, field coordination, strategic planning, advocacy, resource mobilisation in general and CAP in particular, and evaluation of the impact of humanitarian action. OCHA will advise the Humanitarian Coordinator and humanitarian organisations on planning and policy issues regarding coordination of humanitarian assistance and assist humanitarian organisations in forming their responses to humanitarian crises within a common humanitarian framework.

OCHA's main objective remains the widening and consolidation of humanitarian space to facilitate unimpeded access to vulnerable populations by undertaking regular consultations and negotiations in support of the Humanitarian Coordinator for ensuring protection of humanitarian mandates in conflict situations. OCHA will also encourage the active implication of state services in the delivery of humanitarian aid and facilitate their partnership with humanitarian actors, donors, and local communities. Together with all humanitarian actors, OCHA will support the fight against impunity.

OCHA's outreach strategy will facilitate a decentralised coordination of humanitarian aid while sustaining community efforts by: improving the support to humanitarian actors on the ground, improving the impact of humanitarian response to IDP needs and promoting the deployment of humanitarian organisations in the most affected areas. Meanwhile, OCHA will encourage the development of local humanitarian strategies in response to the diversity of needs, support community efforts to reduce their dependence on international humanitarian aid in post-conflict areas, and support the transition from relief to development and reintegration dynamics: a) in the context of DDR; and, b) to facilitate the return of IDPs and refugees.

In order to reach the objectives stated above, OCHA will ensure effective, transparent and accountable management within the framework of the restructuring of coordination mechanisms.

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Rapid humanitarian response instruments will be strengthened and developed; information collection and diffusion systems will be refined; OCHA's Humanitarian Information Services will handle information processing and dissemination in Kinshasa; financial and administrative services will be improved to facilitate OCHA's fieldwork; security procedures will receive a particular attention and additional equipment will ensure the functioning of all sub-offices under the UN Minimum Operations Safety Standards (MOSS).

While increasing its geographical coverage in 2004, OCHA DRC's overall coordination budget has been reduced by US\$ 850,000. Staffing: 18 expatriate staff and 48 national staff will serve the humanitarian community in 13 offices: Beni, Bukavu, Bunia, Gemena, Goma, Kalémie, Kindu, Kinshasa, Kisangani, Lubumbashi, Mahagi, Mbandaka and Uvira.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Personnel costs	2,939,160
Operating costs	1,215,443
Minimum Operations Safety Standards (MOSS) for offices, vehicles, equipment	743,719
<b>Total Project Cost</b>	<b>4,898,322</b>
13% programme support costs	636,782
<b>Total</b>	<b>5,535,104</b>

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<b>Appealing Agency:</b>	<b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b>
<b>Project Title:</b>	Emergency Humanitarian Interventions
<b>Project Code:</b>	DRC-04/CSS03
<b>Sector:</b>	Coordination and Support Services
<b>Themes:</b>	Emergency Response Capacity, Preparedness and Contingency Planning, IDPs, Peace Building and Promotion
<b>Objective:</b>	Enhance UN and humanitarian organisations' rapid response capacity in emergencies, ensure effective coordination and management of humanitarian actions, improve and sustain humanitarian access.
<b>Targeted Beneficiaries:</b>	3 million IDPs, returnees and war affected populations in the DRC
<b>Implementing Partners:</b>	Humanitarian organisations
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,236,000</b>

### Project Description

The Emergency Humanitarian Intervention (EHI) mechanism, introduced in 1999 with the objective of enhancing UN and NGOs rapid response capacity to humanitarian crises, provided the humanitarian community with appropriate tools to respond to arising emergencies and ensure timely delivery of assistance in the very volatile humanitarian context of the DRC.

Despite the political developments that occurred in 2003, in particular, the establishment of the Transition Government, the humanitarian situation has worsened considerably in the eastern provinces of the DRC, while the situation in some provinces (Governmental and MLC areas) was characterised by the lack of public infrastructure and state administration and the limited presence of development actors. In that context, the EHI fund facilitated access, improved information collection at the country level and provided indispensable financial support (transport & logistical costs) for the deployment of humanitarian actors and rapid delivery of humanitarian assistance.

During 2003, more than US\$ 1,000,000 was spent to support 25 emergency humanitarian actions and numerous interdisciplinary assessment missions which contributed to improving access (*rehabilitation of Kindu barge, evaluation mission in Kama*) and allowing the implementation of rapid and, sometimes, massive humanitarian actions (*emergency assistance to IDPs in Lomani, UNICEF airlift to Bunia, air transport of food to Nyunzu*).

Taking into consideration the direct and efficient impact of EHI interventions and the collaborative decision making mechanism, which includes heads of UN agencies, donors and their respective representatives at the provincial level, the entire humanitarian community recognises the EHI mechanism as an exemplary coordination and rapid response tool.

It is worth noting that the EHI mechanism is used as a last resort, when donors and other existing emergency mechanisms are unable to respond to new crises.

With a current estimate of 3.4 millions IDPs, there is increased insecurity/instability in the eastern provinces and paradoxically, better access in some areas in the west. In response to this the humanitarian community will face new challenges in assisting the most affected of the Congolese population and to respond to the increasing scale of needs.

Within this framework, the EHI fund will focus its action in supporting the 3 pillars defined by the UN agencies and their partners, by facilitating the deployment of humanitarian actors and the rapid and timely delivery of assistance, supporting the existing reintegration and resettlement programmes and, when needed, by facilitating/supporting State response to humanitarian crisis.

With the main objectives being to support the humanitarian community in reaching the most vulnerable as part of OCHA's core mandate, the EHI mechanism will positively contribute to the reduction of humanitarian suffering and crisis in the DRC.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Inter disciplinary UN/NGO assessment missions	350,000
Joint UN/NGO Air operations & support to delivery of assistance	850,000
Total project costs	1,200,000
3 % programme support costs	36,000
<b>TOTAL</b>	<b>1,236,000</b>

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### Security

<b>Appealing Agency:</b>	<b>UNITED NATIONS SECURITY COORDINATION</b>
<b>Project Title:</b>	Field Security Officer support
<b>Project Code:</b>	DRC-04/S01
<b>Sector:</b>	Staff safety and security
<b>Themes:</b>	Ensure safety security of UN and associated personnel delivering humanitarian programmes
<b>Objective:</b>	Support to UNSECOORD for a security network concerning 3 Field Security Offices (Beni, Bukavu and Kalemie)
<b>Targeted Beneficiaries:</b>	UN staff and associated personnel and their beneficiaries populations
<b>Implementing Partners:</b>	N/A
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 1,048,520</b>

### Project Description

A significant evolution has taken place in DRC in 2003 following the signing of all inclusive and global Accord between the belligerent parties and the establishment of a transitional government that made it possible for the reunification of the country and restoration of free movement of citizens and traffic of goods. However, armed conflicts are still active in the east of the country while the security conditions in Kinshasa continue to worsen.

In order to best protect UN personnel in remote regions of eastern DRC, UNSECOORD needs to establish two additional Field Security Coordination Officer (FSCO) posts in their far eastern borders areas where there have previously been none. (Beni and Kalemie).

The requested million dollars for 2004 will not only cover the establishment of two new FSCO posts in the key eastern towns of Beni (in troubled Ituri sub-province), but will also cover the salaries of all three new FSCOs assigned to Bunia, Beni and Kalemie in 2004.

This establishment of these three new FSCO locations will require major outlays of funds for telecommunications and office equipments, motor vehicles, and their maintenance, all of which has been factored (chart refers) into this million dollar request.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Field Security Coordination Officers (Bukavu, Kalemie and Beni)	553,500
Short term assistance	187,320
Training	4,500
Travel	12,000
Operational cost (office equipment, communication, rental and maintenance)	213,200
Transportation equipment	78,000
<b>Total</b>	<b>1,048,520</b>

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## Mine Action

<b>Appealing Agency:</b>	<b>NATIONAL DEMINING COMMISSION OF THE DEMOCRATIC REPUBLIC OF THE CONGO</b>
<b>Project Title:</b>	Institutional support for the Government of the DRC
<b>Project Code:</b>	DRC-04/MA01
<b>Sector:</b>	Mine action
<b>Themes:</b>	Advocacy
<b>Objective:</b>	Sensitisation of the DRC government and National Assembly as to the danger of mines and unexploded ordnance (UXO), and the development of a national demining programme.
<b>Targeted Beneficiaries:</b>	The DRC government and National Assembly.
<b>Implementing Partners:</b>	UN Mine Action Coordination Centre (UNMACC) under the auspices of the UN Mine Action Service (UNMAS)
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 61,000
<b>Funds Requested:</b>	<b>US\$ 61,000</b>

## Project Description

### Objectives

This project intends to sensitise the government and the National Assembly of the DRC on the danger of mines and UXO, to elaborate a national programme of mine clearance, and to identify and destroy the stocks of mines and UXO throughout the country.

### Activities

- To organise a sensitisation workshop for the government and the National Assembly of the DRC on the mine/UXO situation in the country.
- To organise a workshop on the development of a national demining programme.
- To identify and destroy the stocks of mines/UXO within the DRC.

### Expected outcomes

- Sensitisation of the government and the National Assembly on the danger of mines/UXO.
- Development of a national demining programme.
- Census and destruction of existing mines/UXO.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Workshop (VIP)	16,000
Workshop	10,000
Operational costs	5,000
Census and destruction of stocks	30,000
<b>Total</b>	<b>61,000</b>

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<b>Appealing Agency:</b>	<b>ATELIER DU THEATRE ACTION</b>
<b>Project Title:</b>	Mine-Risk Education through theatre
<b>Project Code:</b>	DRC-04/MA02
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine-Risk Education (MRE)
<b>Objective:</b>	To sensitise communities living in mine-affected areas to the mine threat.
<b>Targeted Beneficiaries:</b>	Communities affected by mines and unexploded ordnance (UXO), notably within the Oriental province, the Kassais, Equateur, and the Katanga.
<b>Implementing Partners:</b>	UNICEF, the UN Mine Action Coordination Centre (UNMACC) under the auspices of the UN Mine Action Service (UNMAS)
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 50,370
<b>Funds Requested:</b>	<b>US\$ 50,370</b>

### Project Description

#### Objectives

Increase the level of mine awareness within the targeted communities, and increase community involvement in finding solutions to the mine threat.

#### Activities

- Realise a series of radio talk-shows (ten episodes in five languages, i.e., French, Lingala, Kikongo, Swahili, and Tshiluba) in Kinshasa on the dangers of mines/UXO, to be broadcast over the national network of community-based radio stations.
- Produce a video programme in French on the mine threat.
- Involve 360 residents in each of the mine-affected provinces in the production of the radio shows.
- Organise public shows within local communities.

#### Expected Outcomes

- Sensitisation and education of the community to the danger of mines/UXO.
- Training workshops on the techniques of "Theater Action" as a means of mine-risk education.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
National staff (including training)	14,600
Capital costs	6,170
Operational costs	27,200
Overhead (5%)	2,400
<b>Total</b>	<b>50,370</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS MINE ACTION SERVICE</b>
<b>Project Title:</b>	United Nations Mine Action Coordination Centre
<b>Project Code:</b>	DRC-04/MA03
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine clearance and capacity-building for coordination
<b>Objective:</b>	To coordinate mine action in the Democratic Republic of Congo (DRC) and to assist in the implementation of emergency mine-action activities.
<b>Targeted Beneficiaries:</b>	Communities affected by mines and unexploded ordnance (UXO) in the DRC.
<b>Implementing Partners:</b>	United Nations Mission in the Democratic Republic of Congo (MONUC), United Nations Office for Project Support (UNOPS)
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 1,576,200
<b>Funds Requested:</b>	<b>US\$ 474,600</b>

### Project Description

#### Objectives

UNMACC intends to design an emergency mine clearance programme to support the supply of urgent basic services and community development; design an emergency survey programme; design a mine-risk education (MRE) programme; publish a manual to ensure the quality of policies and procedures; improve liaison and coordination with mine action partners; and establish a regional office.

#### Activities

- Design and implement emergency surveys, MRE, and clearance activities.
- Collect, disseminate, and manage data and other information.
- Promote appropriate technical and safety standards.
- Monitor and ensure quality of mine-clearance activities.
- Coordinate activities of other mine-action agencies.
- Recruit local and international staff.
- Continue to function as the focal point for the UN's mine action in the DRC.
- Coordinate technical survey operations within the mission area of operation to verify the reported suspected areas.
- Support the national authorities to develop further a national mine-action strategy.
- Maintain and improve the reliability of the Information Management System for Mine Action (IMSMA) and related technology, including the formation of relevant support personnel.
- Coordinate the destruction of mine/UXO stockpiles.

#### Expected Outcomes

- Reliable data on mine/UXO victims and dangerous areas.
- Publication of quality assurance procedures and standards.
- Improvement in the reliability of the IMSMA, enhancing the analysis of information, the management of data, and the needs in cartography.
- Reduction of mine/UXO-related problems.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
International staff*	1,020,000
National staff	160,000
Capital costs	60,000
Operation costs	200,000
Overhead/ PSC	136,200
Total project budget	1,576,200
<b>Funds requested</b>	<b>474,600</b>

\*International staff costs and related PSC (project budget difference of US\$ 1,101,600) are covered by UN assessed contributions.

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<b>Appealing Agency:</b>	<b>UNITED NATIONS MINE ACTION COORDINATION CENTRE</b>
	Emergency Mine/Unexploded Ordnance (UXO) Clearance in the Democratic Republic of Congo
<b>Project Code:</b>	DRC-04/MA04
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine clearance
<b>Objective:</b>	To reduce the threat posed by mines and UXO, and to support urgent basic services and community development objectives.
<b>Targeted Beneficiaries:</b>	Communities affected by mines and UXO in the DRC.
<b>Implementing Partners:</b>	UNMACC under the auspices of the United Nations Mine Action Service
<b>Project Duration:</b>	January - December 2004
<b>Total Project Budget:</b>	US\$ 1,134,520
<b>Funds Requested:</b>	<b>US\$ 694,520</b>

### Project Description

#### Objectives

To reduce the threat posed by mines/UXO, and to support urgent basic services and community development objectives.

#### Activities

To implement mobile teams, which will have responsibility for:

- pre-selection of affected districts;
- assistance in the security assessments of mine/UXO threats;
- Explosive Ordnance Disposal and emergency mine-clearance tasks;
- destruction of mine/UXO stockpiles.

#### Expected Outcomes

- Land cleared for agriculture, irrigation, grazing, and primary production.
- Re-opening of trade access routes.
- Accelerated reconstruction and relief efforts.
- Reduction of risks to civilians.
- Reduction of pressure on the limited medical and health infrastructure.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
International staff	480,000
National staff (including training)	196,000
Capital costs (vehicles, communications, mine-clearance equipment)	278,000
Operational costs	50,000
Overhead (13%)	130,520
Total project budget	1,134,520
<b>Funds requested</b>	<b>694,520</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS MINE ACTION SERVICE</b>
<b>Project Title:</b>	Emergency Impact Survey in the Democratic Republic of Congo
<b>Project Code:</b>	DRC-04/MA05
<b>Sector:</b>	Mine action
<b>Themes:</b>	Emergency Impact Survey (EIS)
<b>Objective:</b>	Collect socio-economic and demographic data, identify dangerous areas, conduct census of mine and unexploded ordnance (UXO) victims, and conduct a need assessment.
<b>Targeted Beneficiaries:</b>	Communities affected by mines and UXO in the DRC.
<b>Implementing Partners:</b>	United Nations Mine Action Coordination Centre (UNMACC)
<b>Project Duration:</b>	January-December 2004
<b>Funds Requested:</b>	<b>US\$ 171,620</b>

### Project Description

#### Objectives

The project will identify areas of danger and will collect socio-economic and demographic data on victims of mines and UXO.

#### Activities

- Development and testing of data collection tools.
- Recruit and train survey personnel on impact survey techniques.
- Identify the victims of mines and conduct a need assessment.

#### Expected Outcomes

- Collection of socio-economic and demographic data to complete and update the Information Management System for Mine Action.
- Localisation of dangerous areas.
- Identification of victims and the development of a victim assistance programme.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Transport	80,000
National staff (7, of which 3 for Ministry of Health - including training)	76,320
Capital costs	4,800
Operational costs	2,500
Overhead	8,000
<b>Total</b>	<b>171,620</b>

<b>Appealing Agencies:</b>	<b>COLLECTIF DES FEMMES ACTRICES DE DÉVELOPPEMENT ET DE DÉFENSE DES DROITS DE L'ENFANT, DE LA FEMME ET DE LA MÈRE EN AFRIQUE (COLFADHEMA)</b>
<b>Project Title:</b>	Training for community development specialists
<b>Project Code:</b>	DRC-04/MA06
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine-Risk Education
<b>Objective:</b>	To sensitise provincial and district-level leaders in the DRC on the mine and UXO threat, and to reduce mine/UXO-related casualties.
<b>Targeted Beneficiaries:</b>	180 community development specialists from the provinces of Maniema and South-Kivu People within these provinces affected by mines and UXO, estimated at 250,000
<b>Implementing Partners:</b>	United Nations Mine Action Coordination Centre (UNMACC) under the auspices of the United Nations Mine Action Service (UNMAS), COLFADHEMA

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<b>Project Duration:</b>	January–December 2004
<b>Funds Requested:</b>	<b>US\$ 124,223</b>

### Project Description

#### Objectives

This project aims to transmit knowledge on the mine/UXO danger as well as on the proper behavior when encountering this danger. It also seeks to contribute to the development of local skills regarding the community response to the presence of mines and UXO, and thereby to reduce the number of mine/UXO victims.

#### Activities

- Train community development specialist in MRE.
- Provide material for community-based MRE training.

#### Expected Outcomes

- A group of 180 community development specialists trained in MRE.
- MRE training and training materials for 28 nongovernmental organisations.
- Heightened mine/UXO awareness among the 250 000 inhabitants of the two provinces.
- A reduction in the number of mine/UXO victims.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Capital costs	38,430
Operational and training costs	74,500
Overhead (10%)	11,293
<b>Total</b>	<b>124,223</b>

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<b>Appealing Agency:</b>	<b>HANDICAP INTERNATIONAL BELGIUM</b>
<b>Project Title:</b>	Humanitarian Demining Project in Ikela (DRC)
<b>Project Code:</b>	DRC-04/MA07
<b>Sector:</b>	Mine action
<b>Themes:</b>	Demining and Mine-Risk Education
<b>Objective:</b>	To remove mines and UXO in and around Ikela, including the airport and hospital; to increase mine awareness.
<b>Targeted Beneficiaries:</b>	<ul style="list-style-type: none"> <li>➤ The Ikela population (approx. 6,000 ± 4,000 IDPs), Local NGOs</li> <li>➤ Military observers attached to the United Nations Mission in the DRC (MONUC)</li> <li>➤ Humanitarian organisations</li> </ul>
<b>Implementing Partners:</b>	Handicap International Belgium, UNMACC under the auspices of the UNMAS, MONUC, Coopération Belge et MAE du Canada
<b>Project Duration:</b>	January - March 2004
<b>Funds Requested:</b>	<b>US\$ 197,250</b>

### Project Description

#### Objectives

The goal of this project is to identify and remove mines and UXO in the city of Ikela and its environs up to 5 kilometres; mark the mine zones in the periphery of the city; educate the public (particularly children) to the dangers of mines/UXO; and train community-based mine-action teams.

#### Activities

- Mine clearance and data collection in the city of Ikela - notably in the vicinity of the hospital, on the main trails from the Tshuapa River to the airport and on access roads leading to the fields in the north of the city.
- Marking of the mined zones within the periphery of the city.
- Continuation of MRE activities, mainly with children.
- Training of a Group Action Mines to communal basis.

#### Expected Outcomes

- Removal of mines/UXO in the city within a period of approximately three months.
- Reopened access roads.
- The resumption of regular economic activities (e.g., agriculture, fishing, and hunting).

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
International staff	42,000
National staff (including training)	64,500
Capital costs	45,750
Operational costs (incl. MRE)	42,000
Overhead	3,000
<b>Total</b>	<b>197,250</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS MINE ACTION SERVICE</b>
<b>Project Title:</b>	Tools for Mine-Risk Education
<b>Project Code:</b>	DRC-04/MA08
<b>Sector:</b>	Mine action
<b>Theme:</b>	Mine-Risk Education
<b>Objective:</b>	Support nongovernmental organisations (NGOs), political activists, and humanitarian workers in MRE activities.
<b>Targeted Beneficiaries:</b>	Communities affected by mines and UXO in the DRC
<b>Implementing Partners:</b>	UNMACC under the auspices of UNMAS
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 241,290</b>

### Project Description

#### Objectives

Support NGOs and other organisations in their fight against landmines through the production of stickers, posters, postcards, and documents on the mine/UXO threat in the DRC.

#### Activities

- Production of informational stickers and posters.
- Setup of mailing lists to reach all involved parties quickly.
- Publication and updating of the UNMACC website and information bulletin.
- Support for development partners with the production of accurate maps on dangerous areas in the country.

#### Expected Outcomes

- Production and distribution of 500,000 stickers and 150,000 posters and postcards throughout the country.
- Monthly publication of the UNMACC information bulletin on the country's mine situation.
- Publication of mine-action activities on the UNMACC website.
- A reduction in the risk posed by the presence of mines and UXO within communities.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
National Staff (1)	4,800
Design	10,000
Stickers (500,000 copies)	75,000
Posters (150,000 copies)	140,000
Overhead	11,490
<b>Total</b>	<b>241,290</b>

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<b>Appealing Agency:</b>	<b>JESUIT REFUGEE SERVICE</b>
<b>Project Title:</b>	Training of Animators and Sensitisation of the Internally Displaced Persons (IDPs) to the Danger of Mines
<b>Project Code:</b>	DRC-04/MA09
<b>Sector:</b>	Mine action
<b>Theme:</b>	Mine-Risk Education
<b>Objective:</b>	Train five people who will in turn become MRE trainers for IDPs.
<b>Targeted Beneficiaries:</b>	Over 4000 IDPs sheltered in the Sicotras and Nganda Mosolos sites in Kinshasa
<b>Implementing Partners:</b>	UNMACC under the auspices of the UNMAS, Handicap International
<b>Project Duration:</b>	January - March 2004
<b>Funds Requested:</b>	<b>US\$ 4,620</b>

### Project Description

#### Objectives

Training animators in MRE techniques and raising mine/UXO awareness among the IDPs.

#### Activities

- To train five animators in MRE.
- To provide IDPs with relevant information on mines, UXO, and mined zones, and to inform them as to the proper behaviour when confronting the danger of mines.

#### Expected Outcomes

- Five trained animators engaged in MRE.
- Over 4000 IDPs with greater mine/UXO awareness.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Capital costs	100
Operational costs	4,100
Overhead	420
<b>Total</b>	<b>4,620</b>

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<b>Appealing Agency:</b>	<b>GROUPE DE REFLEXIONS BELGO-CONGOLAIS</b>
<b>Project Title:</b>	Information and Sensitisation to the Danger of Mines
<b>Project Code:</b>	DRC-04/MA10
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine-risk education (MRE)
<b>Objective:</b>	To inform and to sensitise the population of the Democratic Republic of Congo (DRC) by conferences and proceedings.
<b>Targeted Beneficiaries:</b>	The population of the DRC
<b>Implementing Partners:</b>	UNMACC under the auspices of the UNMAS, Groupe de reflexion Belgo-congolais, Coopération Belge
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 24,420</b>

### Project Description

#### Objectives

To help to develop an informed public opinion on the mine/UXO problem in the DRC.

#### Activities

- Organisation of public lectures throughout the DRC on the scope of the mine threat and possible responses by the country.

#### Expected Outcomes

- A total of 24 lectures delivered throughout the country on the nature of the mine threat, reaching some 50,000 people.
- A reduction in the number of mine/UXO victims in the DRC.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Operational costs (incl. transport, lodging, rental, conference)	22,200
Overhead (10%)	2,220
<b>Total</b>	<b>24,420</b>

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<b>Appealing Agency:</b>	<b>ALTERNATIVES</b>
<b>Project Title:</b>	Arms for Development Pilot Project
<b>Project Code:</b>	DRC-04/MA11
<b>Sector:</b>	Mine action
<b>Themes:</b>	Mine, unexploded ordnance (UXO), and small arms collection; mine-risk education (MRE)
<b>Objective:</b>	To collect mines, UXO, and small arms in the Oriental province of the DRC
<b>Targeted Beneficiaries:</b>	The Kisangani and Bunia areas of Oriental province
<b>Implementing Partners:</b>	United Nations Mission in the Democratic Republic of Congo (MONUC), Bureau de Coordination de la Société Civile de la Province Orientale (SOCIPO), Ligue pour la Paix et les Droits de l'Homme (LIPADHO), Cooperation française, Académie des Beaux arts de Kinshasa, Alternatives
<b>Project Duration:</b>	December 2003 – January 2005
<b>Total Project Budget:</b>	US\$ 540,100
<b>Funds Requested:</b>	<b>US\$ 500,000</b>

### Project Description

#### Objectives

The programme seeks to improve public order and safety through a reduction in available small arms, the removal and destruction of mines and UXO, and extensive lobbying and education programmes.

#### Activities

- Organise a public awareness campaign on the importance of small arms reduction/collection for the development of communities and sustainable economic recovery.
- Collect and dispose of mines, UXO, and small arms.
- Assess development needs in Kisangani and Bunia with a view to identifying a set of small-scale, participatory, community-driven development projects.
- Publicly burn collected arms in a “Flame of Peace “ ceremony in Kisangani.
- With some of the collected arms, organise three transformation workshops entitled “Arms to Art” in Kinshasa.
- Use the Kinshasa art and a website featuring all mine-action activities in the DRC to educate and lobby throughout the country and the world.

#### Expected Outcomes

- Less small arms and other ammunition available in the Oriental province, thus reducing violent conflicts.
- International, national, and local public support for the voluntary surrender of small arms.
- Local organisations involved in raising awareness around disarmament, peace, and security issues.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
International staff	180,000
National staff (including training)	35,000
Awareness activities	31,000
Development fund	200,000
Operating costs	45,000
Overhead	49,100
Total project budget	540,100
<b>Funds requested</b>	<b>500,000</b>

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<b>Appealing Agency:</b>	<b>PROGRAMME NATIONAL DE RÉADAPTATION À BASE COMMUNAUTAIRE P.N.R.B.C</b>
<b>Project Title:</b>	Capacity Building for Survivor Assistance
<b>Project Code:</b>	DRC-04/MA12
<b>Sector:</b>	Mine action
<b>Themes:</b>	Survivor Assistance
<b>Objective:</b>	Support the National Rehabilitation programme (P.N.R.B.C) to renovate and equip a prosthesis production unit
<b>Targeted Beneficiaries:</b>	Survivors of mines and unexploded ordnance (UXO) throughout the DRC
<b>Implementing Partners:</b>	DRC Ministry of Health, UNMACC under the auspices of the UNMAS
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 162,960</b>

### Project Description

#### Objectives

The project seeks to increase the production and distribution of low-cost prosthesis and to train orthopaedic technicians within the DRC.

#### Activities

- Renovate the existing prosthesis production unit in repairing currently available equipment and purchasing and installing complementary equipment.
- Renovate the building that is hosting the unit and purchase additional furniture.
- Recruit and train 10 additional technicians.
- Liaise with provincial hospitals to organise the supply of equipment in an effort to make products available throughout the country.

#### Expected Outcomes

- Better support to mine and UXO survivors.
- Greater availability of low-cost prosthesis products.
- A sustainable production unit and a functioning distribution network.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
National staff (12)	43,200
Capital costs	105,000
Operational costs	7,000
Overhead	7,760
<b>Total</b>	<b>162,960</b>

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<b>Appealing Agency:</b>	<b>KALEMBELEMBE ORTHOPAEDIC CENTRE</b>
<b>Project Title:</b>	Production of orthopaedic equipment and supply of radiology equipment
<b>Project Code:</b>	DRC-04/MA13
<b>Sector:</b>	Mine action
<b>Themes:</b>	Survivor Assistance
<b>Objective:</b>	Support the National Rehabilitation Programme (P.N.R.B.C.) with the reinforcement of the prosthesis production unit
<b>Targeted Beneficiaries:</b>	Survivors of mines and unexploded ordnance (UXO) throughout the DRC
<b>Implementing Partners:</b>	UNMACC under the auspices of the UNMAS, Kalembemembe Orthopaedic Centre
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 99,280</b>

### Project Description

#### Objectives

The goal of this project is to provide mine victims with medical assistance, and to facilitate their rehabilitation toward social autonomy.

#### Activities

- Fabricate 50 prosthesis per month as well as crutches, wheelchairs, and other orthopaedic gear.
- Provide treatment and diagnostic services, including Kinesitherapy and Radiology.
- Generate income for the centre in order to make it sustainable.
- Upgrade the skills of the unit technicians and the management of the centre.

#### Expected Outcomes

- Increased production of prosthesis and other orthopaedic gear.
- Increased productivity and financial sustainability of the centre.
- Improved medical assistance to mine and UXO survivors.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Equipment	88,780
Building maintenance	5,000
Logistics	5,500
<b>Total</b>	<b>99,280</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

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<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Project Title:</b>	Mine risk education and awareness activities
<b>Project Code:</b>	DRC-04/MA14
<b>Sector:</b>	Mine action
<b>Objective:</b>	To reduce the incidence of morbidity and mortality due to landmines or unexploded ordinances accidents in the DRC, particularly in six affected provinces.
<b>Targeted Beneficiaries:</b>	Affected populations living in six provinces affected by landmines and UXO: South and North Kivu, Katanga, Province Orientale, Maniema and Equateur.
<b>Implementing Partners:</b>	UNICEF, local and provincial authorities, in collaboration with UN agencies such as UNMAS, MONUC, NGO partners (MAT, Handicap International, etc)
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 2,221,591</b>

### **Project Description**

Across the DRC, landmines or unexploded ordinances affect all regions. Recent estimates by MACC calculate the number of confirmed “dangerous areas” across the country—thus in need of clearance, marking and risk reduction education—to be 216. While mine clearance is limited in the Kivus and Eastern Orientale because of ongoing conflict, MRRE is both necessary and feasible for populations living there.

In addition, a series of landmine related incidences that has claimed lives of international peace observers has refocused the international community onto the constant threat landmines and unexploded ordinances (UXO) pose daily to both the local community as well as humanitarian actors in certain zones in Congo.

This project aims to expand and augment the current state of mine action and mine awareness education in the Democratic Republic of Congo. It contributes to ongoing mine clearance activities in the country's most contaminated areas, and will raise levels of community awareness regarding the presence of mines/UXO and how to avoid them.

This project addresses two major concerns regarding the lack of mine awareness and knowledge of safe practices among communities most affected by mine/UXO contamination and the insufficiency of existing mine/UXO clearance activities within the country.

To make available mine awareness and risk-reduction education to affected communities in the following six provinces: Province Orientale, Equateur, North and South Kivu, Maniema and Katanga. Via schools, churches and other community structures, mine awareness programmes will be integrated into all existing UNICEF programmes and planning for 2003-2005.

To expand existing mine clearance activities from the three contaminated sites currently being served to ten future clearance sites in the following four provinces: Province Orientale, Equateur, Maniema and Katanga.

The strategies selected for this project privilege partnership, capacity building, community participation, and supplies provision. Besides contributing to ongoing but insufficient mine clearance activities, this project focuses on the training of trainers from both international and Congolese NGOs, themselves members of the beneficiary population. The proposed interventions are concentrated on Province Orientale, Equateur, North and South Kivu, Maniema and Katanga.

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<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Mine Risk Reduction Education Activities	1,300,000
Mine Action Activities (identification, demining, detonation)	655,000
Indirect programme support cost *	266,591
<b>TOTAL</b>	<b>2,221,591</b>

\* Programme support budget line covers the direct expenses of the UNICEF emergency section (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies, and similar overhead operating costs incurred by the UNICEF office in Kinshasa and the seven sub-offices. The sub-offices form a field network for monitoring the programme, provision of technical and logistic assistance to the emergency services implemented by local authorities, international or local NGOs or community groups. The special situation in DRC also necessitates inclusion of security systems in the implementation cost.

The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

**Disaster Management**

<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Project Title:</b>	Inter-agency cooperation for disaster reduction in the Goma/North-Kivu Area DRC
<b>Project Code:</b>	DRC-04/CSS04
<b>Sector:</b>	Coordination and support services
<b>Themes:</b>	Disaster management
<b>Objective:</b>	To provide transitional support for developing volcanic risk reduction capacity in the Goma/North Kivu area within the context of ongoing peace building activities.
<b>Targeted Beneficiaries:</b>	450,000 people, vulnerable to high risk of Nyiragongo volcano activity
<b>Implementing Partners:</b>	UNDP/ ISDR/ OCHA
<b>Project Duration:</b>	Two years
<b>Total Project Budget:</b>	US\$ 1,550,000
<b>Funds Requested:</b>	<b>US\$ 1,000,000</b>

**Project Description**

The Democratic Republic of Congo (DRC) presents a unique challenge to the international community. The vast territory located in the heart of the African continent, has suffered severe internal fragmentation and division due to continuous conflict involving not only local opposing factions but also several neighbouring countries. Superimposed on this, is the high risk from active volcanoes, which have erupted on a largely unprepared population, four times in the last six years, resulting in loss of life, an increase in the number of IDPs, and an influx of refugees to neighbouring Rwanda. These negative consequences have amplified and exacerbated the social tensions that were brought on by the conflict and placed additional stresses on the rapidly plummeting socio economic environment.

The recent renewal of magmatic activity in volcano Nyiragongo and its fast evolving dynamism, poses a very high level of risk to the extremely vulnerable population of more than 450,000 people. A reactivation of this system of fractures produced as a result of the 2002 eruption which claimed the lives of 100 persons and destroyed 20% of Goma, could have catastrophic consequences, including the formation of lava fountains and lava flows into the town, large explosions and base surges occurring along the lakeshore, and possible huge release of lethal gases from the lake water.

This project is a joint activity between UNDP/ISDR and OCHA and offers a unique opportunity for the key UN agencies with responsibility for specific aspects of disaster management to collaborate on a concrete activity within the context of the recently completed tripartite self-assessment. It also offers an opportunity to integrate the disaster reduction issues into the overall peace building process currently occurring in the DRC.

This inter agency cooperation will support the CHAP strategic short-term goals through vulnerability reduction of affected communities which will be achieved as early warning mechanisms and disaster reduction measures are implemented. The implementation of volcanic risk management is key to the sustainability of the peace building and other development actions currently occurring in Goma. These activities could suffer severe setbacks and disruptions by another volcanic eruption if action is not taken to reduce volcanic risk now.

Additionally, the current volcanic activity, even if limited to the inner crater of volcano Nyiragongo, is currently affecting several tens of thousand people due to its contributing to highly acidic rains caused by the direct solution of acid gases into the water. This water is collected for drinking from corrugated iron roofs, which displaces a high amount of heavy metal components making it highly polluted. The volcanic gas plume above the volcano directly burns the vegetation through ash falls and Pele hairs falls, which affects a wide area around the volcano, including the town of Goma itself.

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As a consequence, this project has strong linkages with food, agriculture, health, water and sanitation, family shelter, the protection of human right, security and safety and the promotion of economic recovery.

The planned activities include capacity building of UN agencies, public and private institutions as well as the civil society to reduce volcanic risk. Coordination of implicated UN agencies will be strengthened through joint project activities, including the UN-DMTP and joint resource mobilisation efforts undertaken by UNDP, ISDR and OCHA.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Volcanic hazard assessment	200,000
Volcano monitoring	100,000
Integrated Disaster Management Framework	100,000
Integrated community risk management	200,000
GVO strengthening and staff support	250,000
GVO staff training	100,000
Public information and education	200,000
School Preparedness Programme	100,000
Project management	150,000
Advisory committee meetings	50,000
Project monitoring	50,000
Miscellaneous	50,000
Total project budget	1,550,000
<b>Funds requested</b>	<b>1,000,000</b>

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<b>Appealing Agency:</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Project Title:</b>	Security strengthening on Nuclear Centre for Studies and Research-Kinshasa (CREN-K) Site
<b>Project Code:</b>	DRC-04/CSS05
<b>Sector:</b>	Disaster Management
<b>Theme:</b>	Early Warning
<b>Objective:</b>	Nuclear Accident Prevention
<b>Targeted Beneficiaries:</b>	Population living in the CREN-K neighbourhood including more than 8,000,000 of people in Kinshasa and Brazzaville
<b>Implementing Partners:</b>	UNDP and CREN-K
<b>Project Duration:</b>	About six months
<b>Funds Requested:</b>	<b>US\$ 514,226</b>

### Project Description

A Nuclear Centre for Studies and Research is established on the University Campus of Kinshasa. Its stability is jeopardised by two erosions, which are advancing towards the nuclear reactor. One of these erosions is only ten meters away from this reactor, a nuclear accident similar to that of Chernobyl could happen in this heavily populated area with more than 8,000,000 people living within only about 30 kms from this centre.

As there is no watch out camera, no light on a major section of the centre and no protecting fence, this centre is at high risk.

Had this nuclear accident happened, humanitarian situation arising will require tremendous funding that the country and the International Community will not be capable to mobilise. An Early Warning mechanism used to prevent this from happening is compatible with the CHAP strategic short-time goals and sector objectives.

The principal activities of this project include erosion stabilisation through the building of rain water collectors, camera installation to keep a constant surveillance, light restoration and a fencing building all around this nuclear centre.

The expected outcome is more security to prevent nuclear accident.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
Building a pedestrian road (Eastern part of the College of Sciences)	782
Building a visiting room 60x60x60	96
Laying concrete nozzle	3,546
Building a rain water collector (2m x 1,5m)	441,000
Installation of watch out camera	4,000
Fence building	28,815
Bamboo growing	1,500
Light restoration	1,600
Miscellaneous	32,887
<b>Total</b>	<b>514,226</b>

## DEMOCRATIC REPUBLIC OF THE CONGO

### Multi Sector Projects

<b>Appealing Agency:</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>
<b>Project Title:</b>	International protection and basic humanitarian assistance to refugees in DRC, pursuing durable solutions such as voluntary repatriation or local integration
<b>Project Code:</b>	DRC-04/MS01
<b>Sector:</b>	Multi-Sector
<b>Theme:</b>	Refugees
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ Enhance the legal framework and procedures for protection and durable solutions. Increase government and civil society knowledge of refugee rights and their capacity to address refugee issues. Strengthen refugees' protection against exploitation. Pursue resettlement for refugees for whom neither voluntary repatriation nor local settlement will be feasible.</li> <li>➤ Continue and complete organised voluntary repatriation in safety and dignity and monitor spontaneous return movements of Angolans and a residual group of Congolese (Republic of Congo).</li> <li>➤ Complement DDR efforts at various levels and promote the voluntary repatriation of Rwandan refugees.</li> <li>➤ Ensure availability of basic services and support economic self-reliance for refugees who have not yet reached an acceptable level of food security and decrease assistance-dependency to enhance local integration of Angolan, Sudanese and a residual group of RoC refugees as well as newly accessible refugees from Burundi and Uganda.</li> </ul>
<b>Targeted Beneficiaries:</b>	<ul style="list-style-type: none"> <li>➤ 110,500 Angolans in Bas Congo, Bandundu and Katanga Provinces</li> <li>➤ 19,000 Burundians in the Kivus and Kasai</li> <li>➤ 110 Central Africans in Zongo, North Equateur</li> <li>➤ 800 Congolese (RoC) in Bas Congo</li> <li>➤ 15,000 Rwandese in the Kivus and Maniema district</li> <li>➤ 75,000 Sudanese in Haut Ulele and Ituri, Province Orientale</li> <li>➤ 23,000 Ugandans in Iruri, Province Orientale</li> <li>➤ urban refugees in Kinshasa, Lubumbashi, Goma and Bukavu</li> <li>➤ other refugees and persons of concern to UNHCR</li> </ul>
<b>Implementing Partners:</b>	WFP, local authorities, international and local NGOs
<b>Project Duration:</b>	January - December 2004
<b>Funds Requested:</b>	<b>US\$ 23,114,682</b>

### Project Description

#### Activities

UNHCR will support the newly established eligibility commission and enhance the Government's capacity to manage a refugee registration system. The office will reach out to the growing civil society and higher education institutions with a view to create a complementary pool of expertise. The office will also strengthen its capacity to use resettlement as a durable solution for individual cases. To prevent refugee exploitation, the office will focus on training and sensitisation of refugees, staff and police forces and monitor the established referral and information systems.

For UNHCR repatriation operations, appropriate registration mechanisms have to be put in place and maintained. Continued road repairs will be necessary in order to ensure access to return areas. Transit centres and way-points will have to be set up and maintained. Logistics capacities, in particular trucks will have to be maintained or renewed. For Rwandan refugees' candidates for voluntary repatriation from otherwise inaccessible areas, a minimum of health and other services shall be available in reception centres in the East of DRC. Mine awareness campaigns will have to be

## DEMOCRATIC REPUBLIC OF THE CONGO

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established or renewed for Angolans. Prior to repatriation movements reforestation efforts will continue in refugee sites and settlements that are affected by presence of refugees.

Continued basic humanitarian assistance towards local integration of residual refugee groups in a precarious socio-economic environment will require a focus on health and education as well as various types of income-generating activities. Efforts will be made to ensure systematic testing of blood transfusions, which are a common form of treatment, in particular for malaria-affected children.

### Expected Outcomes

- DRC authorities shall exercise their responsibilities with respect to Refugee Status Determination, leading to an increased number and improved quality of decisions. All refugees in DRC should be registered and receive documentation. Gender-sensitive data are respected by UNHCR/DRC authority's joint registration. All refugees wishing to locally integrate will be able to acquire a different legal status. No case of forced recruitment or of denial of access should have to be noted. Surveys shall indicate decrease of sexual and gender based violence (SGBV) incidence while all identified SGBV perpetrators receive face punishment.
- Refugees depart with proper documentation. No security incidents, injuries or loss of property during movement is registered. Refugees' sites are re-forested.

Refugee families should have access to sufficient quantities of arable land (0.25ha/family). Refugees' contributions to health consultation fees shall reach local levels by the end of 2004 without impacting noticeably on acquired morbidity and mortality rates. Enrolment and school attendance rates should be maintained where parent contributions are introduced and increased for other cases. The majority of newly accepted urban refugees should be able to meet their basic needs after 6 months assistance by UNHCR. Malnutrition levels among the residual refugee population will be low (insignificant).

<b>FINANCIAL SUMMARY</b>	
<b>Budget items</b>	<b>US\$</b>
Protection, monitoring and coordination	7,013,115
Community services	565,000
Crop production	342,000
Domestic needs	386,000
Education	983,500
Food	100,000
Forestry	220,000
Health	1,208,000
Income generation	312,000
Legal assistance	945,000
Operational support (to Agencies)	1,238,000
Sanitation	59,500
Shelter/other infrastructure	163,000
Transport / Logistics	4,598,500
Water (non-agricultural)	147,000
<b>Total operations</b>	<b>18,280,615</b>
Programme support	4,834,067
<b>Total</b>	<b>23,114,682</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

## ANNEX I. DONOR RESPONSE TO THE 2003 APPEAL

**Table I : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

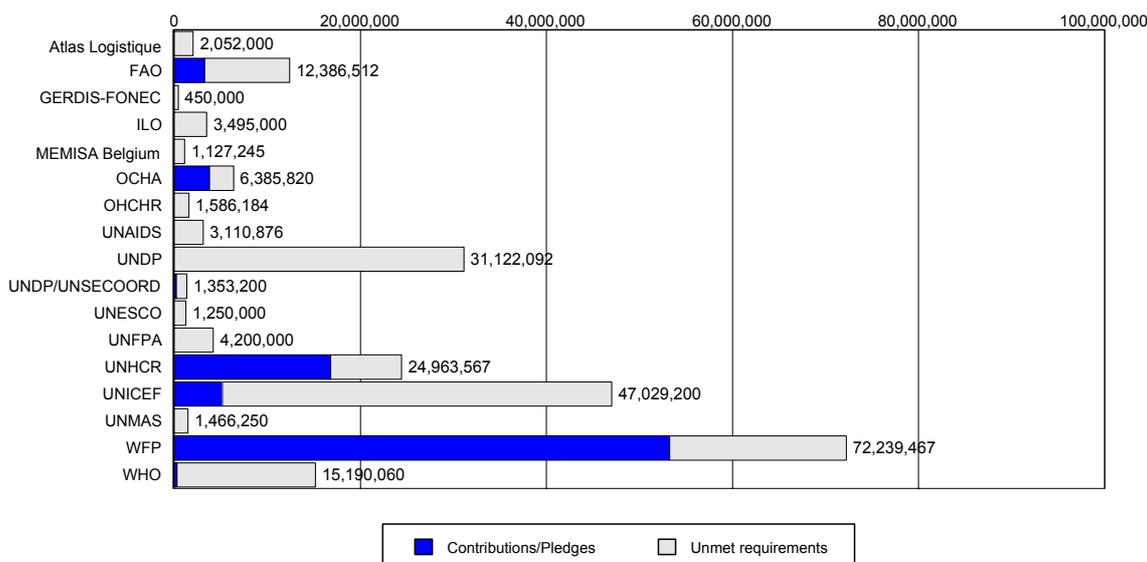
Summary of Requirements and Contributions  
By Appealing Organisation  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements	Revised Requirements	Contributions	Pledges	Carryover	Total Resources Available	Unmet Requirements	% Covered
Atlas Logistique	2,052,000	2,052,000	0	0	0	0	2,052,000	0.00%
FAO	12,386,512	12,386,512	3,284,165	0	0	3,284,165	9,102,347	26.51%
GERDIS-FONEC	450,000	450,000	0	0	0	0	450,000	0.00%
ILO	3,495,000	3,495,000	0	0	0	0	3,495,000	0.00%
MEMISA Belgium	1,127,245	1,127,245	0	0	0	0	1,127,245	0.00%
OCHA	7,224,585	6,385,820	3,784,523	0	0	3,784,523	2,601,297	59.26%
OHCHR	1,586,184	1,586,184	0	0	0	0	1,586,184	0.00%
UNAIDS	3,110,876	3,110,876	0	0	0	0	3,110,876	0.00%
UNDP	31,122,092	31,122,092	0	0	0	0	31,122,092	0.00%
UNDP/ UNSECOORD	1,353,200	1,353,200	0	233,918	0	233,918	1,119,282	17.29%
UNESCO	1,250,000	1,250,000	0	0	0	0	1,250,000	0.00%
UNFPA	4,200,000	4,200,000	0	0	0	0	4,200,000	0.00%
UNHCR	24,963,567	24,963,567	16,813,197	0	536,788	17,349,985	7,613,582	69.50%
UNICEF	47,029,200	47,029,200	1,611,464	3,544,369	0	5,155,833	41,873,367	10.96%
UNMAS	1,466,250	1,466,250	0	0	0	0	1,466,250	0.00%
WFP	110,638,555	72,239,467	53,236,686	0	0	53,236,686	19,002,781	73.69%
WHO	15,190,060	15,190,060	294,464	0	0	294,464	14,895,596	1.94%
<b>GRAND TOTAL</b>	<b>268,645,326</b>	<b>229,407,473</b>	<b>79,024,499</b>	<b>3,778,287</b>	<b>536,788</b>	<b>83,339,574</b>	<b>146,067,899</b>	<b>36.33%</b>

**Revised UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Updated financial summary  
By Appealing Organisation



# DEMOCRATIC REPUBLIC OF THE CONGO

**Table II : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Donor breakdown of Contributions through Appealing Organisation  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

## Part A - Non food

Donor	Channel	Project Code	Sector/activity	Amount US\$
Belgium	FAO	DRC-03/A02	Provision of essential agricultural inputs to vulnerable households	1,586,476
Belgium	OCHA	DRC-03/CSS02	Coordination of humanitarian assistance	684,151
Canada	OCHA	DRC-03/CSS02	Coordination of humanitarian activities	338,795
Canada	UNICEF	DRC-03/H05	Emergency measles immunisation	2,608,696
European Commission	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	1,181,525
Ireland	UNICEF	DRC-03/WS01	Emergency water and sanitation	538,215
Ireland	WHO	DRC-03/H02	Minimum package of emergency health care activities	294,464
Japan	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	3,000,000
Netherlands	OCHA	DRC-03/CSS02	Coordination of humanitarian assistance	650,000
Netherlands	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	472,500
Netherlands	UNICEF	DRC-03/H01	Emergency primary health care	758,250
Norway	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	2,449,275
Norway	UNICEF	DRC-03/P/HR/RL04	Protection of children affected by armed conflict	314,999
Carry Over	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	536,788
Private/NGO/Intl	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	257,143

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table II : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Donor breakdown of Contributions through Appealing Organisation  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Private/NGO/Intl	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration (REPRESENTS CURRENT ALLOCATION BY UNHCR FROM UNEARMARKED OR BROADLY EARMARKED CONTRIBUTIONS)	4,650,191
Sweden	FAO	DRC-03/A02	Provision of essential agricultural inputs to vulnerable households	615,348
Sweden	OCHA	DRC-03/CSS02	Coordination of humanitarian assistance	350,877
Sweden	UNDP/ UNSECOORD	DRC-03/S01	Field security officer and support	233,918
Sweden	UNICEF	DRC-03/UNICEF	Awaiting allocation/confirmation	935,673
Switzerland	FAO	DRC-03/A03	Support to production of good quality planting material and to small scale animal breeding activities	382,341
United Kingdom	OCHA	DRC-03/CSS02	Emergency humanitarian facilitation of humanitarian access and to enable OCHA to step up their presence in Ituri	1,580,700
United Kingdom	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	1,052,563
United States	FAO	DRC-03/A02	Provision of essential agricultural inputs to vulnerable households	400,000
United States	FAO	DRC-03/A03	Support to production of good quality planting material and to small scale animal breeding activities	300,000
United States	OCHA	DRC-03/CSS02	Coordination of humanitarian assistance	180,000
United States	UNHCR	DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC; supporting durable solutions such as voluntary repatriation or local integration	3,750,000
<b>Total non food</b>				<b>30,102,888</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

## Table II : UN Consolidated Inter-Agency Appeal for Democratic Republic of Congo 2003

Donor breakdown of Contributions through Appealing Organisation  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

### Part B - Food aid

Donor	Food type	Food (MTs)	Amount US\$
Belgium	Maize Meal	609	460,829
Finland	Various	496	322,928
Italy	Various	1651	1,142,857
Japan	Maize Meal	5389	4,273,504
Netherlands	Maize Meal	945	700,000
Netherlands	Maize Meal	1320	983,323
Netherlands	Salt	23	13,804
Netherlands	Various	1722	1,326,150
New Zealand	CSB	183	143,679
Norway	Canned Meat	200	592,927
Sweden	Maize Meal	662	492,567
Switzerland	Maize Meal	715	518,519
United States	Various	19900	13,662,400
United States	Maize Meal	560	414,339
United States	Maize Meal	260	200,000
United States	Various	7000	5,659,510
United States	Various	12170	9,595,400
United States	Various	3920	3,109,385
United States	Various	12260	9,624,565
<b>Total food aid</b>			<b>53,236,686</b>

<b>Grand total</b>	<b>83,339,574</b>
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# DEMOCRATIC REPUBLIC OF THE CONGO

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Listing of Project Activities - By Sector  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 3

Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
<b>AGRICULTURE</b>						
DRC-03/A05	Economic and social reintegration of vulnerable groups	UNDP	722,500	722,500	0	722,500
DRC-03/A04	Emergency rehabilitation of key agricultural infrastructures (agricultural feeder roads and fish ponds)	FAO	1,745,112	1,745,112	0	1,745,112
DRC-03/A02	Provision of essential agricultural inputs to vulnerable households	FAO	9,303,800	9,303,800	2,601,824	6,701,976
DRC-03/A03	Support to production of good quality planting material and to small scale animal breeding activities	FAO	688,000	688,000	682,341	5,659
DRC-03/A01	Support to the coordination of emergency agricultural operations	FAO	649,600	649,600	0	649,600
<b>Sub total for AGRICULTURE</b>			<b>13,109,012</b>	<b>13,109,012</b>	<b>3,284,165</b>	<b>9,824,847</b>
<b>COORDINATION AND SUPPORT SERVICES</b>						
DRC-03/CSS02	Coordination of humanitarian assistance	OCHA	7,224,585	6,385,820	3,784,523	3,251,297
DRC-03/CSS01	Logistical and mechanical support to DRC humanitarian assistance	Atlas Logistique	1,134,000	1,134,000	0	1,134,000
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>8,358,585</b>	<b>7,519,820</b>	<b>3,784,523</b>	<b>4,385,297</b>
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>						
DRC-03/ER/105	Community recovery, reintegration of ex-combatants and small arms reduction	UNDP	13,572,136	13,572,136	0	13,572,136
DRC-03/ER/115	Completion of anti erosion works to protect the site of the Kinshasa University	UNDP	3,067,211	3,067,211	0	3,067,211
DRC-03/ER/101	Construction, reconstruction and rehabilitation of roads, shelters, buildings and public facilities in order to increase the humanitarian intervention perimeter and relieve population	Atlas Logistique	918,000	918,000	0	918,000
DRC-03/ER/110	Emergency jobs through rehabilitation micro projects of infrastructures by youth associations	ILO	760,000	760,000	0	760,000
DRC-03/ER/104	Jobs for peace in Ituri and in the provinces of north and south Kivu	ILO	525,000	525,000	0	525,000
DRC-03/ER/112	Micro-credit/grants programmes in favor of women	UNDP	700,000	700,000	0	700,000
DRC-03/ER/106	Rapid response scheme for disarmament, demobilisation and reintegration in the DRC	UNDP	3,500,000	3,500,000	0	3,500,000
DRC-03/ER/113	Rehabilitation of basic infrastructures in Kisangani	UNDP	560,000	560,000	0	560,000
DRC-03/ER/102	Rehabilitation of the rail bridge over the Niamba river	WFP	1,387,417	1,374,225	0	1,374,225
DRC-03/ER/108	Socio-economic reinsertion of child soldiers into provinces of the east	ILO	720,000	720,000	0	720,000
DRC-03/ER/107	Support for establishment of a National DDR Programme in the DRC	UNDP	1,000,000	1,000,000	0	1,000,000
DRC-03/ER/103	Support to economic and peace initiatives in the east	GERDIS-FONEC	450,000	450,000	0	450,000
DRC-03/ER/114	Support to income generating activities in favor of women in Kisangani town	UNDP	570,000	570,000	0	570,000
DRC-03/ER/111	Support to income generating micro project to help reinsertion of displaced people in north and south Kivu	ILO	720,000	720,000	0	720,000
DRC-03/ER/109	Support to revival of associative and cooperative movement in the provinces of Ituri, north and south Kivu	ILO	770,000	770,000	0	770,000
<b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>29,219,764</b>	<b>29,206,572</b>	<b>0</b>	<b>29,206,572</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Listing of Project Activities - By Sector  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 2 of 3

Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
<b>EDUCATION</b>						
DRC-03/E01	Educational support for internally displaced and war affected children	UNICEF	3,561,600	3,561,600	0	3,561,600
DRC-03/E02	Rehabilitation of educational infrastructure and restoration of the school system	UNESCO	1,250,000	1,250,000	0	1,250,000
<b>Sub total for EDUCATION</b>			<b>4,811,600</b>	<b>4,811,600</b>	<b>0</b>	<b>4,811,600</b>
<b>FAMILY SHELTER AND NON-FOOD ITEMS</b>						
DRC-03/S/NF01	Assistance to the most vulnerable displaced and refugee children and women	UNICEF	4,022,400	4,022,400	0	4,022,400
DRC-03/S/NF02	Project of re-housing of vulnerable populations	UNDP	3,752,960	3,752,960	0	3,752,960
<b>Sub total for FAMILY SHELTER AND NON-FOOD ITEMS</b>			<b>7,775,360</b>	<b>7,775,360</b>	<b>0</b>	<b>7,775,360</b>
<b>FOOD</b>						
DRC-03/F01	Protracted relief and recovery operation for war-affected victims and vulnerable groups (Revision of requirements is based upon the information from WFP/Rome)	WFP	109,251,138	70,865,242	53,236,686	17,628,556
<b>Sub total for FOOD</b>			<b>109,251,138</b>	<b>70,865,242</b>	<b>53,236,686</b>	<b>17,628,556</b>
<b>HEALTH</b>						
DRC-03/H13	Assistance in the control of STI, HIV/AIDS infections in the east of DRC	WHO	318,000	318,000	0	318,000
DRC-03/H05	Emergency measles immunisation	UNICEF	21,500,000	21,500,000	2,608,696	18,891,304
DRC-03/H01	Emergency primary health care	UNICEF	4,320,000	4,320,000	758,250	3,561,750
DRC-03/H04	Health component of DDRRR	WHO	7,343,000	7,343,000	0	7,343,000
DRC-03/H14	HIV/AIDS prevention in eastern Congo	UNICEF	1,000,000	1,000,000	0	1,000,000
DRC-03/H07	Malaria control	WHO	1,257,160	1,257,160	0	1,257,160
DRC-03/H06	Malaria control in the Democratic Republic of the Congo	UNICEF	2,160,000	2,160,000	0	2,160,000
DRC-03/H02	Minimum package of emergency health care activities	WHO	766,900	766,900	294,464	472,436
DRC-03/H03	Nutrition rehabilitation and promotion	UNICEF	3,103,200	3,103,200	0	3,103,200
DRC-03/H09	Post traumatic stress disorder programme in DRC	WHO	1,000,000	1,000,000	0	1,000,000
DRC-03/H16	Reduction of maternal mortality rates and family planning	UNFPA	4,200,000	4,200,000	0	4,200,000
DRC-03/H15	Safe blood transfusions in the Bandundu province	MEMISA Belgium	600,245	600,245	0	600,245
DRC-03/H12	STI/HIV/AIDS prevention among youth in Equateur	UNAIDS	1,345,968	1,345,968	0	1,345,968
DRC-03/H11	STI/HIV/AIDS prevention project among armed forces (FAC) and police in Equateur province	UNAIDS	1,764,908	1,764,908	0	1,764,908
DRC-03/H10	Struggle against HIV/AIDS among DRC workers	UNDP	2,452,285	2,452,285	0	2,452,285
DRC-03/H08	Surveillance, preparation and response to epidemics	WHO	4,505,000	4,505,000	0	4,505,000
<b>Sub total for HEALTH</b>			<b>57,636,666</b>	<b>57,636,666</b>	<b>3,661,410</b>	<b>53,975,256</b>
<b>MINE ACTION</b>						
DRC-03/MA02	Emergency mine/UXO clearance in the DRC	UNMAS	696,720	696,720	0	696,720
DRC-03/MA03	Landmine/UXO mine risk education and advocacy in the DRC	UNMAS	587,600	587,600	0	587,600
DRC-03/MA01	Mine action coordination centre assistance	UNMAS	181,930	181,930	0	181,930
<b>Sub total for MINE ACTION</b>			<b>1,466,250</b>	<b>1,466,250</b>	<b>0</b>	<b>1,466,250</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of Congo 2003**

Listing of Project Activities - By Sector  
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
<b>MULTI-SECTOR</b>						
DRC-03/UNICEF	Awaiting allocation/confirmation	UNICEF	0	0	935,673	(935,673)
DRC-03/MS02	International protection and humanitarian assistance to refugees in DRC, supporting durable solutions such as voluntary repatriation or local integration	UNHCR	24,963,567	24,963,567	17,349,985	7,613,582
DRC-03/MS01	Support to emergency intervention	MEMISA Belgium	527,000	527,000	0	527,000
<b>Sub total for MULTI-SECTOR</b>			<b>25,490,567</b>	<b>25,490,567</b>	<b>18,285,658</b>	<b>7,204,909</b>
<b>PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>						
DRC-03/P/HR/RL02	Monitoring and technical cooperation programmes of the human rights situation in DRC	OHCHR	1,586,184	1,586,184	0	1,586,184
DRC-03/P/HR/RL04	Protection of children affected by armed conflict	UNICEF	4,200,000	4,200,000	314,999	3,885,001
DRC-03/P/HR/RL03	Support to emergency intervention and assistance mechanisms	UNDP	720,000	720,000	0	720,000
DRC-03/P/HR/RL01	Support to reconciliation process among the population of Ituri	UNDP	505,000	505,000	0	505,000
<b>Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			<b>7,011,184</b>	<b>7,011,184</b>	<b>314,999</b>	<b>6,696,185</b>
<b>SECURITY</b>						
DRC-03/S01	Field security officer and support	UNDP/ UNSECOORD	1,353,200	1,353,200	233,918	1,119,282
<b>Sub total for SECURITY</b>			<b>1,353,200</b>	<b>1,353,200</b>	<b>233,918</b>	<b>1,119,282</b>
<b>WATER AND SANITATION</b>						
DRC-03/WS01	Emergency water and sanitation	UNICEF	3,162,000	3,162,000	538,215	2,623,785
<b>Sub total for WATER AND SANITATION</b>			<b>3,162,000</b>	<b>3,162,000</b>	<b>538,215</b>	<b>2,623,785</b>
<b>Grand Total:</b>			<b>268,645,326</b>	<b>229,407,473</b>	<b>83'339'574</b>	<b>146,067,899</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table IV: Additional Humanitarian Assistance to  
Congo, The Democratic Republic of**  
Outside of the Framework of the UN Consolidated Inter-Agency Appeal  
as of 13 October 2003

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

Page 1 of 2

Date	Donor	Channel	Description	Value US\$
1-Jun-03	Australia	IFRC	In kind - delegates	22,872
24-Jun-03	Australia	IFRC	DPP delegate	26,538
<b>Subtotal for Australia</b>				<b>49,410</b>
20-Jan-03	Canada	Alternative	Health and medical assistance to IDPs and socially vulnerable in Goma, North Kivu	318,471
24-Mar-03	Canada	CARE	Water and sanitation	469,799
7-Feb-03	Canada	ICRC	2003 ICRC Appeal	1,307,190
12-Mar-03	Canada	IFRC	Construction of latrines	30,350
2-Jul-03	Canada	IRC	Health and medical	888,889
23-Mar-03	Canada	WVI (Canada)	Multi-sector assistance to IDPs in North Kivu Province	335,570
<b>Subtotal for Canada</b>				<b>3,350,269</b>
28-May-03	Denmark	IFRC	Health delegate	52,044
<b>Subtotal for Denmark</b>				<b>52,044</b>
1-Aug-03	European Commission	UN Agencies and NGOs	Food assistance to displaced and other vulnerable groups in northern and eastern DRC	4,561,003
<b>Subtotal for European Commission</b>				<b>4,561,003</b>
28-Apr-03	Ireland	IFRC	Multi-sectoral assistance	14,599
<b>Subtotal for Ireland</b>				<b>14,599</b>
14-Mar-03	Norway	NRC	Multi-sectoral assistance for IDPs and refugees	1,388,889
14-Mar-03	Norway	WHO	Assistance in order to respond to the outbreak of acute haemorrhagic fever in Cuvette Oest	71,500
<b>Subtotal for Norway</b>				<b>1,460,389</b>
30-Jan-03	Private/NGO/Intl	IFRC	Cholera outbreak in Mbuji-Maji	20,942
7-Aug-03	Private/NGO/Intl	IFRC	Humanitarian assistance	84,474
24-Mar-03	Private/NGO/Intl	IFRC	Water and sanitation	95,185
<b>Subtotal for Private/NGO/Intl</b>				<b>200,601</b>
19-Dec-02	Sweden	IFRC	Multi-sectoral assistance	21,664
1-Jun-03	Sweden	IFRC	In kind - delegates	46,501
9-May-03	Sweden	IFRC	Health, organisational development, cooperation, watsan	204,380
17-Feb-03	Sweden	IOM	Humanitarian assistance	584,795
<b>Subtotal for Sweden</b>				<b>857,340</b>
11-Jul-03	Switzerland	CARITAS	"Humanitarian train" Lubumbashi-Kindu	22,222
21-Mar-03	Switzerland	EPER	Rehabilitation	503,704
1-Jun-03	Switzerland	IFRC	In kind - delegates	41,068

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table IV: Additional Humanitarian Assistance to  
Congo, The Democratic Republic of**  
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as of 13 October 2003

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

Page 2 of 2

20-Jun-03	Switzerland	MSF	Emergency hospital in Bunia	307,692
12-Sep-03	Switzerland	SHA	Poverty alleviation	145,390
15-Sep-03	Switzerland	SHA	Health centre	145,483
20-Jun-03	Switzerland	TEARFUND	Support of IDps in Beni	57,692
<b>Subtotal for Switzerland</b>				<b>1,223,251</b>
16-Jun-03	United Kingdom	CESVI	To provide supplementary feeding to vulnerable groups such as children under 5 and pregnant women	602,273
1-Apr-03	United Kingdom	CRN	To continue to provide relief assistance to up to 15,000 returning Rwandese Hutu refugees currently living in the forests of North Kivu province and seeking to return to Rwanda	447,772
31-Dec-02	United Kingdom	ICRC	ICRC Emergency Appeal 2002	3,906,250
31-Jan-03	United Kingdom	IFRC	Disaster preparedness programme	16,027
1-Jun-03	United Kingdom	IFRC	In kind - delegates	29,442
31-Jan-03	United Kingdom	IFRC	Organisational development, delegate	32,055
24-Feb-03	United Kingdom	IFRC	Health programme	50,000
30-Jan-03	United Kingdom	IFRC	Health programme	57,699
1-Jun-03	United Kingdom	IFRC	DRC branch development, community based development	95,915
1-Apr-03	United Kingdom	IRC	To reduce mortality and morbidity among the population of 5 vulnerable health zones through provision of essential drugs and medical supplies, basic rehabilitation of health structures, reinforcement of the routine immunisation programme, and training/supervision of primary health care professionals	782,473
16-Jun-03	United Kingdom	MERLIN	To ensure access to essential primary and secondary healthcare for displaced people from the Ituri region and indigent elements of the Beni host community	737,705
1-Mar-03	United Kingdom	MSF	To address the poor nutritional situation with the aim of reducing the mortality rate and will seek to improve the standard of basic health care through provision of practical support to health centres and training of health staff in 3 health zones of North Kivu province	793,651
23-Jun-03	United Kingdom	SC	To ensure that the worst affected households have a protection from the climate and promote hygiene and well-being	584,054
23-Jun-03	United Kingdom	Solidarités	To distribute drinkable water to 20,000 - 40,000 people in camp settlements in Ituri and North Kivu provinces	383,607
<b>Subtotal for United Kingdom</b>				<b>8,518,923</b>
22-Jan-03	United States		Operations support (USAID/OTI)	100,000
28-Feb-03	United States		OTI field staff/technical assistance	107,565
6-Dec-02	United States		OFDA personnel support (USAID/OFDA)	137,000
26-Nov-02	United States		OTI field staff/technical assistance and operations support (USAID/OTI)	155,424
13-Feb-03	United States		Personnel support cost (USAID/OFDA)	162,385
22-Jan-03	United States	CARE	Humanitarian assistance (USAID/OTI)	500,000
1-Sep-03	United States	IRC	Angolan refugee assistance programmes	641,105
1-Mar-03	United States	LWR	To provide humanitarian assistance and self sufficiency planning for Sudanese refugees in northern Uganda (USAID/PRM)	519,889
4-Mar-03	United States	WV	Sanitation programmes (USAID/OFDA)	233,131
<b>Subtotal for United States</b>				<b>2,556,499</b>
<b>Grand Total:</b>				<b>22,844,328</b>

# DEMOCRATIC REPUBLIC OF THE CONGO

**Table V: UN Consolidated Inter-Agency Appeal for Democratic Republic of Congo 2003**

Major donors by contributions

(carry over not included)

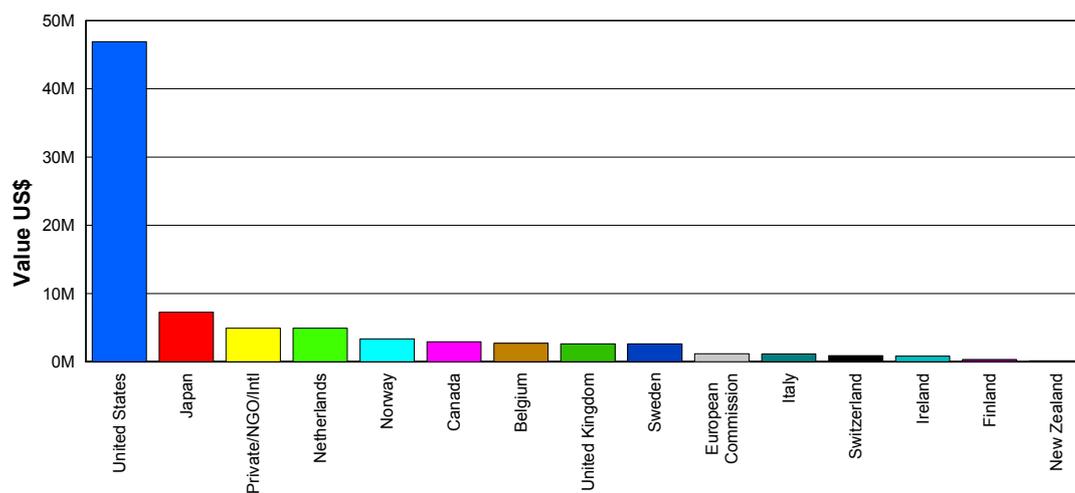
13-October-2003

Donor	Value US\$	% of funding
United States	46,895,599	56.64%
Japan	7,273,504	8.78%
Netherlands	4,904,027	5.92%
Norway	3,357,201	4.05%
Canada	2,947,491	3.56%
Belgium	2,731,456	3.30%
United Kingdom	2,633,263	3.18%
Sweden	2,628,383	3.17%
European Commission	1,181,525	1.43%
Italy	1,142,857	1.38%
Switzerland	900,860	1.09%
Ireland	832,679	1.01%
Finland	322,928	0.39%
New Zealand	143,679	0.17%
Private/NGO/Intl*	4,907,334	5.93%
<b>Grand Total:</b>	<b>82,802,786</b>	<b>100%</b>

\*) This includes unearmarked or broadly earmarked donor contributions which have been allocated by UNHCR to this appeal, as well as contributions from private and other non-government donors.

## Major donors by contributions

(carry over not included)



# DEMOCRATIC REPUBLIC OF THE CONGO

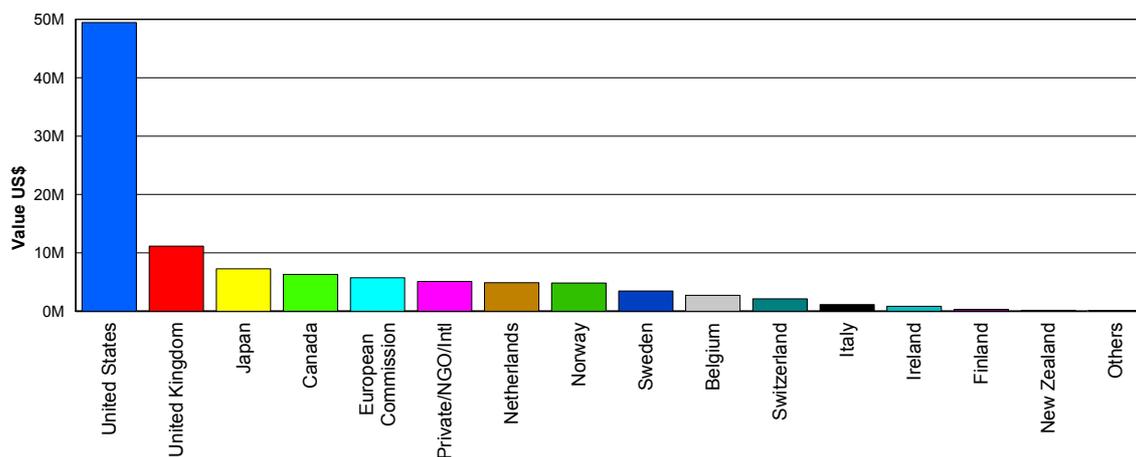
**Table VI: Total Humanitarian Assistance for Democratic Republic of Congo 2003**

Major Donors by Total Contributions\*

(carry over not included)

13 October 2003

Donor	Value US\$	% of funding
United States	49,452,098	46.81%
United Kingdom	11,152,186	10.56%
Japan	7,273,504	6.88%
Canada	6,297,760	5.96%
European Commission	5,742,528	5.44%
Private/NGO/Intl	5,107,935	4.83%
Netherlands	4,904,027	4.64%
Norway	4,817,590	4.56%
Sweden	3,485,723	3.30%
Belgium	2,731,456	2.59%
Switzerland	2,124,111	2.01%
Italy	1,142,857	1.08%
Ireland	847,278	0.80%
Finland	322,928	0.31%
New Zealand	143,679	0.14%
Others	101,454	0.10%
<b>Grand Total:</b>	<b>105,647,114</b>	<b>100%</b>



\* includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)

**ANNEX II.  
RESOLUTIONS, REPORTS AND STATEMENTS**

<b>RESOLUTIONS</b>	
26 August 2003	Transfer of authority from Interim Multi-National Force to MONUC
13 August 2003	Extension the mandate of the Panel until 31 of October 2003
28 July 2003	Extension and revision of MONUC's mandate from chapter VI to chapter VII, and arms embargo on eastern DRC.
26 June 2003	Extension of the MONUC's mandate until the 30 July 2003
20 March 2003	Reminder to all parties to respect their obligations within the Lusaka agreement and withdrawal of the UPDF troops in Ituri
30 May 2003	Deployment of the Interim Emergency Multi-National Force in Bunia
24 January 2003	Panel of Experts report on the Illegal Exploitation of Natural Resources and Other forms of Wealth of DRC
<b>REPORTS OF THE SECRETARY GENERAL</b>	
27 May 2003	Second special report of the SG on the MONUC
21 February 2003	Thirteenth report of the SG on the MONUC
<b>STATEMENTS BY THE PRESIDENT OF THE SECURITY COUNCIL</b>	
16 May 2003	On the Ituri events and the Dar-Es-Salaam agreement

## ANNEX III.

### SELECTED REPORTS PUBLISHED IN 2003 ON THE DEMOCRATIC REPUBLIC OF CONGO

#### January

- The Kivus: the forgotten crucible of the Congo conflict. January 2003. International Crisis Group
- Affected populations report in the Great Lakes Region, January 2003. OCHA Nairobi

#### February

- Regional Contingency Plan for the Great Lakes Region. February 2003. OCHA Nairobi.
- Politics and Humanitarianism: Coherence in Crisis February 2003. The Henri Dunant Centre for Humanitarian Dialogue.

#### April

- 2002: Mortality in the Democratic Republic of Congo. April 2003. International Rescue Committee.

#### May

- The response to HIV/AIDS in conflict situations: a research study into Rwanda, Burundi and Eastern DRC. February 2003. Save the children (UK)/UNICEF/UNAIDS.
- Rwandan Hutu Rebels in the Congo: A new approach to Disarmament and Reintegration. May 2003. International Crisis Group.

#### June

- Congo Crisis: Military Intervention in Ituri. June 2003. International Crises Group
- Motherhood, Apple Pie and False Teeth, Corporate Social Responsibility in the Diamond Industry. June 2003. Partnership Africa Canada.
- Regional Contingency Plan for the Great Lakes Region. June 2003. OCHA Nairobi.
- Constats et analyse sur la catastrophe sanitaire dans la Province du Nord Kivu. Juin 2003. ASRAMES

#### July

- Ituri: Unkept Promises? A pretence of protection and Inadequate Assistance. July 2003. MSF
- Ituri: "Covered in blood" Ethnically Targeted Violence in RDC. July 2003. Human Rights Watch.

#### August

- Affected populations report in the Great Lakes Region, August 2003. OCHA Nairobi

#### September

- Children at War in the DRC. September 2003. Amnesty International.

**ANNEX IV.  
VISITS AND MISSIONS TO DRC - 2003**

**JANUARY**

- Interagency Mission on IDPs (Claude Jibidar, WFP/Geneva; Marie Dimond, UNDP; Kofi Asomani, Guillermo Bettocchi, Denis Vidal (IPD Unit/OCHA Geneva; Vincenzo Odolo, COOPI): 25 to 27 January 2003
- Mr. Sergio Vierra De Mello, High Commissioner for Human Rights OHCHR: 12 to 15 January, 2003
- Multi Donor mission (World Bank, International Monetary Fund, UNDP, OCHA): 14 to 27 January 2003

**FEBRUARY**

- Multi Donor Reinsertion Programme Mission (World Bank): 10 to 15 February 2003
- Mission IDP Unit – Protection Survey (Mr. Simon Bagshaw et Ms. Dianne Williams): 27 February to 4 March 2003
- Visit of Ms. Iulia Motoc, Special Rapporteur to the High Commission on Human Rights to the DRC: 28 February to 10 mars 2003
- Visit of Ms. Fama Hane Ba, Director for the African Division HQ UNFPA in New York. 15 February to 2 March 2003

**MARCH**

- IDP Unit Mission Geneva: Mr. Geoffrey Peterson, IDP Trainer: 15 to 22 March 2003

**MAY**

- Ms. Noelleen Heyzer, Executive Director UNIFEM: 19 – 20 MAY 2003
- Mr. Jean-Marie Guéhenno, Under Secretary General for Peace Keeping Operations 23 -31 May 2003
- Ms. Carolyn McAskie Assistant Emergency Relief Coordinator OCHA 22 to 26 May 2003

**JUNE**

- Visit of Mr. Aldo Ajello, Special Envoy of European Union to the Great Lakes Region (Bunia): 10 June 2003
- Security Council Mission to Central Africa 7 to 16 June 2003
- United Nations Multidisciplinary Evaluation Mission to Central Africa 13 to 15 June 2003
- Mr. Michel Sidibe, UNAIDS Directeur of Support Office 19 to 20 juin 2003

**JULY**

- Visit of Ms. Constanza Adinolfi, ECHO Director, East DRC: 2 July 2003
- Visit of Mr. Holdbrook Arthur, WFP Regional Director: 10 to 12 July 2003
- Mr. Javier Solana, EU High Representative for Common Foreign and Security Policy to the European Union, Bunia: 16 July 2003

**AUGUST**

- Visit of Ms. Jessica Lange, UNICEF Goodwill Ambassador (Goma, Bukavu and Bunia): 6 to 9 August 2003
- Visit of Ms. Angelina Jolie, UNHCR Goodwill Ambassador (Goma, Bukavu Bunia, Beni): 9 to 10 August 2003
- Mr. Alan Easthan, Head of Office for Central African Affairs to the State Department Washington.
- Mr. Koïchiro Matsuura, Director General UNESCO: 9 to 11 August 2003
- Mr. Ruud Lubbers, High Commissioner UNHCR: 20 to 21 August 2003
- Swedish International Cooperation and Development Agency Mission by Professor Anders Nilsson and Ms. Anicia Lalà: 10 to 18 August 2003

**SEPTEMBER**

- Antoanella-Iulia Motoc, UN Special Rapporteur on Human Rights in the Democratic Republic of the Congo (DRC), 4 to 6 September 2003
- Mr. Allen Carney Western Michigan University Mission 7 to 29 October 2003
- Mr. Tony P. Hall, US Ambassador to FAO, WFP and FIDA, 23 September 2003

# DEMOCRATIC REPUBLIC OF THE CONGO

## ANNEX V. MONITOR IN 2004

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
HEALTH	<ul style="list-style-type: none"> <li>• Adopt a provincial-based strategy and gradual decentralisation.</li> <li>• Shift from curative care to a public health approach.</li> <li>• Improve coordination and complementary roles among intervening parties through data collection and information exchange.</li> <li>• Build partnerships with health authorities and local NGOs at both central and community levels.</li> <li>• * Encourage treatment-seeking behaviour within the population using communication and sensitisation tools.</li> <li>• Improve geographic and security accessibility to health structures.</li> <li>• Promote free access to health for indigent patients</li> <li>• Promote staff motivation</li> <li>• Mobilise appropriate financial contribution for urgent projects.</li> <li>• Save lives by stabilising mortality and morbidity rates.</li> <li>• Address and provide immediate health needs, including reproductive health and sanitary needs for communities.</li> <li>• Improve the mental and physical well being of the population at risk.</li> <li>• Reduce vulnerability of the population by controlling and helping reduce the major death causes (malaria, respiratory infections, diarrhoeal diseases, meningitis, and measles).</li> <li>• Create awareness on HIV/AIDS and provide PEP kits for survivors of sexual and gender based violence</li> <li>• Promote the utilisation of RH emergency kits for IDPs and survivors of SGBV</li> <li>• Revitalise the economic and social situation which will enhance the access to health care and trigger the cost-recovery process.</li> <li>• Enhance health authority capacity at community and provincial levels to cope with the emergency phase.</li> <li>• To organise the health system to be better prepared for post conflict in terms of services delivery.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementation of the minimum package of activities in emergency settings for pre selected zones.</li> <li>▪ Elaboration of contingency planning at the provincial level for better preparedness</li> <li>▪ For emergencies (natural and man-made) and disasters:               <ul style="list-style-type: none"> <li>▪ Integrated early warning, surveillance and management of threatening diseases and outbreaks.</li> <li>▪ Capacity building through field training and refresher courses for health personnel on primary health care components.</li> </ul> </li> <li>▪ Training of health providers on basic emergency obstetrical care for displaced people and vulnerable groups</li> <li>▪ Training of health providers on utilisation of PEP kits and awareness creation on HIV/AIDS among community leaders</li> <li>▪ Training of armed forces staff on HIV/AIDS prevention</li> <li>▪ Provision of RH emergency kits at the community level to help the resettlement of displaced people</li> <li>▪ Community participation in health promotion and education.</li> <li>▪ Set up of immediate psychosocial measures for survivors of violence, displacement and natural disasters.</li> <li>▪ Provision of essential drugs, medical equipment, laboratory tests, reagents and logistic means.</li> <li>▪ Routine vaccination and vaccination campaigns to avert epidemics, especially measles and meningitis</li> <li>▪ Physical rehabilitation of health infrastructures.</li> <li>▪ * Access to safe, drinkable water by construction of water source and digging wells.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of morbidity and mortality cases reported on weekly basis</li> <li>▪ Number of patients attending the health structure by age and sex.</li> <li>▪ Rate of vaccination coverage for women and children &lt;5.</li> <li>▪ Number of health zones per province implementing the minimum package.</li> <li>▪ Quantity and quality of data, figures, and maps provided.</li> <li>▪ Number of provinces having developed a contingency plan.</li> <li>▪ Percentage of appropriate case management compliant with therapeutic and diagnosis guides.</li> <li>▪ Number of surveys carried out (nutrition, mortality, KAP, MICS)</li> <li>▪ Number of treated SGBV survivors</li> <li>▪ Number of kits utilised</li> <li>▪ Number of male and female condoms distributed</li> <li>▪ Percentage of provinces/districts with emergency kits as planned.</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
COORDINATION	<ul style="list-style-type: none"> <li>• Improve access to vulnerable populations</li> <li>• Ensure rapid deployment of inter-agency needs assessment missions</li> <li>• Facilitate the formulation of common policies and frameworks regarding the delivery of humanitarian assistance</li> <li>• Ensure better sector-based coordination at the national level</li> <li>• Improve collection of data on humanitarian needs and ensure timely dissemination of information to partners</li> <li>• Improve support to humanitarian actors by developing an outreach coordination strategy which allows the gathering of information on the humanitarian situation in the most remote areas, and facilitates the interface between humanitarian actors, local authorities and other relevant parties</li> <li>• Reinforce local coordination and develop regional profiles on humanitarian and recovery needs</li> <li>• Establish a CAP interagency Monitoring and Evaluation working group</li> <li>• Reinforce national coordination capacities by encouraging technical authorities' participation</li> <li>• Strengthen and implement humanitarian response mechanisms such as the Emergency Humanitarian Intervention fund</li> </ul>		<ul style="list-style-type: none"> <li>• Frequency of information on the humanitarian situation and analysis reports</li> <li>• Contingency plans are designed, and follow up is ensured</li> <li>• Common strategies are formulated and monitored</li> <li>• Populations in areas of greater needs have better access to humanitarian needs</li> <li>• Accountability and integration of state services in humanitarian actions have increased.</li> <li>• Cooperation with entities responsible for planning and implementing DDR, recovery and developmental activities ensures relief and recovery activities are planned and undertaken with timeliness and a perspective of longer-term impacts</li> </ul>
IDPs	<ul style="list-style-type: none"> <li>• Facilitate the adoption of a common vulnerability matrix</li> <li>• Promote closer coordination with large-scale reconstruction actors</li> <li>• Increase lobbying vis-à-vis donors to inform them on unmet humanitarian needs</li> <li>• <i>Specific objectives on internal displacement coordination:</i></li> <li>• Create a inter-agency task force on internal displacement</li> <li>• Reinforce and support local thematic groups on population movement</li> <li>• Facilitate the development of a national plan of action for response to internal displacement with an emphasis on protection and reintegration response</li> <li>• Facilitate the development of a methodology to collect data on population movements</li> <li>• * Develop a database on displaced populations</li> </ul>		<ul style="list-style-type: none"> <li>• Increased presence of humanitarian actors in the most affected areas</li> <li>• Number of emergency initiatives supported</li> <li>• Average time for implementation of emergency initiatives</li> <li>• Number of humanitarian actors deployed and timeframe</li> <li>• Number of reintegration and resettlement programmes supported</li> <li>• Number of inter agency assessment missions conducted</li> <li>• * Level of funding of humanitarian programmes</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
FOOD SECURITY AND NUTRITION	<ul style="list-style-type: none"> <li>• Improve the nutritional situation of the population by increasing their access to malnutrition centres</li> <li>• Extend the nutrition surveillance system to all DRC provinces</li> <li>• Reinforce community based nutrition</li> <li>• *Advocate for the implementation of food security activities (agriculture/animal breeding) to accompany supplementary feeding programmes</li> <li>• Reinforce the coordination of nutrition activities and dissemination of information.</li> <li>• Improve and/or maintain households' access to food, thus preserving the nutritional status of the targeted populations.</li> <li>• Improve access of targeted communities to sustainable self-reliance assets through training, rehabilitation of community infrastructure and foster their social and economic reinsertion</li> <li>• * Contribute to improve the rate of attendance, regularity and good results of targeted school children</li> </ul>		<ul style="list-style-type: none"> <li>• Decrease in the global malnutrition rate in targeted areas</li> <li>• Percentage of coverage level in nutritional surveillance</li> <li>• Number of households skilled in new agricultural techniques through training</li> <li>• Percentage of relapses</li> <li>• Availability of updated information on the nutritional status of affected population on a monthly basis</li> <li>• Total number of food beneficiaries</li> <li>• Number of beneficiaries in general food distribution</li> <li>• Number of participants in MCH/supplementary and therapeutic feeding programmes</li> <li>• Number of children in school feeding</li> <li>• Number of FFW participants</li> <li>• Number of FFT participants</li> <li>• Number of HIV/AIDS affected people who are reached through WFP assistance</li> <li>• * Number of children associated with combatant forces who have received WFP assistance.</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
EDUCATION	<ul style="list-style-type: none"> <li>• Ensure early childhood development</li> <li>• Improve access to basic education and to assist in psychosocial healing processes</li> <li>• Train teachers, parents and communities in life skills such as gender, HIV prevention, peace education.</li> <li>• Contribute to the definition of a national education strategy</li> <li>• Develop the protection and education of young children through early childhood development</li> <li>• Assure free obligatory access to primary school for children</li> <li>• Increase the literacy rate in adults,</li> <li>• *Improve the quality of education in DRC</li> </ul>	<ul style="list-style-type: none"> <li>• * réinsertion des jeunes combattants, démobilisés, dans la société,</li> <li>• assurer la formation initiale et continue des enseignants et le renforcement des institutions de formation,</li> <li>• contribuer à réduire les coûts de l'enseignement pour les parents</li> <li>• contribuer à assurer la revalorisation salariale et sociale des enseignants</li> <li>• reconstruire les institutions et renforcer les capacités à tous les niveaux d'enseignement : primaire secondaire, technique et universitaire</li> <li>• encourager les pratiques et attitudes visant à renforcer le processus de coexistence pacifiques, de démocratisation, de gouvernance démocratique et de tolérance ;</li>   <li>• Vers le développement durable,</li>   <li>• améliorer l'environnement de l'apprentissage,</li> <li>• mobiliser l'action sociale et de la communication pour l'intégration des écoles au milieu, y compris à travers de nouvelles structures d'encadrement parascolaire, artistique et artisanal,</li> <li>• renforcer les capacités institutionnelles et humaines du système éducatif,</li> <li>• Assurer le plaidoyer et le soutien pour que soit mises en place les activités relatives à la réalisation du plan national de l'EPT,</li> <li>• Former des formateurs à tous les niveaux, dont au moins 17000 enseignants du primaire,</li> <li>• Evaluer l'état des infrastructures et rééquipement des bâtiments ;</li> <li>• Renforcer les capacités des enseignants et des autres acteurs de l'éducation,</li> <li>• Assurer la fournitures de matériels et livres scolaires ;</li> <li>• Sécuriser les sites scolaires ;</li> </ul>	

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
EDUCATION		<ul style="list-style-type: none"> <li>• Contribuer ou coordonner la prise en charge complète de redémarrage d'une école (infrastructure, équipement, formation des enseignants, assistance aux élèves, réévaluation des salaires...)</li> <li>• Education de base accélérée de 300.000 non-scolarisés</li> <li>• Appui aux activités d'éveil pour 400.000 jeunes enfants</li> <li>• Poursuite de la scolarisation des enfants déplacés</li> <li>• Amélioration des conditions environnementales des écoles</li> <li>• Appui aux programmes de l'éducation préventive au VIH/SIDA et notamment de la lutte contre cette pandémie dans les milieux scolaires</li> <li>• Validation nationale et finalisation du Plan d'action national EPT</li> <li>• Organisation d'une Table-ronde des bailleurs de fonds en vue de la réalisation du Plan d'action national EPT</li> <li>• Mise en œuvre du projet Evaluation des acquis scolaires (MLA)</li> <li>• Doubler le nombre des enfants de 3-5 ans inscrits dans le pré-scolaire</li> <li>• S'assurer que 100% des enfants du pré-scolaire entrent en 1<sup>ère</sup> année du primaire</li> </ul>	<ul style="list-style-type: none"> <li>• Early Childhood Development :</li> <li>• Number of community care structures preschool nurseries and child friendly spaces in IDP camps supported</li> <li>• Number of parents/familles sensitised on good awakening practices and knowledge;</li> <li>• Total of ECD kits distributed and used</li> <li>• For primary/ secondary school :</li> <li>• Number of displaced children reintegrated into the formal system, gross enrolment rates (boys vs girls)</li> <li>• Promotion rates per grade per year (boys vs girls),</li> <li>• Number of additional classes constructed and number of semi-permanent schools operational in IDP camps</li> <li>• Total educational kits distributed and used</li> <li>• * Drop out rate</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
WATER AND SANITATION	<ul style="list-style-type: none"> <li>• Provide potable water, hygiene kits and latrines for displaced families and host communities</li> <li>• Adopt provincial-based strategies and gradual decentralisation.</li> <li>• *Improve access condition to potable water in health structures in zones that are isolated or 'enclaved'</li> <li>• Shift from emergency WES activities to a development/ public health approach.</li> <li>• Improve ccoordination and complementary roles among intervening parties through data collection and information exchange.</li> <li>• Build partnerships with health authorities, water authorities and local NGOs at both central and community level.</li> <li>• Encourage appropriate hygiene practices and behaviours within the population using communication and sensitisation tools.</li> <li>• Promote community based water projects and maintenance</li> <li>• Mobilise appropriate financial contribution for urgent projects.</li> <li>• Decrease morbidity and mortality related to water borne illnesses</li> <li>• Increase access to potable water to vulnerable population in both quantity and quality</li> <li>• Address and provide immediate WES interventions in emergency situations, with particular emphasis on displacement of populations and zones affected by cholera/ dysentery epidemics</li> <li>• Improve the WES situation of targeted populations</li> <li>• Improve the level of knowledge of targeted populations regarding good hygiene behaviours and practices</li> <li>• Reduce the vulnerability of targeted population by controlling and eliminating the spreading of water borne illnesses</li> <li>• To promote the utilisation of appropriate hygiene structures (latrines, water evacuation systems etc)</li> <li>• * To enable the health and water authorities, at community and provincial level, to respond to WES needs during the emergency phase and start controlling the situation more efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• Translate, print and distribute the appropriate IEC materials related to good hygiene practices and preparation of potable water in local languages and increase community awareness regarding water borne illnesses</li> <li>• Support the establishment of local WES committees at the territory level in each province</li> <li>• Provide emergency WES measures in acute emergency situations (bladders, water trucking etc)</li> <li>• Capture/ rehabilitate water sources</li> <li>• Construction of latrine blocks</li> <li>• Distribution of hygiene kits to IDP and other vulnerable families</li> <li>• Support good hygiene behaviours through community education and sensitisation</li> <li>• Establish data baselines on a provincial level regarding WES needs and cultural aspects related to WES practices per province</li> </ul>	<ul style="list-style-type: none"> <li>• Quantity of potable water available per day to the target population</li> <li>• Decrease in the prevalence of water borne diseases in targeted populations</li> <li>• Number of cholera cases reported in targeted populations</li> <li>• Number of dysentery cases reported in targeted populations</li> <li>• Number of hygiene kits distributed</li> <li>• Number of latrines constructed</li> <li>• Number of water sources rehabilitated or captured</li> <li>• Number of sensitisation materials distributed in the different languages</li> <li>• * Number of local WES committees established and active</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
SHELTER AND NON FOOD ITEMS	<ul style="list-style-type: none"> <li>• Provide food or emergency nutritional activities for children under 5 years old, and pregnant, lactating women;</li> <li>• Ensure delivery of non food items such as blankets, jerry-cans, soap, cooking sets, plastic sheeting to meet basic hygiene needs</li> <li>• Ensure gender mainstreaming in programming of NFI</li> <li>• Ensure environmental protection is programmed into NFI activities</li> <li>• Promote beneficiary participative approach in NFI activities</li> <li>• * Ensure monitoring and evaluation is conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Blankets for protection from the elements,</li> <li>• jerry cans to carry water,</li> <li>• cooking utensils for the preparation of meals,</li> <li>• and soap, to meet their basic hygiene needs.</li> <li>• * Through these materials of the first necessity, these families can meet their basic everyday needs in terms of shelter and the preparation of meals and the collection of water.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of families that receive NFI kits</li> <li>• Number of families with NFI after 3 months</li> <li>• Number of homes established with distributed NFI</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
ECONOMIC RECOVERY AND REINTEGRATION DYNAMICS	<ul style="list-style-type: none"> <li>• Strengthen social leadership and community governance structures;</li> <li>• Promote basic good governance principles at the community level;</li> <li>• Rehabilitate public facilities (roads, schools, health centres, trade facilities);</li> <li>• Facilitate local people's access to land and other economic and financial assets;</li> <li>• Promote income generating activities at the community level;</li> <li>• Ensure that there is an appropriate response to the needs of IDPs, returnees and ex-combatants;</li> <li>• Restore trade flows between the concerned communities and the major regional markets and, therefore, facilitate the circulation of paper money and access to basic manufactured consumer goods.</li> <li>• Reopen trade routes distorted by war and the subsequent displacement of local populations;</li> <li>• Encourage micro-enterprise development.</li> <li>• Ensure participation of beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• Support existing social leadership structures and local administrations through activities such as institutional capacity assessment, community leaders' training, public awareness raising.</li> <li>• Rehabilitate schools, health centers, water/sanitation and technology-transfer facilities;</li> <li>• Promote multi-component agricultural recovery activities (micro-credit programmes, seeds and tools distribution, livestock and veterinary projects, targeted food distribution);</li> <li>• Reopen trade routes distorted by war and the subsequent displacement of local populations;</li> <li>• Encourage micro-enterprise development.</li> <li>• <i>DDR specific</i></li> <li>• Collection, control and disposal of small arms, ammunition, explosives, light and heavy weapons;</li> <li>• Collection of socio-economic data;</li> <li>• Establishment of a database for the beneficiary population;</li> <li>• Provision of health counselling and HIV/AIDS education and voluntary testing;</li> <li>• Dissemination of programme benefits;</li> <li>• Determination of eligibility criteria and screening processes;</li> <li>• Establishment of aid packages to cover ex-combatants and their families' basic material needs;</li> <li>• Implementation of employment and income generating activities;</li> <li>• Rebuilding of ex-combatants livelihoods</li> <li>• Implementation of social reconstruction and rehabilitation work (labour intensive);</li> <li>• * Launching of media campaigns for community awareness.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme monitoring will be based on the following indicators:</li> <li>• Number of local leaders trained in techniques aimed at reinforcing communities' social cohesiveness;</li> <li>• Number of communities with efficient governance structures;</li> <li>• Number of public facilities rehabilitated;</li> <li>• Number of local farmers provided with micro-credit/seeds/tools;</li> <li>• Length of trade routes rehabilitated;</li> <li>• Average family income;</li> <li>• Number of IDPs, returnees, and ex-combatants involved in reintegration activities;</li> <li>• Penetration rate of basic manufactured consumer goods.</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
PROTECTION, HUMAN RIGHTS AND RULE OF LAW	<ul style="list-style-type: none"> <li>• Build governmental, non-governmental and UN institutional capacities on humanitarian principles and human rights</li> <li>• Reinforce institutional and operational mechanisms for the fight against impunity and strengthen the effectiveness of the judicial system</li> <li>• Continue to promote a culture of human rights among Congolese communities</li> <li>• Raise awareness and knowledge of displaced populations' rights and needs among key stakeholders, in particular the Transition Government of DRC</li> <li>• Promote the return and reintegration of internally displaced persons in dignity and in compliance with international standards</li> <li>• Promote the cessation of recruitment and the reintegration of the children associated with armed groups</li> <li>• Promote the protection of victims of sexual exploitation and abuse by increasing the prevention mechanisms and increase response capacity and accessibility</li> <li>• Promote the prevention of the phenomenon of street children and increase the community capacity to assist with their sustainable reintegration</li> <li>• Facilitate the decentralization of national structures responsible for the protection of the human rights of the various vulnerable groups</li> <li>• Ensure beneficiaries participation in development, implementation and monitoring of protection activities.</li> <li>• Promote basic good governance principles at national and local community level</li> <li>• Reinforce regional and local capacity in peace-building and conflict prevention and resolution including traditional mechanisms</li> <li>• Build the capacity of local and regional organizations in peace-building and conflict prevention and resolution</li> <li>• Support constructive social dialogue and confidence building among war-torn communities</li> <li>• Ensure gender mainstreaming in all protection, human rights, rule of law and peace-building initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Translate, print and distribute the Convention on the Rights of the Child (CRC) in local languages and increase community awareness of child protection through sensitisation activities and advocacy for the Transitory government and the new national republican armed forces</li> <li>• Support the establishment of local child protection committees at the territory level in each province</li> <li>• Identify and document separated children in the displaced populations and train the staff on family tracing and reunification activities</li> <li>• Advocate with the new transitory government and the new national republican armed forces for the cessation of recruitment of children and put in place transit centers, reintegration activities and psychosocial assistance for children associated with the armed groups</li> <li>• Prevent the continued increase of street children by increasing the sensitisation activities and build capacity for family reunification, mediation, follow-up and economic reintegration activities</li> <li>• Monitoring on systematic and individual human rights violations as well as prosecutions</li> <li>• Put in place and support local peace, reconciliation and consensus-building activities and mechanisms (e.g. discussion forums on local priorities; participation of local communities in the project elaboration, implementation and monitoring phases).</li> <li>• Facilitate the decentralization of national structures responsible for the protection of the human rights of the various vulnerable groups</li> <li>• Trainings on Human rights and Humanitarian Principles of key stakeholders</li> <li>• Translation, printing and distribution of the Convention on the Rights of the Child (CRC) in local languages and increase community awareness of child protection through sensitization activities and advocacy for the Transitory government and the new national republican armed forces</li> <li>• Establishment of local child protection committees at the territory level in each province</li> <li>• * Identification and documentation on separated children in the displaced populations and training of staff on family tracing and reunification activities</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people (national, provincial and community level) trained on human rights international humanitarian law and humanitarian principles</li> <li>• Number of sensitisation materials distributed in the different languages</li> <li>• Number of local protection and peace committees established and active</li> <li>• Number of conflict transformation initiatives supported</li> <li>• Number of violent conflicts resolved by local structures and organisations using traditional methods</li> <li>• Number of displaced separated children documented, number of children reunified</li> <li>• Number of children associated with armed groups demobilised and reintegrated, number of new recruits</li> <li>• Number of women and children victims of sexual exploitation treated and cared for</li> <li>• Number of street children identified and reunified</li> <li>• Number of persons officially registered</li> <li>• Number of decentralised offices of national structures established</li> </ul>

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
PROTECTION, HUMAN RIGHTS AND RULE OF LAW		<ul style="list-style-type: none"> <li>• Advocacy with the new transitory government and the new national republican armed forces for the cessation of recruitment of children and putting in place of transit centers, reintegration activities and psychosocial assistance for children associated with the armed groups</li> <li>• Sensitisation activities and capacity building for family reunification, mediation, follow-up and economic reintegration activities to prevent increase of street children</li> <li>• Monitoring on systematic and individual human rights violations as well as prosecutions</li> <li>• Development and support to local peace, reconciliation and consensus-building activities and mechanisms ensuring the participation of most vulnerable groups</li> <li>• Launching of peace-building media campaign</li> <li>• Facilitation of the decentralisation of national structures responsible for the protection of the human rights of the various vulnerable groups</li> <li>• Facilitation of fora for dialogue between protagonists through peace conferences;</li> <li>• Execution of multi-ethnic or multi-communal social work, which brings people together across lines of conflict;</li> <li>• Provision of training and education in conflict transformation related-skills;</li> <li>• Implementation of employment and income generating activities for war victims;</li> <li>• Conduct of psycho-social activities in favour of traumatised vulnerable groups;</li> <li>• Performance of social reconstruction and rehabilitation work (houses, schools, roads etc.) in target communities;</li> <li>• Creation of peace committees;</li> <li>• Establishment of emergency response networks on peace and reconciliation activities for reporting and documentation;</li> <li>• Exploration and consolidation of traditional methods of conflict resolution;</li> <li>• Community awareness raising and mobilisation in conflict prevention and resolution;</li> <li>• Implementation of AIDS prevention initiatives;</li> <li>• Launching of media campaigns directed at countering destructive propaganda and influencing attitudes and behaviour of people;</li> <li>• * Provision of technical and material assistance to women-based organisations engaged in conflict prevention and resolution.</li> </ul>	

## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
SECURITY	<ul style="list-style-type: none"> <li>• Dissemination of security instructions contained in MOSS</li> <li>• Ensure security in the conduct of humanitarian activities (generally implemented by OCHA and International NGOs)</li> <li>• Assist NGOs in their overall work towards grassroots communities</li> <li>• Exchange information with implementing agencies (particularly NGOs on security matters and provide security advices accordingly)</li> <li>• Be in a better position to obtain “first degree” information (primarily on security matters) in sensitive areas so as to inform the UNCT and other Development partners as well.</li> <li>• Mitigate and / or respond to threats and security incidents</li> <li>• Reduce to a minimum aggressions and other attacks on the UN staff members, as well as NGO personnel</li> <li>• Shorten delays for police intervention</li> <li>• Enhance overall communications among the UN staff and NGOs on security measures</li> <li>• Provide critical elements on the “early warning system” and security issues to UN staff</li> </ul>	<ul style="list-style-type: none"> <li>• Training of staff on security preventive measures (fire extinguisher, evacuation drills ...)</li> <li>• Installation of a radio room /antenna in Bunia</li> <li>• Popularisation of the Security Plan for Kinshasa and the provinces</li> <li>• Reinforcement of the police team in Kinshasa and implementing of a team of Police in Bunia</li> <li>• Implementation of Regular Police night patrols</li> <li>• MRE or Mine risk education</li> <li>• Victim assistance</li> <li>• Data collection</li> <li>• Advocacy</li> <li>• Demining</li> </ul>	<ul style="list-style-type: none"> <li>• Number of agencies that have implemented MOSS instructions by December 2003</li> <li>• Recruitment of qualified local staff to carry out security activities (5 radio operators, 5 drivers and 1 administrative assistant for Bunia, Beni and Kalemie)</li> <li>• Purchasing of one patrol vehicle for the police and one for the FSO (Bunia, Beni)</li> <li>• * Number of security clearances</li> </ul>
DISASTER MANAGEMENT	<ul style="list-style-type: none"> <li>• Provide transitional support for developing disaster risk reduction capacity within the post conflict situation. Implicated institutions would be: the UN agencies dealing with disaster reduction, development and humanitarian issues, implicate governments; the civil societies and NGOs;</li> <li>• Develop an effective and efficient early warning system in DRC;</li> <li>• Support capacity building for humanitarian, civil society and UN agencies for speedy intervention to save lives soon after disaster breaking out;</li> <li>• Improve OCHA, ISDR and UNDP quick response to mitigate vulnerability in the disaster affected areas;</li> <li>• Develop effective resource mobilisation mechanisms.</li> <li>• * Provide a disaster risk assessment for a meaningful delineation of the areas at risk to primary and secondary hazards</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitating development of national disaster management networks;</li> <li>• Promoting public information and education on disaster risk reduction process;</li> <li>• Strengthening UN coordination for response using DMTP framework;</li> <li>• Developing links with primary sources of data related disaster management;</li> <li>• Developing tools for efficient and effective early warning frameworks;</li> <li>• Promoting multilateral cooperation with implicated States in the context of regional disaster management and for easy evacuation plans of vulnerable population;</li> </ul>	<ul style="list-style-type: none"> <li>• Transitional support for developing disaster risk reduction provided;</li> <li>• Disaster early warning system developed;</li> <li>• Capacity building for speedy response achieved;</li> <li>• Percentage of mobilised resources;</li> <li>• Number of workshops for government official held;</li> <li>• School preparedness programs made available;</li> <li>• Targeted information materials translated in French and local languages;</li> <li>• Number of DMTP trainings held;</li> <li>• * Cooperation with disaster implicated states achieved</li> </ul>

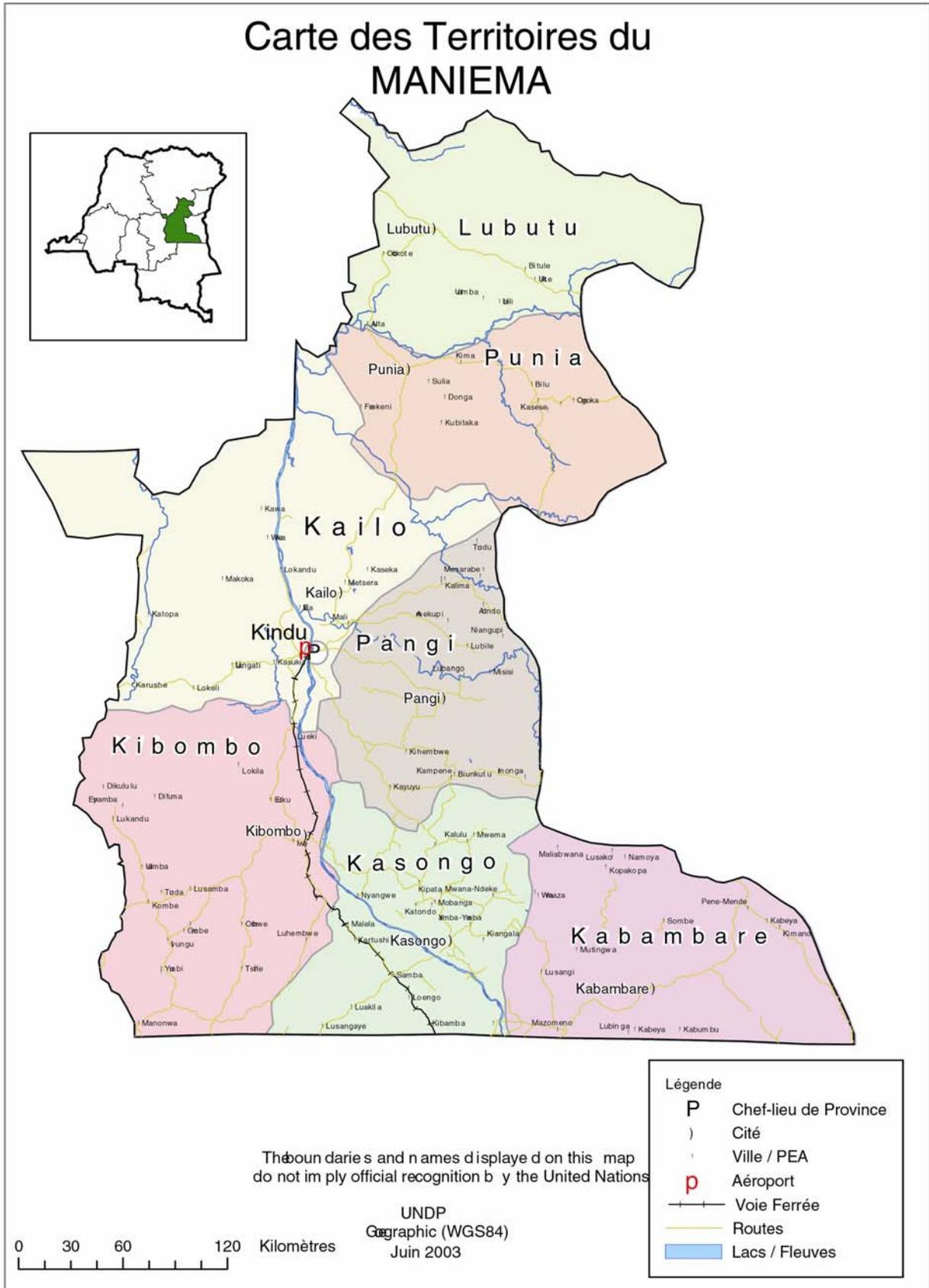
## DEMOCRATIC REPUBLIC OF THE CONGO

SECTOR	OBJECTIVES	ACTIVITIES	INDICATOR
MULTI SECTOR REFUGEES	<ul style="list-style-type: none"> <li>• Enhance the national legal framework and procedures for protection and search of durable solutions.</li> <li>• Increase government and civil society knowledge on refugee rights and enhance their capacity to address refugee related issues.</li> <li>• Strengthen refugee protection against exploitation and abuse.</li> <li>• Pursue resettlement for refugees for whom neither voluntary repatriation nor local settlement will be feasible.</li> <li>• Continue and complete organised voluntary repatriation in safety and dignity and monitor spontaneous return movements.</li> <li>• Ensure availability of basic services and support economic self-reliance for refugees who have not yet reached an acceptable level of food security and decrease assistance-dependency to enhance local integration</li> </ul>	<ul style="list-style-type: none"> <li>• Support the newly established eligibility commission and enhance the Government's capacity to manage a refugee registration system</li> <li>• Reach out to the growing civil society and higher education mechanisms with a view to create a complementary pool of expertise on refugee related issues.</li> <li>• Conduct training and sensitisation of refugees, staff and police forces and monitor the established referral and information systems on sexual and gender-based violence</li> <li>• Raise awareness to prevent military recruitment among refugees, in particular child conscription in cooperation with UNICEF and others</li> <li>• Negotiate/follow-up tripartite agreements signed for the return of specific groups</li> <li>• Conduct information campaign and mine awareness campaigns so that refugees take an informed decision on repatriation</li> <li>• Rehabilitate/maintain road and shelter infrastructures necessary to ensure access to return areas and organise transportation by trucks, boat or planes in coordination with country of origin</li> <li>• * Provide health and education services as well as various types of income-generating activities and preserve/rehabilitate environment in and around refugee while introducing refugee financial contribution thereby strengthening refugee involvement in self-management of camp services</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number and improved quality of Refugee Status Determination decisions.</li> <li>• All refugees in DRC are registered and receive documentation</li> <li>• No forced recruitment /conscription of refugee children.</li> <li>• Decrease of SGVB incidents and all identified SGBV perpetrators face legal persecution</li> <li>• number of students at undergraduate level study Refugee Law at two universities in DRC.</li> <li>• Number of refugees repatriated</li> <li>• Refugees make informed decisions, depart with proper documentation and are well prepared.</li> <li>• No security incidents, injuries or loss of life and property during movement.</li> <li>• Refugee families have access to sufficient quantities of arable land (0.25ha/family) and food assistance is decreased without impacting nutritional status</li> <li>• Refugees' contributions to consultation fees reach local levels by the end of 2004 latest without impacting noticeably on acquired morbidity and mortality rates.</li> <li>• * Enrolment and school attendance rates are maintained</li> </ul>





### Carte des Territoires du MANIEMA



## ANNEX VII. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

*The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in 178 countries.*

*For details on the programme outlined below, please refer to the Federation's website <http://www.ifrc.org> where the entire 2004 Annual Appeal will appear on 25 November, 2003.*

The International Federation provides support as an operational partner to the Red Cross of the Democratic Republic of Congo (RCDRC), working in close collaboration and coordination with UN agencies, the ICRC, and NGO's. The Federation emphasizes the importance of, and commitment to the CAP, not only as an important strategic planning and coordination tool, but also as an appropriate avenue to advocate on behalf of critical issues which impact humanitarian efforts in this and other areas.

### INTRODUCTION

The Federation, the National Society and the ICRC conducted a joint needs assessment mission (NAM) in five pilot provinces of the DRC (Kinshasa, Equateur, Eastern Kasaï, Katanga and North Kivu) early in 2002. On the basis of the recommendations of this evaluation, the RCDRC revised its traditional programme, including planning and its implementation in a more realistic programme, the "Congo Initiative Programme" (PIC), focusing on the community-based approach (through vulnerability and capacity studies) and capacity building (in selected provinces). Since 2002, the RCDRC, assisted by the Federation, has focused on:

**The creation of a national management group for the PIC programme:** In Kinshasa, a national programme management group was designated by the national governance of the national society. It is presided over by a national programme coordinator, and works under the direct responsibility of the RCDRC Secretary-General. The national coordinator of the programme has been appointed and is based in Kinshasa. He works with the Secretary General, delegates in the field and at Kinshasa, provincial coaches, national experts, partners (Federation, UN, NGOs, authorities) and the national programme management group.

The approach has a good multiplier effect, with the initial programme being gradually introduced within a large number of branches that then form the basis of a dynamic, well-trained organisation focused on service to the population.

Based on the priorities of the PIC, the RCDRC General-Secretariat has developed new approaches to programme integration and coordination. Regular meetings are held to discuss programme implementation. Reporting has considerably improved.

While the national management group for the PIC ensures coordination of programme activities, the Secretariat staff continues to pursue implementation of national activities: improvement of techniques for developing the strategic plan, activity planning, management of financial, material and human resources, development of capacities of management, financial resources, information systems, reporting and finances, youth and development, women and development, and volunteer management.

Strengthening the operational and management capacities of the national management group for the PIC programme in the provinces of Equateur (Mbandaka), Eastern Kasaï (Mbuji Mayi), Kinshasa (urban Kinshasa), North Kivu (Goma) and two other provinces to be identified in 2004.

The Federation water and sanitation (watsan) delegate in **Mbandaka** has helped the provincial committee to carry out the vulnerability and capacity assessment and the analysis of strengths, weaknesses, opportunities and threats (SWOT) of the Red Cross Equateur (Mbandaka) provincial committee. The analysis revealed a need to restructure services at all levels (provincial, urban, community, local), for greater openness on the part of the Red Cross to improving the quality of human resources; restatement of the notion of volunteerism, and a policy for the mobilisation of local

financial resources. In general, action will address the multiplication of the key evaluation indicator of the Congo Initiative Programme (PIC) process. Strategies and activities will be chosen in a spirit of practical and continuous learning.

In mid-2003, the Federation disaster management delegate based in **Goma** worked with the North Kivu provincial committee to carry out a similar VCA and SWOT analysis. The study laid stress on the positive reputation enjoyed by the provincial committee; that the complementary roles of the branch's governance and management were clear and well respected and that with its polyvalent income-generating centre and other fund-raising activities, the branch has a solid financial basis. It also concluded that the branch needed to strengthen its local committees and should play an important part in the rehabilitation of the country once peace returned to the province.

Assisted by the Federation health delegate, the provincial committee of Eastern Kasaï (**Mbuji Mayi**) carried out a self-assessment exercise. This exercise showed up serious weaknesses in setting up management and apparently calamitous management by governance. The assessment further showed that corruption was rife at all levels; intestine quarrels were damaging the credibility of the branch committee while the leadership lacked initiative to undertake fund-raising for the maintenance of activities. In the face of this situation in Mbuji Mayi, the management committee took drastic measures and suspended all members of the provincial committee and replaced them by an interim committee. An action plan designed to correct these weaknesses has been put into place.

**Disaster preparedness and response:** the Federation delegates in Kinshasa, Mbuji Mayi, Goma and Mbandaka helped the branches carry out vulnerability and capacity assessments. Following these studies, the branches developed theme maps of the zones at risk and are now setting up community-based disaster management plans. The Federation provided these pilot branches with the necessary minimum resources for rapid needs evaluation and an early response to the effects of disasters (volcanic eruption at Goma, floods at Mbandaka and Kinshasa) and the creation of the non-Red Cross disaster management groups (GGC) in places targeted in these provinces.

**Offer of services to the community:** In the health field, the Federation watsan delegate is providing technical support to the provincial committee of Equateur for basic community services (supply of drinking water, environmental sanitation, promotion and construction of latrines) and other community-based health activities as defined in the ARCHI 2010 process.

An important element of the Federation's contribution is support for community micro-projects and income-generating projects for the Red Cross, enlargement of the volunteer base, greater involvement of the local community and human resources in the programmes, development of a mature and fruitful partnership, better management, promotion of humanitarian values and the fundamental principles and a system of evaluation, reporting, financial and administrative and volunteer management.

### RED CROSS AND RED CRESCENT PRIORITIES

#### Priorities of the RCDRC

With the help of the Federation the national society carried out a thorough diagnosis of its financial and administrative systems. Notably, it revealed that the organisational development activities funded by the Swiss subsidy were still in need of strengthening. The diagnosis also brought to light that the NS depends heavily on contributions from the Government, PNSs, the Federation and the ICRC. 29% of the income is made up by the ICRC's contribution, 16% from the Federation, 8% from the Belgian Red Cross, 7% from the Spanish Red Cross and 19% in Government subsidies.

The initial needs evaluation mission (NAM) conducted jointly by the Federation, the National Society and the ICRC in five pilot provinces of the DRC in early 2002 reached the conclusion that the national society's capacity has clearly improved at central committee level with the arrival of a president committed to the service of the community and Red Cross principles, and a Secretary-General and deputy Secretary-General with broad management experience. The mission also reported greater understanding and clarity around the complementarity between the national society's governance and management, but recommended that the general management capacities at provincial level and in the urban branches be strengthened. The resolution of differences between governance and management

has created a conducive environment for the work of the Federation. The Secretary-General has developed new approaches to programme integration and coordination. Regular meetings are held to discuss programme implementation, and reporting has improved considerably.

Based on the recommendations of the evaluation, the RCDRC has revised its traditional programme and its style of implementation in a more realistic programme called "Congo Initiative Programme" (PIC) which focuses on the community-based approach (through vulnerability and capacities assessment) and strengthening of structural capacity (at headquarters in the target provinces).

### **Priority Programmes for Secretariat Assistance**

As hopes for stability in the country grow, the RCDRC has requested that the International Federation assist in evaluating the humanitarian challenges it faces and the choices it needs to make to strengthen the capacities of its branches and reconstruct at the community level. In January and April 2002, the Federation Secretariat carried out an initial needs evaluation mission to assess the humanitarian needs in DRC. In consultation with and with the support of the ICRC, the mission visited and evaluated the local RC branches. The national society accepted the mission's recommendations. In the coming years, the RCDRC will focus on support for basic community health care, the supply of drinking water, improvement of sanitation, and contributions to micro-projects that offer an additional source of income to the vulnerable populations.

A strategic 5-year plan covering the period 2004-2008 has been drawn up on the basis of the NAM mission's recommendations, those deriving from the managerial financial diagnosis and the logical framework approach to produce more concrete programmes with high impact. The 2003-2004 appeal is based on the priorities of the five-year plan.

Following the achievement of the strategic five-year plan, the principal aim of the Federation is to support the RCDRC in reconstructing a network of branches that are known and respected by the authorities and local communities – for the benefit of their local communities – through a programme of basic humanitarian activities in the fields of health, water and sanitation and disaster response. The Secretariat hopes rapidly to improve their capacities to plan, implement, manage and monitor the projects and programmes in preparation of larger scale support for reconstruction of the country if the security situation permits.

To achieve these aims and launch the programmes effectively, the Federation engaged three delegates for 12 months. A watsan delegate was recruited towards the end of 2002 to launch the PIC in Equateur Province. Two other delegates have been recruited, based on Mbuji-Mayi (Eastern Kasai) and Goma (North Kivu) to implement the PIC programme.

In 2002 and 2003, these multidisciplinary delegates have worked closely with their counterparts, coaches and provincial committees to improve management techniques at the national level and in the target provinces through appropriate training. The Federation will continue to support realisation of the PIC programme in 2004, as follows:

### ***Congo Initiative Programme (PIC)***

#### ***Pilot provinces in 2002 and 2003: provinces of Equateur, North Kivu, Kinshasa and Eastern Kasai***

The Federation will support the Congo Initiative Programme (PIC) in the provinces of Equateur, North Kivu, Kinshasa and Eastern Kasai for the redevelopment of operational capacities, strengthening of disaster response, and supply of basic services (water and sanitation) to the community by the RCDRC to improve the quality of services to the vulnerable, with a greater impact at the grassroots level of an appropriate multiplier strategy. Overall, action in 2004 will focus on multiplying the successes achieved in implementing the PIC in a spirit of pragmatic, continuous learning.

#### **Two other provinces to be identified in 2004**

In 2004, the national programme management group will evaluate activities in the pilot provinces and tackle all the problems and needs for mechanisms, policies and instruments identified in the process of implementing the projects. They will ensure cohesion of implementation and approaches in the

various provinces where the pilot projects are introduced and safeguard the national character of the programme. The multiplier method known as the snowball effect is thoroughly explained in the report of the needs evaluation mission (2002) and is available for further reading.

The group will evaluate the activities in the pilot provinces and then reproduce the PIC programme in two other selected provinces in 2004, one in 2005, two in 2006 and two others in 2008, including all 11 provinces over the next 5 years. The Congo Initiative Programme continues to focus on:

**i. Strengthening operational capacities** and management of the national society by enlarging the volunteer base, encouraging community involvement and the use of local human resources, strengthening partnerships and improvement of management, promotion of humanitarian values and the fundamental principles and a system of evaluation, reporting and financial, administrative and volunteer management.

**ii. Disaster preparedness and response** through the development of mapping of high-risk zones, community-based disaster management, development of minimum resources (human, structural and material) necessary for rapid evaluation of needs and rapid response to disasters and the creation of non-Red Cross disaster management groups in the targeted zones.

**iii. Supply of basic services to the community:** water and basic sanitation, support for community micro-projects and income-generating projects for the Red Cross, identification of health risks in the local communities, establishment of community-based health activities, according to the priorities of Red Cross action as defined in ARCHI 2010 (community-based first aid, malaria, cholera, measles, Ebola, HIV/AIDS) and attention to the needs of women who have been subject to sexual violence.

**ANNEX VIII.  
ACRONYMS AND ABBREVIATIONS**

AAA	Action Agro Allemande—German Agricultural Action
ABD	African Bank of Development
ACDI	Agence Canadienne de Développement International
ACF	Action Contre la Faim—Action Against Hunger
ACHRED	Association Chrétienne pour le Développement
ACORD	Association pour la Coopération et la Recherche pour le Développement
ACT	Action by Church Together
ACTED	Agence d'aide à la Coopération Technique et au Développement
ADB	African Development Bank
ADDIHAC	Agence pour la Diffusion du Droit International Humanitaire en Afrique Centrale
ADRA	Adventist Relief Agency
ADSSE	Association pour le Développement Social et la Sauvegarde de l'Environnement
AEDKA	Action Socio-Economique pour le Développement du Kivu
AIDES	Action et Intervention pour le développement et l'encadrement social
AIDS	Acquired Immune-Deficiency Syndrome
ALISEI	Associazione per la cooperazione internazionale e l'aiuto umanitario
AMI	Aide Médicale Internationale
APIFE	Association pour la Protection des Intérêts des Femmes et des Enfants
APSME	Association pour la Sécurisation de la Mère et de l'Enfant
ARC	American Refugee Committee
ASF	Aviation Sans Frontières
ASF	Avocats Sans Frontières
ASRAMES	Association pour l'Approvisionnement en Médicaments Essentiels
AU	African Union
AVSI	Associazione Volontari per il Servizio Internazionale
BASICS	Basic Support for Institutionalizing Child Survival
BCC/SIDA	Bureau de Coordination Centrale/Sida
BOAD	Bureau d'Oeuvre pour l'action de développement
BDOM	Bureau Diocésain des Oeuvres Médicales
BPRM	Bureau of Population, Refugees and Migration
CA	Consolidated Appeal
CAM	Comité d'Aide Médicale
CAP	Consolidated Appeal Process
CAR	Central African Republic
CARE	Cooperative for Assistance and Relief Everywhere
CAREO	Centre des Abandonnés et de Réintégration des Enfants Orphelins
CARITAS	Caritas International
CCA	Common Country Assessment
CECI	Centre Canadien d'Etudes de Coopération Internationale
CELPA	Communauté des Eglises de Pentecôte pour l'Afrique
CEMUBAC	(Belgian medical NGO)
CEPAC	Communauté de Eglises Pentecôtistes en Afrique Centrale
CEPLANUT	Centre de Planification Nutritionnelle-Nutrition Planning Centre
CESVI	Cooperazione e Sviluppo
CHAP	Common Humanitarian Action Plan
CICM	Commission Internationale Catholique aux Migrations
CIDI	Carrefour d'Idées pour le Développement Intégral
CNONGD	Conseil National des ONGs de Développement
COFLOR	Coopérative des Fermiers de Logos Rhema
COLFADHEMA	Collectif des Femmes Actrices de Développement et de Défense des Droits de la Femme, des Enfants et des Mères en Afrique
COM	Cour d'Ordre Militaire-Court of Military Order
COOPI	Cooperazione Internazionale
CORDAID	Catholic Organization for Relief and Development Aid
CPI	Commission de Pacification de l'Ituri
CPN	Culture of Peace Network
CRB	Croix-Rouge de Belgique
CRC	Convention on the Rights of the Child
CRONGD	Conseil Régional des Ongs de Développement
CRS	Catholic Relief Services

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CSB	Corn Soya Blended
DFID	Department for International Development
DMT	Disaster Management Team
DRC	Democratic Republic of the Congo
DDR	Disarmament, Demobilisation and Reintegration
DDRRR	Disarmament, Demobilisation, Repatriation, Resettlement, Reintegration
DOCS	Doctors On Call for Services
ECHO	European Community Humanitarian Office
EFA	Education for All
EHI	Emergency Humanitarian Intervention (fund)
EMOP	Emergency Operation
EOD	Explosive Ordnance Disposal
EPER SUISSE	Entraide Protestante Suisse
EPI	Expanded Programme of Immunisation
ERF	Emergency Response Fund
ERG	Emergency Response Group
EU	European Union
EUB	Equipe d'Urgence de la Biodiversité
FAC	Forces Armées Congolaises—Congolese Armed Forces
FAO	Food and Agriculture Organization
FEWER	Forum on Early Warning and Early Response
FFT	Food-for-Training
FFW	Food-for-Work
FHI	Food for the Hungry International
FIDA	Fond International pour le Développement et l'Agriculture
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FOLECO	Fédération des Ongs Laïques à vocation Economique
FOMETRO	Fond Médical Tropical
FOMI	Forum des Mamans de l'Ituri
FSO	Field Security Officer
GAVI	Global Alliance for Vaccines and Immunisations
GDP	Gross Domestic Product
GIS	Geographical Information System
GOAL	(Irish NGO)
GRET	Groupe de Recherche et d'Echanges Technologiques
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HDW	Human Dignity in the World
HIV	Human Immuno-Deficiency Virus
HQ	Headquarters
HRFOC	Human Rights Field Office for the DR Congo
ICC	Inter-Agency Coordination Committee
ICD	Inter-Congolese Dialogue
ICG	Initiative Congolaise pour le sauvetage des populations de Goma
ICG	International Crisis Group
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Persons
IFES	International Foundation for Electoral Systems
IFESH	International Foundation for Education and Self-Help
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
ILO	International Labour Organization
IMC	International Medical Corps
IMF	International Monetary Fund
IMSMA	Information Management System for Mine Action
INERA	Institut National d'Etudes et Recherches Agricoles—National Institute of Agricultural Research
IOM	International Organization for Migration
IPN	Institut Pédagogique National—National Teachers Training College
IRC	International Rescue Committee
IRIN	Integrated Regional Information Network

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JMC	Joint Military Commission
JRS	Jesuit Refugee Service
KAPB	Knowledge, Attitudes, Practices and Behaviour
LPI	Life and Peace Institute
LTSH	Land Transport, Storage and Handling
LWF	Lutheran World Federation
MACC	Mine Action Coordination Centre
MAF	Mission Aviation Fellowship
MDM	Médecins du Monde
MDRP	Multi-Country Demobilization and Reintegration Program
MDTF	Multi-Donor Trust Fund
MEC	Medicos En Catastrophe
MEDAIR	Organisation Humanitaire
MEMISA	Medische Missie Samenwerking
MERLIN	Medical Emergency Relief International
MICS	Multiple Indicator Cluster Surveys
MINURCA	Mission des Nations Unies en République Centrafricaine
MLC	Mouvement pour la Libération du Congo
MoH	Ministry of Health
MONUC	Mission d'Observation des Nations Unies au Congo
MOSS	Minimum Operations Safety Standard
MRE	Mine Risk Education
MSF/B	Médecins Sans Frontières-Belgium
MSF/CH	Médecins Sans Frontières-Switzerland
MSF/F	Médecins Sans Frontières-France
MSF/H	Médecins Sans Frontières-Holland
MTCT	Mother to Child Transmission
MTs	Metric Tonnes
NCC	National Crisis Committee (within the Minister of Health)
NDI	National Democratic Institute for International Affairs
NGOs	Non-Governmental Organizations
NRC	Norwegian Refugee Committee
NTIC	Nouvelles Technologies de l'Information et de la Communication
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
ODPI	Orphans Development Programme International
OFDA	Office of Foreign Disaster Assistance
OGS	Opération Goma Solidarité
OHCHR	Office of the High Commissioner for Human Rights
ONU SIDA	UN-AIDS
ORS	Oral Rehydration Salt
OSAPY	Organisation pour la Sédentarisation, Alphabétisation et la Promotion des Pygmées
OTI	Office of Transition Initiatives
OVG	Goma Volcano Observatory
OXFAM/QUEBEC	Oxford Committee for Famine Relief/Québec
OXFAM/UK	Oxford Committee for Famine Relief/United Kingdom
PADEBU	Plate-forme de Développement de Bunyakiri
PAP/RDC	Programme D'Assistance aux Pygmées
PATS	Programme d'Appui Transitoire au Secteur de la Santé
PCE	Piece
PCF	Post-Conflict Fund
PHC	Primary Health Care
PICG-IGCP	Programme International de Conservation des Gorilles-International Gorilla Conservation Programme
PNLO	Programme National de Lutte contre l'Onchocercose
PNLS	Programme National de la Lutte contre le Sida
PNPPDH	National Plan of Human Rights Protection and Promotion
PPSSP	Promotion de Promotion de Soins de Santé Primaire en zone de santé rurale
PRRO	Protracted Relief and Rehabilitation Operation
PRSP	Poverty Reduction Strategy Paper

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PSF	Pharmaciens Sans Frontières
PUC	Programme d'Urgence Congo
QUIPs	Quick Impact Projects
RCD	Rassemblement Congolais pour la Démocratie
RCD-ML	RCD- Mouvement de Libération
RH	Reproductive Health
RoC	Republic of Congo (Brazzaville)
RPA	Rwandese Patriotic Army
SANRU	Soins de Santé primaires en milieu Rural
SC-UK	Save the Children-United Kingdom
SERACOB	Service de Renforcement des Appuis aux Communautés de Base en Afrique Centrale
SfCG	Search for Common Ground
SGBV	Sexual and Gender Based Violence
SIDENI	Syndicat d'Initiative et de Développement de Nindja
SISAN	Système d'Information sur la Sécurité Alimentaire Nationale
SNCC	Société Nationale des Chemins de Fer Congolais—National Railway Company
SODEC	Solidarité pour le Développement Communautaire
SODECOM	Solidarité pour le Développement Communautaire du Maniema
SoDéRu	Solidarité Développement Rural
SPLA	Sudan People's Liberation Army
SPPM	Société de Prière pour la Paix Mondiale
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TFC	Therapeutic Feeding Centre
TSF	Terre Sans Frontière
UAMs	Unaccompanied Minors
UK	United Kingdom
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDPA	United Nations Department of Political Affairs
UNDPKO	United Nations Department for Peacekeeping Operations
UNESCO	United Nations Education, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNHO	United Nations Humanitarian Officer
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNMACC	United Nations Mine Action Coordination Center
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
UNSC	United Nations Security Council
UNSECOORD	United Nations Security Coordination
UNVs	United Nations Volunteers
UPEC	Unité de Production des Programmes d'Education Civique
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
WWF	World Wide Fund for Nature

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