

# Republic of Congo

2005



**Consolidated Appeals Process (CAP)**





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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters occur, a Flash Appeal. The CHAP can also serve as a reference for organisations deciding not to appeal for funds through a common framework. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies, and standing invitees, i.e. the International Organization for Migration, the Red Cross Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is presented to donors in June of each year.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts)

In sum, the **CAP is about how the aid community collaborates to provide civilians in need the best protection and assistance available, on time.**

### ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2005:

AAH	CPA-LIRA	HIA	Non-Violence Int'l	TEWPA
ABS	CPAR	Horn Relief	NPA	UNAIDS
ACF/ACH	CPCD	HWA	NRC	UNDP
ACTED	CRC	IFRC	OCHA	UNESCO
ADRA	CREAF	ILO	OCPH	UNFPA
Africare	CRS	IMC	OHCHR	UN-HABITAT
Alisei	DDG	INTERMON	Open Continent	UNHCR
AMREF	DENAL	INTERSOS	Orphan's Aid	UNICEF
ARC	DRC	IOM	OXFAM-GB	UNIFEM
Atlas Logistique	EMSF	IRC	PAPP	UNMAS
AVSI	ERM	IRIN	PIN	UNODC
CAM	FAO	Islamic Relief	PRC	UNRWA
CARE Int'l	Fondn. Suisse Déminage	JVSF	RUFUO	UNSECOORD
CARITAS	GAA	KOC	SBF	VESTA
CEASOP	GPI	LIBA	SCF / SC-UK	VETAID
CESVI	HA	LSTG	SCU	WACRO
CIRID	HABEN	MAG	SERLO	WANEP/APDH
COLFADHEMA	Handicap Int'l	Mani Tese	SFP	WFP
COMED	HDIG	MAT	Solidarités	WHO
COOPI	HDO	MDA	TASO	WV Int'l
CORDAID	HFe.V	NE	TEARFUND	

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PROJECT SUMMARY SHEETS ARE IN A SEPARATE VOLUME ENTITLED “PROJECTS”





## **FOREWORD**

The signing of the March 2003 Ceasefire Accord that re-affirmed commitment to the 2000 Peace Accord in the Republic of Congo (RoC) has brought changes since the first gunshots of the civil war were fired in 1997. Since then, the intensity of the armed conflict has ebbed and progress towards a stable cease-fire and peace is being solidified.

However, the situation in the Pool region has yet to follow this trend of improvement and the humanitarian situation remains poor in that region.

In light of this situation, the United Nations Country Team and I, as well as bi-lateral and multilateral donors, have reached a consensus on the need for the development of a common humanitarian strategy and the organisation of a resource mobilisation drive under the Consolidated Appeal Process (CAP).

This renewed effort for funding humanitarian activities in the Pool is intended to stand as a clear declaration on the part of the UNCT, the international community, and our partner, the government of the RoC, to engage ourselves in the Pool region and ensure the incorporation of this region into the transition process.

The humanitarian situation in the Pool region is bleak and the latest UN joint assessment missions have found dismal humanitarian conditions. Massive population displacements caused by the conflict have forced people to flee the region. Poor road conditions and heightened insecurity have severely restricted humanitarian actors' access to that same population. The farmers of the region have been reduced to subsistence farming. The destruction and looting of health posts and centres in the Pool region has denied the affected populations access to basic health care services. Finally, the overwhelming majority of the children of the Pool region have not attended school since 1999.

In light of this situation, the IASC at the country level and I have felt it necessary to respond to this humanitarian situation in collaboration with the government of the RoC by first, organising a CAP for the RoC and second, deploying UN programs and staff in the Pool region to fulfil our common humanitarian strategy and the key goal of incorporating the Pool in the transition process.

I believe that this outreach and proximity strategy towards affected populations, as well pull-factor for UN agencies programs in the Pool region, will help us ensure that we achieve our objectives, specially when combined with advocacy and resource mobilisation under the CAP.

Aurélien Agbenonci  
United Nations Resident Coordinator  
Brazzaville, November 2004.





## 1. EXECUTIVE SUMMARY

Since 1999, successive waves of conflict in the country, specifically in the Pool region, have caused significant destruction and loss of lives and livelihoods: schools, health infrastructures and services, roads, water, and power supply no longer exist because of damage and looting.

The humanitarian situation in the Pool region is critical. The last three inter-agency needs assessment missions have found it to be worsening day by day.

Massive population displacements caused by the conflict have led people to flee to the regions of Lekoumou, Bouenza, Niari, Plateaux, and the capital city of Brazzaville. There are currently more than 100,000 internally displaced persons.

Poor road conditions and heightened insecurity severely restricted humanitarian actors' access to these populations during the conflict and, until the latest ceasefire was signed, little assistance was forthcoming to the affected population.

Farmers have been reduced to subsistence farming and to producing just enough to live on, but the very minimum so as not to attract the attention of armed elements bent on seizing their meagre crops. The education sector has been devastated: more than half of the children of the Pool have not attended school since the conflicts began in 1997. More than half of the schools in this region are closed.

The destruction and looting of health posts and centres has reduced access to basic health care services, which in turn has resulted in catastrophic health conditions for the 150,000 to 250,000 people remaining in the region.

The population of the Pool region has been facing a difficult situation for many years and their traditional coping mechanisms have been weakened significantly. Allowing the current situation to persist un-addressed will result in further deterioration and increasing the risk of a relapse into conflict.

In light of this situation, the United Nations Country Team (UNCT), as well as bi-lateral and multilateral donors have reached a consensus on the need for the development of a common humanitarian strategy and the organisation of a resource mobilisation drive under the Consolidated Appeal Process (CAP) in 2005. The CAP seeks to focus attention on the plight of the region, as efforts to mobilise resources under the previous transition appeal (UN Plan 2003-2004) have not brought the needed results.

In 2005, the overall priorities of the humanitarian effort are to save lives and promote the return to a normal situation in the Pool region; within this overarching goal, the strategic priorities of the humanitarian community in the Republic of Congo are as follows:

- Improve and rehabilitate basic social services such as education and health centres;
- Re-launch productive and farming activities;
- Enhance advocacy for free circulation of humanitarian actors and the rehabilitation of roads of access;
- Promote a culture of peace and human rights;
- Support the reintegration of affected internally displaced population and returnees;
- Meet emergency needs as a result of natural disasters.

The strategy set out in this CAP aims to respond to the critical humanitarian needs of the RoC and especially the Pool region during the coming twelve months. This strategy is designed to develop multi-sectoral responses with synergies that mitigate adverse humanitarian conditions faced by Congolese men, women and children and to help them overcome the life threatening conditions.

UN agencies and humanitarian partners are appealing for **US\$ 21,960,437** to help respond to the urgent humanitarian crisis in the Pool region.

**Consolidated Appeal for  
Republic of Congo 2005**  
Summary of Requirements - By Appealing Organisation  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

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

Appealing Organisation	Original Requirements
ACTED	990,000
ALISEI	633,260
Atlas Logistique	583,000
CAM	500,000
FAO	1,763,640
OCHA	1,318,315
UNDP	1,000,000
UNESCO	550,000
UNFPA	533,800
UNHCR	1,094,381
UNICEF	4,245,030
WFP	6,446,161
WHO	2,302,850
<b>Grand Total</b>	<b>21,960,437</b>

**Consolidated Appeal for  
Republic of Congo 2005**  
Summary of Requirements - by Sector  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

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

Sector Name	Original Requirements
AGRICULTURE	1,763,640
COORDINATION AND SUPPORT SERVICES	1,408,315
ECONOMIC RECOVERY AND INFRASTRUCTURE	583,000
EDUCATION	2,187,727
FAMILY SHELTER AND NON-FOOD ITEMS	239,062
FOOD	6,446,161
HEALTH	5,039,001
PROTECTION/HUMAN RIGHTS/RULE OF LAW	3,781,881
WATER AND SANITATION	511,650
<b>Grand Total</b>	<b>21,960,437</b>

## 2. GENERAL CONTEXT

**The past decade of political violence has exacerbated already dire social conditions in the RoC:** massive displacement occurred during the last three civil wars in 1998-99. More than 100,000 persons have been displaced and more than 50,000 people are estimated to have died as a result of the conflict. A ceasefire negotiated in 2002 led to a new constitution and subsequent elections. However, the conflict continued in the Pool region, which surrounds the capital city, Brazzaville. In this region, the well-armed “Ninja” militia under the leadership of Pasteur Ntumi continued to wage a rebellion until a ceasefire was negotiated in March 2003.

Acute humanitarian needs remain, with the security situation in the Pool region deteriorating in July/August 2004. Poor road conditions and insecurity have severely restricted humanitarian access during the conflict, and forced people to seek refuge in the forests, the capital, and the regions of Lekoumou, Bouenza, Niari and Plateaux. The damage is staggering: schools, health infrastructures and services, roads, water and power supply in most areas and communities no longer exist because of conflict or looting.

The UN and its partners have been working to raise the profile of humanitarian concerns, to increase resources and programming in the region. The Office for the Coordination of Humanitarian Affairs (OCHA) has supported a series of joint missions in the Pool region in order to identify the critical humanitarian needs in the area. The first joint UN/European Community Humanitarian Aid Department (ECHO) mission was conducted in the district of Kikale from 27- 29 April 2004. A second OCHA, the World Food Programme (WFP), the United Nations Children’s Fund (UNICEF) joint mission visited the Mindouli/Kinkala district from 19-23 July. At the end of August 2004 a third joint OCHA, WFP, UNICEF and the Food and Agriculture Organization (FAO) mission was conducted in the Kindaba and Mayama districts.

Initial findings indicate that while the nutritional situation is alarming, farmers have been reduced to subsistence farming and to producing just enough to not attract the attention of armed elements bent on seizing crops. The destruction and looting of health posts has resulted in a lack of access to basic health care and a catastrophic health situation for the remaining 150,000 to 250,000 people in the region. Protection of civilians is a major challenge, and access is infrequent.

### 2.1 Economic Context

In the past the RoC has been rated as a middle-income country. Due to the conflict, the situation has changed for the worst: during the past decade, the country has seen a sustained drop in its per capita income. Over a period of fifteen years (1984 to 2000), the Gross Domestic Product (GDP) per capita of the Congo has shrunk by nearly 20%. This drop was accompanied by a deterioration of key social indicators. Today, more than 70% of the country’s population lives under the poverty line.

The RoC economic performance is severely affected by its debt burden, which stands at 185% of GDP, and coerces the RoC to dedicate a sizeable amount of its revenue resources to external debt servicing (two-thirds of the external debt is for servicing debt arrears).

Debt relief facilities made available by multilateral institutions have been developed to help poor and heavily indebted countries. However, the RoC faces a number of challenges to access the Highly Indebted Poor Countries (HIPC) funds and the Poverty Reduction and Growth Facility (PRGF): the Bretton Woods institutions are keen to see progress on oil sector revenue management, and increased fiscal governance discipline.

It is hoped that the recent rise in oil prices will also translate into a rise in fiscal revenues and increased allocations of budgetary outlays for social services. Yet, over the past years, several sectors, health amongst them, have been subject to hiring freezes, resulting in severe personnel shortages with devastating effects on access to basic services, along with a rise in morbidity and mortality rates in the years that followed.

The successive wars have seriously ravaged key sectors of the economy. Destruction of infrastructure and roads has interrupted economic activities in the regions’ most affected by the conflict. Agricultural regions like the Pool are no longer able to send their meagre outputs to traditional market outlets like

Brazzaville. Meanwhile, the second commercially viable transport alternative, railway, is subject to attacks, looting of merchandise, and passenger insecurity. The third and remaining transport alternative for the country's economic actors is transport by air with the attendant high costs. For key sectors like lumber exploitation, the second foreign exchange earner for the RoC, this option is not valid and its production has been affected.

The interruption and increased cost of transport means that the RoC's economy will continue to face severe barriers to recovery, poverty will remain a reality and its population – especially those in the Pool - will face a daunting task just to survive.

## **2.2 Access and Security**

Access and security conditions in the target region are very poor. This situation is due to several factors:

1. The reconciliation process has been stalled;
2. The proliferation of small and heavy weapons among the region's population and increased circulation of arms among youth, increased the potential for conflict;
3. Continued instability in the Pool region due to cyclical hostilities between the army and armed groups continues, resulting in restricted access for some agencies and poor to no access for the rest.

In addition to security considerations, several access-related factors impact humanitarian activities in the region: lack of basic social services, destroyed physical infrastructures, and the un-addressed effects of years of looting and neglect. These factors affect the return of Internally Displaced Persons (IDPs) and refugees to their community of origin. Indeed, returnees must face armed men at numerous roadblocks, which hamper access and movement. There has been an increase in security incidents at these checkpoints, with several cases reported by humanitarian actors in the months of July and August.

Poor to no planning for the upkeep of transport infrastructure has cut off access for entire populations. Much of the population affected by the crisis is isolated; access by public services and humanitarian agencies is problematic. Rail and road traffic is not reliable and lacks security. In times of tensions and hostility – as in August of 2004 - access to affected zones must be done by air through adjoining regions, thus increasing operational costs for humanitarian actors. This cannot be sustained in the long term.

Poor access and insecurity are related, worsening the humanitarian situation and rendering inaccessible regions like the Cuvette where highly communicable diseases like Ebola incubate, or by rendering difficult the development of a logic and the logistics for the return of IDPs and repatriation of refugees in regions like the Pool.

## **2.3 Humanitarian Consequences**

In light of the above socio-economic contexts, the humanitarian context is bleak, especially in the Pool region where this negative trend has prevailed for the past five years.

Widespread looting and killings have forced half the population of the Pool region to become displaced and remain so until today. Entire communities have been uprooted, villages emptied, and most cities and villages have only half to two-thirds of their original population: the Pool and its population have been quietly withering away.

As the table below shows, more than half the population of the Pool region has fled:

Districts in the Pool	Coverage	Population before the conflicts	Population after the conflicts	% Decrease
Kinkala	Centre	15,000	9,000	40%
	Entire district	33,000	30,000	10%
Mindouli	Centre	24,000	11,153	54%
	Entire district	70,000	49,276	30%
Mayama	Centre	4,000	700	82 %
	Entire district	8,230	4,100	50%
Kindamba	Centre	16,000	6,000	63 %
	Entire district	28,000	11,000	61 %

Currently, the Pool region has the highest malnutrition rates in the country: WFP estimate that 15% of the population suffers from severe malnutrition. Farmers have been reduced to subsistence farming and to producing just enough to survive on, but not enough to attract the attention of armed elements bent on seizing crops.

The region's livestock has been decimated. In the Mindouli district, 6,162 heads of livestock that existed before the conflict have been killed or looted. Today, the only animals visible in the Pool are chicken. The only animal-based protein available is smoked or salt dried fish imported from Pointe Noire or Brazzaville. The majority of the population finds these foods beyond their means.

Food insecurity levels in the Pool remain high and have resulted in high morbidity and child mortality rates. The region, which used to be a net exporter of farming products to other regions, has now become an importer of food. Today, what little food is available in the markets arrives from the capital or the neighbouring Democratic Republic of Congo (DRC), and most of the goods are beyond the reach of the average Pool farmer who has been reduced to bartering.

Adding to the devastation of the humanitarian crisis in the RoC has been the situation in neighbouring DRC, which has brought about a further worsening of the humanitarian situation in the RoC. The instability in the Great Lakes region has brought tens of thousand of refugees from the region's wars to seek safe haven in the northern areas of RoC.

The refugees may be classified into two categories: nationals from other countries who sought refuge in the RoC as a result of insecurity in the Great Lakes region and those bordering countries.

The destruction and looting of health posts and centres in the Pool region have resulted in a lack of access to basic health care service and a catastrophic health conditions of the remaining 100,000 people in the Pool region. More than half of health posts in the Pool region have been destroyed or looted of equipment, drugs and roof materials. Out of 52 health facilities only 13 are functioning. The flight and absence of health professional has meant that the few surviving health infrastructures are lacking equipment, drugs, and labs but also doctors and nurses.

The few hospitals that function today in the Pool are operational thanks to the support provided by the Humanitarian actors who regained access to some districts of the Pool region in 2003. The planned departure of the key health actors like Médecins sans Frontières – France (MSF-F) from the Mindouli district of the Pool region, at the end of 2004, means that the populations of that district will no longer have access to these services as national health professional will not return to work in the conflict affected region.

Non-existent to poor vaccination coverage in the Pool region has resulted in high child mortality rates. In the Pool region, average immunisation rates are estimated to be two thirds than those of the country, a country which itself has average immunisation rates below most crisis affected countries.

In the Pool, preventable diseases like malaria and respiratory infections are ravaging the region's population. Over a third of morbidity rates are due to malaria. The poor nutritional and health status of the population, the destruction of their traditional coping mechanisms and their communities has resulted in high mortality rates as result of these diseases.



The population of the Pool does not have access to potable water. The exceptions are some hospitals that are supplied with a clean water source by humanitarian actors. The majority of the population draws its daily water intake from rivers, stagnant ponds, and creeks. As a consequence of this, incidences of water borne diseases and gastrointestinal infections are high.

The overwhelming majority of the children of the Pool region have not attended school since 1999. The teachers have fled, the schools have been destroyed and looted, and the relevant national institutions have not responded to this crisis.

Benches, roofs, doors and windows have been removed from most schools. Except in large cities where some civil servants are present, the schools in the rest of the Pool have yet to restart with accredited teachers. Out of the 239 teachers and educational administrators that existed in Mindouli, only 54 remain active on the rolls, and even less are present at their duty station.

In the district of Mindouli, only ten schools are partially open this year, compared to the 41 schools that existed before. More than half of the student body has disappeared in this district: out of more than 13,000 students going to school in the Mindouli district before the conflict, only 6,223 are currently attending school. Most of these students are concentrated in the seven schools that are open in Mindouli town because the parents of students in the rest of the zone are so pauperised that they cannot afford to send the children to school. Similar and often worse situations are being reported in the other districts of the Pool.

## **2.4 Scenarios**

The following scenarios have been developed through joint analysis undertaken by the UN Country Team, local and international non-governmental organisations (NGOs) and the Government during a Contingency Planning exercise held in September 2004 and revised during the CAP workshop that followed. The humanitarian planning in this appeal is based on the most likely scenario.

### **Best case scenario**

The government reaches an agreement with the ex-rebels and a Disarmament, Demobilisation and Reintegration (DDR) program is implemented the soonest possible.

The humanitarian implications of this scenario would be: signature of a peace agreement, the observance of the agreement by the signatories, implementation of the DDR process, implementation of DDR accompanying measures, effective monitoring and evaluation of the agreement, and improving accessibility (roads, schools, health centres).

### **Worst case scenario**

Political negotiations come to a standstill, resulting in the resumption of conflict.

The humanitarian implications would be: the resumption of hostilities, an increase in violence, massive displacement of population, re-organisation of militias, enrolment of children in armed groups, emergence of new armed groups, and the spread of the conflict to other countries in the region.

### **Most likely scenario**

The situation remains unchanged, inevitably causing further deterioration of humanitarian conditions, worsened by accessibility constraints in reaching the affected communities and essential social services.

The humanitarian implication of this scenario would be: return to hostilities, increasing incidence of sexual violence, looting and brutality, massive population displacement, high rates of malnutrition, outbreak of epidemics (cholera, measles), stress-induced trauma, impoverishment, deterioration of security conditions, and restricted humanitarian access and assistance to affected populations.

## 2.5 Strategic goals for 2005 CAP

The overall goal of the humanitarian effort is to save lives and promote the return to a normal situation in the Pool region; within this overarching goal, the strategic priorities of the humanitarian community in the RoC are as follows:

- Improve and rehabilitate basic social services, including education and health centres;
- Re-launch productive and farming activities;
- Increase advocacy for free circulation of humanitarian actors and the rehabilitation of access roads;
- Promote a culture of peace and human rights;
- Support the reintegration of affected internally displaced population and returnees;
- Meet emergency needs as a result of natural disasters.

The strategy set out in this CAP aims to respond to the critical humanitarian needs of the RoC and especially the Pool region during the coming 12 months. In light of the current situation and the above identified scenario and needs, this strategy is designed to develop multi-sectoral responses with synergies that mitigate adverse humanitarian conditions faced by Congolese men, women and children and to help them overcome the life threatening conditions they face as IDPs, returnees, targets of sexual violence, victims of human rights violations, or just isolated host communities devastated by the conflict and/or its results (death, disease and destruction).

The affected populations' lack of access to basic health care has been worsened by the target populations' nutritional status. The strategy's envisaged response in the health sector complement the approach developed for assisting the nutritional and food security requirements of affected populations. The population's nutritional and food security status has been affected by their lack of access to their fields, market outlets, and basic livelihoods. Food distribution and food for work activities are critical factors in ensuring the survival of affected populations and their host communities and families. Within this framework, this 12-month strategy incorporates the above emergency assistance activities along with support for the re-start of farming activities.

The health and nutritional status of the target population will be bolstered further back to normal survival levels by the complementary responses foreseen in the water and sanitation. The establishment and rehabilitation of clean water sources, as the lack of potable water severely affects women and girls as they bear frequently responsibility for sourcing, and its paucity in affected communities', results in much of their time and energy being dedicated to it, often weakening their survival chances. In their physically diminished state they also become more vulnerable to waterborne diseases.

The strategic priority of promoting protection activities as well as advocacy for access to affected populations must be considered key building blocks of the RoC CAP's strategy. Violations of human rights, sexual exploitation, the rights of children, and advocacy for adherence to humanitarian principles form a central part of the envisioned and self-reinforcing elements of the current common humanitarian strategy. The inclusion of returnees in this strategy is recognition of the fact that protection and reintegration issues are a central concern for the stabilisation of the RoC.

All of the above strategy elements will be executed through joint partnerships between humanitarian actors presently in the areas, the UN programs in the RoC, which will return to the Pool through the activities outlined in this document. It will ensure in this way that the government of the RoC (GRoC) and the UN take a relay in the transition and incorporation of the target region and population into the national framework.

### Indicators:

The humanitarian response will be measured through common indicators including a reduction in mortality and morbidity rates, an increase in school attendance, higher agricultural output levels and improved nutritional status of affected population -in particular of women and children, a rise in the number of health centres rehabilitated/re-opened, a decrease in the number of security incidents registered; Specific indicators have been identified for each sectors in the response plan below.

## **2.6 Response Plan**

### **2.6.A Agriculture/Food security**

#### **Analysis**

Before the conflict the agricultural sector has always had a vast potential, both for agricultural production as well as for animal husbandry. In addition populations in the Pool region have an entrepreneurial tradition with experiences of cooperatives structures and community villages. They can also count on a considerable experience in market gardening, food crops and animal husbandry.

Nevertheless these districts are now facing a precarious situation. Due to the socio-political turmoil of recent years, the farming sector has experienced significant destruction with direct impact on the food security aspect. The recurrent crisis led to displacement of populations who abandoned their lands, lost their seeds stocks and experienced a significant decrease in their agricultural production. Farms, livestock and croplands have been repeatedly subjected to looting and devastation. Farmers are today producing for domestic consumption only. The prolonged crisis has also stretched coping mechanisms dangerously, often inducing negative behaviours such as a reckless exploitation of forests, including the use of fruit trees as firewood or for the charcoal production and trade, which is contributing to the deterioration of the environment. In addition to that, more than 50% of the agricultural land has been devastated by the practise of clearing by fire. The fauna has also been destroyed due to the uncontrolled circulation of weapons.

#### **Humanitarian consequences**

The recent missions in the Pool region confirmed the need to provide urgent assistance to the affected population in order to revitalise the agricultural sector and improve the food security.

The series of conflicts that Congo endured produced the following consequences: accessibility constraints due to the deterioration of infrastructures, the nearly total destruction of equipment and facilities, the degradation or closing of rural access roads, which results in a poor exploitation of arable surface, the loss of livestock, food insecurity and the displacement of population. It should also be noted that the skill training programmes are no longer operational.

The most pressing needs which have been identified for this sectors are:

- Seeds, tools and agricultural equipment;
- Livestock breeding and fish breeding;
- Technical training;
- Food assistance;
- Development of income generating activities.

#### **Objectives**

In response to the needs of the agricultural sector, the following common strategic objectives have been selected:

- To increase agricultural production in order to enhance food security of the affected populations through the provision of agricultural inputs;
- To improve the nutritional status of the most vulnerable;
- To promote the social reintegration of the affected population especially young women through income generating activities;
- To increase income and improve food production and nutritional situation of the affected population through revitalising of farm livestock breeding and fish breeding activities.

#### **Activities**

Proposed priority actions to meet the strategic objectives above include:

- Provision of agricultural inputs to vulnerable smallholders in the whole Pool region and especially in Kindamba, Vinza, Kinmba, Mayama and Mindouli;
- Distribution of food to the most vulnerable groups;
- Revitalisation of agricultural production – Distribution of seeds and seed protection rations;

- Promotion of “Food for work” (rehabilitation of bridges, agricultural roads, schools, hospitals and water points) and “Food for training” schemes;
- Development of income-generating activities for youth and women such as fish farming, vegetable farming, establishment of tree nurseries, and transformation of agricultural products;
- Promotion of animal husbandry, small livestock breeding (sheep, pigs) and poultry farming.

In the provision of agricultural inputs, FAO will be the leading agency. In the distribution of food to the most vulnerable, FAO and WFP will be collaborating with NGOs.

As per the implementation of income generating activities for women, a number of areas in the Pool region have been identified: Boko, Louingui, Loumou, Kinkala, Mayama for fruit trees, Boko, Louigui, Mindouli, Kinkala, Goma tse tse and Mbanza Ndounga for gardening, Kinkala, Kindamba, Mindouli, Goma tse tse for fish breeding, Mbanza Ndounga, Goma tse tse, Boko, Louingui, Kinkala for poultry.

**Indicators:**

In order to measure the sector performance, the following measurable indicators have been selected.

**Agriculture**

- Number of beneficiaries/category/women/men and children assisted;
- Surface exploited for cultivation and results obtained;
- Production obtained and quantity consumed, sold or kept to serve as seeds;
- Income generated and its use;
- Food security and response to needs;
- Quantity supplied in markets and the evolution of foodstuffs prices.

**Breeding**

- Number of beneficiaries;
- Evolution of the livestock, pig breeding, sheep, poultry and eggs production;
- Health condition of livestock belonging to each family;
- Income generated and its use;
- Supply of markets with meat;
- Possibility of perpetuation through the practice of sharecropping;
- Size of the livestock in each family.

**2.6.B Education**

**Analysis**

The educational sector has been severely affected by the conflicts of the last seven years. Teaching and learning conditions in Congolese schools remain poor. The situation is most dire in the Pool region where 80% of school buildings are nearly unusable, whereas in the rest of the country the national rate is 22%.

In the Pool region, schools lack basic equipment such as benches (one desk for an average of 4 to 6 students) and educational equipment (one school manual for 20 students). In addition to this bleak physical structure conditions, the educational sector in the region suffers from a shortage in human resources: the Pool lacks qualified teachers. The overwhelming majority of the region’s teachers have fled during the conflict, and moved on to teach in other areas or refuse to report to work in their posts in the Pool. Indeed, the OCHA led 3 joint assessment missions in the Pool in 2004 have found the conflict has been that 80% of current educational personnel are voluntary workers who have not been certified.

The above-mentioned effects of the civil wars that ravaged the region have resulted in secondary impacts in the sector: lower enrolment rates and poor educational quality. Today more than half of the schools in the Pool are still closed.

An urgent response is required in the areas of rehabilitation and re-equipment of educational structures. There are a number of critical areas for action when responding to this educational crisis in the Pool. Key among them is the provision of desks, teaching materials, educational kits, and training

and reinsertion kits. In the human resources area the deployment of qualified teaching personnel by the government of the RoC is imperative.

Districts in the Pool	Coverage	Before the conflicts		After the conflicts		% Decrease	
		Students	Teachers	Students	Teachers	Students	Teachers
Kinkala	Centre	3340	102	1949	36	41%	64%
	Entire district	9800	193	6390	91	34%	53%
Mindouli	Centre	5073	49	2177	15	57%	69%
	Entire district	10 000	129	5 092	38	49%	70%
Mayama	Centre	770	15	400	2	48%	86%
	Entire district	1303	33	660	2	49%	93%
Kindamba	Centre	1710	37	1450	2	15%	94%
	Entire district	3501	65	2719	5	22%	92%

### Objective

The key objectives for the education sector are to promote conditions to restore access to basic quality education for young women and men in the Pool region. Critical goals to be pursued include the raising of school enrolment rates to 80%, increasing the national exam success rates to 60%, and ensuring literacy and formal education training for 13, 500 out of school children. An overarching and final objective in this sector is to focus on primary education, especially in the five most affected districts of the Pool region (Kinkala, Mindouli, Mayama, Kindamba and Goma tse tse).

Beneficiaries identified in the 5 departments:

Places	Population	Number of students	Number of schools	Number of teachers
Kinkala	44,792	9,410	26	156
Kindamba	28,159	5,915	16	96
Mindouli	39,820	8,365	23	138
Mayama	5,174	1,090	3	18
Goma tse tse	27037	5,680	15	90
<b>Total</b>	<b>144,982</b>	<b>30,460</b>	<b>83</b>	<b>498</b>

### Activities

Six main activities have been identified as leading to the fulfilment of the selected sectoral objectives:

- To rehabilitate and provide materials to schools along with the provision of clean water points;
- To train volunteers and upgrade the skills of certified teachers;
- To raise the standards and literacy levels of out school or unschooled children;
- To support community initiatives aimed at developing community involvement in the management of schools and in orientation of children;
- To ensure professional training for a socio-economic reintegration of out school youth;
- To promote peace culture and the prevention HIV/AIDS.

### Indicators

- Enrolment and attendance rate in targeted areas;
- Number of schools provided with adequate number of learning material;
- Number of schools rehabilitated and provided with adequate furniture;
- Number of professional training schemes provided;
- Number of trained teachers and voluntary workers.

The main humanitarian partners that will be active in this sector are: the Agency for Technical Cooperation and Development (ACTED), UNICEF/Department of Education (DDE), the Department of Health (DDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the *Institut National de Recherche et d'Action Pédagogique* (INRAP), UNESCO/Ministère de l'Enseignement Technique et Professionnel (METP), RoC Red Cross (CRC) and the United Nations Development Programme (UNDP).



## **2.6.C Health and Nutrition**

### **Analysis**

After a long period of armed conflict and despite the progressive re-establishment of peace and security, the situation in the health sector remains of serious concerns, particularly in the Pool region where the operational structures do not provide quality services to the community.

It is estimated that more than 50% of the health infrastructures are not operational. Those who are currently functioning are supported by humanitarian organisations. The vast majority of the health facilities need rehabilitating or re-equipping to varying degrees. Clinics lack equipment, drugs, laboratories, blood bank, a viable epidemiological surveillance and health information systems to ensure early warning responses in epidemiological emergencies. Another major constraint is the lack of qualified staff, which limits the health coverage in the whole region.

As a result of this continuous decline in the health system, the impact of diseases such as malaria, diarrhoea-related illnesses, acute respiratory infections and skin diseases is severe.

The quality of reproductive health facilities has also dramatically deteriorated, resulting in appalling high maternal mortality rates. Similarly, thousands of women and young girls who have been victims of sexual violence during the conflict lack the adequate assistance and in particular psychological care. The HIV/AIDS prevalence, which is estimated at 5% in the entire country and at 2.6% in Kinkala, may significantly deteriorate as a consequence of the sexual violence perpetrated in the region.

The poor to no coverage of national immunisation programmes in the Pool region is having a devastating effect on the population, especially on children. The current optimistic immunisation rate is estimated to stand at only 41%. It is than no surprise that we see frequent measles outbreaks in the region.

According to the latest surveys, UNICEF estimated the malnutrition rate in the Pool region to stand at 15%.

The lack of access to health service, the insecurity and logistic constraints hampering relief response have led to a humanitarian crisis reflected in increased rate of mortality and morbidity, increased malnutrition rates and overall increased in the population vulnerability.

### **Objectives**

To reduce suffering of the affected population, save lives and prevent avoidable deaths, the health and nutrition sector will focus on the following:

1. Rehabilitation of basic health structures to improve health coverage care in the Pool region;
2. Training of health personnel in maternal and child health programmes and case management of communicable disease (including Malaria, diarrhoea and acute respiratory infections) and malnutrition;
3. Strengthening of health information system and implementation of an epidemiological sentinel for diseases surveillance including Human Immune-deficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS) and nutritional monitoring;
4. Improvement of coordination mechanisms.

### **Activities**

In order to achieve the above-mentioned strategic objectives the following activities have been designed:

- Improving health coverage
- Rehabilitation of health structures;
- Provision of medical equipment;
- Provision of drugs, laboratory tools and chemical mediums;
- Re-training/training of staff;
- Strengthening of skills in the 3 reference hospitals.

**Reducing incidence of serious diseases: (malaria, upper respiratory infections, and diarrhoea)**

- Support to the implementation of the therapeutical protocol for malaria: training, provision of drugs;
- Distribution of impregnated mosquito nets to vulnerable populations;
- Re-training of staff on the use of flows charts upper respiratory infections and diarrhoea;
- Provision of oral re-hydration solutions and cholera kits.

**Reduce HIV and Sexually Transmitted Infections (STI) transmission**

- Set up of surveillance sentinel system for pregnant women;
- Counselling for the voluntary and anonymous HIV test;
- Training /re-training on the treatment of sexually transmitted diseases;
- Safety in transfusion.

**Progressive establishment of an Expanded Programme of Immunisation (EPI)**

- Order of vaccines;
- Purchase of freezers, refrigerators, and spare parts;
- Transit and transport of vaccines in the Pool region;
- Re-training /training of staff;
- Measles Campaigns;
- Polio Campaigns.

**Reduce maternal mortality**

- Training of health personnel;
- Provision of birth kit and equipment;
- Sensitisation of communities at risk of maternal mortality.

**Preventing malnutrition:**

- Provision of adequate food supplement to others and children suffering form malnutrition;
- Provision of nutrition education to mothers on proper caring practices.

**Strengthening the health information system**

- Support for data collection;
- Training of staff;
- Provision of communication and transport equipment;
- Support to the regional health Directorate for the management of the information system;
- Set up of a nutritional surveillance system.

**Strengthening coordination in the health sector**

- Support to the coordination: exchange and dissemination of information;
- Support to general coordination: UN/OCHA.

**Indicators**

To measure the impact of the implemented activities the following indicators have been selected:

- Number of operational health infrastructures;
- Number of trained health workers;
- Number of epidemics timely identified;
- Number of coordination meetings in the health sector;
- Malnutrition rate;
- Immunisation coverage rate.

The leading agency in this sector will be the World Health Organization (WHO), in collaboration with UNICEF, Ministry of Health, Comité d'Aide Médicale (CAM) and ALISEI.

## **2.6.D Water and Sanitation**

### **Analysis**

The conflict in the RoC had a destructive effect on water supply infrastructures. The destruction of infrastructures during the conflict has been compounded by the lack of maintenance of existing structures caused by insecurity, during and after the hostilities.

The health of the Pool region's population has been severely affected by the destruction of water supply sources and the subsequent loss of access to clean water. As a result, the overwhelming majority of the population use water from rivers, ponds, and wells. The unavailability of clean water and the consumption of unsafe drinking water is a major problem in the region of Pool and a main cause of mortality. Sanitation conditions in the region remain inadequate.

### **Humanitarian Consequences**

When the currently poor water supply conditions are combined with the prevailing sanitation conditions in the region, it is understandable that in their current weakened status, the Pool population is exposed to a range of communicable diseases and the emergence of epidemics is only a question of time.

Several NGOs including MSF-Holland (MSF-H) and MSF-F have been responding to this problem by building latrines and providing clean water supply sources to the health facilities they support. Their interventions have helped reduce the probability of epidemics in the area where they work.

### **Objectives**

In response to this situation, the following common goals have been agreed upon:

- To reduce morbidity and mortality rates due to related diseases outbreaks;
- To improve access to drinking water and ensure quality monitoring.

### **Activities**

To achieve the above objectives a number of urgent activities have been defined:

- Identification and rehabilitation of water sources in the Pool region;
- Rehabilitation or construction of latrines in major population centres of the Pool region;
- Training of Watsan personnel;
- Establishment of local management committees.

### **Indicators**

In order to measure the sector performance against measurable benchmarks, the following indicators were retained for this sector:

- Increased number of water sources rehabilitated in the Pool region;
- Number of latrines rehabilitated or constructed in the targeted areas;
- Number of personnel trained;
- Number of committees established.

## **2.6.E Protection**

### **Analysis**

During the last seven years, the RoC, and more specifically the Pool region, has been intermittently a theatre of civil conflict. During periods of hostilities, or in periods of insecurity as is currently the case in the Pool region; the population has been subject to massive displacements and under continuous threat. At the height of the conflict the population was subjected to looting, sexual violence, destruction of property, and the violation of basic human rights and principles.

The enrolment of children into armed groups during the conflict, and the bearing of arms by children today, is only surpassed by the nefarious effects of sexual exploitation which has been accompanied by early sexuality and precocious pregnancies among the girl-child. Adding to this socially and psychologically handicapping factor has been the fact that the majority of the children born in the Pool region lack, up to today, birth certificates.

The poor knowledge of international laws and war conventions as well as the absence of civic education programs, especially during these last seven years of intermittent conflict in the Pool region, has resulted in the perpetuation of human rights violations.

There is an evident need for the provision of care to victims of violence and human rights violations.

### **Humanitarian consequences**

One must address the consequences of the culture of violence that has prevailed in the region. The victims of violence that have been subjected to a loss of human dignity because of conflict conditions and practices, require urgent assistance as they are struggling alone with the effects of psychological and traumatic diseases.

In order to respond to these conditions, several actions are envisaged such as advocacy for birth certificate registration, civic education, awareness raising on international law and IHL, provision of reinsertion kits and Post Exposure Prevention (PEP) kits, and the provision of drugs and psycho-social services to victims of violence.

The design and execution of data survey and collection on victims of the conflict or the populations affected by the conflict is also planned.

### **Objectives**

The following objectives were selected to help respond to the challenges faced by the sector:

- To provide psychological and social care for the affected persons;
- To promote the registration of births;
- To raise awareness on international conventions and the Guiding Principles relating to internal displacement;
- To provide support and reintegrate child soldiers;
- To promote social and economic reintegration of teenage girls with children;
- To improve data availability and quality on affected populations;
- To survey affected populations and evaluate needs of returnee populations in order to allow better targeting of assistance.

### **Activities**

The following activities have been identified to achieve the above-mentioned objectives:

#### **Social and psychological care**

- Training staff;
- Social mobilisation;
- Provision of care;
- Setting up listening teams.

#### **Registration of births**

- Sensitisation;
- Registration;
- Provision of documents and tools for registration;
- Training actors;
- Streamlining the civil status administration;
- Registration campaigns.

#### **Rehabilitation and reintegration of child soldiers**

- Sensitisation;
- Registration;
- Training of trainers;
- Medical and psychological care;
- Apprenticeship and professional reintegration;
- Re-schooling;
- Family reunification.

### **Promotion of Human Rights**

- Creation of dissemination teams;
- Training trainers and team supervisors;
- Drafting a guide for the dissemination of International conventions and principles of Humanitarian Law;
- Setting up a sexual violence watch committee.

### **Making available a data base**

- To achieve a rapid exploratory assessment to identify the affected population and their current needs;
- To provide to each sector data needed for activity planning.

### **Indicators**

The achievement of the sector's objectives will be measured on the basis of the following indicators:

- Percentage of children having birth certificate;
- Number of sexual violence acts noted;
- Number of identified child soldiers;
- Number of participants at educational and awareness sessions;
- Number of persons victims of traumatism and who have been registered and treated as such.

The leading agencies in the sector will be UNICEF and UNHCR, who will be collaborating with several partners such as MSF, Médecins d'Afrique (MDA), relevant Government Ministries, *Association du personnel de l'administration scolaire et universitaire* (APASU), *Centre d'appui au développement de la fille mère* (CADFM), *Association Congo pour l'emploi des jeunes* (ACEJ), International Committee of the Red Cross (ICRC).

## **2.6.F Shelter and non-food items**

### **Analysis**

The crisis in Congo has left a grim legacy to the Pool region in terms of deterioration of basic social services (schools, health facilities) and destruction of infrastructure among which private accommodations. As a result of this, the affected population in the region is still living in precarious situation that requires an urgent response. Therefore in order to help people to meet their basic needs, a variety of programmes have been designed to improve the standard of living conditions of the vulnerable people in the Pool region.

These programmes include the rehabilitation of basic structures, provision of equipment, drugs and school kits in the targeted areas as well as support and encouragement of social workers to resume activities in affected areas.

Displaced persons in the host zones will be assisted through the set up of community or family temporary emergency shelters. A self help programme will also enable vulnerable persons in their places of origin to provide for themselves an adequate accommodation through the distribution of reconstruction kits including iron sheets, nails, hammers, saws.

### **Objectives**

Humanitarian partners have agreed upon the following objectives:

- To improve living conditions of affected population through the distribution of NFI;
- To set up community or family shelters for displaced population in the host zones;
- To support the reconstruction of accommodations shelters through the distribution of rebuilding kit to non displaced population.

### **Activities**

The priority activities identified to meet the sectoral objectives are:

- Identification of affected populations' needs through capacities and vulnerability assessment;
- Distribution of NFI to affected population in the Pool region;



- Provision of building material for the temporary shelters;
- Rehabilitation of destroyed accommodations.

**Indicators:**

- Number of beneficiaries identified disaggregated by gender and age;
- Number of NFI distributed to target populations;
- Number of kits distributed to targeted beneficiaries;
- Number of community of family shelters constructed;
- Number of accommodations established.

Different partners such as UNICEF, OCHA, CRC, *Organisation Caritative de l'Eglise Catholique* (CARITAS), *Coopérative pour l'Assistance et le Développement Rural du Congo* / Catholic Relief Services (CADRC/CRS), CADRC, ALISEI will be working together to identify the vulnerable population in collaboration with the Ministry of Social Affairs and will develop different programmes in order to improve the living conditions of the population from resource mobilisation, assessments missions, purchasing and support to the rehabilitation.

## **2.6.G Economic Recovery and Infrastructure**

### **Analysis**

During previous conflict, the Pool population fled in mass to the bordering regions, Bouenza, Plateau, Lékoumou, Brazzaville and even the DRC. Accessing the new areas where these populations fled remains difficult and the provision of humanitarian assistance is a daunting task.

The poor conditions of roads and bridges in the Pool region, and in many cases their disappearance due to a lack of maintenance or destruction by the war, worsens the humanitarian crisis in the RoC.

### **Humanitarian Consequences**

The current infrastructure conditions are resulting in the isolation of affected populations and raises severe barriers to humanitarian actors' efforts to provide lifesaving assistance. In some case the fleeing population has sought shelter in forests as a safe haven during the conflict, and remains there in the case of the Pool population, as the basic infrastructures to reach their village of origin are non-existent.

The risk of a stoppage in the recently re-started railway service in the Brazzaville-Pointe Noire axis is real and the rail service is not reliable and is yet to be used by all. An interruption in this rail line would lead to a breakdown in land travel in the south of the RoC. Critical actions that should be envisaged in this sector include the facilitation of access to affected population by humanitarian actors through rehabilitation of roads and bridges.

### **Objectives**

The following objectives are set for the sector:

- Improve access to affected zones and populations by rehabilitating infrastructures;
- Establish community maintenance systems for rural and agricultural infrastructures;

The above objectives are to be achieved through the execution of the following sectoral activities:

- Rehabilitation of roads and bridges in the Pool region;
- Maintenance of roads and bridges by the local infrastructures maintenance committees.

### **Indicators**

- Improved access to affected populations;
- Operational local infrastructures maintenance committees;
- Increase in the road surface available for effective road circulation.

## **2.6.H Coordination sector**

### **Analysis**

The humanitarian situation in RoC remains concerning. Living conditions are expected to continue to deteriorate due to pending shortcomings in several sectors. Food security, access to drinking water, essential social structures, road infrastructure rehabilitation remain key areas of concern for humanitarian partners working in the Pool region.

In February 2004, an OCHA mission visited Brazzaville to analyse the situation and to see the need for maintaining an OCHA presence. Following this mission, OCHA decided that Congo is still facing humanitarian crisis and remains an area of humanitarian action.

Based on the recommendations made by the OCHA mission, a new Humanitarian Advisor has been assigned since March 2004 to support the Resident Coordinator and partners constituting the Interagency Standing Committee, to coordinate humanitarian action in Congo.

Following several joint assessment missions on the ground, and after several consultations with humanitarian partners, a need for more effective and coherent coordination has been noted to adequately respond to the emergency in the Pool region.

In view of this situation, OCHA in the RoC intends to provide means for a more coordinated and effective action for the population in precarious situation.

Two key objectives have been selected for the coordination sector:

- Facilitate an effective and timely response of UN and humanitarian actors in humanitarian crises in the Pool and the RoC;
- Strengthen humanitarian partners capacities to respond and advocate for humanitarian needs.

The following activities will be undertaken to by OCHA RoC in order to fulfil the above objectives:

- Data collection and analysis on ongoing humanitarian activities, issues and needs;
- Advocacy for access to affected populations and establishment of a database;
- Awareness raising and promotion of respect for humanitarian principles, international laws and IHL through the organisation of workshops, seminars, and the use of public media;
- Improved information flow and the establishment of an OCHA Roc website.

### **Indicators**

- Increased use and referencing by humanitarian actors and reports of OCHA sourced data, database, and analysis;
- Greater access to affected populations, and engagement by parties to the conflict to respect free and unfettered access;
- Decrease in reported case of violations of International Humanitarian Law (IHL):
- Availability of humanitarian information products on the RoC.

### 3. MONITORING

A variety of mechanisms exists through which organisations are able to assess and evaluate their performance with respect to the strategies agreed upon. Developments in the Region and their impact on humanitarian activities and affected populations are regularly assessed through:

- **Inter-agency Information exchange meeting:** The RoC Inter-Agency Standing Committee (IASC) meets once a month, to share and exchange information and set funding and advocacy strategy;
- **Inter-agency Sectoral meetings:** agriculture, health, communication, HIV/AIDS that meet regularly;
- **Information dissemination:** joint Assessments reports, a monthly humanitarian bulletin, a monthly humanitarian flash, lessons learned and other documents produced by humanitarian partners are regularly circulated within the humanitarian community, often by electronic means.

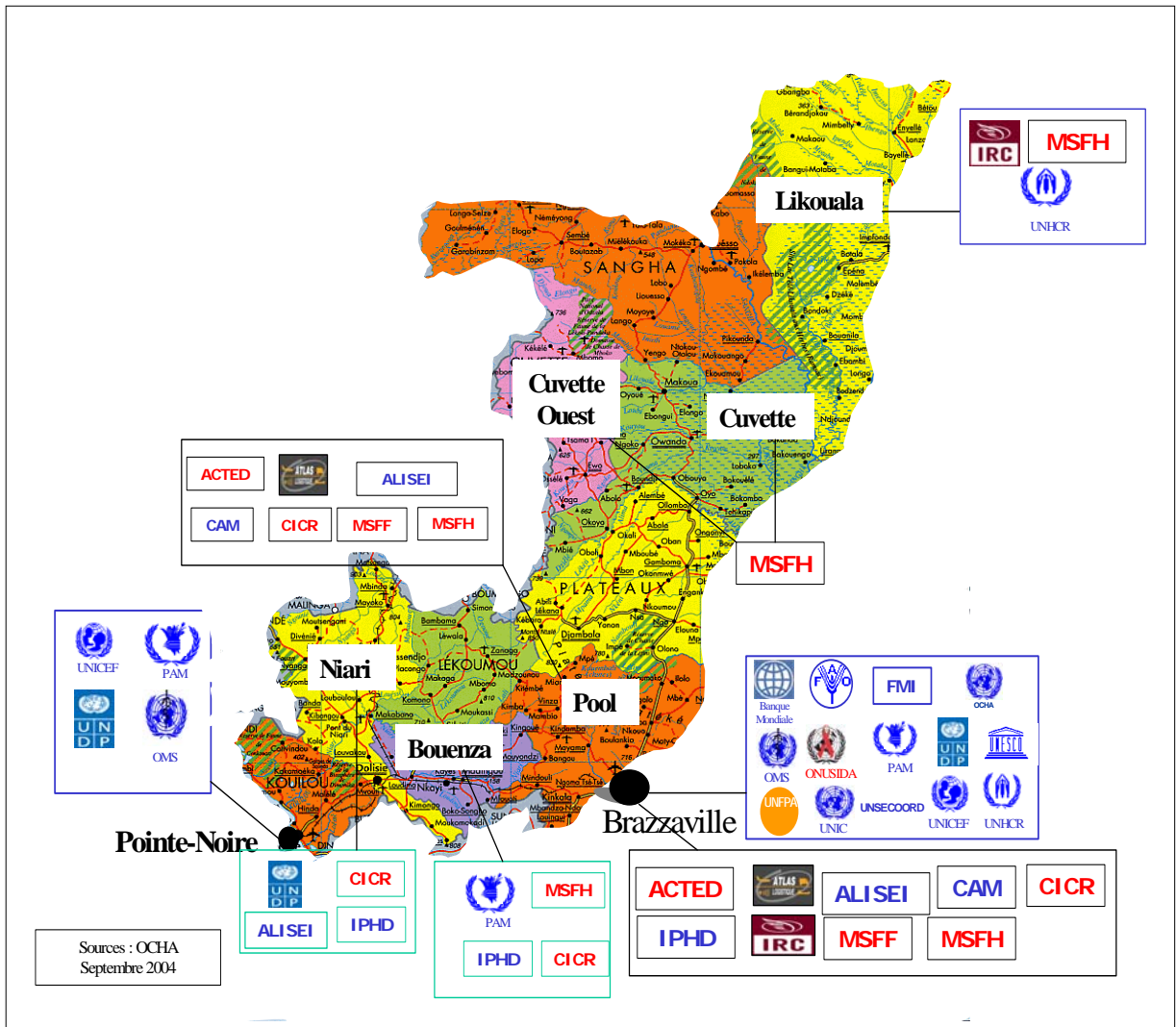
Inter-agency preparedness and response planning is facilitated through:

- **Contingency planning exercise:** The exercise provides the opportunity to gather representative from humanitarian organisations and donors to review and harmonise country or regional scenarios, assess humanitarian actions, constraints, and levels of preparedness in order to develop appropriate response plans;
- **Consolidated Appeal Process:** A highly inclusive process, involving a series of meetings and workshops through the year, which helps agencies and humanitarian partners to review programme implementation, goals, objectives and response plans;
- **Assessment and evaluations:** humanitarian partners in the targeted regions carry out joint assessments and evaluations.

### 4. CRITERIA FOR PRIORITISATION OF PROJECTS

The following criteria have been used to determine the inclusion of projects in the 2005 Consolidated Appeal for the RoC:

- Projects must be in line with the strategic objectives and should address at least two sectoral objectives which have been developed to meet the identified priority needs;
- The appealing organisation has the technical expertise in the country, capacity and mandate to implement the projects;
- The projects will be primarily implemented in the Pool region;
- The project will address a priority vulnerable group as identified in the joint strategy for this Appeal;
- The project can make a measurable impact in the time frame of this Appeal (January December 2005) .



**Table II : Consolidated Appeal for  
Republic of Congo 2005**  
List of Projects - By Appealing Organisation  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

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

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>ACTED</b>			
ROC-05/E02	EDUCATION	Rehabilitation of 83 buildings for primary schools in the districts of Kinkala, Mindouli, Kindamba, Goma tse tse (Pool department)	990,000
<b>Sub total for ACTED</b>			<b>990,000</b>
<b>ALISEI</b>			
ROC-05/H03	HEALTH	Health relief programme for the population of the Social and health department of Kindamba	633,260
<b>Sub total for ALISEI</b>			<b>633,260</b>
<b>Atlas Logistique</b>			
ROC-05/ER/I01	ECONOMIC RECOVERY AND INFRASTRUCTURE	Facilitating road access for the population of the Pool region by rehabilitating the Route Nationale N° 1 between Mindouli and Kimbedi	583,000
<b>Sub total for Atlas Logistique</b>			<b>583,000</b>
<b>CAM</b>			
ROC-05/H04	HEALTH	Relief programme to promote access to basic health care in the health department of Mayama, Kindamba, Goma tse tse in the Pool region Republic of Congo	500,000
<b>Sub total for CAM</b>			<b>500,000</b>
<b>FAO</b>			
ROC-05/A02	AGRICULTURE	Support small ruminants breeding, improve the household income generation capacity and increase animal protein consumption	473,000
ROC-05/A03	AGRICULTURE	To support the social reintegration of youths and women in income generating activities in the Pool department affected by hostilities	592,000
ROC-05/A01	AGRICULTURE	Urgent provision of essential agricultural items to the vulnerable population affected by the continued crisis in the Pool region	698,640
<b>Sub total for FAO</b>			<b>1,763,640</b>



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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>OCHA</b>			
ROC-05/CSS02	COORDINATION AND SUPPORT SERVICES	Rapid Response Capacity for emergency situation in the ROC	459,978
ROC-05/CSS03	COORDINATION AND SUPPORT SERVICES	To support humanitarian actions to coordination activities in the Pool region.	858,337
<b>Sub total for OCHA</b>			<b>1,318,315</b>
<b>UNDP</b>			
ROC-05/P/HR/RL02	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Youth at risk reintegration project	1,000,000
<b>Sub total for UNDP</b>			<b>1,000,000</b>
<b>UNESCO</b>			
ROC-05/E03	EDUCATION	Programme on catch up education, literacy, income generating activities training in the pool department	550,000
<b>Sub total for UNESCO</b>			<b>550,000</b>
<b>UNFPA</b>			
ROC-05/CSS01	COORDINATION AND SUPPORT SERVICES	Rapid Assessment	90,000
ROC-05/H05	HEALTH	Preventing HIV/AIDS among youth in the Pool Region	244,000
ROC-05/H01A	HEALTH	Reducing maternal mortality	199,800
<b>Sub total for UNFPA</b>			<b>533,800</b>
<b>UNHCR</b>			
ROC-05/P/HR/RL05	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Assistance to the reintegration of Congolese returnees from Gabon and DRC	1,094,381
<b>Sub total for UNHCR</b>			<b>1,094,381</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNICEF</b>			
ROC-05/E01	EDUCATION	Relaunching primary education in the Pool region	647,727
ROC-05/S/NF01	FAMILY SHELTER AND NON-FOOD ITEMS	Relief assistance for the pool population	239,062
ROC-05/H12	HEALTH	Nutritional monitoring, fighting nutritional deficiencies	426,136
ROC-05/H09A	HEALTH	Reduce excess mortality and morbidity due to hard environmental conditions related to humanitarian situation	250,000
ROC-05/H06B	HEALTH	Relaunching PEV activities	482,955
ROC-05/P/HR/RL04	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Capacity building for youths and women for sustainable community development	568,182
ROC-05/P/HR/RL01	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Catching up with births registrations	409,091
ROC-05/P/HR/RL03	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Social and psychological rehabilitation and children of women victims of violence and traumatism	710,227
ROC-05/WS01	WATER AND SANITATION	Setting up water points and latrines	511,650
<b>Sub total for UNICEF</b>			<b>4,245,030</b>
<b>WFP</b>			
ROC-05/F01	FOOD	Assistance to Populations Affected by conflict (WFP PRRO 10312.0)	6,446,161
<b>Sub total for WFP</b>			<b>6,446,161</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>WHO</b>			
ROC-05/H07	HEALTH	Coordination in the Health Sector	256,520
ROC-05/H09B	HEALTH	Reduce excess mortality and morbidity due to hard environmental conditions related to humanitarian situation	268,180
ROC-05/H02	HEALTH	Reducing HIV and STD transmission	209,880
ROC-05/H01B	HEALTH	Reducing maternal mortality	163,240
ROC-05/H08	HEALTH	Reinforcing access to quality health services to meet the health needs of the affected communities	664,620
ROC-05/H06A	HEALTH	Relaunching PEV activities	81,620
ROC-05/H11	HEALTH	Strengthen health information system focussing on early warning system related to epidemic potential diseases	472,230
ROC-05/H10	HEALTH	Strengthen health partner capacity for case management of sexual violence. In managing MCP-PLUS: Integration of Sexual and Gender Based Violence (SGBV) prevention, health care and legal actions into the Minimum Care Package (MCP) of Health Interventions i	186,560
<b>Sub total for WHO</b>			<b>2,302,850</b>
<b>Grand Total:</b>			<b>21,960,437</b>

**Table III : Consolidated Appeal for  
Republic of Congo 2005**

List of Projects - By Sector  
as of 22 October 2004  
<http://www.reliefweb.int/fts>

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

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>AGRICULTURE</b>			
ROC-05/A02	FAO	Support small ruminants breeding, improve the household income generation capacity and increase animal protein consumption	473,000
ROC-05/A03	FAO	To support the social reintegration of youths and women in income generating activities in the Pool department affected by hostilities	592,000
ROC-05/A01	FAO	Urgent provision of essential agricultural items to the vulnerable population affected by the continued crisis in the Pool region	698,640
<b>Sub total for AGRICULTURE</b>			<b>1,763,640</b>
<b>COORDINATION AND SUPPORT SERVICES</b>			
ROC-05/CSS01	UNFPA	Rapid Assessment	90,000
ROC-05/CSS02	OCHA	Rapid Response Capacity for emergency situation in the ROC	459,978
ROC-05/CSS03	OCHA	To support humanitarian actions to coordination activities in the Pool region.	858,337
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>1,408,315</b>
<b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			
ROC-05/ER/I01	Atlas Logistique	Facilitating road access for the population of the Pool region by rehabilitating the Route Nationale N° 1 between Mindouli and Kimbedi	583,000
<b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b>			<b>583,000</b>
<b>EDUCATION</b>			
ROC-05/E03	UNESCO	Programme on catch up education, literacy, income generating activities training in the pool department	550,000
ROC-05/E02	ACTED	Rehabilitation of 83 buildings for primary schools in the districts of Kinkala, Mindouli, Kindamba, Goma tse tse (Pool department)	990,000
ROC-05/E01	UNICEF	Relaunching primary education in the Pool region	647,727
<b>Sub total for EDUCATION</b>			<b>2,187,727</b>

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>FAMILY SHELTER AND NON-FOOD ITEMS</b>			
ROC-05/S/NF01	UNICEF	Relief assistance for the pool population	239,062
<b>Sub total for FAMILY SHELTER AND NON-FOOD ITEMS</b>			<b>239,062</b>
<b>FOOD</b>			
ROC-05/F01	WFP	Assistance to Populations Affected by conflict (WFP PRRO 10312.0)	6,446,161
<b>Sub total for FOOD</b>			<b>6,446,161</b>

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Republic of Congo 2005**

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>HEALTH</b>			
ROC-05/H07	WHO	Coordination in the Health Sector	256,520
ROC-05/H03	ALISEI	Health relief programme for the population of the Social and health department of Kindamba	633,260
ROC-05/H12	UNICEF	Nutritional monitoring, fighting nutritional deficiencies	426,136
ROC-05/H05	UNFPA	Preventing HIV/AIDS among youth in the Pool Region	244,000
ROC-05/H09A	UNICEF	Reduce excess mortality and morbidity due to hard environmental conditions related to humanitarian situation	250,000
ROC-05/H09B	WHO	Reduce excess mortality and morbidity due to hard environmental conditions related to humanitarian situation	268,180
ROC-05/H02	WHO	Reducing HIV and STD transmission	209,880
ROC-05/H01A	UNFPA	Reducing maternal mortality	199,800
ROC-05/H01B	WHO	Reducing maternal mortality	163,240
ROC-05/H08	WHO	Reinforcing access to quality health services to meet the health needs of the affected communities	664,620
ROC-05/H06A	WHO	Relaunching PEV activities	81,620
ROC-05/H06B	UNICEF	Relaunching PEV activities	482,955
ROC-05/H04	CAM	Relief programme to promote access to basic health care in the health department of Mayama, kindamba, Goma tse tse in the Pool region Republic of Congo	500,000
ROC-05/H11	WHO	Strengthen health information system focussing on early warning system related to epidemic potential diseases	472,230
ROC-05/H10	WHO	Strengthen health partner capacity for case management of sexual violence. In managing MCP-PLUS: Integration of Sexual and Gender Based Violence (SGBV) prevention, health care and legal actions into the Minimum Care Package (MCP) of Health Interventions i	186,560
<b>Sub total for HEALTH</b>			<b>5,039,001</b>

**Table III : Consolidated Appeal for  
Republic of Congo 2005**

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			
ROC-05/P/HR/RL05	UNHCR	Assistance to the reintegration of Congolese returnees from Gabon and DRC	1,094,381
ROC-05/P/HR/RL04	UNICEF	Capacity building for youths and women for sustainable community development	568,182
ROC-05/P/HR/RL01	UNICEF	Catching up with births registrations	409,091
ROC-05/P/HR/RL03	UNICEF	Social and psychological rehabilitation and children of women victims of violence and traumatism	710,227
ROC-05/P/HR/RL02	UNDP	Youth at risk reintegration project	1,000,000
<b>Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			<b>3,781,881</b>
<b>WATER AND SANITATION</b>			
ROC-05/WS01	UNICEF	Setting up water points and latrines	511,650
<b>Sub total for WATER AND SANITATION</b>			<b>511,650</b>
<b>Grand Total</b>			<b>21,960,437</b>

## ANNEX I.

### ACRONYMS AND ABBREVIATIONS

ACEJ	Association Congo pour l'emploi de jeunes
ACTED	Agency for Technical Cooperation and Development
ALISEI	Organisation Non Gouvernementale italienne
APASU	Association du personnel de l'administration scolaire et universitaire
CADFM	Centre d'appui au development de la fille mère
CADRC	Coopérative pour l'Assistance et le Développement Rural du Congo
CAM	Comite d'Aide Médicale
CAP	Consolidated Appeal Process
CARITAS	Charité/Organisation Caritative de l'Eglise Catholique
CRC	Congo Red Cross
CRS	Catholic Relief Services
DDE	Direction Département de l'Education
DDR	Disarmament, Demobilisation and Reintegration
DDS	Direction Département de la Santé
DRC	Democratic Republic of Congo
ECHO	European Community Humanitarian Aid Department
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunisation
FAO	Food and Agriculture Organization
FFT	Food For Training
FFW	Food For Work
FP	Family Planning
GDP	Gross Domestic Product
GroC	Government of the Republic of Congo
HIPC	Highly Indebted Poor Countries
HIV/AIDS	Virus/Acquired Immuno-Deficiency Syndrome
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Persons
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
INRAP	Institut National de Recherche et d'Action Pédagogique
KM	Kilometre
MCP	Minimum Care Package
MDA	Médecins d'Afrique
METP	Ministère de l'Enseignement Technique et Professionnel
MSF – F	Médecins Sans Frontières - France
MSF – H	Médecins Sans Frontières - Holland
MT	Metric Tonne
NGOs	Non- Governmental Organizations
OCHA	Office for the Coordination of Humanitarian Affairs
PEP	Post exposure prevention kit
PRGF	Poverty Reduction and Growth Facility



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**REPUBLIC OF CONGO**

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RoC	Republic of the Congo
SGBV	Sexual and Gender Based Violence
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nation Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
VCT	Voluntary Counselling and Testing

## **Consolidated Appeal Feedback Sheet**

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: [CAP@ReliefWeb.int](mailto:CAP@ReliefWeb.int)  
Comments reaching us before 28 February 2005 will help us improve the CAP in time for 2006. Thank you very much for your time.

### **Consolidated Appeals Process (CAP) Section, OCHA**

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Please write the name of the Consolidated Appeal on which you are commenting:

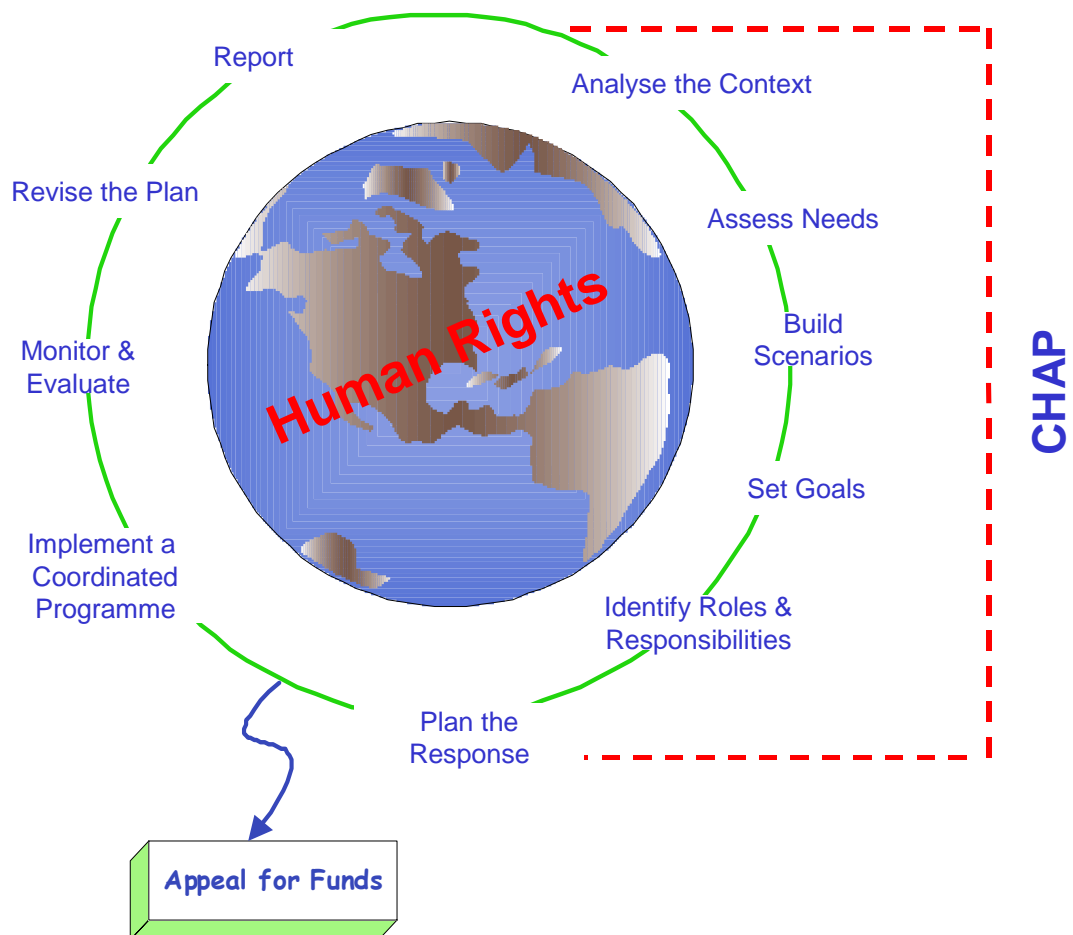
1.     **What did you think of the review of 2004?  
How could it be improved?**
  
2.     **Is the context and prioritised humanitarian need clearly presented?  
How could it be improved?**
  
3.     **To what extent do response plans address humanitarian needs?  
How could it be improved?**
  
4.     **To what extent are roles and coordination mechanisms clearly presented?  
How could it be improved?**
  
5.     **To what extent are budgets realistic and in line with the proposed actions?  
How could it be improved?**
  
6.     **Is the presentation of the document lay-out and format clear and well written?  
How could it be improved?**

Please make any additional comments on another sheet or by email.

**Name:**  
**Title & Organisation:**  
**Email Address:**

# The Consolidated Appeals Process:

*an inclusive, coordinated programme cycle in emergencies to:*



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