

# **CONSOLIDATED INTER-AGENCY APPEAL 2003**

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## **DEMOCRATIC REPUBLIC OF THE CONGO**

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United Nations and Partners



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## I. EXECUTIVE SUMMARY

The exceptional sequence of events that marked the Democratic Republic of Congo (DRC) during the year 2002, from the Nyiragongo volcano disaster in January to the withdrawal of foreign forces as well as the beginning of effective measures vis-à-vis foreign armed groups, have had a complex set of effects on the living conditions of the Congolese population, particularly in areas exposed to armed violence. While the resumption of ties with multilateral institutions seems to confirm the Economist's "World in 2002" prediction that the Democratic Republic of Congo could be the possible "good surprise" country of the year, the continued move of armed confrontation away from the conventional frontline, towards areas of Eastern DRC, marks out the perimeter between Kindu, Kisangani, Kalemie and Aru as zones of fear.

The DRC remains marked by a persistent pattern of violence and insecurity, especially in mineral-rich and/or ethnically contested areas. A complete lack of law and order, and a disregard for traditional means of arbitration characterise the environment of millions of Congolese. Further fragmentation and warlordism cannot be ruled out in some areas as established as well as new actors jockey for power, influence and resources, even if other areas experience more positive outcomes and come a long way to feed the credo of a "good surprise". As a result, the operating environment for humanitarian organisations will be more demanding and complex. Success will only come through the constant efforts of the humanitarian organisations to gain access in both previously accessible and inaccessible areas. In contrast, the initiation of Disarmament, Demobilisation and Reintegration of former combatants (DDR) activities provides an alternative to war, and may widen the scope for a reduction in displacement and for a resumption of rural life as a viable alternative to the recurrent search for physical and human security in urban settlements.

Flexibility and responsiveness are therefore key to a two-pronged humanitarian strategy for the year 2003 in the DRC. A first axis will aim at widening the humanitarian space in most affected areas of the DRC. Advocating for reaching the hidden target groups, pursuing humanitarian assistance to reachable vulnerable groups will be daily tasks, coupled with fostering rapid intervention and information sharing coordination capacities. A second axis will revolve around strengthening reintegration dynamics. Deciding when to return home or to resettle remains a sovereign choice, however weakened individuals and families can be. The purpose of this year's strategy will be to accompany them in this choice, using common grounds with the R segment of the DDR whenever needed.

Responsiveness will equally translate into strengthened humanitarian information and coordination structures in areas most affected by the effects of, and potential for more, armed violence. At central level, this will, in turn, feed strategic mechanisms for a humanitarian coordination whose position will be at the confluence of emergency responses, reintegration dynamics and early recovery.

Humanitarian assistance to the DRC channelled through the Consolidated Appeal (CA) in the ten first months of 2002 amounted to US\$ 79,118,000. The year 2003 will be characterised, for the first time in a decade, by a flow of fund contributions for peace-keeping and economic rehabilitation purposes. It is essential that the needs of the voiceless and of those most exposed to armed violence be also addressed through a robust humanitarian response. The CAP 2003 for the Democratic Republic of Congo will seek approximately **US\$ 270 million**.

**2002 United Nations Consolidated Inter-Agency Appeal for  
the Democratic Republic of Congo  
List of Project Activities by Strategic Pillars  
January – December 2003**

**WIDENING HUMANITARIAN SPACE**

**Physical Widening of Humanitarian Space**

| <b>AGENCY</b>    | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>   | <b>FUNDS REQUESTED</b> |
|------------------|---------------------|--|------------------------|
| Atlas Logistique | DRC-03/ER/I01       | Construction, reconstruction and rehabilitation of roads, shelters, buildings and public facilities in order to increase the humanitarian intervention perimeter and relieve populations | 918,000                |
| Atlas Logistique | DRC-03/CSS01        | Logistical and mechanical support to the DRC humanitarian assistance   | 1,134,000              |
| WFP              | DRC-03/ER/I02       | Rehabilitation of the rail bridge over the Niemba river  | 1,387,417              |
| UNMAS            | DRC-03/MA01         | Mine Action Coordination Centre  | 181,930                |
| UNMAS            | DRC-03/MA02         | Emergency mine/UXO clearance   | 696,720                |
| UNMAS            | DRC-03/MA03         | Landmine/UXO risk reduction education and advocacy   | 587,600                |
| UNSECOORD (UNDP) | DRC-03/S01          | Field security officer and support   | 1,353,200              |
|                  |                     | <b>TOTAL</b>   | <b>6,258,867</b>       |

**WIDENING HUMANITARIAN SPACE**

**Peace Building and Conflict Management**

| <b>AGENCY</b> | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>   | <b>FUNDS REQUESTED</b> |
|---------------|---------------------|--|------------------------|
| UNDP          | DRC-03/P/HR/RL01    | Support to the reconciliation process between the populations of Ituri                   | 505,000                |
| OHCHR         | DRC-03/P/HR/RL02    | Monitoring and technical cooperation programmes of the human rights situation in the DRC | 1,586,184              |
| GERDIS-FONEC  | DRC-03/ER/I03       | Support to economic and peace initiatives in the eastern DRC                             | 450,000                |
| ILO           | DRC-03/ER/I04       | Employment for peace in Ituri, North and South Kivu                                      | 525,000                |
|               |                     | <b>TOTAL</b>   | <b>3,066,184</b>       |

| <b>WIDENING HUMANITARIAN SPACE</b> |                     |   |                        |
|------------------------------------|---------------------|---|------------------------|
| <b>Life-saving Interventions</b>   |                     |   |                        |
| <b>AGENCY</b>                      | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>  | <b>FUNDS REQUESTED</b> |
| OCHA                               | DRC-03/CSS02        | Coordination of humanitarian assistance   | 7,224,585              |
| UNDP                               | DRC-03/P/HR/RL03    | Support to emergency intervention and assistance mechanisms                             | 720,000                |
| MEMISA Belgium                     | DRC-03/MS01         | Support to emergency intervention   | 527,000                |
| UNICEF                             | DRC-03/H01          | Emergency primary health care   | 4,320,000              |
| WHO                                | DRC-03/H02          | Minimum package of emergency health care  | 766,900                |
| WFP                                | DRC-03/F01          | Protracted relief and recovery operation for war-affected victims and vulnerable groups | 109,251,138            |
| UNICEF                             | DRC-03/H03          | Nutrition rehabilitation and promotion  | 3,103,200              |
| FAO                                | DRC-03/A01          | Support to the coordination of emergency agriculture operations                         | 649,600                |
| UNICEF                             | DRC-03/S/NF01       | Assistance to the most vulnerable displaced and refugee children and women              | 4,022,400              |
| UNICEF                             | DRC-03/WS01         | Emergency water and sanitation  | 3,162,000              |
| <b>TOTAL</b>                       |                     |   | <b>133,746,823</b>     |

| <b>REINFORCING REINTEGRATION DYNAMICS</b> |                     |   |                        |
|---|---------------------|---|------------------------|
| <b>DDRRR and Reintegration</b>            |                     |   |                        |
| <b>AGENCY</b>                             | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>  | <b>FUNDS REQUESTED</b> |
| UNDP                                      | DRC-03/ER/I05       | Community recovery reintegration of ex combatants and small arms reduction  | 13,572,136             |
| UNDP                                      | DRC-03/ER/I06       | Rapid response scheme for disarmament, demobilisation and reintegration in the DRC  | 3,500,000              |
| UNDP                                      | DRC-03/ER/I07       | Support for establishment of a national DDR programme in the DRC  | 1,000,000              |
| WHO                                       | DRC-03/H04          | Health component of DDRRR   | 7,343,000              |
| ILO                                       | DRC-03/ER/I08       | Socio-economic reinsertion of child soldiers in the east DRC  | 720,000                |
| UNICEF                                    | DRC-03/P/HR/RL04    | Protection of children affected by armed conflict   | 4,200,000              |
| UNDP                                      | DRC-03/A05          | Economic and social reintegration of vulnerable groups  | 722,500                |
| UNDP                                      | DRC-03/S/NF02       | Project of re-housing of vulnerable populations   | 3,752,960              |
| UNHCR                                     | DRC-03/MS02         | International protection of and humanitarian assistance to refugees in the DRC, support durable solutions such as voluntary repatriation, local integration and resettlement in third countries | 24,963,567             |
| UNICEF                                    | DRC-03/E01          | Educational support for internally displaced and war affected children  | 3,561,600              |
| UNESCO                                    | DRC-03/E02          | Rehabilitation of educational infrastructure and restoration of the school system   | 1,250,000              |
|   |                     | <b>TOTAL</b>  | <b>64,585,763</b>      |

| <b>REINFORCING REINTEGRATION DYNAMICS</b> |                     |   |                        |
|---|---------------------|---|------------------------|
| <b>Local Capacity Building</b>            |                     |   |                        |
| <b>AGENCY</b>                             | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>  | <b>FUNDS REQUESTED</b> |
| FAO                                       | DRC-03/A02          | Provision of essential agricultural inputs to vulnerable households   | 9,303,800              |
| FAO                                       | DRC-03/A03          | Support to production of good quality planting material and to small scale breeding activities              | 688,000                |
| FAO                                       | DRC-03/A04          | Emergency rehabilitation of key agricultural infrastructures (agricultural feeder roads and fish ponds)     | 1,745,112              |
| ILO                                       | DRC-03/ER/I09       | Support to revival of associative and cooperative movement in Ituri, North and South Kivu                   | 770,000                |
| ILO                                       | DRC-03/ER/I10       | Emergency jobs through micro-projects of infrastructure by youth associations                               | 760,000                |
| ILO                                       | DRC-03/ER/I11       | Support to income generating micro-projects to help reinsertion of displaced people in North and South Kivu | 720,000                |
| UNDP                                      | DRC-03/ER/I12       | Micro-credit / grants programmes in favour of women   | 700,000                |
| UNDP                                      | DRC-03/ER/I13       | Rehabilitation of basic infrastructure in Kisangani   | 560,000                |
| UNDP                                      | DRC-03/ER/I14       | Support to income generating activities in favour of women in Kisangani town                                | 570,000                |
| UNDP                                      | DRC-03/ER/I15       | Completion of erosion works to protect the site of the Kinshasa University                                  | 3,067,211              |
|   |                     | <b>TOTAL</b>  | <b>18,884,123</b>      |

| <b>REINFORCING REINTEGRATION DYNAMICS</b>   |                     |   |                        |
|---|---------------------|---|------------------------|
| <b>Reduction of Morbidity and Mortality</b> |                     |   |                        |
| <b>AGENCY</b>                               | <b>PROJECT CODE</b> | <b>PROJECT TITLE</b>  | <b>FUNDS REQUESTED</b> |
| UNICEF                                      | DRC-03/H05          | Emergency measles immunisation  | 21,500,000             |
| UNICEF                                      | DRC-03/H06          | Malaria control in the DRC  | 2,160,000              |
| WHO   | DRC-03/H07          | Malaria control in the DRC  | 1,257,160              |
| WHO   | DRC-03/H08          | Epidemiological surveillance  | 4,505,000              |
| WHO   | DRC-03/H09          | Post-Traumatic Stress Disorder Programme                                | 1,000,000              |
| UNDP  | DRC-03/H10          | Struggle against HIV/AIDS among the DRC workers                         | 2,452,285              |
| UNAIDS                                      | DRC-03/H11          | HIV/AIDS/STI prevention among armed forces (FAC) and police in Equateur | 1,764,908              |
| UNAIDS                                      | DRC-03/H12          | HIV/AIDS/STI prevention among youth in Equateur                         | 1,345,968              |
| WHO   | DRC-03/H13          | Assistance in the control of HIV/AIDS/STI in the east of the DRC        | 318,000                |
| UNICEF                                      | DRC-03/H14          | HIV/AIDS prevention in Eastern DRC                                      | 1,000,000              |
| MEMISA<br>Belgium                           | DRC-03/H15          | Safe blood transfusions in Bandundu Province                            | 600,245                |
| UNFPA                                       | DRC-03/H16          | Reduction of maternal mortality rates and family planning               | 4,200,000              |
|   |                     | <b>TOTAL</b>  | <b>42,103,566</b>      |

|                    |                    |
|--------------------|--------------------|
| <b>GRAND TOTAL</b> | <b>268,645,326</b> |
|--------------------|--------------------|



**2002 United Nations Consolidated Inter-Agency Appeal for  
the Democratic Republic of Congo  
List of Project Activities By Appealing Agency Partners  
January – December 2003**

| <b>Project Code</b> | <b>Project Description</b> | <b>Funds Requested (US\$)</b> |
|---------------------|----------------------------|-------------------------------|
|---------------------|----------------------------|-------------------------------|

**WORLD FOOD PROGRAMME**

|               |   |                    |
|---------------|---|--------------------|
| DRC-03/ER/I02 | Rehabilitation of the rail bridge over the Niemba River                                 | 1,387,417          |
| DRC-03/F01    | Protracted relief and recovery operation for war-affected victims and vulnerable groups | 109,251,138        |
|               | <b>TOTAL</b>  | <b>110,638,555</b> |

**UNITED NATIONS POPULATION FUND**

|            |   |                  |
|------------|---|------------------|
| DRC-03/H16 | Reduction of maternal mortality rates and family planning | 4,200,000        |
|            | <b>TOTAL</b>  | <b>4,200,000</b> |

**UNITED NATIONS AIDS PROGRAMME**

|            |   |                  |
|------------|---|------------------|
| DRC-03/H11 | Prevention of HIV/AIDS and STI to Congolese Armed Forces (FAC) and the National Police in Equateur Province | 1,764,908        |
| DRC-03/H12 | Prevention of HIV/AIDS and STI among youth in the Equateur province   | 1,345,968        |
|            | <b>TOTAL</b>  | <b>3,110,876</b> |

**UNITED NATIONS CHILDREN'S FUND**

|                  |  |                   |
|------------------|--|-------------------|
| DRC-03/H06       | Malaria control in the DRC   | 2,160,000         |
| DRC-03/E01       | Educational support for internally displaced and war-affected children     | 3,561,600         |
| DRC-03/P/HR/RL04 | Protection of children affected by armed conflict                          | 4,200,000         |
| DRC-03/S/NF01    | Assistance to the most vulnerable displaced and refugee children and women | 4,022,400         |
| DRC-03/H03       | Nutrition rehabilitation and promotion                                     | 3,103,200         |
| DRC-03/H01       | Emergency primary health care  | 4,320,000         |
| DRC-03/H05       | Emergency measles immunisation   | 21,500,000        |
| DRC-03/H14       | HIV/AIDS prevention in Eastern DRC   | 1,000,000         |
| DRC-03/WS01      | Emergency water and sanitation   | 3,162,000         |
|                  | <b>TOTAL</b>   | <b>47,029,200</b> |

**FOOD AND AGRICULTURE ORGANIZATION**

|            |   |                   |
|------------|---|-------------------|
| DRC-03/A02 | Provision of essential agricultural inputs to vulnerable households                                     | 9,303,800         |
| DRC-03/A03 | Support to production of good quality planting material and to small scale animal breeding activities   | 688,000           |
| DRC-03/A01 | Support to the coordination of emergency agricultural operations  | 649,600           |
| DRC-03/A04 | Emergency rehabilitation of key agricultural infrastructures (Agricultural feeder roads and fish ponds) | 1,745,112         |
|            | <b>TOTAL</b>  | <b>12,386,512</b> |

| <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b> |  |                   |
|---|--|-------------------|
| DRC-03/S01                                  | Field security officer and support (UNSECOORD)                                     | 1,353,200         |
| DRC-03/P/HR/RL03                            | Support to emergency intervention and assistance mechanisms                        | 720,000           |
| DRC-03/ER/I05                               | Community recovery, reintegration of ex-combatants and small arms reduction        | 13,572,136        |
| DRC-03/ER/I06                               | Rapid response scheme for Disarmament, Demobilisation and Reintegration in the DRC | 3,500,000         |
| DRC-03/ER/I07                               | Support for establishment of a national DDR programme in the DRC                   | 1,000,000         |
| DRC-03/A05                                  | Economic and social reintegration of vulnerable groups                             | 722,500           |
| DRC-03/S/NF02                               | Project of re-housing of vulnerable populations                                    | 3,752,960         |
| DRC-03/ER/I12                               | Micro-credit / grants programmes in favour of women                                | 700,000           |
| DRC-03/ER/I13                               | Rehabilitation of basic infrastructure in Kisangani                                | 560,000           |
| DRC-03/ER/I14                               | Support income generating activities in favour of women in Kisangani town          | 570,000           |
| DRC-03/ER/I15                               | Completion of anti-erosion works to protect the site of the Kinshasa University    | 3,067,211         |
| DRC-03/H10                                  | HIV/AIDS prevention among the DRC workers  | 2,452,285         |
| DRC-03/P/HR/RL01                            | Support to the reconciliation process among the population in Ituri                | 505,000           |
|   | <b>TOTAL</b>   | <b>32,475,292</b> |

| <b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b> |   |                  |
|--|---|------------------|
| DRC-03/CSS02   | Coordination of humanitarian assistance | 7,224,585        |
|  | <b>TOTAL</b>                            | <b>7,224,585</b> |

| <b>UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION</b> |   |                  |
|---|---|------------------|
| DRC-03/E02  | Rehabilitation of educational infrastructure and restoration of the school system | 1,250,000        |
|   | <b>TOTAL</b>  | <b>1,250,000</b> |

| <b>OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS</b> |   |                  |
|---|---|------------------|
| DRC-03/P/HR/RL02  | Monitoring and technical cooperation programmes of the human rights situation | 1,586,184        |
|   | <b>TOTAL</b>  | <b>1,586,184</b> |

| <b>UNITED NATIONS MINE ACTION SERVICE</b> |  |                  |
|---|--|------------------|
| DRC-03/MA03                               | Landmine/UXO risk reduction education and advocacy | 587,600          |
| DRC-03/MA02                               | Emergency Mine/UXO clearance                       | 696,720          |
| DRC-03/MA01                               | Mine Action Coordination Centre                    | 181,930          |
|   | <b>TOTAL</b>                                       | <b>1,466,250</b> |

| <b>WORLD HEALTH ORGANIZATION</b> |   |                   |
|----------------------------------|---|-------------------|
| DRC-03/H08                       | Surveillance, preparation and response to epidemics   | 4,505,000         |
| DRC-03/H04                       | Health component of DDRRR                             | 7,343,000         |
| DRC-03/H02                       | Minimum package of emergency health care              | 766,900           |
| DRC-03/H07                       | Malaria control                                       | 1,257,160         |
| DRC-03/H13                       | Assistance to the control of HIV/AIDS/STI in the East | 318,000           |
| DRC-03/H09                       | Post –traumatic Stress Disorder Programme             | 1,000,000         |
|                                  | <b>TOTAL</b>  | <b>15,190,060</b> |

| <b>INTERNATIONAL LABOUR ORGANIZATION</b> |  |                  |
|--|--|------------------|
| DRC-03/ER/I08                            | Socio-economic reinsertion of child soldiers in the eastern provinces                                    | 720,000          |
| DRC-03/ER/I11                            | Support to income generating micro-projects to help the reinsertion of displaced in North and South Kivu | 720,000          |
| DRC-03/ER/I09                            | Support to the revival of associative and cooperative movement in Ituri, North and South Kivu            | 770,000          |
| DRC-03/ER/I10                            | Emergency jobs through micro-projects for rehabilitation of youth infrastructures                        | 760,000          |
| DRC-03/ER/I04                            | Jobs for peace in Ituri, North and South Kivu  | 525,000          |
| <b>TOTAL</b>                             |  | <b>3,495,000</b> |

| <b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b> |  |                   |
|--|--|-------------------|
| DRC-03/MS02  | International protection of and humanitarian assistance to refugees in the DRC, supporting durable solutions including voluntary repatriation, local integration and resettlement in third countries | 24,963,567        |
| <b>TOTAL</b>   |  | <b>24,963,567</b> |

| <b>ATLAS LOGISTIQUE</b> |  |                  |
|-------------------------|--|------------------|
| DRC-03/ER/I01           | Construction, reconstruction and rehabilitation of roads, shelters, buildings and public facilities in order to increase humanitarian intervention perimeter and relieve populations | 918,000          |
| DRC-03/CSS01            | Logistical and mechanical support to humanitarian assistance   | 1,134,000        |
| <b>TOTAL</b>            |  | <b>2,052,000</b> |

| <b>MEMISA BELGIUM</b> |   |                  |
|-----------------------|---|------------------|
| DRC-03/MS01           | Support to emergency intervention           | 527,000          |
| DRC-03/H15            | Safe blood transfusion in Bandundu province | 600,245          |
| <b>TOTAL</b>          |   | <b>1,127,245</b> |

| <b>GERDIS – FONEC</b> |   |                |
|-----------------------|---|----------------|
| DRC-03/ER/I03         | Support to Economic and Peace Initiatives in the East | 450,000        |
| <b>TOTAL</b>          |   | <b>450,000</b> |

|                    |  |                    |
|--------------------|--|--------------------|
| <b>GRAND TOTAL</b> |  | <b>268,645,326</b> |
|--------------------|--|--------------------|

## II. YEAR 2002 IN REVIEW

### A. MONITORING REPORT AND MONITORING MATRIX

| Strategic objectives  | Indicator  | Achievements / Constraints  |
|---|--|---|
| <b>Save lives</b><br>Reduced mortality and morbidity<br><br>More visible/reachable target groups<br><br>Less insecure communities   | <ul style="list-style-type: none"> <li>• Evolution of epidemiological statistics</li> <li>• Responsiveness, impact of Emergency Humanitarian Interventions (EHI)</li> </ul>  | <ul style="list-style-type: none"> <li>• No CAP funding for epidemiological surveillance</li> <li>• Good responsiveness to crises such as the Nyiragongo eruption, cholera epidemic, and other crises</li> <li>• Continuing inaccessibility of a large group of vulnerable populations due to insecurity, especially in the East</li> <li>• Some widening of humanitarian space due to shifts in the political landscape, especially in the West and North</li> </ul>   |
| <b>Preserve livelihoods</b><br>Reintegration of at least 500,000 IDPs and 150,000 refugees and self-survival capacities wherever so wished  | <ul style="list-style-type: none"> <li>• Movement of persons</li> <li>• Agricultural production</li> </ul>   | <ul style="list-style-type: none"> <li>• Inaccessibility and insecurity remain the major constraints</li> <li>• The local capacities of the host populations are exhausted</li> </ul> Populations are ready for return to their villages when security is guaranteed and basic needs are fulfilled  |
| <b>Revive local economies</b><br>Upward economic spiral <i>increasing</i> rates of populations above poverty line and <i>reducing</i> insecurity in conflict ridden areas               | <ul style="list-style-type: none"> <li>• Flows of goods on DRC's transport infrastructure, including in tension- ridden areas.</li> <li>• Performances in global agriculture output in 2002: best in four years</li> <li>• Impact on mortality surveys over time</li> </ul>          | <ul style="list-style-type: none"> <li>• Re-opening of the Congo river and discussions on the rehabilitation of the railway between Maniema and Lubumbashi and of routes in the Orientale province</li> <li>• Poverty increased</li> <li>• Agricultural output stays very low</li> <li>• Mortality rates have not decreased</li> </ul>  |
| <b>Enhance a sense of justice and fairness</b><br>Greater and more sustained understanding of humanitarian principles of neutrality and impartiality; More room for recovery activities | <ul style="list-style-type: none"> <li>• Access to civilians and quality of interaction with authorities and armed interlocutors</li> <li>• Integrity of humanitarian personnel in the field</li> <li>• Impact of cross-community initiatives in Ituri and Kivu provinces</li> </ul> | <ul style="list-style-type: none"> <li>• Widening of the humanitarian space in the North and West</li> <li>• Insecurity as a major constraint in the east for access to civilians</li> <li>• Several serious examples of Human Rights and fundamental Humanitarian Rights violations (Kisangani, Ituri, South-Kivu, Kindu)</li> <li>• Shifts of allies in the east</li> <li>• Forced withdrawal of humanitarian personnel in some areas on multiple occasions</li> <li>• Increase in ethnic conflicts in Ituri</li> </ul> |

### General Outcome

The Common Humanitarian Action Plan (CHAP) for 2002 was formulated in an environment of high expectations in a wide range of sectors that led to attempts to formulate strategies beyond the humanitarian assistance. However, funding patterns revealed that donors were more interested in supporting core humanitarian activities and projects and organisations that enhanced responsiveness on the ground. As a result, the pillar "Saving Lives" has attracted more attention than any of the other Consolidated Appeals Process (CAP) 2002 pillars.

Health, nutritional, food and agricultural assistance gained in strength and geographical coverage and were able to focus more acutely on critical cases thanks to appropriate levels of financial support for emergency responses. This is particularly clear in the fight against the effects of Acquired Immune-Deficiency Syndrome (AIDS), in nutritional surveillance (where improvements occurred at both methodological and operational levels), and in the provision of essential drugs based on the newly developed concept of the minimum health package. Food and agricultural support were closely linked. Over 1.2 million Congolese citizens and foreign refugees benefited from food assistance, and 2.6 million people benefited from agricultural support. Wherever possible, these activities were linked to protect the seeds distributed so that agricultural support could be used for self-reliance. For particularly vulnerable groups such as street children and child soldiers, the formulation of specific programmes has been characterised by a constant interaction between UN agencies, NGOs and the donor community.

An area in need of more attention is the psychological effect of the crisis. The conflict, violence and exploitation of civilians as well as natural crisis such as the Nyiragongo volcano eruption have affected people of all ages. Efforts carried out by agencies, NGOs and local structures such as the Forum des Mamans de l'Ituri (FOMI) have not yet received the attention that would enable a combination of psychological, social and community support to assist people suffering psychologically from the constant state of crisis in which they live.

There is still a blatant discrepancy between catastrophic levels of *visible and reachable* human suffering (let alone additional inaccessible pockets of vulnerability) and the constant under-funding of the bulk of humanitarian organisations. Nevertheless, several important initiatives have been successfully launched. Examples of achievements through proper partnership between international and local structures are: formal opening of the Congo River for commercial traffic; the successful attempts to combine nutritional, food and agricultural programmes in crisis-prone areas; discussions on the rehabilitation and reopening of the Kambelembe railway between Katanga and Maniema across the frontline; and the swift response to the Nyiragongo crisis. Likewise, evaluation missions have been carried out in several provinces, leading to humanitarian policy decisions and a widening humanitarian network across the country.

### HEALTH

The poor health situation of the Congolese population has not evolved significantly over the past year. The most important contributing factor to the increased mortality rate in the DRC remains the inaccessibility to basic health care services for the majority of the Congolese population, due to either insecurity or economic reasons. The number of deaths as a direct or indirect result of the war is now estimated at three million.

Despite the contribution of several development partners to the health sector, the various programmes and interventions have not yet been able to respond to the essential needs of the population. The country faces numerous epidemics such as cholera, monkey-pox, measles, etc. The situation is particularly poor in the rebel-held areas where NGOs and humanitarian agents try to respond to the basic needs of the population.

In September 2001 an inter-agency seminar was organised in Nairobi, Kenya to discuss the precarious health situation in the DRC. A Minimum Package of Activities was defined and should be put in place urgently in all areas.

There are possible windows of opportunity open for the health sector especially with the return of the Bretton Woods institution (Multi-sector Emergency Programme for the Reconstruction and Rehabilitation). Several specific programmes to fight against tuberculosis such as the Global Drugs Facility's provision of access to anti-tuberculosis medicine, the fight against HIV/AIDS (in the framework of the Action Plan financed by the ABD) and the re-launch of the routine vaccination programme (with the support of the GAVI).

## **Specific Achievements**

### **World Health Organization (WHO)**

- Health programmes were strengthened, with the objective of reducing the vulnerability of target populations. Through the integrated surveillance system for diseases, epidemics such as the cholera in Katanga and Maniema, measles in Bandundu and the monkey-pox epidemic in the Orientale province and Equateur have been detected and treated. The capacity of the 11 provincial laboratories of public health and of the Higher Institutes for Medical Techniques have been reinforced by the training of technicians and the delivery of laboratory equipment.
- Emergency stocks have been pre-positioned and a variety of tools distributed (cholera kits, vaccinations, protection material, etc) in the fight against epidemics.
- The establishment of a partnership in the east to fight against malaria, where one of the results has been the support to the chemo-sensitivity studies (Orientale province and South-Kivu). The support to the diffusion of the new national policy against malaria permitted different actors on the field to become acquainted with this new policy. Prevention and treatment activities need to be reinforced and supported in the eastern provinces, which are at greater risk because of their proximity to countries where resistance against classic anti-malaria medicine has been proven.
- Support to documents distribution on the national policy on the fight against AIDS and to the surveillance system of the second generation HIV/AIDS through personnel training and equipment donation that will enable ten sentinel sites for surveillance to be operational.
- In collaboration with the usual partners, three phases of the national vaccination days for the eradication of poliomyelitis have been organised. About 12 million under-five children have been vaccinated against polio and 11 million have been supplemented with vitamin A. A few health zones in the Orientale province and Maniema were not reached due to insecurity. The cross-frontline activities made it possible to vaccinate children along the frontline.
- A cholera epidemic that was feared as a consequence of displacement and lack of safe water in the aftermath of the Nyiragongo crisis was prevented due to the rapid response by international agencies (water supply) and due to the readiness of local health services to take preventive measures. This has been possible thanks to the coordination structures supported by the World Health Organization (WHO).
- WHO provided psychological aid to the victims of the Nyiragongo eruption and gave training to medical and psychosocial actors in counselling and treatment of psychological traumas linked to crisis situations. WHO also fielded two missions for the assessment of vulnerability and the risks associated with the volcanic eruption, and a series of recommendations were made and were incorporated into the preparedness plan that was developed.

### **United Nations Children's Fund (UNICEF)**

- Support and provide essential medical supplies; training and rehabilitation of 633 health facilities benefiting approximately 6,031,000 persons in 37 health zones, throughout the DRC.
- Support to about 800 health centres in 41-health zones country wide, through a grant from BPRM (US Government) to provide essential drugs and medical supplies through the SANRU project.
- Distribution of emergency supplies to various international and national partners for cholera outbreaks.
- Emergency stocks located in Kinshasa and Goma ready for emergency distributions in case of cholera outbreak.

- Provision of Ringer's Lactate Chlorine and Oral Rehydration Salts (ORS) to cholera patients.
- Response to cholera outbreaks in South Kivu and Katanga and measles epidemics in Kinshasa and Katanga.
- Support to cholera training programmes.
- Launch of the 2002 National Measles Immunisation days (all provinces) to immunise 90% of children aged six months to 15 years old in the participating health zones.

#### **United Nations Population Fund (UNFPA)**

- Support to 16 maternity houses in Kisangani: rehabilitation of the Maternity House of the General Hospital; training of five medical doctors in Echography; provision of Reproductive Health (RH) equipment and essential drugs.
- A project has been approved to efficiently address Human Immune-deficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) and Sexually Transmitted Infection (STI) issues in conflict and post-conflict situation. The main purposes include: (a) reinforcement of the Field Office in responding to Reproductive Health (RH) emergencies in conflict and post-conflict situation; (b) strengthening of inter-agency coordination in implementing emergency RH programmes, including national authorities and NGOs. Under this project, UNFPA's Humanitarian Response Group Emergency RH kits are being provided to refugee camps through the United Nations High Commissioner for Refugees (UNHCR) Regional Office as well as to some FAC camps through the Ministry of Health.

### **FOOD SECURITY**

With its enormous potential in water, land and forest resources, the DRC has an important role to play in food production. The country holds 50% of all inland water resources on the African continent and, as such, has the potential for supplying water to countries in the sub-region as well as the entire continent. The country could benefit from using its water resources to increase food production and thereby contribute to the reduction of food insecurity, which affects nearly 64% of its population. However, of the potential five million hectares of agricultural land contained within the DRC, only 13,000 hectares are currently under irrigation.

For the immediate future, emphasis needs to be placed on two tracks: emergency programmes that address food insecurity, and early rehabilitation and development programmes to expand agricultural production. The situation must be considered urgent. Long and persistent upheavals during four years of war have extended over the greater part of the territory. Agriculture as well as other sectors of the economy have suffered considerably. In Kinshasa alone the deficit of food supply was estimated at one million tonnes. Insufficient production, transport difficulties and the ensuing high prices, coupled with insufficient purchasing power has generated a state of endemic malnutrition that has affected a large part of the population.

The population of the DRC has suffered severe malnutrition since the beginning of the war. Ongoing conflict, displacement, decreased economic activity and a general deterioration of social services in the community have made it difficult for the population to meet their most basic needs. Although humanitarian aid has reached part of the population, most families and communities remain in a precarious situation. Since 1998, the rate of severe malnutrition has remained very high despite ongoing humanitarian activities on various levels.

In 2002, a major effort was made by the humanitarian community to identify and help communities most affected by severe malnutrition. Through the introduction and subsequent training of the national nutritional staff, nutritional surveillance systems have been established throughout the DRC to better identify and assist vulnerable persons.

## Specific Achievements

### Food and Agriculture Organization (FAO)

So far in 2002, approximately 516,400 families have benefited from FAO assistance. The number of beneficiary households is summarised below:

| <i>Province</i>  | <i>Food crop seeds</i> | <i>Vegetable seeds</i> | <i>Tools</i>   | <i>Fishing equipment</i> |
|------------------|------------------------|------------------------|----------------|--------------------------|
| Bas Congo        | 3,000                  |                        | 3,000          |                          |
| Kinshasa         | 12,000                 | 13,100                 | 25,100         |                          |
| Bandundu         | 7,200                  | 3,400                  | 10,600         |                          |
| Equateur         | 17,000                 | 40,750                 | 57,750         | 16,220                   |
| Kasaï Occidental | 10,000                 | 13,750                 | 23,750         |                          |
| Kasaï Oriental   | 15,000                 | 25,550                 | 40,550         |                          |
| Sud Katanga      | 8,200                  | 13,100                 | 21,300         |                          |
| Nord Katanga     | 7,000                  | 20,000                 | 27,000         | 2,000                    |
| Oriental         | 30,400                 | 53,660                 | 84,060         | 6,840                    |
| Maniema          | 2,200                  | 12,000                 | 14,200         |                          |
| Nord Kivu        | 45,800                 | 48,650                 | 94,450         |                          |
| Sud Kivu         | 41,800                 | 39,050                 | 80,850         |                          |
| <b>TOTAL</b>     | <b>199,600</b>         | <b>283,010</b>         | <b>482,610</b> | <b>25,060</b>            |

In addition to the provision of agricultural inputs to vulnerable households, FAO has undertaken projects for the emergency rehabilitation of agricultural feeder roads, the production of planting material and projects in support of nutritional centres. In total, FAO has reached close to 3,100,000 persons through the following projects:

- Provision of essential agricultural inputs (food crop seeds, vegetable seeds, tools and fishing equipment) to vulnerable households;
- Support to vegetable gardening activities of conflict-affected households in the eastern provinces;
- Assistance to households with malnourished children in feeding through distribution of agricultural inputs and provision of training in support to feeding centres in eastern Provinces;
- Emergency agricultural and fisheries assistance to vulnerable households along the Congo River and in the Mission d'Observation des Nations Unies au Congo (MONUC) deployment zones.

FAO also supported several early rehabilitation activities including:

- Initiate emergency rehabilitation of agriculture feeder road projects in North Kivu and Orientale province; Bas-Congo, Bandundu and Kinshasa;
- Support to production of good quality seeds and disease free cassava cuttings (86,500 beneficiaries in ten Provinces);
- Continued support to aquaculture production in Orientale province.

FAO continued its support to coordination of emergency agriculture operations through the two main coordination units based in Kinshasa and Goma and the network of sub-offices located in Mbandaka, Kikwit, Kananga, Mbuji Mayi, Lubumbashi, Kisangani, Kindu, Bunia, Béni, Bukavu, and Kalemie. Efforts have systematically focused on collection, consolidation, analysis and dissemination through "Le Bulletin sur la Sécurité Alimentaire, coordination of interventions to avoid duplication, and provision of technical expertise. Of particular note is a study on the impact of HIV/AIDS on food security to vulnerable households in the Kivu Provinces carried out by FAO.



## **World Food Programme (WFP)**

- Food assistance to the hungry, targeting an average of 1.2 million people consisting of vulnerable groups, IDPs, and Angolan refugees through general and targeted food distribution mechanisms, Food-for-Work (FFW) and Food-for-Training (FFT) activities.
- Eight DRC provinces have been covered by WFP's assistance (North and South Kivu, Katanga, Equateur, Kasai Oriental, Kinshasa, Bandundu and Bas-Congo).
- Three projects are currently being implemented: Assistance to war-affected people (PRRO), assistance to Angolan refugees and assistance to victims of the volcanic eruption in eastern DRC and western Rwanda. These projects are gradually being incorporated into the Protracted Relief and Rehabilitation Operations (PRRO).
- From January to June 2002, a total of 20,441 MTs of food were distributed. Over 705,000 people received food assistance from WFP at least once. Out of the 20,441 MTs distributed, 7,000 MTs were distributed to the victims of the volcanic eruption in Goma and Bukavu.
- The availability of free humanitarian passenger air service facilitated rapid response activities and emergency assessment missions to project areas and in particular areas affected by the eruption of the Nyiragongo. Unfortunately, no pledges were received from donors after January 2002, despite the efforts of the Country office and the NGOs to find solutions to continue its implementation. The project was closed in March 2002 because of lack of resources.
- UNICEF and FAO collaboration strengthened the support to feeding centres as well as agricultural inputs and training in an effort to improve sustainable treatment of malnutrition and avoid relapses.
- Two international consultants carried out a DRC case study in order to assess the overall gender context of the DRC and more specifically WFP's actions to reduce the gender gap.

## **United Nations Children's Fund (UNICEF)**

- Assistance with other partners to 33,564 severely malnourished children in 90 nutritional centres throughout the DRC.
- Provide its nutritional partners with the following supplies: Therapeutic Milk (283,845), Resomal (165), Oxford Committee for Famine Relief (OXFAM) kits (39) and essential drug kits (65), new kits and milk have been ordered for distribution.
- Hire technical consultants to support and supervise all nutritional partners to ensure a minimal standard of care for the most vulnerable populations.
- Support 90 therapeutic feeding centres with therapeutic milk, nutritional kits for the preparation and distribution of meals, drugs and medical equipment for the treatment of approximately 60,000 severely malnourished children.
- Introduce and train national nutritional protocol as well as the development of a database addressing and eventually analysing the acute malnutrition problem facing the DRC.

## **CHILD PROTECTION**

Since June 2001, when President Joseph Kabila launched a national campaign against recruitment of child soldiers and the subsequent participation of opposition groups in similar campaigns, UNICEF has taken the lead role in the defence of Congolese child soldiers. The DDR programme that calls for the demilitarisation, demobilisation and reintegration of ex-child soldiers into their communities took serious measures by the end of 2002. In 2001, 207 child soldiers were demobilised in Kinshasa, and in 2002, 122 more have been demobilised in Kinshasa and about 300 in Lubumbashi. The RCD-Goma has also promised to start the demobilisation of a number of child soldiers. UNICEF, in collaboration with national and international partners, continues to support the initiative shown by both the Government and the rebel forces operating in the DRC.

In August 2002, there was another emergency when the authorities announced a programme to arrest and confine the street children in Kinshasa. UNICEF took the lead finding immediate and permanent solutions to the problems facing the 'shagas' or street children of Kinshasa.

UNICEF also supports other groups of war-affected children such as internally displaced children.

### **Specific Achievements**

#### **United Nations Children's Fund (UNICEF)**

- Demobilisation and reinsertion activities and increased pressure on different armed groups.
- Lobbying for the demobilisation of child soldiers in existing armed groups in the DRC.
- In collaboration with NGOs as well as other UN agencies, UNICEF is preparing to repatriate and reunite ex-child soldiers with their families, and accommodate about 300 ex-child soldiers in Lubumbashi by the end of 2002.
- 122 child soldiers have been demobilised in Kinshasa and reintegration continues for 207 demobilised in December 2001.
- 70 'trainers of trainers' (ToT) were trained in the psychosocial needs of child soldiers and different, adapted approaches required to meet these needs. These ToTs then were dispatched to train additional social workers who will take care of these special children.
- Coordinate and provide aid to over 1,200 street children by supporting ten transit centres throughout Kinshasa with non-food items, rehabilitation of infrastructures and basic medicines and medical equipment.
- Continue support to organisations and activities targeting non-accompanied children as well as programmes supporting other needy children.
- Provide IDP kits to various partners in the region (more than 20,000 families).
- Distribute blankets, jerry cans, plastic sheeting, cooking sets and soap to additional 2,134 families in the region surrounding Lubero, North Kivu.
- Out of the 22,706 families aided this year, 14,622 were in South Kivu, 4,448 in North Kivu, 3,660 in Katanga (North and southeast, along the frontline).

### **EMERGENCY EDUCATION**

Today's educational emergency situation in the DRC is a situation created by years of war and conflicts, which have disorganised, destabilised and then destroyed the educational system. It is estimated that only 30% of children at school age attend and complete primary school. Secondary school attendance and completion is significantly lower at just 12%. As a consequence, the reconstruction of the entire educational system throughout the country is the most urgent objective.

Therefore, the CHAP focuses on "emergency education" that gives special attention to children who have been obliged to quit school or who have had to delay their admission through lack of infrastructure, teachers and other educational facilities. Special groups such as war-affected, displaced, disabled, ex-soldiers and orphaned street children are also targeted by this measure.

### **Specific Achievements**

#### **United Nations Children's Fund (UNICEF)**

- Provision of emergency educational assistance to almost 60,000 internally displaced children.
- Support to 593 schools through the distribution of 1,900 educational and recreation kits for teachers and students, teaching 60,000 vulnerable children.
- Training of 5,264 teachers as well as 160 'non-formal' educators through a UNICEF funded training programme.

- Provision of support to Catholic Relief Services (CRS) - implemented emergency education programme in Sankuru (Kasai) targeting 5,000 children through the distribution of education kits and 12,000 textbooks for French and mathematics.

### **United Nations Educational, Scientific and Cultural Organization (UNESCO)**

- Support to the teacher training college (IPN) within the programme 'Education For All' (EFA).
- Support to literacy programmes:
- Follow up of the Global Conference on University Education:
- Support to the teacher training college for young girls in Kinshasa.
- Coorganisation of a national workshop on education within the framework of a series of workshops initiated by OCHA aimed at enabling national experts from across the country to come together after years of separation, and address urgent issues affecting the country and its people. The workshops led to a national plan of action, which identified emergency issues such as education in areas plagued by forced labour and forced recruitment.

### **REVIVAL OF ECONOMIC ACTIVITIES**

Tremors of reviving formal economic activities felt during the year 2002 were limited to towns which have historic trading links to the outside world (e.g., Kinshasa, Lubumbashi, Beni, Matadi) or, and more interestingly, from the yet modest outcome of the Inter-Congolese Dialogue (traffic from Kinshasa to Lisala, Bumba).

For the humanitarian community, the major success was the continuation of the strategy to re-open the DRC's "highways" – its rivers – to trade and exchange. This effort continued to bring together humanitarian organisations, warring parties, local authorities, MONUC and donors.

In February, a barge filled with emergency items and equipment from CARITAS/CRS chartered with support from the UN's Emergency Humanitarian Intervention fund, left Kinshasa with a MONUC escort and reached Bena Dibele in RCD-Goma held territory (in Kasai Oriental's Sankuru District, one of the most remote areas of DRC even before the war). Before this operation, the area was only accessible by plane from Goma or Bukavu, hence making even basic commercial transactions extremely onerous and limited to a tiny elite. Prior contacts by the Bishop of Tshumbe, with support from OCHA, with all parties, led to a successful conclusion of the trip and represented a confidence booster for expediting the re-opening of the politically more sensitive and economically more decisive resumption of traffic between Kinshasa and Kisangani. In late April, twenty-six partners under the technical coordination of FAO's working group put together a 250 meter-long barge with over 1,200 MTs of medical equipment, food and non-food items destined from humanitarian programmes in Lisala and Bumba in MLC-held areas and Isangi and Kisangani in RCD - Goma territories. OCHA, Medische Missie Samenwerking (MEMISA)-Belgium, the Ambassador of the Sovereign Order of Malta and MONUC reached together Kisangani on May 20, bringing a ray of joy and hope to a population just emerging from the six preceding days of violent insurrection and repression. On its way back the barge transported approximately 500 MTs of food purchased from local associations based far from major localities, so as to avoid any effects on prices and quantities in existing outlets.

This first humanitarian barge between the two navigable ends of the Congo River was meant to lift the last obstacles to a total reopening of the river. However, the absence of commercial traffic between Kinshasa and Kisangani since then is one of the most disappointing outcomes of this year's events. Despite this temporary setback, new efforts are underway to build renewed confidence. The working group continues to receive strong support for this endeavour from the diplomatic community.

Meanwhile another dynamic emerged in April when engineers and senior administrative staff of the national railway company SNCC came from Kalémie and Lubumbashi to meet in Kindu on OCHA's invitation (after obtaining clearances from Kinshasa and Goma) for their first meeting in four years. The meeting, which was followed by a second gathering in Lubumbashi, led to the drafting of a plan of action for the reopening of the railway between Lubumbashi, Kindu and Kalémie, otherwise named Opération Kambelebele (nickname for the people of Maniema). Since then, a wealth of exchanges have taken

place with NGOs active along the railway line as well as with traditional chiefs willing to make use of their authority for mediation purposes with armed groups. An inter-agency mission is scheduled in November 2002 to finalise the roadmap to be presented to the respective authorities.

These activities fit with OCHA's long-standing advocacy for the reopening of economic and other types of access. As an example, movements between eastern DRC and southern Katanga have included exploratory missions in Nynzu in October 1999, the opening of Malemba Nkulu and Ankoro to WFP and a number of NGOs in May 2000 and the transfer of 47 students in Medicine and Law from Kindu to Lubumbashi in November 2001.

In collaboration with the Government, the International Labour Organization (ILO) has formulated an emergency programme for the creation and promotion of employment within a context of an active partnership. In order to tackle the economic reinsertion of vulnerable groups and demobilised combatants, a project financed by the WB was implemented as a pilot project targeting 800 vulnerable persons. Within the programme of crises and reconstruction ILO has also been able to participate in the reconstruction phase of Goma after the eruption of the Nyiragongo. The organisation has also launched in Kinshasa a pilot project for the establishment of a system of basic health insurance for teachers.

## REFUGEES

There is still a great deal of unpredictability, volatility and insecurity in UNHCR's working environment, despite the Lusaka cease fire agreement and the Sun City accords. Conditions in the DRC are not yet favourable for the voluntary repatriation of the almost 400,000 Congolese, in neighbouring countries. Meanwhile, UNHCR's refugee statistics of 31 August 2002 show that the Office assists some 174,000 out of a total of 335,000 refugees from neighbouring countries in the territory of the DRC. As in earlier years, operations were hampered by prevailing insecurity as well as by the sheer size of the country in combination with bad road conditions and the poor state of bridges and other infrastructure.

### Progress during the first six months of 2002, as measured against selected indicators

| INDICATORS  | PROGRESS ACHIEVED   |
|---|---|
| 2,500 Angolan refugees per month are repatriated with UNHCR assistance.   | 295 urban refugees were repatriated to Luanda (by plane), in addition 6,332 Angolans (i.e. 1,266 per month) returned spontaneously between February and June.   |
| Good level of cooperation between local officials and UN staff is reached.  | Throughout the DRC, 36 cases of refugee detention were resolved (refugees were released) upon UNHCR's intervention with local officials.  |
| 500 North Sudanese refugees repatriated with HCR assistance back home.  | 169 Sudanese were repatriated to Northern Sudan (by plane).   |
| 100% of urban refugee boys and girls attend national schools and benefit from UNHCR assistance by getting regularly their fees in time. | Not just in the urban centres but in the whole of the DRC, 100% of refugee children eligible for primary school were enabled to attend national or refugee schools (UNHCR provides fees, material, school rehabilitation).  |
| Requests for information on country of origin are responded to.   | 90% of the requests from countries of asylum have been responded to.  |
| 80% of the urban cases pending repatriation, resettlement or re-unification are resolved.   | All Rwandan UAMs in Kinshasa were either repatriated or re-united with their families (15), reached adulthood (2) or were placed with a foster family (1). The UAM centre in Kinshasa was thus closed.  |
| 1,250 Burundian and 500 Rwandan refugees are repatriated per month.   | In the first six months, a total of 4,407 (i.e. a monthly average of over 700) Rwandan refugees were repatriated. No Burundian refugees have been repatriated.  |
| Rape/criminal cases are reduced by 60%.   | Following similar initiatives previously undertaken in Kinshasa, 80 individuals, including refugee women, government representatives, army personnel and implementing partners participated in three courses held in sites in Bas Congo and Katanga provinces raising awareness about and seeking to prevent SGBV. The number of reported rape cases appears to be low. However, it is an achievement that such cases are now reported. |

## **Specific Achievements**

### **United Nations High Commissioner for Refugees (UNHCR)**

- In Bas Congo, Bandundu and Katanga registration and support of Angolans wishing to return home. Preparing for organised repatriation on a larger scale in 2003.
- Humanitarian assistance to Angolan refugees in the provinces of Katanga, Bas-Congo, and Bandundu.
- 42,915 out of 75,430 Sudanese refugees were assisted with agricultural and income generating activities to increase their level of self-sufficiency.
- Newly arrived Sudanese refugees in Doruma were provided with basic non-food items.
- Rehabilitation in the northeast of 137 km of roads, 3 bridges and 14 wells to gain access to drinking water.
- Repatriation of 169 northern Sudanese refugees - mostly merchants - who had been trapped in southern Sudan when fighting resumed while they were conducting business in the area. They subsequently sought refuge in the DRC together with southern Sudanese refugees, and have now been repatriated to their areas of origin in northern Sudan.
- In the area of Boga (Province Orientale): registration of 3,993 Ugandan refugees and provision of humanitarian assistance;
- Assistance to about a total of some 300 Burundian refugees previously registered in the cities of Bukavu and Goma with rental subsidies, food, support for primary and secondary education and vocational training for adults;
- 4,390 Rwandans were assisted with voluntary repatriation of whom 185 were unaccompanied minors who were reunited with their families in Rwanda;
- 5,821 Central African refugees were transferred to the recently constructed site in Mole. A health centre and 29 primary school classes have been built. A spring water system has been erected. The refugees built some 1,700 dwellings. Seeds, farming tools and other material were distributed to 1,200 heads of families to cultivate the 10,000 ha of farming land provided by the local authorities. A food distribution centre has been built to facilitate food distribution and the 35 kms road from Zongo to Mole has been rehabilitated.
- In Kinshasa, according to need, assistance was granted to about 3,000 urban refugees, mainly Angolans with basic domestic items, rental subsidies, subsistence allowances for six months, micro-credits, tuition fees, grants for university studies and vocational training and health care.
- The UNHCR accommodation centre in Lubumbashi received an additional 100 Burundian and Rwandan refugees from other parts of the DRC bringing the number of assisted refugees in the centre to a total of 794. The refugees were transferred to the improved facilities on the outskirts of the city.
- In an attempt to upgrade the repatriation facilities for Rwandan refugees, UNHCR constructed two new repatriation assembly points and one transit centre and rehabilitated 11 existing assembly points in the Kivu. Two main access roads were rehabilitated in Bukavu.

## **HIV/AIDS**

The situation of HIV/AIDS in the DRC has taken on devastating proportions. On average 5% of the population is infected, the eastern regions rank high with 20 to 22%. Due to lack of funding however, HIV/AIDS prevention and treatment-related projects are scarce, and in the eastern regions hardly exist, but UNAIDS managed to undertake some activities in collaboration with other agencies, thanks to funding outside the CAP.

## **Specific Achievements**

- An integrated Action Plan to fight HIV/AIDS was set up by the UN System in the DRC.
- UNDP supplied the PNLs with drugs, support the sensitisation of religious leaders and the opening of centres providing services on HIV/AIDS, etc.
- WHO supported both the National Programme for Blood Transfusion and the epidemiological surveillance to improve the information on the HIV/AIDS problem in all provinces. WHO also implemented activities for ten sentinel sites for the surveillance and the collection of information. It is also piloting two sites with a minimum package of health interventions.
- World Bank funding improved the coordination of the PNLs, the access to tested blood and condoms,

- and the treatment of STI. This has been carried out by PSI, GTZ and FOMETRO.
- UNICEF worked on youth peer education in several provinces and began a programme addressing mother-to-child transmission in Bukavu and Bas-Congo.
  - WFP supports NGOs working with AIDS/HIV patients with food assistance.
  - UNHCR activities focus on the prevention and sensitisation of refugees and the treatment of STI.
  - MONUC offers its logistic supports for any actions related to HIV/AIDS, and organises sensitisation activities for MONUC troops in the DRC.
  - UNAIDS has supported all activities by technical support and expertise, and by the mobilisation of resources. A project has been proposed in the context of the Congo Oubangi Chari, funded by the ADB, that will be implemented in the DRC, the RoC, the CAR and Chad through UNOPS.
  - UNAIDS together with WHO, USAID, GTZ and others, have assisted the Government to prepare and submit a project to the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria.

## **HUMAN RIGHTS**

Some improvement in the Human Rights situation has been observed this year. Illegal detention centres have been closed down, civilians can no longer be tried at the Cour d'Ordre Militaire, political life has been liberalised, and a National Conference on Human Rights has been held leading to a Congolese Charter on Human Rights and Civilian Rights. However, severe and massive violations of Human and Peoples Rights have taken place in the east: sexual violence against women, massacres of civilian populations, arbitrary and extra judicial executions, arbitrary detentions, the use of children in armed conflicts, the dysfunctional judicial system, torture and other cruel treatments, etc. In the Government-controlled region, the situation has deteriorated owing to disagreement at the Inter-Congolese Dialogue. The general situation needs an effective involvement of the HRFOC and NGOs active in the Human Rights sector.

## **SECURITY MANAGEMENT**

Several actions have been undertaken to reinforce the security office of the UN (UNSECOORD).

### 1. Opening of a security antenna in northern Katanga

In May 2002, with funds provided by the Netherlands, a security antenna was set up in Kalemie and a local assistant was recruited. This initiative was taken to establish better security coverage in the very insecure region of northern Katanga controlled by RCD-Goma. The rest of the province is under government control and covered by the FSO based in Lubumbashi.

### 2. Reinforcement of the equipment of sub-offices

Equipment for the sub-offices in Lubumbashi and Kisangani has been pursued. These two sub-offices have been opened with the logistic support of UNICEF and HCR. The sub-offices have been equipped with their own means of transport: a vehicle for the Security Officer and a small bus for interventions of the Congolese police has been put at the disposal of the UN. The recruitment of radio operators for 24-hour radio rooms has been completed in Lubumbashi, Kisangani, Bukavu and Kinshasa. While waiting for the delivery of radio equipment, WFP has put the necessary equipment and space at the disposal of the sub-offices. A vehicle for interventions has been obtained on secondment from the police in Bukavu.

## **COORDINATION**

The impact of political and military developments on the humanitarian situation, together with the eruption of the Nyiragongo volcano in January, clearly illustrate the complex nature of the emergency situation witnessed by the DRC in 2002. Natural disasters (Nyiragongo and Nyiramulagira volcano eruptions, floods in Equateur, drought in southern DRC) in addition to humanitarian emergencies caused by the intensification of fighting and violence in parts of eastern DRC are indicative of the volatile context that characterised the country this year.

Meanwhile, the seemingly recovered stability in other areas of the DRC has brought to light the diversity of the Congolese crisis and the need to reinforce emergency response and coordination mechanisms, as well as the need to resume development-oriented programmes to ensure the transition to early recovery of local communities.

The recent aggravation of violence in rebel-held areas (mainly in Ituri region, Sotuh Kivu, Kindu, Shabunda and northern Katanga) increased the number of displaced persons by at least 500,000 since the beginning of the year, putting considerable pressure on the humanitarian community's response capacity. The continuous eruption of cholera epidemics in many provinces (Kasais, Katanga, Orientale and Kivus) is an indication of the exhaustion of the population's survival strategies after years of protracted crisis and the need to reinforce the existing emergency response and coordination mechanisms.

In order to respond adequately to the constant evolution of the Congolese crisis, the UN agencies and the donor community agreed that coordination structures should be reinforced and that OCHA's structure be strengthened and its geographical coverage expanded. The restructuring of OCHA started in September 2002.

In this context, OCHA offices in the field have continued to perform their duties by ensuring:

- A permanent interface between the humanitarian community and local authorities;
- Information gathering and dissemination, including the first steps toward the establishment of a database/GIS system in Kinshasa and Goma;
- Coordination of humanitarian activities and facilitation of interventions (US\$ 920,000) was spent to support rapid delivery of humanitarian assistance and evaluation missions);
- Strategic planning (e.g. contingency planning for the DRC and Goma-Nyiragongo);
- Advocacy and promotion of humanitarian principles (country-wide workshops and facilitation of contacts between Congolese officials from both sides of the frontline);
- Support to initiatives for the resumption of commercial exchanges inside the country and across the frontline (e.g. Peace boat to Kisangani, commercial barge to Bumba, assessment and action plan for the rehabilitation of the railway network in Maniema and Katanga provinces).

### **EMERGENCY HUMANITARIAN INTERVENTIONS**

Since its creation in 1999, the Emergency Response Fund (ERF) mechanism has proved to be an important tool for rapid responses to humanitarian crisis and has shown its flexibility while addressing the various crises that hit the DRC.

During 2002, the ERF dynamic has been concentrated on the four pillars of the CAP:

- Saving lives, by:
  - insuring rapid evaluation and information collection;
  - insuring rapid deployment of humanitarian workers;
  - insuring rapid and adequate delivery of assistance.
- Preserving livelihoods, by:
  - allowing rapid and sustained recovery of the assisted population through micro/ macro projects;
  - strengthening coping strategies among returning of hosting populations;
  - providing ad hoc and sustainable responses to, or prevention capacities vis-à-vis acute and endemic crises;
- Support revival of local economies, by:
  - improving food security;
  - rehabilitating communication infrastructures, boosting absorption capacity of hosting populations;
  - promoting and linking economic and reconciliation initiatives;
  - rehabilitating social and health infrastructures, promoting community credit programmes.

- Enhance the sense of justice and fairness, by:
  - promoting peace building / comforting initiatives likely to address the overall feeling of injustice and impunity;
  - creating provincial consultative groups tasked to reach a better common understanding of humanitarian issues and ways of responding;
  - supporting country wide school exam sessions;
  - advocating humanitarian and human rights principles through workshops and trainings.

Amongst the interventions facilitated by the ERF, the Emergency Humanitarian Interventions (EHI) component allowed the implementation of air operations (airlift), logistical support to UN/NGO interventions, complex assessment missions and quick delivery of assistance during acute crises.

The rapid deployment of an epidemiological team (e.g. in Dekesse to assess the suspected cases of haemorrhagic fever in December 2001 and March 2002), the facilitation of delivery of assistance through the funding of logistical operations (e.g. Nyiragongo crisis in February 2002) and the rapid delivery of relief supplies during massive population displacement (e.g. Ituri crisis in August 2002) are examples of coordinated and complementary interventions that could not have been achieved without the ERF mechanism. The achievement of numerous assessment missions also resulted in the implementation of humanitarian programmes in unvisited areas (e.g. Imese-Libenge, resettlement programme for returnees).

Through its Quick Impact Projects (QIPs) component, the ERF funded projects to support the early recovery of local communities (e.g. Ikela food security and educational support project). Labour-intensive projects for the rehabilitation of road and communication infrastructure have, beyond the considerable impact on access and resumption of commercial exchanges, increased income among local populations (e.g. feeder roads rehabilitation programmes in Orientale province) and promoted the use of local resources and knowledge (e.g., the rehabilitation of Tshofa airstrip by using exclusively local resources).

The facilitation of the countrywide School Exam Session allowed some 54,000 high school students in rebel controlled areas to take the exam, 25% more than in 2001 when there were 43,000 participants in 2001. Printing costs of examination papers and forms were partially supported by the ERF to reduce the enrolment fee to be paid by participants' families in rebel-held areas. The national exam campaign, supported by the UN since 1998, is the only possibility for students in rebel-held areas to take the examinations, and has a considerable comforting impact on the Congolese youth. The overall operation cost was US\$ 39,000.

In addition, joint missions with the National Railway Company (SNCC) experts from both side of the frontline developed a detailed rehabilitation plan to resume the rail traffic between Katanga and Maniema. The railway network represents the most important source of income for households in these areas.

In total, US\$ 1,900,000 was spent through the ERF to support humanitarian efforts in 2002.

The ERF rapid reaction capacity and multidisciplinary approach has been the visiting card for the UN agencies in the DRC. During 2003, the decentralisation of the ERF mechanism and the reinforcement of the humanitarian coordination at local level are on the agenda to fit the new humanitarian context.

## **B. FINANCIAL OVERVIEW**

### **General reflections**

The overall response to the 2002 CAP is reported at 39.76% as of 23 October 2002. However, a closer analysis of the response shows considerable variations in response to the four main pillars (see the table below). Not surprisingly given the scale of the emergency needs, the pillar "Saving Lives" has attracted the largest response (54.7%). The pillars aimed at preserving and reviving economic activity, and enhancing justice and fairness received much less funding. It appears that donors were not yet ready to devote resources to programmes not immediately focused on emergency needs and that investments in these pillars will have to await further developments on the political front.



**Response to the 2002 CAP by Pillar  
(as of 23 October 2002)**

| <b>Pillar</b>                             | <b>Amount Requested</b> | <b>Amount Received</b> | <b>% of Request Received</b> | <b>% of Total Received</b> |
|---|-------------------------|------------------------|------------------------------|----------------------------|
| Saving Lives                              | 126,602,906             | 69,256,150             | 54.70                        | 86.50                      |
| Preserving Livelihoods                    | 43,118,460              | 5,928,908              | 13.75                        | 7.40                       |
| Reviving Local Economies                  | 17,506,416              | 838,244                | 4.78                         | 1.04                       |
| Enhancing a Sense of Fairness and Justice | 6,454,197               | 617,627                | 9.56                         | 0.77                       |
| Coordination and Security                 | 7,677,525               | 3,415,908              | 44.49                        | 4.26                       |
| <b>TOTAL</b>                              | <b>201,359,504</b>      | <b>80,056,837</b>      | <b>39.76</b>                 | <b>100</b>                 |

While most donors consider the CAP to be a good tool for financing, a few governments prefer to provide funding largely outside the CAP. Most of the contributions outside the CAP went to NGOs working on the health sector, IDPs, refugees, children, multi-sector actions, and media.

Donor response in 2002 went in priority to Food Assistance and Multi-sectoral Assistance to Refugees. Coordination and support services, health and agriculture received a lower level of funding, although humanitarian coordination has been fully funded. The sectors of economic recovery, education, family shelter and non-food items, mine action and water and sanitation were largely under-funded or did not receive funds at all. The lack of resources had concrete consequences. For example, UNICEF was forced to delay its plans for a major measles vaccination campaign in eastern DRC. Measles remains one of the main causes of mortality among children in eastern DRC.

**Detailed reflections**

**WFP**

WFP received a satisfactory level of financing through the CAP as 68% of overall requirements were met. Seventy percent of the projects in the pillar "Saving lives" were financed.

Outside the CAP, another 20% were financed for emergency needs due to the Nyiragongo crisis. This low level of funding seriously impacted on the level of the planned food assistance to some 180,000 beneficiaries in Goma. General distributions and FFW activities had to be suspended several times because of insufficient stocks.

Lack of sufficient funding prevented the rehabilitation of the railway bridge over the Nyemba River and obliged the air transport service to close down at the beginning of March, worsening transport and communication problems between the east and the west for the humanitarian community.

**UNHCR**

Seventy percent of the required funds were provided by donors, enabling UNHCR to meet this year's objectives. However, 2003 may be even more challenging owing to the new political context and its possible humanitarian implications for UNHCR's activities: peace in Angola and the return of the Angolan refugees, the DDRRR process, the peace agreements between the DRC and Rwanda and DRC and Uganda, etc.

**UNICEF**

UNICEF received approximately 39% of the requirements for UNICEF Emergency CAP 2002 programmes.

UNICEF received more than 90% funding for emergency health, nutrition and epidemic control and more than 80% for humanitarian assistance to IDPs during 2002. However, UNICEF received less than 35% of the requested funding for emergency education and less than 20% of the requested funds for protection programmes. UNICEF only received a small portion of the funds sought for a national measles vaccination programme and no funds for proposed HIV / AIDS or malaria programmes.

In conclusion, UNICEF received complete or adequate funding for the core humanitarian actions. Through this funding, UNICEF was able to achieve all anticipated programme needs for health, nutrition, epidemic control and a significant proportion of the proposed emergency humanitarian assistance programmes during 2002. For programmes that received little or no funding, such as malaria and HIV/AIDS, UNICEF will continue to lobby for funding for these important programmes through alternative

sources, and through the introduction of various multi-agency projects (HIV / AIDS, malaria with WHO, UNAIDS etc.)

#### **OCHA**

As of 10 October 2002, OCHA had received about 50.72% of its overall requirements, which represents US\$ 5,186,000 out of US\$ 10,224,000, requested. This amount includes 22.88% (US\$ 1,487,000 out of US\$ 6,500,000) for Emergency Humanitarian Interventions and 99.32% (US\$ 3,699,000 out of US\$ 3,724,000) for Coordination.

A multi-donor mission visited the DRC in May 2002 and recommended a significant restructuring and expansion of OCHA's presence in the DRC. In 2003, OCHA will have a HQ in Kinshasa and an expanded and decentralised network of field offices. This will improve OCHA's ability to carry out its core mandate, i.e. humanitarian coordination in the field and the circulation of information. As part of the restructuring, the QIPs programme will be handed over to UNDP soon.

#### **FAO**

FAO received 23% (US\$ 5,642,784) of the funds required for the CAP 2002. However, the first three pillars have been financed substantially and activities related to rehabilitation of rural agricultural feeder roads have also been partly financed. For the 2003 CAP, projects are introduced on four levels: 1) Emergency interventions, which include distributions of agricultural and fishing tools to most vulnerable households and support to households with children in feeding centres. This portion may require up to 70% funding; 2) Transitional interventions, which includes production and distribution of quality seeds and breeding of small livestock; 3) Emergency rehabilitation of key agricultural infrastructure, which includes rehabilitation of agricultural feeder roads and aquaculture; and 4) Coordination of emergency agriculture operations.

#### **OHCHR**

OHCHR introduced a project, which has been financed through the CAP for about 40%. Compared to previous years, donors have started to show interest in activities concerning human rights.

#### **UNDP**

UNDP did not receive any funds for projects in the 2002 CAP. As UNDP works on the development level more than on the humanitarian level, it is therefore possible that the resumption of multi- and bilateral development aid has had some influence on the donor responses. UNDP however, continued its regular programme, which integrates an emergency and rehabilitation dimension. UNDP's activities focussed on micro-credit systems, support to revenue generating activities, rehabilitation of basic infrastructure and the fight against erosion.

UNDP received some funds for UNSECOORD's operations. The consequent improvements in security for humanitarian staff have had an immediate impact on the accessibility of some regions.

#### **WHO**

The WHO received just 2% of the funds required for their 2002 programme. Some of the activities have been carried out with funds from the regular budget, some of the objectives planned in the CAP therefore have been partially implemented through regular programmes such as the safe motherhood, integrated management of childhood illnesses, nutritional surveillance sites in 150 zones, control of communicable diseases, health systems, etc. In an attempt to ensure coverage of all needs despite these funding shortfalls, coordination and complementarity with other partners, especially UNICEF, will be sought.

#### **UNESCO**

UNESCO did not receive any funding for the project they submitted through the 2002 CAP most likely because their activities focus more on development than on humanitarian actions.

#### **UNFPA, ILO and IOM**

None of these organisations received any funding through the 2002 CAP.

#### **NGOs**

None of the NGOs that introduced projects in the 2002 CAP received funding through the 2002 CAP, although NGOs do have other channels of getting funds.

It should be noted that many NGOs are eager to work together on developing the humanitarian strategy for the coming year (which is done through the workshop and through regular exchange during the process of the CAP), but are less willing to introduce projects through the CAP. This is because they may already be indirectly linked to the CAP through funding from UN agencies, while others can only formulate projects when funding is available, and a small number want to stay independent from the UN system. Nonetheless, all these organisations have been consulted during the preparation of the CAP.

## C. CHANGES IN THE HUMANITARIAN CONTEXT

### Continuing Humanitarian Crisis

The political changes in the DRC since January 2002, including the ongoing disengagement of the foreign troops, has been characterised by an emerging contradiction:

- An expanding humanitarian space along the formal frontline, now quiet;
- A reduction of access due to increased insecurity, particularly in the Kivus, Ituri, and western Katanga.

These new developments have had various impacts on the humanitarian situation. While a majority of the population in west and central DRC has not benefited from significant humanitarian assistance, they have seen the resumption of development programmes aimed at starting the rebuilding of social services. However, areas such as western Katanga and Equateur and areas surrounding Kabinda still require humanitarian assistance.

In northern and eastern DRC, access remains extremely limited due to the increased insecurity. Often only urban areas are reachable, leaving rural residents with the unpleasant choice of remaining outside the reach of assistance or displacing themselves to move closer to relief operations.

Initial results from the Multi Indicator Cluster Survey (MICS2), which was conducted during 2001 and released in August 2002, have presented a global picture of the humanitarian situation in the DRC. MICS2 has indicated not only a rise in the maternal and infant mortality rates in the DRC but also an increase in the rate of acute malnutrition. MICS2 reports that approximately 16% of children suffer from some form of acute malnutrition, meaning that over 1,900,000 children are affected.

Mortality for children and mothers remains alarmingly high. Limited or no access to quality health care is the main cause of this deplorable situation. A study conducted in North Kivu by the NGO Asrames indicated that 70% of the population do not have the financial resources to go to health centres to receive appropriate, basic health care. Recent studies in the education sector again indicate that more than 50% of the children of primary school age do not get an education, all too often because their parents cannot afford to pay the basic costs.

| Indicator  | 2000            | 2001       | 2002  | Sources                            |
|--|-----------------|------------|-------|------------------------------------|
| Infant mortality (under five- per 1,000) – eastern DRC | 146             | 200        | 213   | UNICEF                             |
| Mortality related to war (daily)                       | 1,000           | 2,600      |       | IRC                                |
| Maternal mortality per 100,000 births (Kivu)           | 1,830           | 2,250      | 1,289 | UNFPA and UNICEF Goma              |
| Malnutrition (in selected areas)                       |                 |            |       | UNICEF, SCF, ACF, MSF, LWF, ALISEI |
| Global   | 7 – 16%         | 7 – 30 %   | 16.1% |                                    |
| Severe   | 3 – 8.5%        | 3 – 9.4%   | 6.2%  |                                    |
| Morbidity patterns (absolute figures)                  |                 |            |       | WHO DRC                            |
| Cholera  |                 | 4,760      |       |                                    |
| Measles  |                 | 5,776      |       |                                    |
| Inflation (western DRC)                                | 540%            | 320% (YTD) | 500%  | World Bank, OCHA                   |
| Food deficit (western DRC)                             | 10 – 40%        | 10 – 55%   |       | OCHA                               |
| School enrolment (Kivu)                                | 67% (base year) | 36%        | 48%   | UNICEF Kivu                        |
| School drop-out rate                                   | 49%             | 75%        | 67%   | UNICEF DRC                         |

### **Eruption of Mt. Nyiragongo**

On the morning of 17 January 2002, the Nyiragongo volcano situated 25 Km north of Goma in eastern DRC, entered into a massive eruption. Shortly afterwards, satellite craters opened north of Goma and flows of lava moved toward Goma town. By the end of the day, the lava entered into town, destroying 13% of the city but 80% of the economic infrastructure (commercial stores, factories, etc.)

Most of the population of Goma, estimated at 400,000 people fled to Rwanda within hours, while the remaining 100,000 fled west along the lake towards Sake/Masisi and south to Bukavu. After 72 hours, despite ongoing volcanic activity, with tremors and explosions felt and heard in Goma, the majority of the population returned.

About 18,000 families lost all their properties, including homes, basic materials necessary for life, as well as farming land, leaving them without anything.

### **Displacement of the Population**

Ongoing displacement of the population and growing malnutrition are two main humanitarian issues that must be addressed immediately.

The displaced population increased from an estimated 800,000 at the end of 1999 to more than 2,050,000 in 2001 and in February 2002, the number of IDPs increased to 2,275,000, according to OCHA sources<sup>1</sup>. Following hostilities, IDPs have usually been integrated into host communities who were already vulnerable and share the same needs as the displaced families they now host. Pre-existing coping mechanisms of the host communities are seriously over-stretched, placing both the host and displaced populations at risk.

Too often, 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. The displaced lose their belongings and homes. Schools, health centres, and hospitals are often looted and destroyed. Markets are moved and fields are ravaged.

Populations are often pressed into service by the troops they encounter, either as camp followers, soldiers, or sex slaves. Entire communities are displaced or destroyed. Whatever coping mechanisms existed in this already difficult context is further compromised. Without direct humanitarian assistance this vulnerable population cannot survive.

Between June and October 2001, the number of displaced remained unchanged, although the distribution of this population changed dramatically, indicating that displacement was ongoing. There was an absolute increase in displacement between October 2001 and February 2002.

Since June 2001, large population movements have been encountered in the Kivus, Katanga and Equateur. The displacement of these populations is unclear; speculation has attributed this movement to changes in security, accessibility to services and families returning home. Displacement continues, particularly in the Kivus, and both an increase in the absolute numbers of displaced and a change in their location is expected for the next reporting period.

The following table illustrates the population movement experienced since June 2000:

| <b>LOCATION</b>    | <b>Estimated number in June 2000</b> | <b>Estimated number In November 2000</b> | <b>Estimated number in June 2001</b> | <b>Estimated number in October 2001</b> | <b>Estimated number in February 2002</b> |
|--------------------|--------------------------------------|--|--------------------------------------|---|--|
| Kinshasa           |                                      |  | 28,000                               | 40,000                                  | 40,000                                   |
| Equateur           | 250,000                              | 300,000                                  | 170,500                              | 85,000                                  | 85,000                                   |
| Katanga            | 195,000                              | 305,000                                  | 355,000                              | 415,000                                 | 415,000                                  |
| Maniema            | 80,000                               | 137,000                                  | 132,000                              | 160,000                                 | 160,000                                  |
| North Kivu         | 287,000                              | 640,000                                  | 620,000                              | 760,000                                 | 760,000                                  |
| Province Orientale | 115,000                              | 160,000                                  | 220,000                              | 230,000                                 | 250,000                                  |
| South Kivu         | 188,500                              | 350,000                                  | 375,000                              | 225,000                                 | 435,111                                  |
| Kasai              | 141,000                              | 110,000                                  | 145,000                              | 130,000                                 | 130,000                                  |
| <b>TOTAL</b>       | <b>1,256,500</b>                     | <b>2,002,000</b>                         | <b>2,045,500</b>                     | <b>2,045,000</b>                        | <b>2,275,111</b>                         |

<sup>1</sup> This figure is expected to be reviewed during the Inter-Agency mission on IDPs planned at the end of 2002.

During the last several months, humanitarian access in a few areas has increased. For the first time since 1998, populations that had fled into the forests to flee combat are returning to their communities. In areas, particularly in Katanga and Equateur, these populations are arriving in deplorable conditions.

In contrast, some areas that have been accessible or have enjoyed limited access have begun to 'close' due to increased insecurity during and following the peace talks in Sun City, South Africa. As illustrated above, massive displacement has been seen in South Kivu and limited displacement in Province Orientale due to increased insecurity and heavy fighting between armed groups.

As a consequence of war and the displacement of the population, malnutrition rates have been soaring almost everywhere in the country in both the IDP and local populations. National and international organisations have been reporting alarmingly high rates of acute malnutrition throughout Congo, especially in the eastern provinces.

Access in the eastern provinces is especially difficult for two principal reasons: 1) the insecurity related to increased clashes between armed groups and the mobility of rebel troops, and 2) the inaccessibility of certain communities in the interior of the country due to the complete deterioration of infrastructure such as roads and bridges. The health structures, which function at a minimal level, are unable to cope with the rising rates of malnutrition. In response, both national and international organisations and NGOs are trying to reach and establish nutritional programmes in areas that were previously not accessible. It is believed that only a small portion of this extremely vulnerable population is being reached. As accessibility improves, the number of malnourished children is expected to increase as the population begins to have access to appropriate treatment in these volatile areas.

## **D. LESSONS LEARNED**

### **Lesson 1: There is a need to increase safe access to the affected populations**

In most tense areas of DRC, like in previous years, the following, almost insurmountable constraints were faced by humanitarian actors: a) Impossibility to reach and deliver relief to civilians in areas where de facto established authorities (RCD-Goma, UPC, RCD-ML) do not actually control the terrain and therefore consider any civilian located in those areas as potential accomplices to hostile forces; b) Due to misconceptions about the humanitarian community's mandate among the parties to the conflict, aid workers often operate in a very unstable and insecure environment.

### **Lesson 2: There is a need for a stronger and broader coordination**

In view of the drastic changes that occurred in the political and humanitarian scopes in the DRC over the past years, the existing humanitarian coordination mechanisms were deemed no longer suitable for the purposes for which they were established. Hence the multi-donor mission which visited DRC in May 2002 recommended their restructuring, both at the strategic and operational levels, in order to enhance and improve the humanitarian response capacity of the UN system and the NGO community to adequately address the new needs and challenges. Moreover, the expected consequences of the successive political developments on the humanitarian situation made the restructuring inevitable in view of the challenges to be met in terms of the delivery of humanitarian assistance.

The forthcoming restructuring will be implemented in three phases, the most immediate being the reinforcement of the nine existing field offices as well as the adjustment of the Kinshasa structure, a second phase which consists of creating new positions will follow towards the end of the year, and the last stage in the restructuring is expected to take place by the end of the first semester of 2003. The intended restructuring will have inevitably an impact on both the operational costs as well as the level of investments, in addition to the humanitarian coordination's strategy of increased mobility and field presence applied in the DRC since 1999. This strategy will be further streamlined through the strengthening of existing humanitarian coordination field offices and the establishment of additional ones, particularly in areas of greatest humanitarian needs. Decentralised field offices covering areas of common humanitarian concerns will contribute to enlarging the existing humanitarian space (access to new areas) and ensure a better coverage of the country.

**Lesson 3: Humanitarian operators need to focus on urgent humanitarian needs**

Pursuing the above approach while concentrating the humanitarian community's efforts on the two pillars of the 2003 strategy (widening the humanitarian space and strengthening reintegration dynamics) is expected to render humanitarian interventions more focused, effective and coherent to better respond to the needs of the 20 million Congolese affected by the crisis.

**Lesson 4: Close coordination leads to an appropriate response**

The Nyiragongo eruption on 17 January 2002 was sudden crisis of volcanic and seismic origin, compounded by the extremely dense and complex web of resentment and fears that existed in eastern DRC. However, the massive population displacements in an area known for deadly cholera epidemics has been faced successfully thanks to an unprecedented convergence of coordination and information sharing mechanisms on the one hand, and a quick and diligent exercise of disbursement facilities by donors on the other.

Other less public examples of this approach include successful attempts to combine nutritional, food and agricultural programmes in crisis-prone areas, and discussions on the rehabilitation and reopening of the Kambelebele railway between Katanga and Maniema across the frontline.

**Lesson 5: Proactive response and complementarity can pave the way for transitions**

Humanitarian interventions increased in scale and effectiveness in stabilised areas such as Equateur, where developments over the past twelve months have shown that a combination of a steady flow of spontaneous returns on the one hand and a proactive process of assessment and introduction of new humanitarian actors on the other can help pave the way towards a transition scheme supported by more appropriate funding channels. In light of the arrival of new institutional actors, linking humanitarian and development activities will allow a smooth transition from relief to rehabilitation and development. This implies the necessity of the complementarity of humanitarian strategies with those of the other actors present in the DRC, UN (UNDAF), MONUC (DDRRR), the World Bank and IMF.

### III. HUMANITARIAN CONTEXT

#### A. PROBLEM ANALYSIS

Never before in the past four years of war have natural, political, socio-economic and human rights factors interacted in such a complex and unpredictable way as in 2002. As the first major media event in the aftermath of the Afghanistan war, the Nyiragongo disaster appears retrospectively as a – rather clement – warning of changes ahead. As CAP 2003 is released, the Banyamulenge uprising against Rwandan forces, versatile alliances between Mayi Mayi and RCD-K-ML forces, the failed uprising in Kisangani and ensuing reprisals, the violent, ethnic based power struggle in Ituri, the return of IMF and the World Bank, Pretoria and Luanda agreements and their implementation on the ground, - all have continued effects on the overall peace process, with one overwhelming pattern: the challenges facing eastern DRC will still shape the future of the regional peace process in the year to come. Another feature of 2002 that will continue into 2003 is the remarkable attention and converging pressures put by the international community on the belligerents, both at the regional and local levels with a view to encouraging them to seize the present window of opportunity and reach a comprehensive and suitable peace settlement to the Congolese crisis.

Throughout the first quarter of 2002 the onus was put on the delegates to the Inter-Congolese Dialogue in Sun City to bring about the long awaited framework for national consensus and regional conflict resolution, thanks to a rejuvenated sense of national interests and responsibilities. Strong pressure from the international community led to the acceptance, by the different parties, of the endeavours of the Secretary General's Special Envoy to bridge the gap between the positions of the Sun City signatories and their opponents.

The provisions of the Pretoria and Luanda agreements and the resulting withdrawals of the Ugandan and Rwandan troops from large areas in east and northern of the DRC have already started to have an impact on the humanitarian situation in several ways, the most significant of which is the widespread fear of anarchy and disorder that might be created by the vacuum resulting from the rapid withdrawals.

The protection of civilians in evacuated areas remains a concern in view of past experiences and behaviours of some armed elements. In this regard any future role for the Mission de l'Organisation des Nations Unies au Congo (MONUC) in protecting civilians in areas of its proximity and ensuring the respect of Human Rights and Humanitarian International Law will be indispensable.

The persisting pattern as far as humanitarian actors are concerned is one of dissipation and fluidity: DRC's international crisis stems in the first place from the effect of appalling governance on the behaviour of Zaïre's armed forces and as a consequence, on the country's ability to react to external crises or agenda. These causes have not been addressed and will depend on concrete implementation, on the ground throughout DRC, of the final outcome of the Inter-Congolese Dialogue.

On the humanitarian level, despite the cessation of hostilities and military activities along the front line area and in northern Katanga due to the disengagement agreement observed since March 2001, the successive developments that occurred in the course of the year (alliances, military confrontations and ethnic clashes), and the versatile nature of fighting in the Eastern and northern parts of the country, have reduced considerably access to populations in need and hence resulted in acute vulnerability. Continuous displacement, the lack of food, medical care and shelter further aggravated the living conditions of the vulnerable populations.

The recrudescence of violence in Ituri, mainly in Bunia, Isiro, Dungu and Watsa, as well as the fighting in Kindu and Shabounda, in the Kivus and some parts of Katanga have increased IDPs by at least 500,000 families since the beginning of the year. In addition, the spread of cholera in Malemba Nkulu, Kikondja, Bukama in Katanga (where it is endemic) and Kalemie in South Kivu affecting 18,587 people, including 1,088 deaths, is a testimony to the level of weakness and exhaustion of coping survival mechanisms after years of protracted crisis. Besides, the probable negative consequences of drought in the southern African region on the food security situation of populations in Government controlled areas, particularly in Katanga, western and eastern Kasai provinces are yet to be assessed and monitored.

#### Marie-Godelieve's "hope for the future"

How can the international community provide security and the means for self-empowerment to Marie-Godelieve, one of the two million or so Congolese displaced in their own country for reasons beyond their grasp? Marie-Godelieve exists, she is alive and not well. Met in the course of an inter-agency mission deep in the field (the area will not be named to make this account more generic), she took her time before showing up, so afraid was she of any encounter with unknown human beings. It is only when the team had toured the village, destroyed in a retaliatory attack, and contemplated the smoking remains of the nutrition centre and surrounding huts that she left her shelter in the tall grass, greeted the team and started pouring out the formidable stock of stress and feeling of injustice accumulated inside her. A mother of six, a mother on the move. She said the elders were guarding the children while she ventured back towards the family garden and the family hut she had fled during *that* terrible night, when *they* came to the village because, as she put it, "it was our turn".

The day already had been fruitful to her as, just before the providential occasion to speak her share of humanity's suffering, she had found in the bush a tiny broken piece of plate which, she said, would allow her to feed her children, rather than using her open hands as a plate. She, and other reclusive villagers who slowly came out from the bush to join her, had been lucky enough to be able to use a water source protected by Oxfam and left undetected by the attackers during their blind revenge spree.

What the international community and those wealthy Congolese who have profited from years of disorder can do to really respond to Marie-Godelieve's abysmal burden is hard to tell. First must come emergency assistance, so that she and her children can exist together with their burden (the alternative being the collapse of a whole nation and culture). There can be no serious reason to oppose this gesture of common sense. Second comes the perseverance to create, for the first time in Marie-Godelieve's experience of life, a human environment, in which other human beings will task themselves to provide her and her children with the basic collective security a state owes its citizens. Then, significantly greater efforts might even enable Marie-Godelieve to expect her direct neighbourhood to perceive her as a human being, able to detect and protest abuses of power, a possible customer, and a responsible tax payer: a citizen in a state ruled by law.

The complex emergency resulting from the Nyiragongo disaster in addition to these humanitarian emergencies caused by the intensification of fighting and violence in parts of eastern DRC, are indicative of the volatile context that characterised the country in the current year. Though the Nyiragongo crisis was timely and adequately addressed, nevertheless, it resulted in massive displacement of populations and related humanitarian concerns.

As a result of the inaccessibility of populations in need, considerable attention was given by relief workers in eastern DRC to efforts directed at enlarging the humanitarian space and securing access to vulnerable populations with a view to addressing their needs. Activities related to advocacy, dissemination of humanitarian principles and information, joint assessment missions, coordination of humanitarian interventions was largely carried out by the various field operators. Of note are the missions conducted to Minembwe, Baraka, Bunia, Kindu and Uvira.

In contrast to the volatile eastern parts of the country, the relative stability in Equateur, encouraged population movement across the frontline, and was further accelerated by the atmosphere that followed the signing of the Sun City agreement. This, together with the revival of interest on the part of some humanitarian actors in working in Equateur, facilitated the organisation of several assessment missions facilitated by OCHA to Mbandaka, Basankusu, Befale, Makanza, Imese, Gemena, Karawa, Businga and Gbadolite. These missions recommended that, in view of the prevailing security situation, programmes conducive to the reintegration of IDPs in their milieus of origin

could be implemented, and resulted in the commencement of reintegration process in Befale, Imese and Lebenge.

Despite the cautiousness remarked in the course of last year, it is worth mentioning that the return of IMF and the World Bank and other international financial institutions, such as African Development Bank, to the DRC has clearly reflected the positive outcome of the Government's efforts to redress the economic and financial situation of the country. The effect of this policy has so far produced remarkable results in terms of curbing hyperinflation and stabilising exchange rates. This is expected to broaden the already existing contrast between Government-controlled areas, which benefit from mining revenues (diamonds, cobalt, taxes) and rehabilitation programmes, and regions under rebel control, where resources are meagre in comparison.

The possibility resuming commercial activities between the different parts of the county, so far hampered by the slow political progress, is expected to have a considerable impact on the living standards of the populations, particularly in areas of traditional commercial passages, and along the river Congo and hence reduce their dependence on humanitarian assistance.



## B. HUMANITARIAN PRINCIPLES AND HUMAN RIGHTS

Two major media events illustrated the Human Rights situation in the DRC this year. The mutiny in the city of Kisangani in May, that started by the take over of the national radio station, and called out for the expulsion of Rwandan forces, resulted in the death of over 180 civilians and military. A number of civilians fled the city to the north or the west, among them a large number of Human Rights activists. The Special Reporter on Human Rights of the UN condemned RCD-Goma, the authority in place, for denying their protection responsibility towards civilians and abusing the situation in order to create instability and insecurity in the city.

In the aftermath of the events enormous tension marked the entire RCD-Goma territory. MONUC and UN and humanitarian agencies in general were torn between a volatile attitude of the population as a result of the passive role MONUC took on during the events, and accusations by RCD-Goma of MONUC collaboration with the Kinshasa government, which finally resulted in the expulsion of four MONUC staff members, among them the SRSG Amos Namanga Ngongi. SRSG Ngongi's expulsion was subsequently retracted by the RCD.

In July and August, the ethnic conflict in Ituri in general and in the city of Bunia in particular, aggravated into clashes for the control over the city which led to a number of deaths, wounded, displaced and the inaccessibility of several quarters of the area up till today. In the context of the recent diplomatic alliances, national and international attention was drawn to the problem. Unfortunately, the Government's initiatives ended up with the hostage taking of the Minister of Human Rights during his visit. The continuation of the conflict and the fragility of the authorities presently in place are a likely source for the further destabilisation of the area and a major constraint for all humanitarian action. For now, some international NGOs have taken up their activities (again) and put all their efforts together to access the most vulnerable populations, despite the very difficult living and working environment.

Next to these events, the ongoing fighting between different armed troops in the Kivus, Maniema, Katanga and Orientale province contributes to the continuous displacement of populations. As a result several humanitarian crises, such as the cholera epidemic in Katanga and Maniema and the severe malnutrition situation, could not be addressed by the humanitarian community in several areas, which caused a rapid spread and a high number of deaths. In addition, the isolation of a number of urban centres leaves space for severe violations carried out by the local authorities and plundering and looting by rebel armed forces. NGOs and UN agencies try to effectuate some relief interventions to the most affected identified populations. However, due to insecurity and constant threat and manipulation, humanitarian staff have had to withdraw at several occasions from these areas.

In order to address this problem, which continues to be the major constraint of any sustainable humanitarian programme, the common strategy focuses on the widening of the humanitarian space by reminding the authorities and other parties of the fundamental humanitarian principles of continued and repeated access to all civilians and negotiating constant and sustainable access to those most vulnerable. In the present context however, with the rapid withdrawal of foreign troops, it is feared that there may be no authority to take on the responsibility of protecting the civilian population. The latter are thus left vulnerable among a number of rebel groups trying to establish their authority by means of arms and abuse of the civilian population.

### Martyr towns of DRC

The progressive extinction of the conventional war between state armies in the DRC, while auguring of a period of "uncertain hopes", especially in rural areas of eastern DRC, is an occasion for the humanitarian community to look back and share with the national community and the world the horrors the relief actors witnessed or went through during these years of abject violence. The Office for the Coordination of Humanitarian Affairs, through its sub-offices and its network of actors and partners, has put together a list of "martyr localities", chosen according to quantitative and qualitative criteria (bombing, siege, retaliations, repeated attacks, recurrent brutal practices against women and children). From Bas-Congo in August 1998 to Ituri since June 1999, southern Maniema, Kisangani or villages along the Ubangui river, very few places have been spared. Names like Makobola, Kasika, Gemena, Imesse, Mwenga, DroDro, Djugu, Nyankunde, are all loaded with blood and indignity. It is hoped that in each of these localities, the time span between a widened humanitarian space and the launching of reintegration dynamics will be as short as possible, and that individual or collective psychological dimensions of their recovery will receive particular attention.

## **C. CAPACITIES AND VULNERABILITIES ANALYSIS**

The number of vulnerable people in the DRC is estimated at 20,120,000 on a population of approximately 50 million according to the OCHA document on vulnerable populations in the Great Lakes region (August 2002).

The number of internally displaced due to continued fighting, destabilisation and insecurity in the region is estimated at 2,275,000, with the Kivus and Katanga hosting the majority of them (North Kivu 760,000, South Kivu 435,000 and Katanga 415,000). A sharp increase has been measured in the Kivus in the year 2002, due to the continued fighting, in Maniema for the same reason and Orientale, more specifically in the Ituri region. The eruption of the Nyiragongo volcano caused an extra 120,000 vulnerable in the Kivus. However, the displaced populations who have been hiding for years in the forest have reached a point of no return – literally. Their situation has become of such destitution that they can no longer leave their hiding place to visit the next nearby village, as a result of the most visible aspect of their long displacement, their nudity, has doomed them to a life of isolation and survival. It is therefore evident that Emergency Humanitarian Interventions can proceed to more focused actions, such as the provision of clothing, food and seeds distribution, in order to re-humanise the situation of these populations and give them a chance for reintegration and a human life.

There are approximately 335,000 refugees in the DRC (as of August 2002), the bulk of whom originate from Angola (187,000). With the ongoing peace process in Angola, it is to be expected that many of these refugees will return to their home country within the next months. Over 13,000 spontaneous returns have already been reported. In close coordination with the respective governments and international agencies and organisations, UNHCR plans an organised return programme in the year 2003. In light of the priorities inherent to the Angolan peace process and the prevailing weather conditions, the operation is expected to start with the end of the rainy season in summer 2003. UNHCR also expects that about half of the Angolan refugee population will prefer to stay in the DRC.

After four years of war and insecurity, the living standards of the entire DRC population have dropped to a never experienced level, leaving about 20 million extremely vulnerable. Health indicators mentioned earlier by UNICEF accentuate the vulnerability of children and women. One child out of five will never reach the age of five; global malnutrition rates are up to an average of 16%; severe malnutrition up to 6.2%; vaccination rates are very low and maternity mortality per 100,000 births are at 1,289 deaths.

According to the global UNDP report on Human Development, 55% of the population in the DRC has no access to safe water. Estimates of the malnutrition rates even attain 64%. Of the total population of DRC, half is under-15. The education levels have decreased to 30% of primary school attendance this year.

Another war the DRC will have to fight will be against the rapid spread of HIV/AIDS throughout the country. The Ministry of Public Health in Kinshasa estimates the average at 5% in the west up to 10% in Matadi and Lubumbashi and 20% to 25% in the eastern DRC. The latter is due to the presence of foreign troops, severe poverty leading to prostitution or sexual survival mechanisms, sexual violations of women and girls by all armed troops, and the low access to basic health care for the majority of the population. A Human Rights Watch report emphasised the ongoing “war within the war” in the east of the DRC, where through the use of sexual violence, all armed groups create a situation of instability and insecurity among the civilian population, mostly rural and displaced groups. The marginalisation of the victims together with the physical and psychological consequences are to be addressed by support to local structures, providing minimal basic health care, psycho-social treatment and by breaking down the taboo through the organisation and support to local fora for sensitisation of victims and their relatives. However, continuous pleading for justice and the fight against impunity among all armed groups is the main objective for prevention and protection, and is undertaken by several NGOs and UN agencies.

Any humanitarian strategy in a similar situation would have to address the most vulnerable, but equally the general “potentially vulnerable” population. The first group, including the displaced populations and the refugees, are those who already have benefited from punctual actions but are in need of continuous assistance, but also and especially those inaccessible up till now for the humanitarian community. Continued negotiations are needed with the authorities in place for the respect of humanitarian principles that guarantee access to all civilians.

The “potentially vulnerable” population consists of the hosting populations and the population that has suffered from the devastating consequences of the already for four years ongoing war. Assistance will be sought to revive the local capacities of these populations, in particular in the field of basic infrastructure, small grants mechanisms, small and middle large enterprises, commercial trade and agricultural activities, in order to find connection with programmes on the middle and long-term.

However, all humanitarian attempts to reach the vulnerable populations are depending on the local authorities in place. There is an objective impossibility to gain access and to deliver assistance in other areas than those where the established authorities have actual control, and have opened space for humanitarian actors to enter and assist the civilian population in order to regain stability.

## IV. SCENARIOS

### « Volatile progress »

In the Economist's "World in 2002" publication, the DRC was foreseen as the possible "good surprise" country. The prediction proved true in that several national and international agreements were signed which, if fully implemented, could lead to significant progress. As well the return of the Bretton Woods institutions provides a hope for recovery and economic development. Growing attention to early infrastructure rehabilitation and on re-opening strategic axes will also lay the groundwork for recovery. Finally, the initiation of DDRRR activities provides an alternative to war, and may widen the scope for a reduction in displacement.

However, the DRC remains marked by a persistent pattern of violence and insecurity, especially in mineral-rich and/or ethnically contested areas. There is a complete lack of law and order, and a disregard for traditional means of arbitration. The prospects for arresting these patterns of exploitation remain limited in the absence of authority and in an environment where this exploitation brings enormous gain to a few people. Cynical politico-ethnic manipulations show no sign of ending. The withdrawal of foreign forces will undoubtedly lead to further fragmentation and warlordism in some areas as new actors jockey for power, influence and resources, even if other areas experience more positive outcomes. As a result, the operating environment for humanitarian organisations will be more complex and demanding. In addition, early reactions to DDRRR programmes show the complex mix of fears and manipulations that must be overcome step by step if these programmes are to have a meaningful effect on the continued willingness of foreign and Congolese non-state actors to see violence as the preferred alternative to an uncertain future.

The last months of 2002 will be decisive in shaping the new working environment for humanitarian actors. It is not yet clear how the withdrawal of the bulk of the foreign forces will affect access to people in need, nor whether the new actors with whom the humanitarian community will interact will have a real commitment to easing the suffering of the people. The answer will only come through the constant efforts of the humanitarian organisations to gain access to both previously accessible and inaccessible areas.

## V. COMPLEMENTARITY WITH OTHER ACTORS

For the first time in four years of war in the DRC, a dynamic other than humanitarian is underway in areas of acute vulnerability and violence. Unlike MONUC's mandate since 1999, regional agreements on the tracking down of armed groups together with multilateral support to voluntary DDRRR initiatives are bound to **transform** the humanitarian terrain and the status of most affected civilians. Helping the Congolese people to get rapidly away from decades of in-existent state of rule and years of uprooting will require a clear interaction and role definition between at least four sets of goals and undertakings:

(i) **humanitarian efforts** aim to save lives by reaching hitherto inaccessible civilian victims of the war, and by providing means of rapid reintegration or recovery to vulnerable groups; these efforts preceded all the others and have been maintained despite all political setbacks thanks to a firmly preserved status of autonomy vis-à-vis every other mandates; examples of pockets of extreme vulnerability in Equateur (although spared from armed clashes for almost two years) and even in Kinshasa show that emergency relief must continue whatever future brings in the coming year.

(ii) **DDRRR activities** (in the broad sense, including Congolese groups) are seeking to create an environment conducive to an alternative to the use of arms as a way of life. Children associated with armed forces are a particular case deserving specific attention irrespective of whether there is a DDRRR programme for adults or a formal end to the conflict. UNICEF has been working with the government and other armed forces, other UN agencies and international and local partners in programmes for the demobilisation and reintegration of children associated with armed forces in the DRC whether of Congolese nationality or not. A US\$ 580 million regional package – the Multi Donor Trust Fund (MDTF) - is already earmarked for DDRRR of foreign groups, while complementary funds are sought through an inter-agency Emergency Fund “DDRRR-UNDP”. This DDRRR strategy is vital for every other goal in that 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 Inter-Congolese Dialogue towards an inclusive government, unification and reform of the armed forces, and restoration of law and order. This precondition is the central postulate of the CAP. Should it 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. Meanwhile, the DDRRR dynamic is the first in years that complements – with tenfold increased resources dedicated to a more focused target group – the only existing proactive strategy in crisis areas.

(iii) **Early infrastructure rehabilitation and support to social sectors** are at the centre of the World Bank-Government Multi-sectoral emergency, rehabilitation, resettlement and reintegration programme. The World Bank committed itself to cover a third of the overall amount sought (US\$ 1.3 billion). The bulk of the programme will hopefully be set in motion during the year 2003 when the new political dispensation will open the way for a real start. Meanwhile, however, reflections are underway towards a PMURR2 that would embrace the whole country rather than southern and western Government-held areas.

On February 5<sup>th</sup>, 2002, the EU Commission formally resumed its direct cooperation with the DRC after almost exactly ten years of suspension. A National Indicative Programme (NIP) dubbed ‘Programme de Réhabilitation et d'Appui au Processus de Paix et de Reconciliation’ (RAPPER) was signed between the EU Commission and the Congolese government. The current aid portfolio of the EU Commission in the DRC amounts to around 250 million Euros. In the short-term, and apart from further funds from EU budget lines, the 9<sup>th</sup> European Development Fund should add 205 million to that amount in the course of 2003, and regional European funding will amount to 300 million, to be shared amongst participating countries, and notably the DRC.

Once again, the extent of political progress and its materialisation on the ground - notably in terms of reunified armed forces and civil administration – by extending geographically the possibilities for reviving local economies will determine the impact of such programmes on the comparative advantages for an armed non-state actor in deciding whether or not to use a weapon to make his/her way in eastern DRC. For the broader framework of humanitarian activities in the DRC, the answer to the following question will be paramount: will the major stakeholders (World Bank institutions, to-be government, private investors)

eventually find or create the enabling environment and *modus operandi* to work in conflict-prone areas and thus make an impact on the country's most destabilising weaknesses and pitfalls?

(iv) **capacity-building programmes, economic governance monitoring and initiatives aimed at reforming justice in the DRC** are as important as infrastructure repair. What matters for humanitarian workers is the extent to which these reforms will materialise in such places as Ituri, Southern Kivu or Maniema where (as stressed in CAP 2002's fourth pillar: "enhancing a sense of justice and fairness") hints towards an "interruption of impunity" may trigger real effects on the ground (returns of displaced, planting and commercial farming).

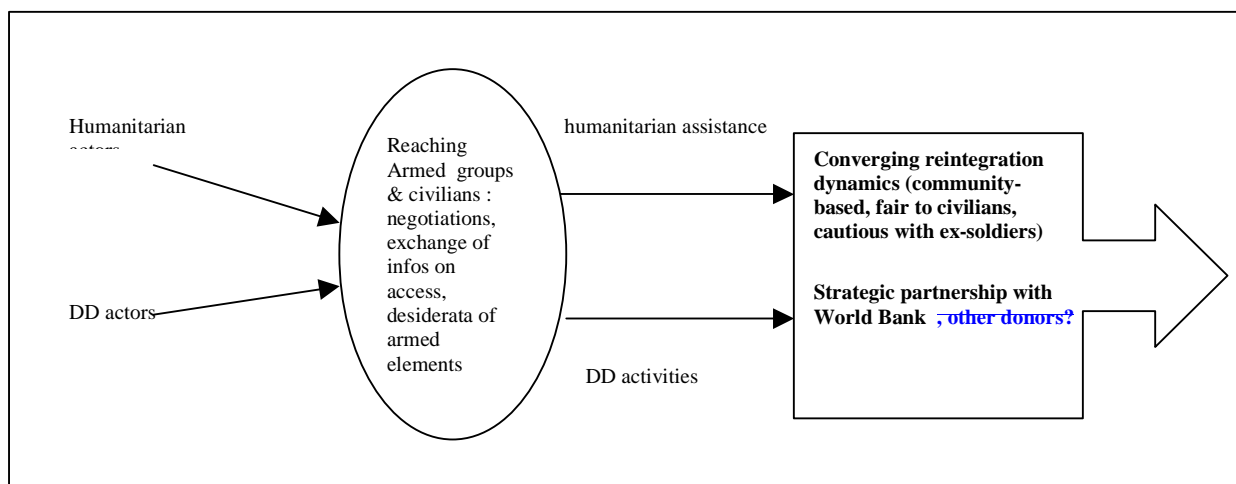
In this complex architecture, humanitarian action will seek complementarity while sticking in a strict manner to principles of independence, impartiality and neutrality. This principled approach has safeguarded its capacity to cross frontlines and access victims since the onset of the war. To do so, the humanitarian coordination will build on community of interests with each of the aforementioned blocks. In the case of DDRRR, the major constraints are the lack of experienced and resourced organisations in comparison to the scope of action envisioned, the reluctance from some humanitarian actors to engage in an integrated military-humanitarian approach and the likelihood that the "caseloads" that will present themselves to DDRRR reception centres will include mixtures of foreign and national combatants, dependents, child soldiers, forced labourers, and sexual and household slaves.

Very much aware of these constraints, the UN humanitarian coordination and the humanitarian and DDRRR sections of MONUC have committed themselves to adopting a collaborative and flexible approach both in Kinshasa and at field level, and to taking into account concerns expressed by NGOs. As has already been the case in areas of South Kivu or Lubero in North Kivu in mid-2002, responsibilities are shared between respective fields of expertise and according to the background of each individual or organisation at every step along the way (exploratory missions, interviews, first assistance), while maintaining a clear distinction between DD and RRR activities. The last eight years of crisis in eastern DRC have been the scene of some of the most vicious confusions between bona fide beneficiaries and tormentors (most notably the control exerted on civilians by foreign armed groups ever since July 1994). Hence there is a need to maintain a clear distinction between organisational mandates and programmes in the eyes of beneficiaries, authorities and armed groups.

In geographical terms, stronger OCHA field offices, MONUC's first 14 DDRRR sites and the extension of its Humanitarian Affairs Section will provide a coherent network for exchanging information and fostering joint initiatives and rapid responses to different target groups. Likewise, a number of specialised NGOs are already preparing themselves for a flexible, reactive capacity, for instance, in the fields of demining ("quick response team") or child soldiers. Reintegration dynamics are also areas of common concern and intervention for humanitarian actors and others. A major assumption in this Consolidated Appeal is that a successful DDRRR will be heavily dependent upon an appropriate balance between funding the DDRRR of armed groups (foreign and national) and the reintegration of returnees and their dependants. It is also closely linked to the balance between reintegration, resettlement or return packages handed out to former fighters and those provided to facilitate the reintegration of civilians or the reconstruction of communities.

Beyond DDRRR-emergency relief complementary strategies, reintegration and recovery strategies in 2003 will amplify the precedent set by organisations such as Atlas Logistique and United Nations Office for Project Services (UNOPS) who, respectively with World Bank and European Union funds, have embarked in powerful infrastructure and social sector rehabilitation activities in areas not controlled by central authorities and close to conflict areas. It is hoped that disbursement, implementation and monitoring mechanisms already set will pave the way for a decisive application of World Bank's description of investment for peace in Congo, a high risk/high gain operation.

The following schema attempts to sketch the type of partnership that will be proposed to ensure that the integrity and specific object of each mandate will be best utilised and preserved.

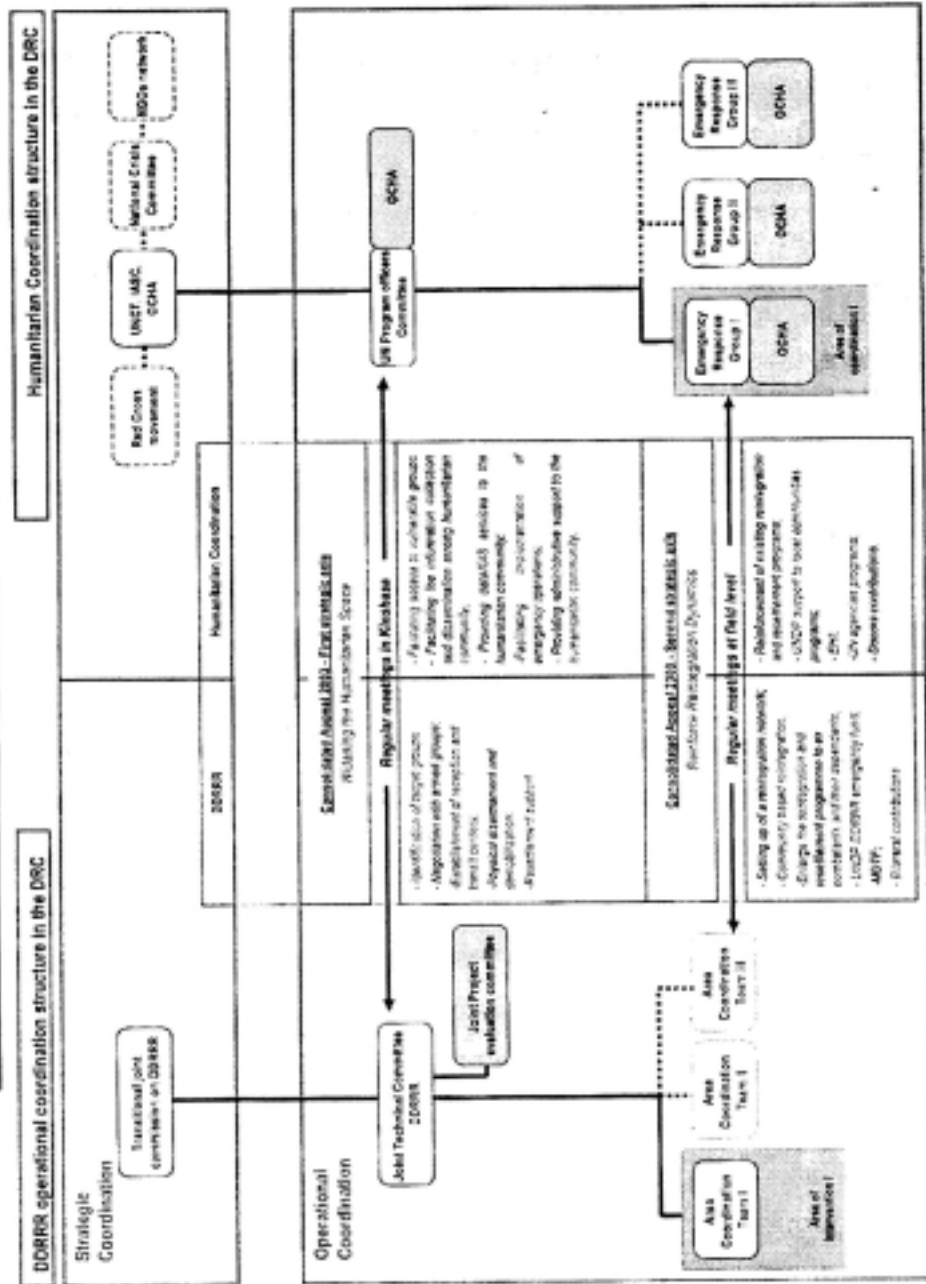


Coordination structures and mechanisms at central and local level (reinforced by the regional perspective and capacity offered by the Multi-donor Reintegration Programme and related trust fund) will benefit from the restructuring process of humanitarian coordination underway, the essence of which is a well resourced strategy of field presence, information and data management capacity and quick common response/intervention. The schema reflects one possible way of managing the “grey area” that lies between DDRRR and humanitarian coordination set-ups. The grey area is an outcome of what occurred elsewhere in the past decade of crises around the world, and is not particularly related to the case of the DRC. This is precisely a reason to hope that efforts underway for a strategic partnership on the DRC terrain might yield new, more successful approaches.

# Framework for humanitarian and recovery dynamics

## UNITED NATIONS

### AN OPEN FRAMEWORK FOR HUMANITARIAN AND RECOVERY DYNAMICS





## VI. ROLES AND RESPONSIBILITIES

While responsibilities will be shared with other actors to help in ebbing the rule of armed violence and to foster recovery, infrastructure repair and moreover, the nascence of a rule of law, the bulk of humanitarian action remains direct toward those civilians in dire need of emergency assistance and those willing to integrate or return to, their locality of origin. In this endeavour, humanitarian coordination structures at central and local level will represent as many beams for building policy, advocacy and strategic formulation. In this brief review of respective roles and responsibilities, federating instances and thematic dynamics will be considered before moving to individual contributions.

Hope exists as this CAP 2003 unfolds that an inclusive national authority will entrust itself with the task of protecting all civilians and helping the most vulnerable among them. Meanwhile UN agencies and NGOs will attempt to facilitate the forming of a countrywide network of collection, treatment and active use of information and data on the target populations. To this end, renewed attention will be given to the strengthening of thematic groups or task forces with proven records of responding in an effective and inclusive way. These federating tasks include the specific role played by humanitarian coordination and security instances at zone level as shown in the maps on coordination structures (the concept of zone apprehends the reality of military control and logistical opportunities and constraints rather than administrative delimitations). Emergency response groups attached to each OCHA sub-office will help making use of each organisation's role and resources, to best respond to arising crises and on-going issues.

Representatives of donor institutions at field level already play an important role in the fields of advice and monitoring. In 2003 donor representatives are expected to strengthen capacities of rapid disbursement for arising emergencies (similar to the current joint effort to feed the UNDP-DDRRR Emergency Fund) as well as internal sharing of information on the coverage of needs, common advocacy and funding.

A wealth of specific competences and skills must be pointed up as potential resource mechanisms and instances for future common responses or initiatives:

- Médecins sans Frontières' (MSF) well-established PUC (Programme d'Urgence Congo) is considered the most efficient tool for rapid response to epidemics arising throughout the country especially in remote areas until the response of local health teams is reinforced with training and emergency stocks once the security situation stabilises;
- Action Contre la Faim's (ACF) capacity in nutritional surveys will serve a wider purpose in 2003 thanks to a response team with appropriate resources. These capacities will be activated according to each organisation's own set of priorities and information, while in close link with UN's humanitarian coordination instances as well as donors', in particular: WHO's two Emergency Response Officers, UNICEF's focal point on nutrition, WFP's quick nutritional or food purchase appraisal teams, European Commission Humanitarian Office (ECHO), Office for the US Foreign Disaster Assistance (OFDA) and Belgium's health experts;
- In the field of protection, and in a context marked by hopes, but also fears, of returns and reintegration, strategic links will be strengthened between UNHCR, OHCHR, OCHA and for instance, OXFAM, International Law Group, and Human Rights Watch;
- A Kinshasa-based replication of Inter-Agency Standing Committee (IASC) network will help keep each strategic pillar of humanitarian intervention in the DRC – including the Red Cross movement - abreast of the developments and of steps taken or envisaged. Likewise, an informal consultation mechanism comprised of donors, NGOs and UN agencies will be formed in eastern DRC;
- Save the Children is developing partnerships based on its solid capacity in DDRRR activities as well as advocacy role for children in difficult circumstances.
- In the field of mine awareness and demining activities, Handicap International endeavours to develop a Quick Response Team base in Kisangani.
- Sharing of responsibilities will also apply to initiatives such as the resumption of rail traffic throughout Katanga and Maniema. No other endeavour better reflects the powerful potential impact and message of using every structure's strength, field of advocacy and mandate: OCHA launched the initiative by getting clearances from Government and RCD to organise technical meetings in Kindu and Lubumbashi; OCHA will continue interacting with Handicap International, Care International,

WFP, FAO, MONUC, UNDP to help carry out a reopening process backed by proper funding of community programmes, labour intensive activities, mine awareness, kick-starting food purchase and seed and tool supplies;

- Support to communities in need of light support for self-sustaining activities will be fostered through the merging of UNDP-UNOPS community support programme (to be extended from Kivu to Ituri) and OCHA's QIP component of ERF. Greater versatility and need coverage is expected from this combined facility: thus, it will do justice to mechanisms that long suffered from poor funding and lack of opportunity to make a case for this essential portion in the range of supports needed in the DRC for the shift from emergency response to transition activities;
- With the opening of newly accessible areas, WHO will support rapid health assessments and proning a common and integrated public health approach, WHO will work with health concerned partners for the implementation of a Minimum Health package for emergency interventions.
- Multi-disciplinary emergency humanitarian interventions are treated separately in sector response.
- Eventually, in the field of natural disaster preparedness, the crisis triggered by the Nyiragongo volcano lava flow near Goma in January also made way to an exemplary partnership. Focusing on volcano, seismic and gas movement monitoring and on the interests of the population, it brings together the local Goma Volcano Observatory (OVG), an international scientific support committee (including rotating deployment of experts, training opportunities and shared publications), the European Council, Save the Children, WHO and OCHA.

## VII. STRATEGIC OBJECTIVES

In 2003 the humanitarian actors in the DRC will stretch their resources and engagement towards reaching, receiving and relieving the weakest, handing the less weak over to transition actors, while preparing for possible adverse effects of a fragmented exercise of territorial authority and of political and economic rivalries. In an environment marked by a mixture of optimistic expectation stemming from the departure of foreign troops, powerful international engagement towards peace in the DRC albeit devoid of mandate to force events, and worrying resilience of governance issues that had prompted Zaïre's decade-long collapse in the first place, relief actors will bear the supreme responsibility of contributing to the better while preventing and preparing themselves for, the worse. Prospects for DRC in 2003 call for a renewed capacity to work in hard terrains and to reach the weakest and most oppressed.

The strategy is two-pronged: a first axis will aim at **widening the humanitarian space in most affected areas of DRC**, while a second axis will revolve around **strengthening reintegration dynamics**, regardless of the pattern of reintegration or return.

### Axis 1: **Widening humanitarian space in most affected areas of DRC;**

This strategic axis will be flexible enough to adjust capacities and actions to the course of events; to be so, *it needs to depart from a rather defensive and conservative attitude dictated by adversity, lack of confidence, and economic rivalries from the part of almost all parties to the conflict (besides logistical and, to a certain extent, funding contingencies)*. Vis-à-vis the new political and military dispensation underway, the humanitarian community seeks to address the overarching problem faced during all these years of unprincipled conflict (as described in *Lessons Learned* and *Capacities and Vulnerabilities* chapters), namely: the objective impossibility to reach, and deliver sustainable relief or assistance to, civilians in other areas than those where the established (armed) authority actually controls the terrain, has gotten rid of those it considers its enemies, and wants relief actors to bring about and embody a return to a more settled situation. Individual or joint attempts to reach such places never proved (i) viable in the long run, (ii) healthy for the very beneficiaries targeted, for they, in turn, became sometimes the targets of warring factions, as was the case in late 2001 in Kalehe following food distribution attempts.

*a) Outreaching the hidden target groups*: Widening the humanitarian space will consist in a range of proactive undertakings which will use to full extent the advocacy, assessment and intervention tools available as well as the (precarious and versatile) amount of credibility built over the years. Two major such undertakings will be the following:

At local humanitarian coordination level (OCHA sub-offices), a prioritised plan of negotiation, exploration and early intervention for each area hitherto inaccessible (or rendered once again inaccessible after an interval of stability). Each of these plans will result from a wide range of consultations with all relevant actors, and will benefit from support from central coordination. At local level, discussions with local authorities, unofficial (armed) parties as well as relevant segments of civil society with influence on these parties will accompany the process through the identification and liaison with intermediaries with local unofficial armed authorities. These people and mechanisms exist and vary from one area to another depending on the level and shape of conflict. Backing and support from the humanitarian coordination, and particularly, from the Humanitarian Coordinator and his Deputy, will help establish networks and defend and promote these undertakings before the established authorities in case of reluctance, mistrust or adverse reactions. Likewise, the safety net that needs to accompany this endeavour will be strengthened by joint monitoring mechanisms with MONUC's DDRRR personnel, as well as the would-be all-inclusive authority.

*b) Pursuing humanitarian assistance to reachable vulnerable groups*: The complex matrix of assistance and plans of action seeking to help the country demobilise, disarm, recover and catch up with the world's official networks, rules and facilities, is bound to face the risk of forgetting the existing victims and vulnerable – especially the civilians – by focusing on either on those who hold arms or those whose economic potential only needs a push to materialise and yield immediate results. It is important that CAP 2003 reflect the fate of civilians trapped in the same patterns of vulnerability as described in past years and to highlight the debilitating effects of protracted violence, fear and remoteness. It is as important for the humanitarian operators to be present in the deep field to reduce these effects and to evaluate the impact of their action on the most vulnerable.

c) *Fostering rapid intervention and data information sharing coordination capacities*: Widening the humanitarian space will imply the use of the tools that succeeded in tackling the initial effects of major crises or in opening new grounds for humanitarian action. In the light of the two major forthcoming undertakings in crisis areas (DDRRR and outreaching humanitarian assistance) rapid response funds (E.H.I. and RRR – UNDP emergency and QIPs/Community Funds) will not only play a major impulsion role, but also will allow their strength in the hands of humanitarian coordination structures at central and zone level to foster coherence and adherence.

**Axis 2: *strengthening reintegration dynamics*;**

The overall objective, once the emergency phase is attended to, is to make way for a process of reintegration, resettlement or return to a stable individual, family or community life, for all the groups directly affected by the effects of the many crises and wars. This process implies a marked shift from a status of assisted victim towards one of a candidate for a recovery strategy, be it individual or community-led. In the DRC's context, such an objective goes unavoidably together with a corollary one, of early rehabilitation of health, primary education, sanitation structures and recycling of human resources, failing which there will not be any pull factor towards a return to the village of origin. This was shown by the example of the DRC refugees in the Republic of Congo, who only started to return home after rehabilitation initiatives had started to materialise following inter-agency missions. Likewise, dormant energies and capacities as mapped out in CAP 2002 may now be re-ignited through reintegration support programmes aiming at reopening trade routes, fostering income generation and job creation. Strengthening economic actors and winning moral and territorial battles against long established practices of economic extortion by armed groups or by unpaid civil servants, will then be another step ahead for civil society and human rights organisations to embark on.

For the sake of clarity, a subdivision of reintegration processes can be made.

a) *Accompanying the civilians who are either refugees outside DRC (or foreigners who have found asylum in the DRC and seeking to return home in a voluntary fashion) or displaced inside the DRC*. A data management and mapping capacity on movements of populations will be available before December 2002 at OCHA, building on inputs from all actors. It will help define range a qualitative and quantitative patterns (of displacement), status and intentions. Discussions are underway to set out standardised return package while taking into account the nature of return (individual, collective) and the status of the returnee (former combatant, former victim – of rape, extortion, slavery). Responses will include food, seed/tool or training for work programmes, as well as combinations between early rehabilitation and return.

b) *Common grounds with the RRR segments of the DDRR*: these are described in the schema on coordination mechanisms; they include much of the activities described in the previous paragraph, while implying a detailed repartition of roles vis-à-vis categories of beneficiaries that are often at loggerheads with relief workers too well aware of their abuses and exactions.

Eventually, major schemes such as the southern railway link initiative launched by the humanitarian coordination in 2002 are meant to contribute to the materialisation of these two axes, thanks to a wealth of initiatives along the way, comprising negotiation, persuasion, income-generating activities, and last but not least, overwhelming popular support and participation.

## VIII. SECTOR PLANS

### HEALTH

#### Situation Analysis

Despite the number of actors and the range of activities undertaken in the health sector, the Congolese population, especially the most vulnerable, continue to pay a high price. The Minimum Package formulated in Nairobi has not been put in place in the field in an efficient way, mainly due to a lack of funding. Even if the accessibility to the population has improved in some areas, numerous places remain inaccessible for the humanitarian community and the health indicators continue to deteriorate significantly.

Due to the withdrawal of foreign troops, the health sector will face a much larger number of vulnerable populations due to new access to previously unreachable areas and the return of displaced and refugees to their home villages. Some areas of the country will remain difficult to access because of continuing inter-ethnic clashes.

The health sector itself has a number of weaknesses. The deterioration of the health system in general and of the water sanitation system in particular results in the rapid spread of water-borne and cholera epidemics (e.g. Katanga where 15,000 cases have been registered since the beginning of the year). Even if the routine vaccination coverage has improved over certain provinces, it remains too low to prevent epidemics of vaccine-preventable infant diseases such as measles. The support that the country will receive through the GAVI (Global Alliance for Vaccines and Immunisation) will contribute to the reinforcement of prevention activities for the youngest against the six diseases of the Expanded Programme of Immunisation (EPI).

The HIV/AIDS epidemic is already presenting itself as a major challenge. The sero-prevalence of HIV/AIDS is of 5% globally, but recent studies report figures for the east up to 24.2%. According to an epidemiological report of UNAIDS in 2000, 1,300,000 children between ages 0 and 14 and adults ages between 15 and 49 live with HIV in the DRC. Another 216,000 cases expect to be reported in 2001.

Other infectious diseases also remain huge problems: malaria remains the first cause of morbidity and mortality in the DRC. According to a survey of IRC and OCHA in 2001, the number of malaria cases is estimated at 10.06 millions and according to a survey by the PNL 5% of pregnant women die of malaria. The resistance to Chloroquine, the first line of treatment, varies between 29% and 80% depending on the province. These results have led the health authorities to revise their national policy in the battle against malaria.

The affects of war such as displacement, killings, physical and sexual violence, physical and food insecurity, coupled with the natural disasters experienced during 2002 (floods, volcanoes, etc.) has also left the population deeply traumatised and in need of psychological support.

The results of a nationwide survey conducted by the MoH revealed the following:

- the national average of the maternal mortality rate increased from 870 in 1995 to 1,837 per 100,000 live births in 1998, with the peaks of 2,000 per 100,000 live births in Kinshasa;
- the contraceptive prevalence rate decreased from 15 per 100 in 1987 to 4.6 per 100 in 1998; and,
- life expectancy at birth fell from 52 in 1993 to 48 in 1998.

A recent study by the IRC indicated a maternal mortality rate of 3,000 per 100,000 live births in the rebel-controlled areas. The very high levels of maternal mortality are associated with early sexuality and motherhood (the teenagers of less than 20 years contribute for 20% to the total fertility), too many pregnancies and births (the total is estimated at seven children per woman), unspaced pregnancies (the average period between two births is less than two years), motherhood at a late age, and clandestine abortions associated with unwanted pregnancies that affect 30% of the teenagers. All of this occurs in the context of rising HIV/AIDS infection rates (see HIV/AIDS paragraph).

## **Strategy**

Within the CAP framework, WHO will focus its activities for next year on priority health matters, mainly in eastern DRC. Capacities to deal with HIV/AIDS and STI will be supported, especially in the eastern provinces that suffer from high prevalence of HIV/AIDS infections. Malaria control is another aspect in order to reduce morbidity and mortality. The activities will target specifically children under five and pregnant women, in collaboration with the MoPH and other partners. Epidemiological surveillance remains one of WHO's primary activities. WHO will work on strengthening the implementation of the minimum package of health interventions, ensuring community participation. Through the fielding of emergency public health coordinators, it will reinforce partnerships as well as exchange of information, and will support public health workers training. Attention is given to the treatment of post-traumatic stress disorders in the eastern provinces. WHO is also participating in the DDRRR process ensuring that all public health considerations in that process are addressed.

UNICEF's primary objective is to increase the access of the population to an efficient and sustainable health care system that provides quality services, with a focus on the most vulnerable and the displaced. Therefore the interventions are mainly carried out in the most affected areas. They consist of the distribution of drugs and equipment, management tools and training, and health programmes that ensure increased access by the population to basic life saving treatment. UNICEF also maintains the capacity to intervene in medical emergencies like this year's cholera epidemic.

UNFPA's response to emergency RH needs will be focused on the continuation and extension of the ongoing project activities, more specifically on RH basic services and gender-based violence among the most affected people by war, prevention of STI/HIV/AIDS among displaced people including refugees, IDPs and armed forces, and the integration of an STI/HIV/AIDS component into the DDRRR programme. Globally, UNFPA's Emergency Programme aims at responding to the emergency needs through the combination of two approaches, namely provision of humanitarian relief assistance in the areas affected by prolonged and devastating conflicts, and support to reconstruction and development efforts of the national and local authorities and communities.

UNHCR pursues two objectives in this context. It works to ensure refugees' access to primary health care (i.e. preventive and basic curative measures, reproductive and child care, immunisation, prevention/control of locally endemic diseases, and health education covering nutritional, RH and STD issues). At the same time, it aims to improve the sustainability of health care arrangements through the introduction of cost-recovery measures.

## **FOOD SECURITY**

### **Situation Analysis**

Situated on the Equator, the DRC has a wide climatic variety and immense agricultural resources. However, only ten percent of fertile land is being exploited. Due to four years of war, worsened by several natural disasters as the eruption of volcanoes, drought, etc., the agriculture sector has suffered immensely and the production has decreased as never before. The low population purchasing power and the lack of sufficient and balanced food have led to endemic malnutrition in the population.

Ever since the beginning of the war, the original trade circuits have been cut and roads and other infrastructure have further deteriorated. In addition, populations have abandoned their fields as a result of displacement or in order to look for other means of subsistence. Others turned to subsistence agriculture only.

The most affected zones, especially the Kivus, northern Katanga and Ituri, used to be the main agricultural production areas in the country. Presently, the agricultural production of these parts of the country is estimated at ten percent of the pre-war production.

In the relatively stable areas, weak purchasing power and the destruction of infrastructures has turned farmers back toward survival cultivation. They actually lack the most basic essential agricultural inputs (tools or seeds) to resume their activities or to increase production.

During 2002, the general acute malnutrition remained unchanged. Areas that were previously inaccessible, such as North Katanga, experienced an improvement in the rate of malnutrition. However, areas such as South Kivu and Ituri saw an increase in armed conflict lead to increased rates of acute malnutrition.

A June 2001 study by WHO and UNICEF reported that the majority of the Congolese live on US\$ 0.20 a day, and consume less than two thirds of the calories required to meet their basic needs and remain healthy. With the continuation of the war in certain areas and the continued economic instability, many populations will remain vulnerable as they cannot meet their basic nutritional needs. Without intervention, these families will not possess the coping mechanisms needed to react and adjust to crisis. This coupled with limited access to basic social services and limited access by humanitarians to the most vulnerable places millions of Congolese in a precarious state. Overall, the coping mechanisms that enabled most of the population to survive crises are by now totally exhausted. Insecurity and bad infrastructure make it difficult to gain access to the most vulnerable population, and this holds for punctual and sustainable humanitarian interventions.

## **Strategy**

As the situations of the rural populations differ from one region to another, FAO has devised a programme to fit the different types of needs. On the one hand there are the most war affected areas where a support to the resumption of agricultural activities is indispensable in order to save lives, while on the other hand there are relatively stable regions where more functional and adapted production systems are set up in order to undertake early rehabilitation activities and in some cases even relaunch commercial activities. FAO's response will therefore be articulated around four pillars:

- Restore resilience and improve food security situation through emergency interventions (distributions of agricultural inputs and fishing tools to the most vulnerable households and support to households with children in feeding centres);
- Reduce dependence on external aid through support to transitional interventions mainly at the grassroots level (planting material reconstruction, maintenance, production and distribution of quality seeds, breeding small livestock for reproduction and distribution);
- Carry out emergency rehabilitation of key agricultural infrastructures (rehabilitation of roads, fish ponds, etc.);
- Support coordination of emergency agricultural operations including food security related information management, technical assistance and coordination of interventions.

WFP will continue to undertake emergency humanitarian interventions and support self-recovery initiatives to maintain the nutritional status of the population through general food distribution. Assistance to vulnerable groups is provided through vulnerable group feeding activities and other agricultural projects, market gardening and seed protection activities. For the year 2003, WFP will continue its activities along the following lines:

- More involvement in addressing post conflict issues and finding durable solutions;
- Linking humanitarian and development CAP with CCA and UNDAF;
- Full participation in the UNDAF process;
- New and strategic partnerships with World Bank, government and international NGOs;
- New special operations to reach beneficiaries in conflict zones and frontlines;
- Enhanced security management systems for staff and partners;
- More sub-offices to reflect emerging relationships and the expansion of humanitarian space;
- New approaches to logistics and pipeline management in the face of an expanding humanitarian space.

UNICEF plans to establish a system of nutritional surveillance. This, together with the presence of an emergency nutrition expert, will make it possible to provide pertinent information and an analysis of the acute malnutrition situation, and ensure a common approach to the malnutrition problem currently affecting Congo. UNICEF will also continue to support the Therapeutic Feeding Centres that have been established by its partners. Together with WFP and FAO, UNICEF will support training in nutrition with local NGOs and religious organisations involved. FAO, WFP and UNICEF work in collaboration to address the malnutrition problem.

In the Katanga province, another challenge to be faced by the humanitarian community will stem from the spillover effects of the Southern Africa region drought situation. To overcome the situation, actions will be taken to promote agricultural production by FAO and WFP.

## **CHILD PROTECTION**

### **Situation Analysis**

As the conflict continues and general poverty increases in the DRC, more children and families are affected and become vulnerable. This leads to an increase of children living and working in the streets, children accused of sorcery, traumatised children due to the continuation of the conflict, and children joining the army.

### **Strategy**

Within the light of the DDR process, the first objective is the support to the demobilisation, disarmament and reintegration of child soldiers. Both the Government and some rebel groups have signed a Plan of Action with UNICEF in order to respect the DDR of child soldiers. UNICEF will also continue to support BUNADER (the Government's National Commission on Demobilisation and Reintegration) and the RDC-Goma's Interdepartmental Commission for DDR to coordinate and supervise the demobilisation of child soldiers in the areas they control and the subsequent family and community reintegration of these children.

To address the issue of the street children and traumatised children, special attention will go to the reunion programmes for street children, demobilised and unaccompanied minors with their families and communities, the reinforcement of basic social structures such as PHC and formal/non-formal education activities targeting these categories of children, and the reinforcement of national capacities to treat psycho-social problems of traumatised children.

UNHCR, in addition to its regular protection work, carries out peace education programmes in refugee settlements and primary and secondary schools throughout DRC to ease ethnic tensions. Together with its implementing partners, it will organise various camps to complement school education and strengthen the role of girls in their communities.

## **EMERGENCY EDUCATION**

### **Situation Analysis**

The education system has suffered from the devastating effects of the war as well as from bad governance over the past decades. The national budget spent on education has dropped to 0.3%. It is estimated that only 30% of children attend and finish primary school and just 12% actually finish secondary education. Some children are unable to attend school either for economic reasons or the lack of any educational services and infrastructures in their region, or they have been obliged to quit school due to the war (displacement, insecurity problems, etc). This puts the future of the country in a precarious situation.

### **Strategy**

Both UNICEF and UNESCO have developed a philosophy on emergency education (in the context of the rehabilitation of the education structure as a whole, which is a long-term process, but each targets different groups.

UNICEF focuses on educational activities for displaced and war affected children, mainly in the most affected areas of the country (Kivus, Orientale, Northern Katanga, Equateur, Maniema and the Kasai). This programme was developed under the UNICEF Education Regular Programme's Plan of Action to ensure a complementarity between UNICEF regular and emergency education programmes in the DRC.

UNESCO developed a programme within the context of the global "Education For All" appeal with several major partners including UNDP, UNFPA, UNICEF, UNESCO and the World Bank. Their aim is to respond



to the immediate needs of children who have been obliged to drop out of school over the past period, especially disabled children, ex-child soldiers and orphan street children.

UNHCR will strive to maintain refugee children's school enrolment at the levels of previous years (complete access for all primary and at least above 50% for secondary school children). Furthermore, UNHCR will assist a limited number of refugees to realise their professional education aspirations in order to enhance their chances of self-reliance. Attention will be paid to gender balance.

UNESCO pledges to develop an inter-agency strategy of social and professional integration at local and sub-regional level (in five countries of Central Africa) within the overall framework of "reintegration dynamics" and within the mechanisms, protocols and structures to be set up by the local authorities. The philosophy that sustains the programme is to identify activities that would suit local needs both in urban and rural settlements, rather than define too classic curricula. Partnership with other UN agencies, NGOs and local structures will be essential. The implementation phase is envisaged in a markedly decentralised fashion, with training facilities stretching from Bunia to Kalemie.

## REFUGEES

### Situation Analysis

There are an estimated 335,000 refugees present in the DRC today, originating from Angola (the largest group), Rwanda, Burundi, CAR, RoC, Sudan and Uganda. In the context of some major regional changes, repatriation of refugees has taken a start. With the peace agreements signed by the Kinshasa government with Uganda and Rwanda, Congolese refugees are also expected to start moving back to their villages. At the end of August however, the Rwandan government started to repatriate Congolese refugees under duress, mostly ethnic Tutsis, who have been staying in Rwandan camps for years. This has led to increased tension in an already fragile ethnic and economic environment. With OCHA as the lead agency, a number of international donors and agencies together with international and local NGOs are pursuing a limited number of community-based interventions to prevent a humanitarian emergency as much as the outbreak of hostilities.

**Angolan refugees:** The Angolan cease-fire agreement triggered spontaneous return movements, especially from the Bas-Congo Province and the Kisenge region. By the end of August, over 13,000 refugees had spontaneously left the sites in the DRC for Angola. In parallel, recent confrontations between the Angolan Government forces and opposition factions in the Province of Cabinda have caused a number of new arrivals in the district of Matadi in the Province of Bas-Congo. UNHCR is preparing a regional repatriation plan for the organised voluntary return of Angolans due to start in June 2003. Financial requirements for this repatriation operation will be presented to donors in a special appeal.

**Congolese refugees:** While the vast majority of refugees from RoC have repatriated, a group of some 1,800, mainly former public servants, remain in Kimaza camp (Bas Congo) for fear of persecution upon their return. The re-emerging conflict in the Pool region caused new displacements inside the country and into the DRC territory. In light of the previously anticipated repatriation of the refugees and the closure of the camp, WFP stopped its food assistance at the end of July 2002.

**CAR refugees:** Following an attempted coup d'etat in May 2001, some 24,000 refugees fled to Zongo, Equateur province. A joint WFP/UNHCR-registration exercise in July showed that the number of refugees from CAR had decreased substantially over the recent months. In February 2002, 5,821 refugees were transferred to a site constructed in Mole. However, by July 2002 a joint WFP/UNHCR registration exercise showed that only some 3,300 refugees remained at the site. Road conditions, security problems and most recently the lack of food hampered the pursuit of durable solutions for this group.

**Ugandan refugees:** Following the re-formation of rebel movements in control of the area of Boga (Province Oriental), UNHCR gained access to and was able to register 3,993 Ugandan refugees and provide assistance. UNHCR continues to have no access to some 10,000 Ugandan refugees in Beni due to security reasons.

**Burundian refugees:** Security problems continue to prevent UNHCR from assisting some 19,000 Burundian refugees dispersed throughout the two Kivu Provinces. Urban Burundian refugees are often subjected to detention, arrest and questioning as a result of their non-registered status. Some have been

threatened with deportation by local authorities. Although an increasing number of the urban refugees are registering for voluntary repatriation, UNHCR does not facilitate such return at the moment due to the security conditions in their places of origin.

**Rwandan refugees:** An estimated 23,000 Rwandan refugees are dispersed in villages and in the forest in the North/South Kivu and Maniema Provinces. "Hostage taking" of refugees by combatant forces and "parallel" repatriation carried out by Rwandan military drives the refugees further away from assembly points. The non-accessibility of the refugees makes it difficult for UNHCR to discharge of its international protection responsibility. Persistent insecurity in certain areas, mainly in Shabunda, did not allow UNHCR to open a site planned for 2002 to receive refugees from that area willing to repatriate. Still, during the reporting period some 4,390 Rwandans were assisted to voluntarily repatriate.

#### Refugees in the DRC (on 30 August)

| Origin       | Refugee population | UNHCR-assisted | Non-assisted   | Projected end 2003 |                |               |
|--------------|--------------------|----------------|----------------|--------------------|----------------|---------------|
|              |                    |                |                | Refugee population | UNHCR-assisted | Non-assisted  |
| Angola*      | 187,005            | 111,530        | 75,475         | 87,000             | 56,000         | 31,000        |
| Burundi      | 19,560             | 670            | 18,890         | 5,000              | 650            | 4,350         |
| CAR          | 3,447              | 3,447          | 0              | 3,500              | 3,000          | 500           |
| Congo (RoC)  | 2,875              | 1,875          | 1,000          | 1,600              | 500            | 1,100         |
| Rwanda**     | 23,861             | 600            | 23,261         | 11,000             | 600            | 10,400        |
| Sudan        | 75,565             | 43,049         | 32,516         | 76,900             | 44,000         | 32,900        |
| Uganda       | 23,200             | 3,200          | 20,000         | 22,800             | 12,800         | 10,000        |
| <b>Total</b> | <b>335,513</b>     | <b>164,371</b> | <b>171,142</b> | <b>207,800</b>     | <b>117,550</b> | <b>90,250</b> |

\* 50% of the total Angolan refugee population (i.e. including non-assisted refugees) are likely to remain in the DRC in spite of repatriation operations, either because they integrated locally or because they do not consider their area of origin safe enough for return. Some of them may opt to return in 2004.

\*\* The figure of UNHCR-assisted Rwandans (600) represents the vulnerable asylum-seekers in Lubumbashi. Rwandan refugees are assisted for their voluntary repatriation to their country of origin.

#### Strategy

In light of the possible progress of the inter-Congolese dialogue involving all key protagonists, a phased voluntary repatriation might become feasible before the end of the year 2003. 336,500 Congolese refugees are reported to live in neighbouring states and a considerable number may opt for repatriation and reintegration in their home areas in the DRC once the conditions for a safe and human return are fulfilled.

Likewise and as part of a phased approach and following the present phase of mere facilitation, 2003 is foreseen to become the year of organised repatriation movements to Angola, which are planned to start after the rainy season. In general, up to 188,000 Angolan refugees might be repatriated until the end of 2004. However, given the circumstances prevailing in their home country, a considerable number of Angolans might chose to remain in the DRC. This residual caseload should continue to enjoy international protection.

Given the link between the peace process and humanitarian interventions in the DRC, UNHCR will support in 2003, as far as possible, any initiatives meant to address the humanitarian challenges affecting a large number of the Congolese population. In order to achieve its objectives, UNHCR will resort to the international community and to bilateral and private agencies to provide the necessary financial support.

The achievement of these operational priority objectives remains highly dependent on the availability of sufficient funds and the close cooperation with UN development-oriented agencies who facilitating UNHCR in the implementation of its phasing out strategy. Working in close cooperation and coordination with other UN agencies, UNHCR will seek to progressively phase out humanitarian assistance programmes for the new refugees on one hand, and promote local settlement/resettlement assistance programmes for the old caseloads on the other.

## **MINE ACTION**

### **Situation Analysis**

There is little information on the presence of mines in the DRC. Information gathering seems very difficult, but it is certain that most of the belligerents and their alliances have laid landmines more or less extensively, essentially along the frontlines. The presence of these mines is a risk for humanitarian workers and the civilian population.

### **Strategy**

UNMAS has been present in the DRC since February 2002 with offices in Kinshasa and Kisangani. Due to the present situation in the country, it is still very difficult to conduct normal mine/UXO clearance activities. UNMAS therefore focuses on three aspects related to mine presence: information and education of children and adults about the danger of mines/UXO and enhance community-based projects, especially in highly affected areas; reduce the threat posed by landmines and UXO, and support urgent basic services and community development objectives by conducting quick survey activities and emergency mine/UXO clearance operations; and develop and maintain a reliable mine/UXO information system, and provide mine action expertise within the DRC.

Handicap International will continue activities on demining and sensitisation in the Kisangani area and at the Bangboka airport. Project funds have already been obtained from the Belgian International Cooperation. The establishment of a Quick Response Team that would be able to respond to limited problems in the east of DRC will be put into place when funds are raised.

## **REVIVING ECONOMIES**

### **Situation Analysis**

For the first time in a decade, urban and rural citizens can expect an end to the informal embargo that followed the events of Lubumbashi in 1990 and the cycle of extensive looting and wars. The conjunction of de facto barriers between various parts of the country, appalling road infrastructure and the absence of an inclusive administration on the ground, makes it difficult to anticipate speedy development as a result of external assistance or generated by renewed agricultural and trade activities in government controlled areas. Yet the discrepancy between a status of extreme vulnerability and one of potential recovery is sometime extremely thin in the DRC: road repairs, the resumption of river traffic, together with the regular payment of soldiers can prompt a total change in local economies.

In this endeavour, the humanitarian community, present in the country's landmarks of suffering, will advocate for a fairer share of national income throughout all parts of the country, as opposed to past practices by both central authorities and foreign partners alike. Likewise, it will identify, or create areas of synergies between potential economic actors and vulnerable communities.

### **Strategy**

As the Congo River is reopened to commercial traffic, an assessment of its impact on the population will be made. Discussion on the rehabilitation of the railway between Katanga (Lubumbashi) and Maniema province (all the way to Kindu) are being held. The rehabilitation of the railway infrastructure from Lubumbashi to the South and in Orientale province will help break to help to break the isolation of certain areas (such as Kisangani). In this province, efforts are also being taken for the rehabilitation of roads.

The initiatives by FAO to support sustainable agricultural activities can be found under 'Food Security'.

The ILO, being the leading agency on "Economic Reinsertion", has been working since the past year on the DDR programme, together with MONUC on one hand and UNICEF and WHO on the other. The economic insertion of ex-combatants, IDPs and other vulnerable groups remains the priority of the ILO for the year 2003. Their role within the reintegration process of these groups will be very important for its success.

## HIV/AIDS

### Situation Analysis

There has been very little improvement in HIV/AIDS situation as compared to last year. The main features include:

1. The lack of information on the problem size on national level and especially in conflict zones. The estimates by the PNLs indicate 5% of HIV/AIDS patients at national average 5%, Matadi and Lubumbashi 10%, Boma 20% and Goma even 22%. The consequences of this high prevalence might annihilate every effort on every other sector.
2. The Kinshasa government has become more sensitive to the problem. A National Centre for Blood Transfusion has been set up.
3. There is no multi-sector approach to fight against HIV/AIDS. Among the ministries likely to fight the problem, only the Ministry of Health is active on the field.
4. The coordination of actions against HIV/AIDS in the eastern DRC is not operational, as the Central Coordination Offices do not have the means for action.
5. The inaccessibility to different HIV/AIDS services is still a major problem, especially in the regions outside government control. Condoms, tested blood, voluntary tests and advice, treatment of STI, treatment of secondary infections, prevention of mother to child transmission are not available to over 20% of the population.

### Strategy

UNAIDS continues to support all UN agencies and other humanitarian actors to implement projects related to the HIV/AIDS problem. The beneficiaries of these programmes are the youth, students, women (especially the pregnant), Congolese Armed Forces (FAC), and child soldiers. In order to be able to address the epidemic effectively, emergency packages of intervention should be made available. The multi-sector approach of the strategy is a priority. WHO will reinforce the second-generation surveillance and the implementation and expansion of the minimum package of interventions (under pilot) as well as the coordination of interventions.

## HUMAN RIGHTS

### Situation Analysis

The Human Rights situation in the DRC depends mostly on the security situation in general. The continuous ethnic clashes in Ituri, the split between RCD and the Banyamulenge in the Hauts Plateaux of Minembwe, the massacre of civilian populations in Kisangani, the presence of the armed militias around urban centres are signals of insecurity. As a consequence, actions aiming at the prevention and management of conflicts and the battle against impunity have to be combined with support to the ongoing peace negotiations amongst all parties in DRC.

### Strategy

The HRFOC will include in its programme actions related to the promotion and protection of economic, social and cultural rights, mainly actions on reinsertion of victims of violence, a micro credit system for women associations, support to trade unions and the achievement of actions related to the reinforcement of social cohesion. The objective of the HRFOC will be the reinforcement of institutional structures for sustainable peace, peaceful settlement of the conflict and reconciliation and introduction of a culture of Human Rights. The implementation of the recommendations of the National Conference on Human Rights and the National Plan for the Promotion of Human Rights will be followed and supported. The complementarity with national and local structures is an important issue and support to these capacities will be of great importance.

## COORDINATION

Since January 2002, the different crises that occurred in the DRC (Nyiragongo, Mbandaka floods, Kisangani mutiny and IDPs), the proliferation of local conflicts (Ituri, Mayi-Mayi proliferation in North Katanga, Maniema, and South Kivu) and the continuous increase of population displacements, especially

in rebel areas, has highlighted the need to strengthen humanitarian response and coordination mechanisms.

On the other hand the preparation of the DDRRR process as well as recent State agreements signed between Kinshasa authorities and Rwanda and Uganda governments augurs well of an improvement of the general situation in the country.

As mentioned earlier (Chapter 2– Coordination) and in order to respond to rapid evolution of the situation in Congo, it has been decided to restructure and reinforce OCHAs structure and role in the country.

In this context the main objectives for OCHA/DRC in 2003 will be the following:

- Improve access to vulnerable populations and lead needs assessments.
- Improve the gathering and dissemination of information by deploying additional Information Officers in the field and by establishing Information Units at local level.
- Improve humanitarian response and facilitate the delivery of humanitarian assistance to the populations in need.
- Facilitate the evaluation of the impact of delivered humanitarian assistance.
- Improve existing coordination mechanisms at zone and central levels and set up new ones in areas of humanitarian activities.
- Raise awareness of humanitarian concerns through advocacy and dissemination of humanitarian principles.
- Facilitate the reintegration of IDPs into their areas of origin.
- Promote reintegration dynamics.
- Contribute to ensuring coherence between the UN's Political, Economic and Humanitarian mandates.
- Ensure complementarity of humanitarian action with development actors and others (DDRRR, UNDAF, IMF and World Bank).

The restructuring of the current coordination mechanisms at the strategic and operational levels in order to adequately address the new humanitarian needs and challenges is expected to considerably improve the functioning of coordination within the country and provide relevant solutions to the ongoing Congolese crisis.

## **EMERGENCY HUMANITARIAN INTERVENTIONS**

Considering the present context in the DRC, the ongoing OCHA/DRC restructuring which was recommended by the donors in June 2002, the DDRRR process, and the reinforcement of other UN and Bretton Woods development programmes, the following has been decided by the UN country team (UNCT):

- the QIP component of the ERF will be decentralised and integrated in the UNDP reinforced community support programme;
- the EHI component will be supervised by OCHA in collaboration with the Humanitarian Coordinator. Its main role is to facilitate coordination of humanitarian action and to promote initiatives for the fulfilment of OCHA core mandate.

The different funding mechanisms will be supervised and managed by joint committees (Emergency Response Groups – ERG) at zone level, which will include UN officers, NGOs and donor representatives.

Within this framework, humanitarian interventions will focus on two main axes of action defined by the UN agencies and their partners in 2003:

First axis: the widening of the humanitarian space, by:

- facilitating access to vulnerable groups;
- facilitating the gathering and dissemination of information among the humanitarian community;
- providing data/GIS services to the humanitarian community;
- facilitating implementation of emergency operations;
- facilitating interdisciplinary impact evaluations;
- providing administrative support to the humanitarian community.

Second axis: the reinforcement of the reintegration dynamics, by:

- facilitating rapid deployment of humanitarian workers;
- facilitating rapid and timely delivery of assistance;
- supporting and strengthening the existing reintegration and resettlement programmes;
- coordinating humanitarian interventions at zone and central levels.

This new ERG structure will, in addition to its role of evaluating interventions and making recommendations to the different funding sources, reinforce the interaction and coordination between humanitarian actors and promote multidisciplinary approaches to fit the changing nature of the Congolese crisis.

## NATIONAL WORKSHOPS

**Hope for the future:** in December 2000, OCHA committed itself to organise a series of national workshops engaging experts from DRC's eleven provinces on issues deemed essential for Congolese people's daily life. At the time, the objective was not only to create spaces for open discussions but also to provide concrete opportunities to raise issues of exceptional gravity such as extortion and other bad treatments of civilians in times of conflict. Not only would the role played by media in DRC 's crises over the past ten years (starting with the Shaba-Kasaï crisis of 1992) be raised, but also health, education and food security policies in a troubled environment.

Two years later, only a few steps have been achieved and the momentum expected from successive and uninterrupted sequences of events is still ahead of us. In March 2002, a first national workshop, on education, was held in Kinshasa, bringing together for the first time since the onset of the war, senior inspectors of education from all provinces. In May, another exercise was organised in Kisangani on food security, again with the participation of agriculture experts from the whole country. Unfortunately, troubles broke out in Kisangani four days after the workshop. The next workshop, the workshop on media in times of crisis, to be organised together with Search for Common Ground and Radio Candip-Bunia, and held in Bunia, had to be cancelled because of the resumption of violent clashes in Bunia. Other workshops still expected to take place include health issues in Gemena; protection of civilians and communities in Bukavu; and administration of justice in Lubumbashi.

Despite the hiccups and adverse events, it is still expected that organising a series of workshops inside the DRC and in places controlled by different forces will help bring about a sense of common concern for issues affecting the whole population. It is equally expected that international, multilateral institutions will be inspired by the explicit call for the consultation of national expertise, as well as for a fairer dissemination of such gatherings in all areas of the DRC.

## SECURITY

### Situation Analysis

The political and economic context these days are not favourable for peace and security. Humanitarian personnel security might be endangered in the following areas.

#### 1. Kinshasa

Kinshasa suffers from poverty and overpopulation both as a result of the war. At least four to five million people live in very precarious conditions in quarters without any proper facilities. The increase of the general poverty situation may lead to robberies and lootings, with the expatriates being the first targets. Another threat to the security of the expatriate community is by the military and armed agents who often are paid irregularly and operate without any discipline.

## 2. North-East DRC

The conflicts between factions of the rebel groups in the Orientale province, and mainly around Isiro, Bafwasende, Buta have determined the insecurity situation in this part of the country. There is a possibility that these conflicts will worsen and spread to the rest of the province and further into the DRC.

The inter-ethnic conflicts in the upper north-eastern part have taken serious proportions. The two groups are responsible for regular massacres. The continuing fighting largely empties the town of Bunia, the population has fled to more secure regions. Armed gangs are operating to attack and rob these populations. The instability in this region remains a threat to the general security in the country.

## 3. Eastern DRC

The two Kivus and Maniema form important areas for the resistance against the foreign troops in the DRC. Clashes between the Mayi Mayi and RCD-Goma troops are a common recurrence.

## 4. Natural disasters

The active volcanoes Nyiragongo and Nyamulagira in the north of Goma are a permanent threat to the local populations and to the security of the humanitarian personnel. A contingency plan has been set up, involving actors and authorities of the two cities (Goma and Gisenyi).

## **Strategy**

The priority for 2003 will be the recruitment of three FSOs (for Bunia, Bukavu and Kalemie). Reinforcement of the sub-offices and the security antennae will continue. Training and information will be systematic (through briefing kits and sessions). A constant flow of information and alert mechanism is in place and will be strengthened with humanitarian structures such as OCHA (weekly meetings, contacts with sub-offices, participation in inter-agency meetings).

## IX. CRITERIA FOR PRIORITISATION

As stated earlier, the important role to be played by development institutions in addressing the structural needs of large and stable parts of the DRC will help the humanitarian community to concentrate its efforts solely on the urgent needs of the most vulnerable populations. Hence, its limited resources maybe better utilised, while strengthening reintegration dynamics. It is worth noting in this regard, that the return of the IMF, the World Bank and the African Bank of Development (BAD) as well as UN transitional assistance through the UNDAF have marked without doubt the first steps in the resumption of structural cooperation with the country.

In this context and based on the complex humanitarian situation DRC knows today, the priorities within the two axes forming the Common Humanitarian Action Plan will be:

### Axis 1: Widening humanitarian space

The widening of humanitarian space is defined by several aspects:

- A first prerogative is the **physical widening of humanitarian space**, including the rehabilitation of infrastructures such as roads, bridges, waterways, railways, in order to physically and logistically enable any relief interventions to the vulnerable populations. This aspect also includes every activity concerning mine action. Two actors in the DRC have taken up this theme, namely UNMAS (since February 2002) and Handicap International.
- Secondly, **life-saving interventions** depend on the preparedness and responsiveness of the humanitarian actors. Emergency funds, support to emergency activities, development of emergency stocks, will be the immediate tools for intervention to an enlarging number of vulnerable populations, with whom the humanitarian actors will be confronted with.
- Finally, the widening of humanitarian space will also be the result of activities in the framework of **peace building and conflict management**. Negotiation activities with local and central authorities and conflict management between different armed groups are indispensable for the humanitarian community to reach those in need. One of the major constraints in the near future may be constant authority shifts and clashes in the eastern part of DRC as a result of the rapid withdrawal of foreign troops. Continuous advocacy and promotion of fundamental humanitarian principles will therefore be a core task for those involved.

### Axis 2: Strengthening reintegration dynamics

Reintegration programmes will become a central activity for the humanitarian community in 2003. The process of DDRRR, together with the return of refugees and IDPs demand a preparedness of the humanitarian community to effective and organised reintegration schemes.

- The **DDRRR and Reintegration** component will confront the agencies with an increasing number of populations seeking to reintegrate and return to "normal life". The provision of tools and seeds for agriculture, basic health care and education facilities will determine the success of these try-outs to evolve towards a sustainable stabilisation and rehabilitation phase.
- These activities however, need to be accompanied by actions for **reduction of mortality and morbidity**. The high prevalence of HIV/AIDS (especially in the east), the low vaccination rates, the rapid spread of epidemics and the high mortality rates as a result of malaria are seriously limiting the future of the country in the middle and long run, alongside any efforts concerning recovery, rehabilitation and reintegration.
- In order to achieve this sustainable revival of "normal life", including local economic recovery, **local capacity building** activities are to prepare populations to a sustainable independence of humanitarian relief interventions and to a system of self-management and self-recovery.



## X. STRATEGIC MONITORING

| Strategic Objectives                                | Output   | Indicators  | Achievements/Constraints   |
|---|--|---|--|
| <p>Accompany the widening of humanitarian space</p> | <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 Interventions</li> <li>• Evolution of MICS indicators (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>Achievements:</p> <ul style="list-style-type: none"> <li>• More actors present on the field / resumption of multi- and bilateral cooperation</li> <li>• Dynamic of DDRRR process and withdrawal of foreign troops / regional political favourable situation</li> </ul> <p>Constraints:</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> </ul> <p>Need for cooperation and coordination between humanitarian, development and military actors</p> |
| <p>Reinforce the reintegration dynamics</p>         | <ul style="list-style-type: none"> <li>• Reintegration of internally displaced persons 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 internally displaced</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>Achievements:</p> <ul style="list-style-type: none"> <li>• Linkages between all DDRRR actors / arrival of new DDRRR partners</li> <li>• Favourable climate for reintegration process</li> </ul> <p>Constraints:</p> <ul style="list-style-type: none"> <li>• Need for effective coordination mechanisms in order to address all aspects of reintegration / DDRRR</li> <li>• Need for a minimal commitment of local authorities / minimal security situation</li> </ul>  |

# WIDENING HUMANITARIAN SPACE

## Physical Widening of Humanitarian Space

|                               |   |
|-------------------------------|---|
| <b>Appealing Agency</b>       | <b>ATLAS LOGISTIQUE</b>   |
| <b>Project Title</b>          | Construction, reconstruction and rehabilitation of roads, shelters, buildings and public facilities in order to increase the humanitarian intervention perimeter and relieve population   |
| <b>Project Code</b>           | DRC-03/ER/I01   |
| <b>Sector</b>                 | Economic Recovery and Infrastructure  |
| <b>Theme</b>                  | Infrastructure rehabilitation   |
| <b>Objectives</b>             | Facilitate emergency access to remote location where humanitarian assistance is needed; Participate in population recovery by rehabilitating roads so that: <ul style="list-style-type: none"> <li>• agricultural production can be transported to markets,</li> <li>• rural population regain access to healthcare, education, markets.</li> </ul> Build or rehabilitate public infrastructures; Build shelters and compounds for emergency action; Provide jobs and training to local population. |
| <b>Targeted Beneficiaries</b> | Local population, NGO's and partners  |
| <b>Implementing Partners</b>  | ATLAS Logistique in collaboration with local companies.   |
| <b>Project Duration</b>       | January – December 2003   |
| <b>Funds Requested</b>        | <b>US\$ 918,000</b>   |

### Project Description

Accessibility to remote areas is one of the most complicated aspects of humanitarian action in the DRC. Even if airports or helicopter landing areas are available throughout the country, the difficulty is to transport the assistance directly to the beneficiaries. Roads, trails, bridges are the most common difficulties, especially during the rainy season.

The project will contribute to the facilitation of emergency response to humanitarian crisis. Road and construction engineers will be able to identify the most appropriate response given the crisis parameters, and establish teams, using local resources, to provide appropriate response in a timely and efficient manner. Even if the focus will be on facilitating humanitarian assistance, the project will make extensive use of local resources (population and companies) so that long-term maintenance is possible.

The second dimension of this problem is the isolation of the population and their lack of access to healthcare, education, and basic food and non-food supplies. The project will also concentrate on rehabilitation activities, which can assist local population. Based on information provided by OCHA and other partners, we will identify areas where rehabilitation can have an immediate impact on food security and health conditions. These projects will also facilitate the resumption of local economic activity by allowing exchanges between rural areas and main villages or cities.

| FINANCIAL SUMMARY  |                |
|--|----------------|
| Budget Items   | US\$           |
| Equipment purchase (cement, bridges elements, etc.)        | 400,000        |
| Local staff (permanent and day workers)                    | 300,000        |
| Logistic costs (storage, airlifts, cargos, transportation) | 100,000        |
| Training and sensitisation                                 | 50,000         |
| Administrative costs (8%)                                  | 68,000         |
| <b>TOTAL</b>   | <b>918,000</b> |

|                               |  |
|-------------------------------|--|
| <b>Appealing Agency</b>       | <b>ATLAS LOGISTIQUE</b>  |
| <b>Project Title</b>          | Logistical and mechanical support to DRC humanitarian assistance.  |
| <b>Project Code</b>           | DRC-03/CSS01   |
| <b>Sector</b>                 | Coordination and support services.   |
| <b>Themes</b>                 | Logistics  |
| <b>Objectives</b>             | Provide logistical assistance to various DRC programmes <ul style="list-style-type: none"> <li>o Global purchasing</li> <li>o Shipment</li> <li>o Storage</li> <li>o Distribution</li> </ul> Reduce delays in operation setup; Reduce operation costs; Maintain partners vehicles fleets (cars and trucks) in main ATLAS garages (Kinshasa, Goma, Kisangani, etc.) and in the field throughout the country; Operate spare parts purchasing programme and keep separate stocks per partner. |
| <b>Targeted Beneficiaries</b> | Vulnerable population through direct distribution, Other NGO's and partners.   |
| <b>Implementing partners</b>  | ATLAS Logistique   |
| <b>Project Duration</b>       | January – December 2003  |
| <b>Funds Requested</b>        | <b>US\$ 1,134,000</b>  |

### Project Description

DRC present a logistical challenge for all the humanitarian actors working throughout the country. Food and non-food pipeline breaks occur frequently and keeping track of stocks is a perpetual issue for NGOs and UN agencies. As well, the condition of the roads is so poor that it becomes very difficult to maintain vehicles, which are always in the field. Spare parts are generally not available from the original manufacturer and even small mechanical problems can turn out to be impossible to solve miles away from a traditional garage.

As in other countries where the programme is operation, two specific types of support will be offered. The first aspect of the project will concentrate on the logistical aspects. Depending on the number of supported partners, three or four main logistic centres will be set up with standard stock management procedures (incoming/outgoing tracking system, periodical physical inventory, definition of stock level alerts). From those main logistic centres, the project will provide delivery services to field bases using roads, rail, rivers and air transportation. The project fleet will also be available for direct population distribution in conjunction with other NGO's and agencies.

The second aspect of the project will deal with mechanical maintenance. Main garages will be setup in conjunction with the logistic centres, and will be able to face any type of repair (engines, transmission, suspension, electricity, car body repair, etc). From these main garages, mechanics will be ready to be dispatched in order to solve problems in the field.

Depending on the partner's fleet, the project will offer centralised spare parts purchasing with per partner maintained stocks. As is the standard logistical practice, partners will be informed of spare parts stock levels in order to anticipate future needs.

By setting up logistical and mechanical bases, the project will:

- reduce costs and delays
- simplify and improve our partners' project execution
- rationalise procedures
- increase crisis reactivity

| <b>FINANCIAL SUMMARY</b>                                   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US \$</b>     |
| Local staff  | 250,000          |
| Logistic costs (storage, airlifts, cargos, transportation) | 500,000          |
| Equipment for storage facilities and garage                | 100,000          |
| Mechanics field movements                                  | 50,000           |
| Spare parts stock  | 150,000          |
| Administrative costs (8%)                                  | 84,000           |
| <b>TOTAL</b>   | <b>1,134,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>WORLD FOOD PROGRAMME</b>   |
| <b>Project Title</b>         | Rehabilitation of the rail bridge over the Niemba river   |
| <b>Project Code</b>          | DRC-03/ER/I02   |
| <b>Sector</b>                | Economic Recovery and Infrastructure  |
| <b>Themes</b>                | Infrastructure Rehabilitation, IDPs, returnees  |
| <b>Objective</b>             | Restore railway traffic from Kalemie to Kabalo and vice-versa; Eliminate the need to carry out further airlifts from Kalemie to other areas in Northern Katanga; Enable transport of larger quantities of food and NFI to the vulnerable; Encourage the local populations to reintegrate their villages along the railways and resort to their old coping mechanisms; Open ways to markets outlets. |
| <b>Target Beneficiaries</b>  | Local populations   |
| <b>Implementing Partners</b> | Office des Routes, Société Nationale des Chemins de fer du Congo (SNCC), Interlacs  |
| <b>Project Duration</b>      | 10 months   |
| <b>Funds Requested</b>       | <b>US\$ 1,387,417</b>   |

### Project Description

**Key problems:** In addition to the effects of the war, food security in the DRC is adversely affected by the crumbling of the road and rail infrastructure throughout the country. In November 1998, heavy rains eroded the banks of the river under the Niemba Bridge, thus preventing railway traffic from Kindu-Kalemie to Kabalo. Before the war this railway line facilitated transportation from Durban to Kalemie via Lubumbashi and Kabalo. With the partition of the country and increased insecurity along the frontlines, projects for the rehabilitation of the rail bridge were shelved. With the cease-fire holding in the area, there has been an increased need for food and NFI in Northern Katanga, which was once a rich agricultural area and has now turned into an area with high rates of malnutrition. The first immediate response was the airlifting of the necessary food and NFI, regardless of the high costs incurred. With the recent improvement in the security situation along the railway, the rehabilitation of the rail line embankments and the reconstruction of the rail bridge over the Niemba river will enable transport of larger food and NFI quantities at lower cost. In addition, railway traffic, at least from Kalemie to Kabalo, may resume. Consequently, local populations will be encouraged to reintegrate their villages along the railway and resort to their old coping mechanisms.

**Strategy:** Food for work projects for the rehabilitation of the rail line and cleaning of the embankments on either side of the Niemba river will progress at the same time as the rail bridge is being rebuilt. The expertise will be made available by the Office des Routes, SNCC and Interlacs. The labour force will be recruited locally. Two WFP rail engineers will be supplied to follow the works, monitor progress, write reports and make financial payments to services completed.

### Indicators:

- Access to 872,000 people, i.e. 70% of the population in Northern Katanga.
- Resumption of rail traffic from Kalemie to Kabalo and vice-versa.

| <b>FINANCIAL SUMMARY</b> |                  |
|--------------------------|------------------|
| <b>Budget Items</b>      | <b>US\$</b>      |
| Direct support costs     | 1,287,029        |
| Indirect support costs   | 100,388          |
| <b>TOTAL</b>             | <b>1,387,417</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS MINE ACTION SERVICE</b>  |
| <b>Project Title</b>         | Mine action coordination centre assistance   |
| <b>Project Code</b>          | DRC-03/MA01  |
| <b>Sector</b>                | Mine action  |
| <b>Themes</b>                | Mine action, information management  |
| <b>Objective</b>             | To coordinate and provide mine action assistance to the Democratic Republic of the Congo (DRC), especially in the areas of information systems, and to assist in the implementation of emergency mine action activities. |
| <b>Target Beneficiaries</b>  | Local populations  |
| <b>Implementing Partners</b> | United Nations Mission in the Democratic Republic of the Congo (MONUC); Office for the Coordination of Humanitarian Affairs (OCHA); United Nations Office for Project Services (UNOPS).                                  |
| <b>Project Duration</b>      | 10 months  |
| <b>Funds Requested</b>       | <b>US\$ 181,930</b>  |

### Project Description

Phase One of this plan will be completed in December 2002, and will have achieved the following:

- The establishment of the Mine Action Coordination Centre (MACC) in Kinshasa and a regional office in Kisangani;
- The implementation of a functional database, based on the Information Management System for Mine Action (IMSMA);
- The design of a Mine Risk Education (MRE) programme;
- The design of an emergency clearance programme to support the supply of urgent basic services and community development;
- The publication of a quality assurance policy and procedures;
- Improved liaison and coordination with mine action partners.

The second phase will be one of consolidation. Depending on the conclusion of an assessment, an additional regional office may be established and the MACC will focus on developing the emergency mine action response capability to prevent mine accidents and facilitate the safe return of Internally Displaced Persons (IDPs) and refugees. This will also enhance the mobility of MONUC troops and humanitarian organisations in the country. If circumstances are favorable, consideration will be given to moving the HQ of the MACC from Kinshasa to Kisangani.

Other activities in this phase will include:

- Integration of mine action into the overall humanitarian programming;
- Planning emergency survey, marking, mine awareness and clearance activities;
- Data collection and dissemination, and information management;
- Promotion of appropriate technical and safety standards;
- Quality assurance;
- Monitoring;
- Coordination of the activities of other mine action agencies;
- Recruitment of local and international staff.
- Continuing to be the UN/MONUC focal point for mine action;
- Coordinate technical survey operations within the mission area of operation to verify the reported suspected areas;
- Establish close links with the national relevant authorities to further develop a national mine action strategy and plan;
- Assistance for implementation of the Landmine Safety project for United Nations personnel.

The objective of Phase Three is to develop a medium to long-term mine action response to rid the DRC of mines and UXO. This phase will be carried out when circumstance allow and in coordination with national authorities and before the withdrawal of MONUC.

| <b>FINANCIAL SUMMARY</b>      |                |
|-------------------------------|----------------|
| <b>Budget Items</b>           | <b>US\$</b>    |
| Personnel                     | 716,204        |
| Supplies                      | 15,000         |
| Equipment/furniture           | 23,056         |
| Operating costs & maintenance | 91,000         |
| Programme support costs       | 75,671         |
| <b>TOTAL</b>                  | <b>920,931</b> |

**FUNDS RECEIVED:** US\$ 739,001  
**SHORTFALL:** US\$ 181,930

Note: US\$ 739,001 has been made available within MONUC Assessed Budget for partial funding of this project.

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS MINE ACTION SERVICE</b>   |
| <b>Project Title</b>         | Emergency mine / UXO clearance in the DRC   |
| <b>Project Code</b>          | DRC-03/MA02   |
| <b>Sector</b>                | Mine Action   |
| <b>Themes</b>                | Mine Action   |
| <b>Objective</b>             | To reduce the threat posed by landmines and UXO, and support urgent basic services and community development objectives |
| <b>Implementing Partners</b> | UNOPS, NGOs (to be identified)  |
| <b>Project Duration</b>      | January – December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 696,720</b>   |

### **Project Description**

The presence of landmines/UXO in the DRC presents a risk for the civilian population, humanitarian workers and peacekeepers, and hampers relief and development activities. Furthermore, the current political situation in the country makes normal clearance activities extremely difficult. Therefore, the most effective method of dealing with the problem in this emergency period is through the provision of small teams deployed in a “fire brigade” mode. This project proposes the initial deployment of two such teams for a period of six months. The number of teams and length of deployment are expandable, according to the requirements and the availability of funds.

### **Strategy and activities**

Mine/UXO clearance efforts should focus mainly on responding to requests from humanitarian relief agencies and the civilian population. In most cases, the requests will assist in the reactivation and development of vital socio-economic and humanitarian activities. The operations will be carried out by small mobile teams under the supervision of a project manager, with the assistance of an administration/logistics officer. Each team will also include: 1 team-leader; 2 Explosive Ordnance Disposal (EOD) operators (local); 6 deminers (local); 1 medic (local); 2 drivers (local).

The activities of the mobile teams will include:

- Provision of assistance to security assessments of mine/UXO threats;
- Conduct of EOD and emergency mine clearance tasks;
- Destruction of mine/ordnance stockpiles.

In the initial phase, two teams will be deployed to pre-selected affected districts. From a strictly mine/UXO clearance perspective, this is the most effective short term application of resources, and the only current option considering the high visibility of large concurrent relief activities.

### **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 for civilians;
- Reduction of pressure on the limited medical and health infrastructure.



| <b>FINANCIAL SUMMARY</b>   |                    |                      |
|--|--------------------|----------------------|
| <b>Budget Items</b>  | <b>US\$</b>        | <b>US\$</b>          |
|  | 2 Teams x 6 Months | Each Additional Team |
| International staff salaries (4)                                   | 240,000            | 60,000               |
| Local staff salaries (11)  | 98,340             | 49,170               |
| Vehicles (5)   | 150,000            | 60,000               |
| Communications   | 13,060             | 6,530                |
| Mine detectors, survey equipment                                   | 40,000             | 20,000               |
| Protective, medical, camp, demolition, minefield marking equipment | 50,160             | 24,190               |
| Consumables, fuel, maintenance, insurance                          | 20,000             | 10,000               |
| Miscellaneous  | 5,000              | 2,500                |
| Programme support costs  | 80,160             | 30,210               |
| <b>TOTAL</b>   | <b>696,720</b>     | <b>262,600</b>       |

**FUNDS RECEIVED:**

US\$ 0

**SHORTFALL:**

**US\$ 696,720**

Note: In addition to this particular humanitarian project, Emergency EOD Disposal and Mine Clearance activities will be implemented, by commercial companies and/or NGOs, in support of MONUC operations and of the DDRRR programmes. Provision of US\$ 1,950,000 is available for this purpose within the Mission's Assessed Budget.

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS MINE ACTION SERVICE</b>   |
| <b>Project Title</b>        | Landmine / UXO mine risk education and advocacy in the DRC  |
| <b>Project Code</b>         | DRC-03/MA03   |
| <b>Sector</b>               | Mine Action   |
| <b>Target Beneficiaries</b> | UNOPS, UNICEF   |
| <b>Objective</b>            | To inform and educate children and adults about the danger of landmines/UXOs as well as enhance community-based projects, especially in highly impacted areas |
| <b>Project Duration</b>     | January – December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 587,600</b>   |

### Project Description

There is little information about the attitudes and behaviour that lead to mine/UXO incidents in the DRC. In addition, there is also a lack of data about the population segments that are most at risk of being injured, general perceptions about the mine threat and attitudes towards MRE. Therefore, there is an opportunity to conduct a needs assessment project, and use the results to gather information that could be used to shape the future of a MRE campaign in the DRC. Such a campaign would be under the leadership of UNICEF.

#### Strategy and activities

- Train community educators who will target key messages toward communities at risk.
- Support the establishment of community listening groups to increase access to MRE.
- Develop and disseminate mine awareness educational materials for children and adults in affected communities.
- Provide technical support to community educators in the field in a continuing effort to identify needs and gaps and possible solutions.
- Undertake visits to schools to spread MRE.
- Develop a mass media campaign to reach targeted audiences with information on landmines, methods of protection against mine-related injuries and promotion of assistance for the care, rehabilitation, socio-economic reintegration of mine victims.
- Enhance community-based projects through close cooperation with local/international NGOs and other local and international organisations.
- Using effective communications campaigns and advocacy, sensitise government, local authorities, and communities about the risks of landmines and related issues.

#### Expected outcome

- 100 community educators trained on MRE training.
- 200 MRE workshops and training sessions carried out in schools.
- At least 1,000 affected communities made aware of the risk posed by landmines.
- The production and availability of culturally appropriate MRE materials.
- Increased levels of mine awareness among affected communities resulting in a reduction in the number of new mine/UXO victims.
- An increase in the awareness and commitment of national/local authorities and communities towards MRE activities.

| <b>FINANCIAL SUMMARY</b>                   |                |
|--|----------------|
| <b>Budget Items</b>                        | <b>US \$</b>   |
| Training of community educators            | 150,000        |
| Mine awareness campaigns and media support | 150,000        |
| Mine awareness materials                   | 150,000        |
| Project management                         | 50,000         |
| Monitoring and evaluation                  | 20,000         |
| Programme Support Costs                    | 67,600         |
| <b>TOTAL</b>                               | <b>587,600</b> |

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>        | Field security officer and support   |
| <b>Project Code</b>         | DRC-03/S01   |
| <b>Sector</b>               | Security   |
| <b>Themes</b>               | Security of humanitarian workers   |
| <b>Objectives</b>           | Support to UNSECOORD for a security network concerning five Field Security offices (Bunia, Bukavu, Kalémie, Kisangani, Lubumbashi) |
| <b>Target Beneficiaries</b> | UN staff and associated personnel and their beneficiary populations  |
| <b>Implementing Partner</b> | UNSECOORD  |
| <b>Project Duration</b>     | January – December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 1,353,200</b>  |

### Project Description

The reduction of the security phase in Kinshasa from level 3 to level 2 starting 01/09/02 might cause an increase in the number of staff with the possible arrival with their families. As well, the IMF has, in the footsteps of the World Bank, opened an office in Kinshasa.

This new situation will require more material and financial resources for the security services. The geographic dimensions with a precarious and volatile security situation in the east, demands an intensification of security system. The recruitment of three additional security officers will make the installation of sub-offices in Bukavu, Kalemie and Bunia possible. Bunia is regarded as a priority given the present security situation and the disastrous humanitarian situation in the district where interethnic clashes have doubled since January 2002.

The recruitment of three security officers and the functioning of the sub-offices in Lubumbashi, Kisangani, Kalemie, Bunia and Bukavu will require a total budget of US\$ 1,353,200.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| Staff (Lubumbashi, Kisangani, Bukavu, Bunia and Kalemie)                    | 602,500          |
| Short-term assistance   | 312,200          |
| Training  | 7,500            |
| Travel  | 20,000           |
| Operational costs (office equipment, communication, rental and maintenance) | 240,000          |
| Transportation equipment  | 171,000          |
| <b>TOTAL</b>  | <b>1,353,200</b> |

## Peace Building and Conflict Management

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>   |
| <b>Project Title</b>         | Support to reconciliation process among the population of Ituri   |
| <b>Project Code</b>          | DRC-03/P/HR/RL01  |
| <b>Sector</b>                | Protection/Human Rights/Rule of Law   |
| <b>Themes</b>                | Peace Building/Promotion, Human Rights, Justice   |
| <b>Objective</b>             | Promote reconciliation, peace principles, cohabitation and national cohesion; support participative elaboration of national strategy concerning Human Rights promotion; Put into place a national strategy of communication between different populations to serve national reconciliation. |
| <b>Target Beneficiaries</b>  | Populations of Ituri district, administrative and judiciary staff   |
| <b>Implementing Partners</b> | OHCHR   |
| <b>Project Duration</b>      | January - July 2003 (6 months)  |
| <b>Funds Requested</b>       | <b>US\$ 505,000</b>   |

### Project Description

Since the outbreak of war, the primacy of rights and the security of goods and people have become major concerns in the DRC. The socio-political events that have taken place over the last four years, have greatly contributed to massive violations of Human Rights in a crisis context characterised by lack of civic spirit, a peace culture, democracy, solidarity, tolerance and discipline. The atrocities on populations by different armed groups and militias have torn the social fabric and worsened the vulnerability of populations.

The DRC is engaged in processes of ending the crisis and pacification. Owing to the fragility of these processes, they have to be accompanied by civic training of the population and especially those living in war affected areas in order to promote reconciliation, cohabitation, pacification and social cohesion. The evolution of the situation in the field clearly indicates a real need to disseminate a citizenship culture based on peace, democracy, solidarity, tolerance and discipline principles.

This project deals with the district of Ituri where interethnic violence has taken place. It will complete the ongoing actions carried out within the framework of the assistance project to the national programme of capacity building. Thanks to various campaigns (information, communication, education) on human rights principles and to community activities, it will help to reduce the gap between different ethnic groups of Ituri district.

| <b>FINANCIAL SUMMARY</b>                                      |                |
|---|----------------|
| <b>Budget Items</b>   | <b>US \$</b>   |
| Staff (2 UNV monitors)  | 30,000         |
| Administrative support  | 20,000         |
| Training of leaders   | 15,000         |
| Workshops organisation  | 100,000        |
| Communication, information and education campaigns            | 50,000         |
| Elaboration and dissemination of teaching material            | 40,000         |
| Rehabilitation pilot activities for community infrastructures | 250,000        |
| <b>TOTAL</b>  | <b>505,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS</b>   |
| <b>Project Title</b>         | Monitoring and technical cooperation programmes of the human rights situation in DRC  |
| <b>Project Code</b>          | DRC-03/P/HR/RL02  |
| <b>Sector</b>                | Protection/Human Rights/Rule of Law   |
| <b>Themes</b>                | National HR Institutions, Governance/Public Administration  |
| <b>Objectives</b>            | Support implementation of recommendations of the National Conference on Human Rights; Strengthen national institutions to respect provisions contained in the international and regional treaties |
| <b>Target Beneficiaries</b>  | Victims of human rights violations, NGOs, Civil Society, the government and in particular the Ministries of Human Rights and Justice  |
| <b>Implementing Partners</b> | OHCHR, DRC Field Office   |
| <b>Project Duration</b>      | January - December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 1,586,184</b>   |

### Project Description

The political situation in the DRC is still precarious and uncertain owing to the evolution of negotiations held at the Inter-Congolese Dialogue. However, peace accords signed at Pretoria in July 2002 and in Luanda, August 2002, augur a return to peace in the DRC as long as it is reinforced by a global and inclusive political compromise.

As to the Human Rights situation, mention should be made that there has been **some** improvement since early 2001, characterised namely by the closing of illegal **detention centres**, the civilians **are less and less** judged at the Military Courts, **Liberalisation** of political life, the organisation of a Human Rights national conference, which led to the adoption of «Charte congolaise des droits de l'homme et du peuple». However, Human Rights are still violated on the eastern part of the country among them are sexual violence, massacres, extra-judicial executions, arbitrary detention and arrests, the use of children in armed conflict, torture and inhuman treatment, etc.

In the government-controlled area, the situation has deteriorated too. In this regard, journalists, human rights defenders, civil society leaders and their relatives were harassed, detained and mistreated by the security forces. Therefore to correct the trend, an effective involvement of the OHCHR's DRC office and NGOs is needed.

The Human Rights situation depends largely on security conditions that are very precarious in this country. In fact, constant ethnic clashes in Ituri, the split of alliances between the RCD supported by Ruanda, and the Banyamulenge of Minembwe Hauts Plateaux, the massacre of civilian population in Kisangani, the presence of armed militias around big towns are proof that the security situation is far from improvement. Conflict management and preventive actions therefore must be planned as well as the struggle against impunity to support peace negotiations among the conflicting parties in the DRC.

As far as the economic situation is concerned, there is worsening of misery due among others, to lack of civil servants salary payment as well as in the government territory than in the east, insecurity, the populations insufficient purchase power, etc. All the economic advantages linked to the resumption of multilateral and bilateral cooperation that the government gets will not be granted to populations in RCD-Goma territories due to the division of the country. Moreover, the eruption of Nyiragongo in January 2002 caused the collapse of the economic fabric, which was already weakened on the east of the country and especially in Goma. However, populations from the east are surviving mainly thanks to informal sector and commercial exchange with populations of neighbouring towns. On the other hand, the reopening of traffic on the Congo River and the rehabilitation of a few railway infrastructures will progressively contribute to the improvement of the socio-economic situation.

Thus, the HRFOC plans to include in its programme actions aiming at promoting and protecting cultural, social and economic rights. Among these, action of social reinsertion of women victims of sexual violence, the granting of revolving credits to women's associations, the supervision of trade unions and the carrying out of actions likely to reinforce social cohesion.

The setting up of transition institutions from the inclusive and global accord will be the main event in 2003. These institutions will logically lead to the democratic process in the country. Thus, the objective of HRFOC in 2003 is to work at the building of institutional structures to restore sustainable peace, peaceful resolution of the crisis, reconciliation and introduction of a Human Rights culture.

So, the adoption of the National Plan of Human Rights protection and promotion (PNPPDH) as well as the recommendations from the national Conference on Human Rights are very important initiatives. Their implementation will make it possible to reaffirm faith in fundamental Human rights, with dignity and humanity, and equality of rights in the DRC. 2003 will then be the year of intensification of the PNPPDH implementation and the follow up of Human rights National Conference recommendations.

To deal with the complex situation of Human Rights in the DRC, a strategy combining both monitoring and the technical cooperation is necessary. However the overall approach will be a complementary and participatory one with the different actors intervening in this sector. Thus, more stress will be put on revalorisation of national competencies and on capacity building at NGOs and government structure levels. Activities that will be implemented in 2003 will aim not only at consolidating achieved assets since the opening of the Office but also and above all, at assisting the implementation of national forum resolutions on Human Rights namely national action plan, the Human rights National conference resolutions and essential disposition included in the inter-Congolese dialogue recommendations.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Monitoring (international and local staff, operating and administrative costs, missions, logistics)  | 511,149          |
| Support costs (13%)  | 66,450           |
| <b>Sub-total</b>   | <b>577,599</b>   |
| Technical cooperation activities (international and local staff, training activities, operating and administrative costs, missions, logistics) | 892,553          |
| Support costs (13%)  | 116,032          |
| <b>Sub-total</b>   | <b>1,008,585</b> |
| <b>TOTAL</b>   | <b>1,586,184</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>GERDIS-FONEC</b>  |
| <b>Project Title</b>         | Support to economic and peace initiatives in the east  |
| <b>Project Code</b>          | DRC-03/ER/I03  |
| <b>Sector</b>                | Agriculture, Economic Recovery, Protection   |
| <b>Themes</b>                | Gender, IDPs, children/youth, infrastructure rehabilitation, nutrition, Peace Building, Income Generation  |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>• Rebuild financial capacities and food security of vulnerable people, victims of armed conflict in the areas around Kahuzi Biega National Park (Shabunda, Nindja, Kalonge, Bunyakiri, Kabare)</li> <li>• Encourage peace spirit by transforming young belligerent feelings into collective work energy through the rehabilitation of three sections of rural feeder roads at Kalonge (32 km), Bunyakiri (36km), and Ninja (46km)</li> </ul>            |
| <b>Target Beneficiaries</b>  | 5,000 youngsters, 1,000 women, 2,000 children, all the vulnerable population in general (approximately 1,000,000)  |
| <b>Implementing Partners</b> | Association Chrétienne pour le Développement ACHRED (Shabunda), a.s.b.l. KYAMUKOKO (Shabunda), Communauté des Eglises de Pentecôte pour l'Afrique « CELPA DEVELOPPEMENT »/Shabunda. Communautés Ecclésiales de Base et Groupements paysans (Kalonge), Plate forme de Développement de Bunyakiri « PADEBU », Syndicat d'Initiative et de Développement de Nindja « SIDENI », Action Socio-économique pour le Développement du Kivu « AEDKA »/Kabare, youth associations, and local authorities. |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 450,000</b>  |

## Project Description

About 1.5 million people live in the areas around Kahuzi Biega National Park. These people live in total isolation due to the environment of the park. Owing to this isolation, people living in those areas have never been exposed to different forms of civilisation. The dictatorship that took over did not improve anything. Quite the contrary, the wind of democracy that started to blow in 1990 in the DRC has left the population with a bitter-sweet back taste. The development, especially of the countryside, did not follow because of lack of socio-economic facilities and other structures of cultural elevation. This search for democracy had adverse effect all over the African Great Lakes countries. Successive wars in the DRC (1996 and 1998) are obvious signs and results of this democratic failure.

As for the areas around Kahuzi Biega Park, those wars have simply worsened the already uncomfortable situation they were in. The isolation due to geographic situation is worsened by constant massacres by militias, armed groups and other movement who took advantage of the forest environment to settle down in Shabunda, Kalonge, Bunyakiri, Nindja and partly in Kabare. These armed movements have developed in areas since 1994 when Rwandan refugees arrived massively and among them a great number of Interahamwe, and ex-FAR. In addition to the Interahamwe there are various Mayi Mayi movements (Batiri, Katuku, Ngilima, Zuri, Ntakalaba, Mudundu 40). In the same area there are also RCD, RPA armies and ex-FAZ soldiers.

The regular conflicts between and within different armed groups are the cause of deep vulnerability that these people face:

- Constant movement of populations;
- Loss of goods, houses, furniture and belongings;
- Looting, theft, raids, rapes of women (daughters and mothers);
- Aggravation of STI and spread of AIDS;
- No more civil protection mechanisms;
- Annihilation of farm and agricultural production;
- Destruction of socio-economic facilities (schools, medical centres, cooperatives, markets and NGOs);
- Ever rising mortality rate.

All in all there is a serious humanitarian, security and social crisis.

It is the combination of these degrading phenomena that awakened the organisations in the geographical area around the Kahuzi Biega National Park.

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US \$</b>   |
| Human commitment   | 24,000         |
| Agricultural input (market garden seed, food seed and ploughing tools) | 210,000        |
| Road maintenance material  | 60,000         |
| Computer material (computer and accessories)                           | 3,000          |
| Credit / micro financing (economically profitable activities)          | 80,000         |
| Labour plus training (credit management and road maintenance)          | 43,000         |
| Rolling stock (4WD Jeep) + servicing + lubricant                       | 20,000         |
| Administrative costs   | 10,000         |
| <b>TOTAL</b>   | <b>450,000</b> |



|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>INTERNATIONAL LABOUR ORGANIZATION</b>   |
| <b>Project Title</b>         | Jobs for peace in Ituri and in the provinces of North and South Kivu   |
| <b>Project Code</b>          | DRC-03/ER/I04  |
| <b>Sector</b>                | Economic Recovery and Infrastructure   |
| <b>Themes</b>                | Infrastructure Rehabilitation, Income Generation, Peace Building   |
| <b>Objective</b>             | Involve youngsters from different communities in rehabilitation activities of social infrastructure so as to consolidate the culture of peace while providing them with income |
| <b>Target Beneficiaries</b>  | 2,500 unemployed youngsters, ex-militia men grouped in associations  |
| <b>Implementing Partners</b> | Youth associations and NGOs  |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 525,000</b>  |

### Project Description

Youngsters are the most active age group of the Congolese population. They caused and suffered the consequences of conflict. They were members of armed militias and participated in the destruction of socio-economic infrastructures.

After so many conflicts the country cannot be properly rebuilt unless rehabilitation work of destroyed socio-economic infrastructure is implemented. The rehabilitation of these infrastructures can give opportunities to youngsters not only to take part in the restoration of their environment in the most destroyed communities, but also to instill into them love for work, community good and common interest.

#### Objective

Owing to participation in collective infrastructure, rehabilitation work (construction of wells, toilets and sanitation), youngsters including former militias will learn how to work in team while generating income that will likely help them in the reinsertion process.

The project gives priority to Ituri, the scene of inter-ethnic conflicts and to North and South Kivu, which are among the most affected by war. Activities will be carried out by youth associations in collaboration with NGOs. Youth associations will be organised and trained in high intensity labour rehabilitation techniques and other such as waste processing. They will take part in the designing of maintenance plans for rehabilitated infrastructures.

This will be in collaboration with UNICEF for training in culture of peace, WFP for food provision, and WHO for protection equipment for youngsters involved in doing the job.

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US\$</b>    |
| Support to youth associations training and organisation                      | 55,000         |
| Sub-contract youth associations and NGOs supervising youngsters for the work | 375,000        |
| Procurement of small material (hoes, spades, rakes, hammers, machetes)       | 50,000         |
| Support costs  | 45,000         |
| <b>TOTAL</b>   | <b>525,000</b> |

## Life Saving Interventions

|                             |   |
|-----------------------------|---|
| <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-03/CSS02  |
| <b>Sector</b>               | Coordination & Support Services   |
| <b>Themes</b>               | Information management and effective emergency response capacity  |
| <b>Objectives</b>           | <ul style="list-style-type: none"> <li>- Ensure a coordinated &amp; adequate response to humanitarian crisis.</li> <li>- Improve support to field based humanitarian actors.</li> <li>- Widening humanitarian space through improved access &amp; respect of humanitarian principles.</li> <li>- Ensure complementarity of humanitarian strategies with recovery and reintegration actors.</li> </ul> |
| <b>Target Beneficiaries</b> | Donor community, UN system, NGOs, Government, vulnerable population in the DRC.   |
| <b>Implementing Partner</b> | OCHA  |
| <b>Project Duration</b>     | January - December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 7,224,585</b>   |

### Project Description

Humanitarian Coordination in the DRC is facing a daunting challenge characterised by the scale of the humanitarian crisis, the lack of access to vulnerable populations (due to a combination of factors including the country's vast size, poor infrastructure, and insecurity), the increase in the number of field humanitarian operators, and the development of Recovery and DDRRR programmes.

In 2003, OCHA, in its role of supporting the Humanitarian Coordinator, will help the humanitarian community to concentrate its efforts in attending to the urgent needs of the most vulnerable populations and hence better utilise its limited resources, while interacting with other actors thus developing a variety of "hand-over strategies" from relief to economic recovery. The decentralisation of coordination mechanisms and the strengthening of OCHA's structure in the DRC will provide better support to the Humanitarian Coordinator's functions and to field-based humanitarian organisations. OCHA DRC 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 operations. Joint rapid response under the Emergency Humanitarian Intervention (EHI) mechanism has proven to be a healthy catalyst for this integrated approach and will continue to be an effective tool for coordination and emergency action in a context still marked by scattered crises, volatile access and a transport infrastructure vacuum. In 2002, OCHA handed over all components of the EHI/ERF (Emergency Response Fund) related to post-emergency action to operational agencies such as UNDP, although the collaborative decision-making mechanisms remain in place.

Pursuing the above strategy while concentrating the humanitarian community's efforts on the first two pillars of the 2002 CHAP, Saving Lives and Preserving Livelihoods, should render humanitarian interventions more effective and coherent. Activities related to the two remaining pillars, Reviving Local Economies and Enhancing the Sense of Fairness and Justice, which humanitarian actors tried to respond to due to the absence of the appropriate actors, will be handled by the newly arrived development institutions during 2003.

The coordination strategy for next year will include, in light of the presence of these new actors, a link between humanitarian and development activities through a smooth transition from relief to rehabilitation and development. Humanitarian actors present in the field will be encouraged to identify opportunities for development actors. This implies the complementarity of humanitarian strategies with those of the other actors present in the DRC: the UN (UNDAF), MONUC (DDRRR), the World Bank and IMF.

To accomplish these objectives, the OCHA office in the DRC will increase its human and financial resources in addition to logistical support. Staffing: 24 expatriate staff and 43 national staff will serve the humanitarian community in Beni, Boende, Bukavu, Bunia, Bandundu, Gemena, Goma, Kalemie, Kindu, Kinshasa, Kisangani, Lubumbashi and Mbuji-Mayi. Information processing, dissemination and support

activities will be handled by the office in Kinshasa. Additional equipment will ensure the functioning of all sub-offices under the UN Minimum Operations Safety Standards (MOSS).

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US \$</b>     |
| Personnel Costs   | 3,088,065        |
| Operating Costs   | 1,587,057        |
| Communication/Security Costs                                    | 518,316          |
| Interdisciplinary UN/NGO Assessment missions                    | 350,000          |
| Joint UN/NGO Air Operations & Support to delivery of Assistance | 850,000          |
| <b>Total Project Cost</b>                                       | <b>6,393,438</b> |
| 10% Operating Reserve*  | 639,344          |
| <b>Sub-Total Project Costs Plus Reserve</b>                     | <b>7,032,782</b> |
| 3% programme Support costs                                      | 191,803          |
| <b>TOTAL</b>  | <b>7,224,585</b> |

\* Operating reserve – a mandatory amount set aside within cash resources to cover any delays in payments of pledged contributions and to be used to meet final expenditures of trust fund activities, including liquidating liabilities. The reserve is calculated as a percentage of the estimated annual expenditure.

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>        | Support to emergency intervention and assistance mechanisms  |
| <b>Project Code</b>         | DRC-03/P/HR/RL03   |
| <b>Sector</b>               | Protection/ Human Rights/ Rule of Law  |
| <b>Themes</b>               | Peace building, Gender, Capacity Building, Preparedness and Contingency planning, Emergency Response Funds   |
| <b>Objectives</b>           | - Capacity building in favor of: National committee of Crisis, Provincial cells of crisis, administration and technical specialised services, NGOs/CSO, grass roots communities.<br>- Elaboration of a plan of action. |
| <b>Target Beneficiaries</b> | Administration, civil society, NGOs, grass roots communities   |
| <b>Implementing Partner</b> | UNOPS  |
| <b>Project Duration</b>     | January - December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 720,000</b>  |

### Project Description

During the last decade, numerous emergencies occurred in the DRC, among them the Ebola outbreak (1997); floods in Kisangani (1998) and Kinshasa (1999-2000); erosions in Kinshasa, Mbuji Mayi, and Kananga; deforestation in North Kivu (1994); civil and armed conflicts (since 1997). However, they have not been managed in a coordinated manner. In view of the importance of disaster prevention and management, it is therefore essential to reinforce the institutional capacities of the different actors involved so that they can efficiently perform their roles.

In accordance with the recommendations of the provincial workshops on the prevention and management of catastrophes, held in Kinshasa from November 8<sup>th</sup> to December 15<sup>th</sup>, 2000, within the framework of UNDP/UNOPS project ZAI/99/003—"Support Emergency management", the UNDP proposes to support the initiatives of the different partners involved in this field (Government, Provincial Administration, Technical and specialised public Services, NGOs and grass roots communities). The project will carry out the following activities:

- The capacity building of the National Committee and provincial crisis cells by providing material and logistic support (NTIC, GIS-computerised Geographical Information system and specialised documentation);
- Organising workshops on disaster prevention and management in the other provinces of the country;
- Training of trainers;
- Sensitising the grass roots communities to the disaster prevention and management;
- Organising a national workshop for the elaboration of a national plan of action.

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US\$</b>    |
| Capacity building in favour of the National Committee of Crisis and the provincial Cells of crisis | 100,000        |
| Eight provincial workshops on catastrophes prevention and management.                              | 400,000        |
| Training of trainers   | 40,000         |
| Sensitisation campaigns  | 60,000         |
| National workshop (National plan of Action)  | 100,000        |
| Documentation, reproduction and administrative support   | 20,000         |
| <b>TOTAL</b>   | <b>720,000</b> |

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>MEMISA BELGIUM</b>  |
| <b>Project Title</b>        | Support to emergency intervention  |
| <b>Project Code</b>         | DRC-03/MS01  |
| <b>Sector</b>               | Multi-sector   |
| <b>Themes</b>               | Emergency Response Funds, Preparedness and Contingency Planning  |
| <b>Objective</b>            | Keep at disposal of the NCC (National Crisis Committee) a buffer stock of drugs, food, and non-food items available for immediate distribution in case of emergency. |
| <b>Target Beneficiaries</b> | Victims of emergency situations (epidemics, floods, erosions, war-like incidents, etc.)  |
| <b>Implementing Partner</b> | The National Crisis Committee  |
| <b>Project Duration</b>     | January - December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 527,000</b>  |

### Project Description

In order to face various types of emergencies occurring in the DRC, the government established a National Crisis Committee under the leadership of the MoH. The different national emergency bodies, national and international NGO's, UN agencies and the Red Cross movement are associated with this NCC in order to ensure a coordinated response to crisis situations.

The main objectives of the National Crisis Committee are:

- To monitor outbreaks of emergencies situation throughout the country;
- To collect all technical information concerning each particular emergency;
- To evaluate the degree of the emergency;
- To decide on the level of response to the crisis;
- To identify the national and international actors and their respective rapid response capacities;
- To avoid duplication between different actions and to promote complementarities and efficiency;
- To establish post-crisis evaluation mechanisms and action plans.

Over the last three years, Memisa Belgium has been pro-active in maintaining a strategic stock of drugs and essential non-medical items available for rapid delivery and nationwide use to cover emergency needs resulting from a sudden crisis. This has extended the response capacity of the National Crisis Committee by providing immediate response capacity to cover primary needs. By linking up with the network of the MoH, which is in charge of data collection on epidemics, Memisa Belgium thus helps to reduce the negative impact of a sudden crisis and limit the destructive effects on the population.

This capacity is complementary to other tools at the disposal of the National Crisis Committee, such as the Emergency Humanitarian Intervention Mechanism or the "Plan d'Urgence Congo."

Items from the buffer stock will be made available upon request by the National Crisis Committee and will be delivered through the EHI mechanism. The stock will be managed by Memisa-Belgium in accordance with decisions taken by the National Crisis Committee. Memisa Belgium will insure the distribution to the victims and proper reporting to the National Crisis Committee.

| <b>FINANCIAL SUMMARY</b>  |                |
|---|----------------|
| <b>Budget Items</b>   | <b>US\$</b>    |
| Drugs (basic and supplementary medical kits)                                  | 200,000        |
| Medical equipments (Cholera kit, surgical kit, basic medical equipment, etc.) | 250,000        |
| Food (sugar, oil, powder milk, maize, Soya)                                   | 45,000         |
| Water and sanitation equipment  | 7,000          |
| Shelter (plastic sheeting and tents)  | 25,000         |
| <b>TOTAL</b>  | <b>527,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS CHILDREN'S FUND</b>  |
| <b>Project Title</b>         | Emergency primary health care  |
| <b>Project Code</b>          | DRC-03/H01   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | Gender, IDPs, Safe motherhood  |
| <b>Objectives</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>Target Beneficiaries</b>  | 6.5 million war-affected displaced and host communities and impoverished populations in 40 health zones, with a 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 2003  |
| <b>Funds Requested</b>       | <b>US\$ 4,320,000</b>  |

### **Project Description**

At the onset of the current crisis, many health centres and hospitals in areas directly affected by the conflict were looted or destroyed. While access has opened to previous inaccessible areas such as Equateur and Katanga, access to basic health care remain severely limited to the most vulnerable part of the population.

Displaced communities continue to be those most affected, yet the coping mechanisms of host communities are also seriously over-stretched. The on-going economic crisis, coupled with a decreased purchasing power, has significantly reduced access to basic health care not only for the displaced but for host communities as well, leaving the vast majority of the population no longer able to afford the most basic health care. PHC services, based on the cost recovery system, have collapsed throughout the country, leaving approximately 70% of the population without access to basic health services.

In an effort to reverse the current trend of increased mortality, UNICEF, in 2002, provided 633 health structures in 37 health zones with essential drugs, medical supplies, training and logistic support, via implementing partners such as Caritas, Catholic Relief Services and Action Contre la Faim-USA. As each of these health zones are located along the frontline where the population has been underserved or not served at all since 1998, this emergency medical support is particularly important. Altogether, these implementing partners serve a population of more than 6 million vulnerable people.

During 2002, UNICEF also provided logistical support for the SANRU project with essential drugs and medical supplies for an additional 40 health zones.

Through its regular programme, UNICEF also supports the Government in the implementation of a revitalisation project for primary health care modelled after the Bamako initiative. For 2002, 71 health centres in twenty-three health zones from the provinces of Kinshasa, Bas-Congo, Kasai Occidental, Katanga, South Kivu and Orientale were supported, assisting a total population of 4 million inhabitants. As with all UNICEF programmes, the emphasis is placed on the most vulnerable groups (children, mothers and the worse-off) having improved access to these services.

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 2003 will be first to consolidate, reinforce and extend the existing partnerships to ensure the provision of basic primary health care 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 six million of the most vulnerable people in the DRC.

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 2002, the DRC experienced one its worst cholera epidemic in a decade. In response to the various medical emergencies that can occur in the DRC, 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 locations throughout the country, stocks consisting of essential cholera medicines and water treatment supplies will be maintained and made available to implementing partners.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| Emergency medical kits for affected health structures<br>- 50 emergency health kits 10,000 people x 3 months X US\$ 10,000                        | 500,000          |
| Support to 500 health centres with essential drugs kits (with a special emphasis on malaria treatment)<br>- 2,000 essential drugs kits x US\$ 500 | 1,000,000        |
| Control and treatment of cholera  | 800,000          |
| Vaccination in war-affected zones   | 1,000,000        |
| Logistics (airlifts/transport and distribution of medical supplies)   | 300,000          |
| Programme support (15%) and recovery costs (5%) *   | 720,000          |
| <b>TOTAL</b>  | <b>4,320,000</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.

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>WORLD HEALTH ORGANIZATION</b>   |
| <b>Project title</b>         | Minimum package of emergency health care activities                        |
| <b>Project Code</b>          | DRC-03/H02   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | IDPs, Emergency Response Funds   |
| <b>Objective</b>             | To implement a minimum package of emergency health care activities         |
| <b>Target Beneficiaries</b>  | 6.5 million war-affected displaced and host communities in 40 health zones |
| <b>Implementing Partners</b> | UNICEF, Local and provincial health authorities, NGOs                      |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 766,900</b>  |

### Project Description

Following the Nairobi meeting in September 2001 where many health professionals, national and international concerned with the challenges in the health domain met and discussed priorities and needed action. A minimum package of health interventions was developed and through the CAP 2002, funding was requested to pilot it and implement it. Targeting the main killers and causes of morbidity which are malaria, respiratory infections including tuberculosis, diarrhoeal diseases, pregnancy-related complications, HIV/AIDS, malnutrition, the minimum package identified two essential phases for the response: the immediate emergency and the more stable post-emergency phase. Three main pillars identified and common for both phases were the human resources for health which includes training and motivation of health workers, the health information /surveillance system for assessment of needs, and monitoring of health conditions, and last but not least the financing of health services.

It also base the activities on community participation thus dividing them into facility based and community based with an approach for outreach actions and empowering them with the support that UNICEF will provide through the procurement and distribution of drugs and supplies. WHO will complement these activities through the following:

- Finalising the detailed elements and programmes for each of the main components of the package, after piloting in two zones with NGOs;
- Organising training and dissemination of the package;
- Planning the expansion and implementation to cover the same 40 zones targeted by UNICEF.

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US \$</b>   |
| Consultant for Finalisation and piloting of package in two zones with sub-contract to NGOs | 300,000        |
| Dissemination of package (meeting, printing)   | 100,000        |
| Training for health workers in 40 health zones   | 250,000        |
| Monitoring and reporting   | 65,000         |
| Programme support costs  | 51,900         |
| <b>TOTAL</b>   | <b>766,900</b> |



|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>WORLD FOOD PROGRAMME</b>   |
| <b>Project Title</b>         | Protracted relief and recovery operation for war-affected victims and vulnerable groups.  |
| <b>Project Code</b>          | DRC-03/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>❖ Supply long-term relief aid to displaced persons, refugees and vulnerable groups for their survival but also to facilitate their reinsertion into their places of origin;</li> <li>❖ Support the efforts of the local populations to reduce the negative impact of the presence of the refugees on the environment and the infrastructure;</li> <li>❖ Contribute to food self-sufficiency and economic independence of resettled women and men by building up their means of subsistence the rehabilitation of rural and social infrastructure, environmental protection and agricultural production;</li> <li>❖ Encourage displaced and resettled women facing food insecurity to have vocational training so as to become independent</li> </ul> |
| <b>Target Beneficiaries</b>  | 1,895,883 IDPs and other war affected populations   |
| <b>Implementing Partners</b> | UNOPS, FAO, OXFAM, CICR, UNESCO, UNHCR, WHO, MSF-B, GAA, ECHO, NUEVA FRONTIERA, UNICEF, ACF-USA, MSF-F/B, CARITAS, BDOM, PCID, ORPER, AED, IRC, CRS, ALPI +, GASHE, HPA, HDW, SAVE THE CHILDREN, APRODEC, CRAFOD, WORLD VISION, AAA,CEMUBAC,DRC Government, GTZ, ADES, BASICS, USAID, PREMIERE URGENCE, etc.  |
| <b>Project Duration</b>      | January 2001 - June 2003 ( <b>to be extended</b> )  |
| <b>Funds Requested</b>       | <b>US\$ 109,251,138</b>   |

## Project Description

**Key problems.** Among the many challenges facing the humanitarian community are continued massive and multiple displacements due to insecurity within a mostly rural population, potential for high levels of returnee influxes, and lack of basic health care infrastructure leading to high mortality and malnutrition rates among children and adults. In addition, the high food deficit affecting vulnerable and high-risk groups and the lack of access to basic health care for more than 60% of the population have further aggravated the unfolding humanitarian crisis in the DRC. The continued presence of troops from countries with high prevalence rates of the HIV/AIDS epidemic coupled with high risk sexual behaviours of the population as coping mechanisms have led to the conclusion that the period after the war will be bedevilled with a rapid expansion of the HIV/AIDS pandemic.

Furthermore, the inaccessibility of a large number of people affected by the war and other vulnerable groups remains an important problem. Against the backdrop of a fragile cease-fire and renewed efforts to implement of the Sun City, Pretoria and Luanda Peace Agreements, there are ongoing efforts to consolidate gains of the peace initiatives. It is hoped that this will lead to an expansion in the humanitarian space and an increase in the needs of the affected populations.

The continuous movement of returnees into safe areas of the DRC also stands as a destabilising factor in an already critical situation. Although their resettlement, reinsertion and reintegration should be a durable solution, the infrastructure for their reinsertion into their places of origin is often not available. The security situation remains precarious and there are fears that the returnees (especially demobilised external Congolese forces who have been fighting for UNITA in Angola) will fuel the present conflict by engaging in the ongoing conflicts for lack of viable employment.

WFP will continue to assist the Angolan refugees during 2003. The problems of land and accessibility of the refugees to land have hampered the prospects for integration. WFP and partners succeeded however in maintaining the nutritional status of a substantial number of refugees at an acceptable level. Some have already developed coping mechanisms and have integrated into the DRC economy, particularly in the province of Katanga. With the new positive turn of events in the political situation in Angola, WFP in

collaboration with UNHCR will be looking forward to the repatriation of the bulk of Angolan refugees in the DRC in 2003, a challenge that will necessitate skilful coordination of partners in both the DRC and Angola.

Strategy: Globally WFP will consolidate gains for 2002 and continue with the same scope of activities and programmes, taking the security situation into consideration. More emphasis will be placed on a recovery strategy. In doing so WFP will act along these lines:

- More involvement in addressing post-conflict issues and finding durable solutions;
- Linking humanitarian and development CAP with CCA and UNDAF;
- New and strategic partnerships with World Bank, government (CSE), international and national NGOs, the latter in a view to boost local capacity building.
- New special operations to reach beneficiaries in conflict zones and frontlines;
- Enhanced security management systems for staff and partners;
- More sub-offices to reflect emerging relationships among the parties to the conflict and the expansion of the humanitarian space;
- New approaches to logistics and pipeline management in the face of an expanding humanitarian space.

WFP will continue with individual rations as opposed to family distributions to enable women to have access to sufficient food on an equal footing with men (women and children account for the major part of the refugee caseload).

Among its priorities, WFP will pay a special attention to the targeting of women within vulnerable groups under supplementary or therapeutic feeding programmes. Attention will be particularly focused on women and vulnerable groups such as street children, and HIV/AIDS victims. In an effort to mitigate the impact of HIV/AIDS, WFP will promote HIV/AIDS education/information sessions through consciousness-raising campaigns, particularly during distributions.

WFP will be fully associated with the Government, UN inter-agency and donor initiatives to support moves towards durable solutions, reinsertion, reintegration and rehabilitation.

Critical issues to be addressed in the short term are saving lives and improving the nutritional status of some 1,290,830 beneficiaries, of which 70% will be female. In the long term, WFP will promote self-sufficiency through training, particularly of women and persons affected or living with HIV/AIDS; and boost the resumption of agricultural production through local purchases of food and the rehabilitation of feeder roads. Specific projects include environmental recovery, road repair, and food security related activities.

WFP will intensify coordination with FAO and UNICEF in the food security and nutrition sectors.

Indicators:

- ❖ Targeted beneficiaries in 2003:
  - 561,801 women;
  - 221,921 men;
  - 688,582 girls (school age and pre school age children);
  - 423,579 boys (school age and pre school age children).
- ❖ Number and percentage of people participating in FFW or income-generating activities:
  - 174,603 women (60%);
  - 116,402 men (40%).
- ❖ Number of people who will attend adult literacy or other classes:
  - Adult female 170,768 (80%);
  - Adult male 42,692 (20%).

| <b>FINANCIAL SUMMARY</b> |                 |                        |                          |
|--------------------------|-----------------|------------------------|--------------------------|
| <b>Budget Items</b>      | <b>Qty (MT)</b> | <b>Price/MT (US\$)</b> | <b>TOTAL COST (US\$)</b> |
| Cereals                  | 78,070          | 210                    |                          |
| Pulses                   | 25,904          | 500                    | 12952 000                |
| Oil                      | 7,086           | 650                    | 4605 900                 |
| CSB                      | 12,079          | 280                    | 3382 120                 |
| Salt                     | 1,996           | 100                    | 199 600                  |
| Sugar                    | 1,668           | 265                    | 442 020                  |
| <b>Sub-Total</b>         | <b>126,803</b>  |                        | <b>23 220</b>            |
| Shipment fees, insurance |                 |                        | 10,017,437               |
| LTSH costs               |                 | 329.42                 | 41,771,444               |
| ODOC                     |                 | 10                     | 1,268,030                |
| Direct support costs     |                 | 81.33                  | 10,312,888               |
| Indirect support costs   |                 | 7.8%*DC                | 7,904,999                |
| <b>TOTAL</b>             |                 |                        | <b>109,251,138</b>       |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS CHILDREN'S FUND</b>   |
| <b>Project Title</b>         | Nutrition rehabilitation and promotion  |
| <b>Project Code</b>          | DRC-03/H03  |
| <b>Sector</b>                | Health  |
| <b>Themes</b>                | Children, Nutrition   |
| <b>Objectives</b>            | Reduce child mortality due to severe malnutrition   |
| <b>Target Beneficiaries</b>  | 70,000 severely malnourished children in the DRC, particularly in areas affected by conflict and displacement.  |
| <b>Implementing Agencies</b> | UNICEF, local and provincial authorities, in collaboration with UN and NGOs partners (ACF-USA, SCF-UK, World Vision, Alisei, Coopi, Solidarités, Caritas, and MSF-S, MSF-F, some religious organisations) |
| <b>Project Duration</b>      | January – December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 3,103,200</b>   |

## Project Description

After more than four years of ongoing conflict, insecurity and political instability, the nutritional status of the affected population, particularly those of displaced children and women continue to deteriorate.

Every month, more than 4,000 severely malnourished children under five attend the 71 therapeutic feeding centres (TFC's) run by UNICEF partners country-wide (ACF-USA, SCF-UK, World Vision, Alesi, MSF-H, MSF-S, GOAL, Malteser, Johanniter, Solidarités, Caritas and some religious organisations). It is estimated that a significant number of children who live in areas where no TFCs exist are also in need of therapeutic feeding assistance.

An average of seven 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.

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 emergency nutrition response in collaboration with governmental partners, UN agencies and national and international NGOs throughout the territory.

In 2003, UNICEF will continue to introduce and integrate the national nutritional protocol as well as establish a system of nutritional surveillance. With these types of programmes, as well as the presence of an emergency nutrition expert, UNICEF will be able not only to provide pertinent information and an analysis of the acute malnutrition situation faced by the most vulnerable populations of DRC but also assure that there is a common approach to the acute malnutrition problem currently affecting Congo.

This emergency nutrition promotion will include the training of local NGOs in the identification, reference, treatment and prevention of acute malnutrition, including optimal infant nutrition, micronutrient supplementation, and growth monitoring at the community level.

Through this project, UNICEF will continue to support the TFCs previously established and run by UNICEF partners for the severely malnourished children (weight/height under 70% of norms) by providing the necessary therapeutic food, equipment and medical supplies. UNICEF, together with the WFP and FAO, will support training in nutrition with local NGOs and religious organisations involved in food distributions, nutritional treatment as well as food security programmes. UNICEF will provide growth charts, electronic balances, height measuring boards, and office supplies for data collection by UNICEF implementing partners with emergency nutrition rehabilitation programmes.

Promotion of agricultural activities will be conducted at the feeding centre level by FAO, using a common training module. Utilisation of essential micro-nutrients such as Vitamin A, Iron/folic acid, iodised salt, will be promoted. 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 the DRC will be a priority for 2003.

It is essential that, after being fully treated in the TFCs, the children continue to receive additional supplementary food assistance for a period of three months (provided by the WFP) as well as agricultural support (from FAO) to ensure a complete recovery and avoid malnutrition relapses.

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.

UNICEF will also support the implementation of nutritional surveys, assessments and evaluations designed to monitor the nutritional status of the children, particularly in the Kivus, in collaboration with its implementing partners.

| <b>FINANCIAL SUMMARY</b>  |   |              |                  |
|---|---|--------------|------------------|
| <b>Budget Items</b>   |   |              | <b>US\$</b>      |
| Therapeutic food  |   |              | 900,000          |
| -   | 350 MTs of milk x US\$ 2,000 =                | US\$ 700,000 |                  |
| -   | Special nutrition food (plumpy nuts, resomal) | US\$ 200,000 |                  |
|   |   |              | 790,000          |
| High protein biscuits   | 90 MTs x US\$ 3,000                           | US\$ 270,000 |                  |
| UNIMIX  |   | US\$ 500,000 |                  |
| Micro-nutrients (Vit A, Iron)   |   | US\$ 20,000  |                  |
| Logistics (sea freight for 650 MTs x 400/MT), inland transport and distribution                           |   |              | 260,000          |
| Feeding equipment including OXFAM feeding kits  |   |              | 126,000          |
| -   | 60 Kits 1 x US\$ 500 =                        | US\$ 30,000  |                  |
| -   | 40 kits 4 x US\$ 1,500 =                      | US\$ 60,000  |                  |
| -   | 120 kits 4A x US\$ 300 =                      | US\$ 36,000  |                  |
| Conduct 15 nutritional surveys  |   |              | 30,000           |
| Support to 80 feeding centres, including rehabilitation.  |   |              | 80,000           |
| Training, including technical assistance (1 international nutritionist, 2 emergency nutrition assistants) |   |              | 300,000          |
| Anthropometric instruments (200,000 growth charts, 200 balances, 200 measuring boards, 200 registers)     |   |              | 100,000          |
| Programme Support (15%) and recovery costs (5%) *   |   |              | 517,200          |
| <b>TOTAL</b>  |   |              | <b>3,103,200</b> |

Donations-in-kind, especially BP-5 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 the DRC also necessitates inclusion of security systems in the implementation cost.

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>FOOD AND AGRICULTURE ORGANIZATION</b>  |
| <b>Project Title</b>         | Support to the coordination of emergency agricultural operations  |
| <b>Project Code</b>          | DRC-03/A01  |
| <b>Sector</b>                | Agriculture   |
| <b>Themes</b>                | Emergency Response Funds, Preparedness and Contingency, Coordination and support to the implementation of agricultural emergency projects   |
| <b>Objectives</b>            | Reinforce the coordination of humanitarian implementing actors; Collect, consolidate, analyse and disseminate food security related information; Assess the food security situation; Provide technical assistance to partners; Give logistic and operational support to the implementation of these actions; Evaluate the impact of action undertaken in food security field and make recommendations |
| <b>Target 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 2003   |
| <b>Funds Requested</b>       | <b>US\$ 649,600</b>   |

### Project Description

The conflict situation and several natural disasters during 2002 have continued to dramatically affect the agricultural production in the DRC. However, access to vulnerable populations has improved somewhat thanks to relative improvements of security and the capacity of the humanitarian community to assess the needs and provide assistance.

Since 1998, FAO has put in place an emergency agriculture coordination structure composed of 11 sub-offices located in Mbandaka, Kikwit, Kananga, Mbuji Mayi, Lubumbashi, Kisangani, Kindu, Bunia, Béni, Bukavu, Kalemie in addition to two main offices in Kinshasa and Goma. Through this structure, FAO has been able to: (1) Implement and facilitate implementation of a large number of food security interventions throughout the country; (2) Collect, consolidate, analyse and disseminate food security related information among all concerned through the publication "Fiche sur la sécurité alimentaire"; and (3) Provide technical expertise to those involved in emergency agriculture assistance.

Improved access and subsequent increased capacity of the humanitarian community to address the needs of vulnerable group highlights the importance of strengthening coordination among partners in the field of agriculture. These continued efforts should be coordinated and financially supported by FAO. In 2003, FAO will place a reinforced emphasis on food security information management in order to promptly monitor and respond to the needs of those most vulnerable and especially those who have been out of reach for years.

### General Objective

The overall objective of the FAO Emergency agriculture coordination in the DRC is to restore, in a coordinated and technically sound manner, the resilience of affected households through emergency interventions while promoting the design and implementation of early rehabilitation strategies.

### Specific Objectives

Coordinated among the two main offices and eight regional sub offices, the project will aim to:

- Promote the collection, processing, analysis and dissemination of food security related information, on emergency agricultural needs and rehabilitation;
- Coordinate the humanitarian interventions about the agriculture sector, particularly the provision of crops, livestock and fishing inputs;
- Reinforce technical assistance to partner organisations.
- Facilitate the formulation and implementation of the appropriate rehabilitation strategies for the concerned territories.

## Activities

The project will undertake to:

- Review existing data collection activities; develop in partnership with WFP methodologies and tools for improved collection of information (including coordination of a collaborative geo-referenced data system); directly carry out needs assessments and facilitate assessments being undertaken by partners; analyse and disseminate relevant food security information; possibly set up jointly with WFP a Food Security Assessment Unit within the framework of the Food Insecurity and Vulnerability Information and Mapping System (FIVIMS);
- Continue to respond to emergency agriculture needs with special focus on newly accessible areas; continue to facilitate joint planning of interventions; assist in the definition of beneficiary selection criteria; continue to advice on the most suitable agricultural inputs; assess and indicate the local, regional and international availability of inputs; identify partners in view of increasing coverage and evaluate impact of food security related interventions;
- Identify fields and /or counterparts/partners in need of technical support making use of FAO HQ's technical expertise; identify training opportunities and provide on-the-job training;
- Favour the joint drafting of technically sound and well integrated emergency and early rehabilitation strategies in the fields of agriculture, livestock/animal health, fisheries, natural resources management and nutrition.

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US\$</b>    |
| International expertise<br>1 Emergency agriculture coordinator, 1 Deputy Coordinator for the Eastern provinces, 1 GIS specialist (1 p/m), 1 Administrative assistant (6 p/m) | 350,000        |
| National expertise<br>2 Agronomists specialised in Food Security, 1 Food security information specialist, 8 Heads of regional sub-offices, 10 information collectors         | 102,600        |
| Administrative staff (Administrative Assistant, Secretaries, and drivers)  | 30,000         |
| Training local partners and coordination meetings  | 12,000         |
| Equipment: vehicle, HF radios, computer (including GIS) offices supplies   | 60,000         |
| General operating expenses (including communication cost, contribution to UN security system, maintenance of vehicles, etc)  | 60,000         |
| Direct Operating Costs (including technical support)   | 35,000         |
| <b>TOTAL</b>   | <b>649,600</b> |

|                              |  |
|------------------------------|--|
| <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-03/S/NF01  |
| <b>Sector</b>                | Family Shelter and Non-Food Items  |
| <b>Themes</b>                | IDPs, children, gender   |
| <b>Objective</b>             | Meet the basic needs of affected populations, with special attention to the women and children |
| <b>Target Beneficiaries</b>  | 300,000 IDPs (or about 50,000 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 2003  |
| <b>Funds Requested</b>       | <b>US\$ 4,022,400</b>  |

### Project Description

Currently, there are more than 2.2 million IDPs in the DRC. Since 2000, UNICEF has taken the lead in the distribution of emergency non-food items to the IDPs in the DRC. During the past three years, UNICEF has provided more than 90,000 families with essential non-food items.

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

UNICEF will provide relief kits comprising of shelter materials, blankets, impregnated mosquito nets, jerry cans, soap, cooking sets, and other essential non-food relief items to cater for the neediest displaced or returning families.

Special attention will be given to the well being of children and women in displaced sites and refugee camps in collaboration with UNHCR. 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 50,000 families (50,000 X US\$ 50)     | 2,500,000        |
| Provision of 5,000 baby kits (4,500 x US\$ 70)                     | 315,000          |
| Second hand clothes  | 100,000          |
| Logistics (transport and distribution, including eventual airlift) | 437,000          |
| Programme support (15%) and recovery costs (5%) *                  | 670,400          |
| <b>TOTAL</b>   | <b>4,022,400</b> |

NB: Donations-in-kind, especially relief supplies and flights (freight), is 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 the DRC also necessitates inclusion of security systems in the implementation cost.



|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS CHILDREN'S FUND</b>   |
| <b>Project Title</b>         | Emergency water and sanitation  |
| <b>Project Code</b>          | DRC-03/WS01   |
| <b>Sector</b>                | Water and Sanitation  |
| <b>Themes</b>                | Sanitation, Potable Water, Children, IDPs   |
| <b>Objective</b>             | To meet the basic water and sanitation needs of 400,000 war-affected and impoverished populations and reduce maternal and child mortality and morbidity |
| <b>Target Beneficiaries</b>  | 200,000 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 (IRC, OXFAM, ACF, etc)  |
| <b>Project Duration</b>      | January – December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 3,162,000</b>   |

### Project Description

Currently, it is estimated that there are over 2.2 million IDPs living in the DRC. These displaced communities continue to be those most affected; yet the coping mechanism of host communities is seriously over-stretched.

As reported in the UNICEF MICS2 survey, only 25% families in Congo have access to potable water. Many host communities have minimum resources at their disposable 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.

In an effort to meet the basic needs of these populations, particularly the displaced, UNICEF has provided emergency family kits to IDP families since 1999. These kits contain the basic materials to meet everyday basic life activities. Jerry cans and soap are included in UNICEF provided family relief kits. However, this is not enough to make an important or lasting impact on the morbidity and mortality experience by this vulnerable population.

During 2002, UNICEF played 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, who speciality is water and sanitation, UNICEF was able to meet the basic water and sanitation needs of approximately 1.2 million 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 2002, the worse year thus far for cholera epidemics, UNICEF provided emergency supplies for cholera epidemics in Katanga, Kivu, Mainema, Bunia and Mbuji-Mayi.

The priority for UNICEF in 2003 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 400 emergency latrine blocks and the rehabilitation or construction of 400 emergency water points will be provided to internationally recognised organisations to meet the emergency water and sanitation needs of these vulnerable populations.

UNICEF partners will also introduce simple hygiene and water treatment and management tools and train communities to rationalise their use. In addition, implementing partners will design and implement programmes that assure that the population's water and sanitation needs are met through the construction of both latrine blocks and water points.

UNICEF has begun a programme to link UNICEF emergency water programmes with the existing UNICEF health 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.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Emergency hygiene kits affected populations - family hygiene kits 40,000 X US\$ 15 | 600,000          |
| Emergency latrine blocks US\$ 1,500 x 400  | 600,000          |
| Rehabilitation of water source US\$ 3,000 x 400                                    | 1,200,000        |
| Bladder 5m3 and 10m3   | 100,000          |
| Water treatment products (chlore, micro-pur etc)                                   | 35,000           |
| Hygiene education and animation  | 100,000          |
| Programme support (15%) and recovery costs (5%) *                                  | 527,000          |
| <b>TOTAL</b>   | <b>3,162,000</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.

# Reinforcing Reintegration Dynamics

| <b>DDRRR and Reintegration</b> |  |
|--------------------------------|--|
| <b>Appealing Agency</b>        | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>           | Community Recovery, Reintegration of ex-combatants and small arms reduction  |
| <b>Project Code</b>            | DRC-03/ER/I05  |
| <b>Sector</b>                  | Economic Recovery and Infrastructure<br>(Disarmament, Demobilisation and Reintegration)  |
| <b>Themes</b>                  | Social and economic reintegration of Ex Combatants   |
| <b>Objectives</b>              | The main objectives are: (a) Improve the absorptive capacities of war affected communities in order to facilitate the resettlement of ex combatants and family members, (b) Support the social and economic reintegration of ex combatants, and (c) Promote community security through voluntary disarmament and small arms reduction. |
| <b>Target Beneficiaries</b>    | Communities and ex-combatants of five provinces in eastern DRC namely; North Kivu, South Kivu, Oriental, Katanga and Maniema.  |
| <b>Implementing Partners</b>   | UNDP, UN agencies, NGOs and private sector   |
| <b>Project Duration</b>        | January – December 2003  |
| <b>Funds Requested</b>         | <b>US\$ 13,572,136</b>   |

## Project Description

A prerequisite for peace-building and sustainable development in the DRC is the effective and sustainable reintegration of ex-combatants within a broad framework for improving human security as an enabling factor and promoting the socio-economic recovery and development of war-affected communities. To this end, the project will adopt a multi-faceted strategy focusing on: a) Community awareness-raising, sensitisation and mobilisation to promote social reintegration and peaceful cohabitation between ex-combatants and their dependents within host communities; b) Economic recovery and development activities to enhance the absorptive capacity and long-term economic productivity of communities through increased economic opportunities; c) Support to the sustainable reintegration of ex-combatants (including their dependents) through professional/vocational training and income-generating opportunities; and d) Reduction of weapons-induced insecurity by encouraging voluntary weapons surrender through the provision of socio-economic incentives and alternative livelihoods (access to reintegration benefits).

The project will be executed through a network of a wide range of implementing partners such as international and national NGOs, community based associations, vocational training institutions, the private sector and specialised agencies.

| <b>FINANCIAL SUMMARY</b>  |                   |
|---|-------------------|
| <b>Budget Items</b>   | <b>US \$</b>      |
| Community sensitisation and mobilisation  | 400,000           |
| Social infrastructure and rehabilitation  | 2,000,000         |
| Vocational training and Micro-enterprises promotion   | 5,600,000         |
| Weapons collection, storage and destruction   | 200,000           |
| Administrative support (international, national, consultants, offices rental, travel, etc.) | 4,254,600         |
| Equipment   | 564,250           |
| Miscellaneous (reports and publications, communication, contingency)                        | 150,000           |
| Direct execution  | 403,286           |
| <b>TOTAL</b>  | <b>13,572,136</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>         | Rapid Response Scheme for Disarmament, Demobilisation and Reintegration in the DRC   |
| <b>Project Code</b>          | DRC-03/ER/I06  |
| <b>Sector</b>                | Economic Recovery and Infrastructure (Programme Support)   |
| <b>Themes</b>                | Demobilisation, Disarmament and Reinstallation   |
| <b>Objectives</b>            | The Rapid Response Scheme for DDR is a financial device intended for (a) the immediate resolution of a wide range of operational contingencies during DDR exercises, and for (b) the execution of exploratory activities that are crucial to DDR management. |
| <b>Target Beneficiaries</b>  | Ex-combatants and communities of reinstallation  |
| <b>Implementing Partners</b> | UNDP, MONUC, UN agencies and NGOs  |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 3,500,000</b>  |

### Project Description

Two important factors define the complexity of DDR in the DRC: (a) the high degree of *fragmentation and dispersion* of the armed groups, which will undoubtedly hinder the synchronisation of activities, (b) the *geographical vastness* of the country, with no communications network, which will lead to significant logistical efforts. In addition, (c) the *regional dimension* of the conflict, which creates an unpredictable interdependence between what happens in the DRC and in the neighbouring countries. In this context, the programme will need a solid capacity for contingency management, at least so that the integrity of the DDR will not be put at risk. This is particularly necessary at the beginning of the operations, when all the institutional, technical and financial conditions of the regular programme have not been yet created.

The range of contingencies is wide: spontaneous disarmament of soldiers, unforeseen prolongation of the ex-combatants' stay in transit centres, increase in the anticipated number of dependents in the reception centres, resolution of critical community pre-installation problems, special support to vulnerable groups, assistance needed for a second migration of ex-combatants due to community reception problems, etc. Additionally, the resolution of contingencies often demands the execution of some exploratory activities that can contribute to solving bottlenecks or to reorient the programme towards a better course. These include: quick assessment of reinstallation conditions, rapid social appraisal of target groups, surveys on small arms availability, technical assessment missions, etc.

The *Rapid Response Scheme for DDR (RRS)* is a financial device intended for the *immediate resolution of contingencies* and for the execution of *exploratory activities* that are crucial to the DDR. The RRS is administered by the UNDP and its technical management is under the responsibility of an Executive Committee (UNDP, MONUC, Donors and a specialised UN agency). The responsibilities of the Executive Committee are (a) to define the modality of intervention, (b) to identify the implementing agency, (c) to evaluate and approve within 48 hours the intervention proposal submitted by the operator, and (d) to supervise the intervention. Financial and technical reports are presented regularly to the donors. In terms of cost-effectiveness, the RRS relies mainly on an existing network of NGOs and UN agencies in the intervention zones, which maximises the rapidity of the intervention, taking advantage of both the expertise and the installed capacity of the operator. The RRS constitutes a suitable channel for donors interested in supporting contingency plans in a focused and prompt manner.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Support of contingency DDR plans and exploratory activities on DDR | 3,395,000        |
| Fund administrative cost   | 105,000          |
| <b>TOTAL</b>   | <b>3,500,000</b> |

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>        | Support for establishment of a National DDR Programme in the DRC   |
| <b>Project Code</b>         | DRC-03/ER/I07  |
| <b>Sector</b>               | Economic Recovery and Infrastructure<br>(Technical and institutional capacity building on DDR)   |
| <b>Themes</b>               | Demobilisation, Disarmament and Reintegration  |
| <b>Objective</b>            | To provide the needed technical expertise, procedures and tools for the establishment and early implementation of a National DDR Programme. The expected outputs are: (a) a fully operational national management capacity, and (b) effectively achieved national programme goals. |
| <b>Target Beneficiaries</b> | National government and other relevant institutions  |
| <b>Implementing Partner</b> | UNDP   |
| <b>Project Duration</b>     | January – December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 1,000,000</b>  |

### Project Description

Peace and security in the country cannot be fully consolidated until all armed groups in the DRC are either integrated within a new national army or disarmed, demobilised and reintegrated into civilian life. In this context, the reinforcement of internal peace and stability in the DRC will need to be supported by the restoration of Government authority throughout the territory of Congo, as well as the reform of the security sector and the creation of a new National Army. Within this framework, enhancing public security and preventing further armed violence and banditry will necessitate the disarmament, demobilisation and reintegration of Congolese armed groups, and their return to a productive role in civilian life.

Based on its international experience in the field of DDR, UNDP will provide to the Government with key technical assistance in the planning and management of the National Programme. UNDP inputs will be closely coordinated with the existing technical assistance provided by ILO and UNICEF, in order to assure a suitable complementarity among partners. UNDP intends through this project to support the process by providing the necessary technical expertise, management and operational tools, as well as external visibility, in order to help the Government address the organisational and institutional requirements of DDR. The main programme activities are: (a) technical assistance to the Government for the formulation of a legal framework for the demobilisation and reintegration, (b) carrying out of key feasibility studies on disarmament, demobilisation and reintegration (c) setting up of Management Technical Unit in charge of the coordination and supervision of programme activities, (d) establishing a Central Data Base Unit, (e) developing a set of programme procedures and tools for managing DDR, (f) technical assistance in the planning and launching of a national campaign in support of the DDR process.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Expertise (international, national) to support the Government in the areas of demobilisation, reintegration, and small arms reduction, including DDR Handbooks and tools | 500,000          |
| Community sensitisation workshops and national media campaign  | 100,000          |
| Rapid socio-economic surveys   | 60,000           |
| Training of Governmental and non-governmental partners   | 175,000          |
| Assessment of small arms availability  | 50,000           |
| Equipment  | 100,000          |
| Various publications   | 5,000            |
| Miscellaneous  | 10,000           |
| <b>TOTAL</b>   | <b>1,000,000</b> |

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>WORLD HEALTH ORGANIZATION</b>   |
| <b>Project Title</b>        | Health component of DDRRR  |
| <b>Project Code</b>         | DRC-03/H04   |
| <b>Sector</b>               | Health   |
| <b>Themes</b>               | Capacity building, peace building, coordination, human rights  |
| <b>Objectives</b>           | <ul style="list-style-type: none"> <li>▪ Ensure access to health care to demobilised combatants and accompanying civilians;</li> <li>▪ To Prevent outbreaks in transit sites and staging camps and during repatriation;</li> <li>▪ Identification and training of health workers from within demobilised combatants</li> </ul> |
| <b>Target Beneficiaries</b> | Ex- combatants and dependents (100,000)  |
| <b>Implementing Partner</b> | NGOs   |
| <b>Project Duration</b>     | January - December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 7,343,000</b>  |

### Project Description

To accompany the DDRRR process, to ensure that adequate health care is provided in the camps identified and planned for the process, and that health conditions in the camps do not lead to outbreaks, the health care component of the DDRRR will start with medical screening, on the spot treatment of conditions, distribution of condoms and medical evacuation/referral, if needed, and will be increased to ensure:

- detection and first step containment of epidemic outbreak;
- measles immunisation and vitamin A for children 0-15 years;
- triage /treatment of severe cases (malaria, ARI, diarrhoea, anaemia in pregnant, acute malnutrition, dressing of wounds);
- uncomplicated deliveries;
- provision of condoms;
- referral of more serious cases to secondary /tertiary care facilities.

The above will require:

- an average team of one doctor or mid-level health technician, 4-5 PHC nurses, one midwife, 3-4 ancillary workers;
- essential medicines and equipment;
- protective equipment to deal with potential viral haemorrhagic fevers;
- means of transport for evacuation;
- agreement on case definitions and case management protocols.

Approach: The provision of health care will be delivered through specialised NGOs, WHO will be coordinating and advising on the implementation of the programmes

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| Health Programmes in the camps (through MoH and partners)               | 4,103,000        |
| Therapeutic feeding in the camps, sub-contracted to NGOs                | 2,730,000        |
| Coordination, evaluation, reporting and programmes support costs by WHO | 510,000          |
| <b>TOTAL</b>  | <b>7,343,000</b> |

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>INTERNATIONAL LABOUR ORGANIZATION</b>                                |
| <b>Project Title</b>        | Socio-economic reinsertion of child soldiers into provinces of the east |
| <b>Project Code</b>         | DRC-03/ER/I08   |
| <b>Sector</b>               | Economic Recovery and Infrastructure, Protection                        |
| <b>Themes</b>               | Rights of the Child, Child Soldiers, Income Generation, Peace Building  |
| <b>Objective</b>            | Demobilise and reinsert 1,000 child soldiers                            |
| <b>Target Beneficiaries</b> | 1,000 child soldiers, disabled and disabled ex-service men              |
| <b>Project Duration</b>     | January – December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 720,000</b>   |

### **Project Description**

The war in the DRC has resulted in the recruitment of a large number of child soldiers. The ratification by the DRC of the fundamental convention concerning the protection of children triggered the demobilisation of child soldiers in the government-controlled territories. However, in rebel and militia-held areas, child soldiers are still being used.

The ILO has started, with the assistance of UNICEF, the reinsertion of child soldiers in the government-controlled territories. This operation should normally be carried on in the other areas as the implementation of peace accords is going ahead and there is prospect for national reunification.

### **Objective**

This pilot project has been worked out to assist demobilised vulnerable people to quickly take care of themselves in order to avoid resorting to begging or more violent ways of survival.

### **Strategy**

The project will make use of the methodology and tools developed by the ILO in the framework of the pilot project of vulnerable group demobilisation and reinsertion implemented in Kinshasa, Kananga and Lubumbashi. Particular attention will be directed towards the problems of accommodation, health, stress and food.

| <b>FINANCIAL SUMMARY</b>  |                |
|---|----------------|
| <b>Budget Items</b>   | <b>US \$</b>   |
| Census, psychological, medical, food and clothing assistance, transport | 40,000         |
| Training  | 80,000         |
| Micro-donations / micro-credit  | 500,000        |
| Follow up and accompaniment   | 40,000         |
| Support costs   | 60,000         |
| <b>TOTAL</b>  | <b>720,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS CHILDREN'S FUND</b>  |
| <b>Project Activity</b>      | Protection of Children Affected by Armed Conflict  |
| <b>Project Code</b>          | DRC-03/P/HR/RL04   |
| <b>Sector</b>                | Protection/ Human Rights/ Rule of Law  |
| <b>Themes</b>                | Children, Youth, IDPs, refugees, psychosocial support, Right of the Child  |
| <b>Objectives</b>            | Protect the most vulnerable groups of children affected by armed conflict as provided in the Convention on the Rights of the Child (CRC); meet the physical and psycho-social needs of traumatised children; trace families of street children and other unaccompanied minors as well as demobilised children, and support the family reunification and community reintegration process. |
| <b>Target Beneficiaries</b>  | 20,000 street children, unaccompanied minors, displaced children, demobilised child soldiers and other war-affected children in the DRC  |
| <b>Implementing Partners</b> | UNICEF, local and provincial authorities in collaboration with UN agencies and NGO partners  |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 4,200,000</b>  |

### Project Description

The protection of children in situations of armed conflict and the provision of assistance to other children in need of special protection measures is paramount in the Convention of the Rights of the Child (the CRC) and UNICEF's mandate.

As the conflict continues and general poverty increases in the DRC, family cohesion is increasingly threatened. The number of children living and working on the streets has increased. UNICEF and their partners currently are and will continue to work with the government, in particular the Ministry of Social Affairs, and local authorities to devise and implement strategies that protect rather than penalise these children. The objectives are to invest in efforts to maintain the family unit where possible, to reunify street children with their families wherever possible and to find alternative solutions for children who cannot, for whatever reason, be reunified with their families.

In 2003, UNICEF will continue to assist the categories of children most severely affected by conflict, such as street children and children traumatised as a result of the continuing conflict through:

- Reinforcing family tracing capacities of partner NGOs and the Ministry of Social Affairs to facilitate the durable reunification of street children, other unaccompanied minors and demobilised children into their families and communities;
- Reinforcing appropriate basic social services such as primary health care and formal/non-formal education activities, targeting in particular these vulnerable children;
- Reinforcing national capacities in mental health and psycho-social care of traumatised children and women as well as supporting the provision of psycho-social responses to the needs of traumatised children and women.

UNICEF will also, in active collaboration with other UN agencies, continue to support the disarmament, demobilisation and reintegration (DDR) of children from armed forces. A national campaign launched by President Kabila in 2001 against the recruitment of child soldiers and promoting the DDR of vulnerable groups in the armed forces, including children, continues. The main rebel groups have expressed similar intentions, notably the Rassemblement Congolais pour la Démocratie-Goma (RCD-Goma) which has signed a Plan of Action with UNICEF in respect of DDR of children in the territory under their control. As this process is new to the D R Congo, first experiences of demobilisation, met with various difficulties, will be used as a base for future demobilisation experiences.

UNICEF intends to continue to support the activities of the Government's National Commission on Demobilisation and Reintegration (BUNADER) and the RCD-Goma's Interdepartmental Commission for DDR to coordinate and supervise the demobilisation of children in areas under their control and the subsequent family and community reintegration of these children. This will be carried out in collaboration with partner organisations and UN agencies as well as civil society to ensure the standardisation and harmonisation in the approach to and implementation of the DDR programme.



The DDR programme includes:

- *Demobilisation*: conducting a census of the number and the profile of children to be demobilised, their removal from military camps, providing medical assistance, initiating family tracing, providing psycho-social assistance for social and family reintegration;
- *Family and community reintegration*, repatriation where required, community and family mediation if necessary, family reunification where possible and the provision of alternatives where this is not possible, psychosocial follow up, school reintegration and/or skills training where appropriate.

Following the signing of the Pretoria Peace Accords in mid-2002, MONUC intensified preparations for the demobilisation of foreign forces. UNICEF, in collaboration with other UN agencies, are contributing to this plan and will continue to do so in 2003, particularly in relation to the demobilisation and subsequent reintegration of children associated with these armed forces and with families of the ex-combatants. UNICEF, in collaboration with various country offices such as Rwanda, is currently and will continue to be involved in the demobilisation, repatriation and reintegration of these Rwandan ex-child soldiers.

As with all UNICEF protection programmes, there is a link between the emergency and regular programmes to ensure the transition and complementarity of these programmes. Through an immediate, punctual response that is later integrated into the regular UNICEF protection programme, the needs of these vulnerable children are addressed appropriately and both immediate and long-term solutions found.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Street children and other unaccompanied or separated minors: interim care, family tracing and reunification, reintegration projects              | 550,000          |
| Psycho-social programme and support to children's centres  | 200,000          |
| Support to the activities of the National Commission on Demobilisation and Reintegration and the Interdepartmental Commission for Demobilisation | 250,000          |
| Demobilisation of children: census, identification, psychosocial care, family tracing  | 1,000,000        |
| Reintegration of demobilised children: family reunification, family and community preparation, psychosocial follow up, reintegration projects    | 1,500,000        |
| Programme support (15%) and recovery costs (5%) *  | 700,000          |
| <b>TOTAL</b>   | <b>4,200,000</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.

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>        | Economic and social reintegration of vulnerable groups   |
| <b>Project Code</b>         | DRC-03/A05   |
| <b>Sector</b>               | Agriculture  |
| <b>Themes</b>               | Peace Building / Promotion, Income generation, Agriculture, IDPs, Gender, Refugees   |
| <b>Objectives</b>           | <ul style="list-style-type: none"> <li>- Economic reintegration of vulnerable groups (promotion of agriculture, training)</li> <li>- Social rehabilitation (Training on the culture of peace, public awareness campaigns for peace and HIV/AIDS; organisation of the vulnerable people in associative groups)</li> </ul> |
| <b>Target Beneficiaries</b> | Local population, women, children, civil society   |
| <b>Implementing Partner</b> | UNOPS  |
| <b>Project Duration</b>     | January - December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 722,500</b>  |

### Project Description

The objective of this project is to help war-displaced communities and other vulnerable groups in Goma, Bukavu and their outskirts to reintegrate a socio-cultural environment conducive to peace and to be able to support themselves.

This project proposes to support the access of these vulnerable groups to durable means of subsistence while facilitating:

- return to their land and the resumption of agricultural activities with a view to ensuring greater food security and their
- social rehabilitation.

In collaboration with other UN agencies and NGOs on the ground, emphasis will be put on identifying possible actions for the reintegration of displaced. The activities suggested, which will be implemented with the participation of the farmers (men and women), will include:

- Identification and organisation of beneficiaries;
- Training to provide a better knowledge of seeds, selection of good quality seeds and the conservation of products;
- Promotion of seeds production (in collaboration with INERA - National institute of Agricultural Research);
- Distribution of the agricultural tools, seeds, and fertiliser;
- Awareness campaigns to promote the culture of peace and return to agriculture;
- IEC activities (HIV/AIDS).

The UNDP funded project ZAI/01/002 "Reinforcement of community" strategies in North and South Kivu, and in Oriental Province for two years (September 2001–August 2003) and implemented by UNOPS (US\$ 2,600,000) will reinforce the impact of this project.

| <b>FINANCIAL SUMMARY</b> |                |
|--------------------------|----------------|
| <b>Budget items</b>      | <b>US\$</b>    |
| Staff (2 UNV)            | 15,000         |
| Administrative support   | 7,500          |
| Training                 | 40,000         |
| Seeds                    | 300,000        |
| Agricultural tools       | 300,000        |
| Awareness campaigns      | 50,000         |
| Operational cost         | 10,000         |
| <b>TOTAL</b>             | <b>722,500</b> |

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>   |
| <b>Project Title</b>        | Project of re-housing of vulnerable populations   |
| <b>Project Code</b>         | DRC-03/S/NF02   |
| <b>Sector</b>               | Family Shelter and Non-Food Items   |
| <b>Themes</b>               | Peace Building/Promotion, IDPs, Child Soldiers, Rehabilitation  |
| <b>Objective</b>            | Protection of civilians (individuals and communities) and livelihood preservation   |
| <b>Target Beneficiaries</b> | The project Mpieme south east is destined for re-housing in improved plots 600 vulnerable households of Kinshasa:<br>Ex- soldiers and demobilised children<br>War displaced households<br>Households who are victims of intolerance |
| <b>Implementing Partner</b> | UNCHS - Habitat   |
| <b>Project Duration</b>     | January 2002 - March 2003   |
| <b>Funds Requested</b>      | <b>US\$ 3,752,960</b>   |

### Project Description

This project is in line with the strategies aiming at the gradual reduction of risk zones and squatting blocks, mostly constructed on high-risk sites.

The occupation of these dangerous zones is at the basis of important degradation of sanitary and socio-economic conditions suffered by concerned populations and which leads to:

- The outbreak of diseases like cholera;
- The loss of accommodation (realised after several years of sacrifice), placing the population in a precarious living conditions and dislocating neighbourhood relations and solidarity;
- The creation of squatting areas in the urban perimeter as a result of the increase in the numbers of homeless, including, war displaced, street children and the victims of intolerance.

As a result of these different scenarios, the collectivity, at all of its levels, from public authorities to individuals, suffers the negative impact of the above-mentioned phenomena. Hence it is important to transfer the populations directly affected from these harmful sites and protect the war-displaced populations by re-housing, in a minimum living conditions, all the vulnerable populations.

The site of Kinkole Mpieme, to the east of the city, offers the best conditions for the reintegration of these vulnerable groups. A study financed by the UNDP for the realisation of this project is available.

| <b>FINANCIAL SUMMARY</b>             |                  |
|--------------------------------------|------------------|
| <b>Budget Items</b>                  | <b>US\$</b>      |
| Staff (UNV, CTA included)            | 314,000          |
| Project cost                         |                  |
| ▪ Servicing and cleaning of the site | 1,373,760        |
| ▪ Construction of minimum shelter    | 2,003,400        |
| <b>Sub-total</b>                     | <b>3,377,160</b> |
| Operational cost                     | 61,800           |
| <b>TOTAL</b>                         | <b>3,752,960</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>  |
| <b>Project Title</b>         | International Protection and Humanitarian Assistance to Refugees in the DRC, Supporting Durable Solutions Such as Voluntary Repatriation or Local Integration   |
| <b>Project Code</b>          | DRC-03/MS02   |
| <b>Sector</b>                | Multi Sector  |
| <b>Themes</b>                | Refugees  |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>• Support the relevant administrative bodies in the actual implementation of the recently adopted refugee law, including institutional support of the national eligibility commission in order to ensure conformity with the principles of international refugee protection.</li> <li>• Monitor, facilitate and organise the repatriation of Angolan, Rwandan and other refugees who wish to return to their country of origin in safety and dignity while ensuring that all refugees who wish to remain in the DRC enjoy the continued international protection of DRC.</li> <li>• Contribute to the process of Demobilisation, Disarmament, Repatriation, Reintegration and Resettlement (DDRRR) through close cooperation with the UN Observer Mission to the DRC (MONUC) and UNDP and participation in the return of civilians to Rwanda so that standards of international refugee protection are adhered to.</li> <li>• Decrease the assistance-dependency of residual refugee populations through adapted self-sufficiency measures.</li> <li>• Provide international protection and humanitarian assistance to newly evolving refugee situations as well as to protracted refugee caseloads.</li> <li>• Distribute appropriate identification documents to all refugees registered during the 2002 census in collaboration with the relevant Congolese authorities.</li> <li>• Elaborate a legal framework for the repatriation of Congolese refugees, including the conclusion of tripartite agreements.</li> </ul> |
| <b>Target Beneficiaries</b>  | <ul style="list-style-type: none"> <li>• 187,000 Angolan refugees in Bas-Congo, Bandundu, Kasai and Katanga Provinces</li> <li>• 19,500 Burundian and 23,800 Rwandan refugees in the Kivus and Kasai Provinces</li> <li>• 75,500 Sudanese and 23,000 Ugandan refugees in Orientale Province (North-East)</li> <li>• 1,800 RoC refugees in Bas Congo</li> <li>• 3,300 CAR refugees in Equateur Province (North-West)</li> <li>• Urban refugees in Kinshasa (3.300), Lubumbashi (297), Goma (94) and Bukavu (192)</li> <li>• 110 eligible refugees for post-secondary professional education</li> </ul>   |
| <b>Implementing Partners</b> | UNHCR, WFP, local authorities international and local NGOs  |
| <b>Project Duration</b>      | January - December 2003   |
| <b>Funds requested</b>       | <b>US\$ 24,963,567</b>  |

## Project Description

Strategy:

Following the adoption of the refugee law by the Congolese Parliament, the office will maintain its efforts of institution building for the newly established national eligibility commission. Legal and protection advice and training on RSD procedures and documentation shall enhance this new body's ability to perform in compliance with international protection standards.

Angolan Refugees:

In 2003, Angolan refugees residing in the DRC are likely to be able to choose between voluntary repatriation and the further pursuit of local settlement.

UNHCR's regional repatriation plan for Angolan refugees is divided into three phases. The third phase of organised repatriation movements is foreseen to commence in summer 2003 in light of the priority needs of former UNITA-members and their families and internally displaced in Angola respectively. Organised repatriation movements are expected to continue well into 2004. UNHCR offices in Kinshasa and the three affected provinces will monitor and coordinate all activities related to the safe and voluntary return of the Angolan refugees. The estimated return rate is not expected to exceed 50% in 2003. Costs for the repatriation operation will be covered by a special appeal.

A significant residual number of Angolans are expected to remain in the DRC for the time being. The office will make all efforts to ensure continued international protection for this group, either through refugee status determination (RSD) or through acquisition of legal immigrant status or citizenship, while at the same time working towards a further decrease in their dependency on humanitarian aid. These activities will focus on food self-sufficiency and income-generating activities. As for all refugee caseloads in the DRC, appropriate assistance measures such as the provision of school furniture shall enable the office to again accommodate virtually all eligible refugee children in primary and, if possible, secondary schools. Peace education, reproductive health and STD awareness campaigns will be complementary efforts to prepare the Angolan children for a productive life in the DRC or their home country.

Due consideration will be paid to environmental concerns in relation to the presence of larger numbers of Angolan refugees. Tree nurseries and other measures are expected to alleviate the impact the refugee camps had on their environment.

#### Congolese (RoC) and CAR Refugees:

A protracted caseload of some 1,800 refugees from RoC will be able to either avail itself of the possibility of voluntary repatriation or seek local integration provided that the Office will succeed in arranging for the allocation of cultivable plots to these families.

UNHCR will continue to assist a relatively small group of some 3,300 CAR refugees residing since spring 2002 at a site established at Mole. Many of them appear to have family and professional links with RoC. Some of them might thus be able to resettle through their own means to Brazzaville, RoC. Others may require UNHCR's assistance for resettlement due to particular protection considerations to yet another third country. A minority is expected to repatriate voluntarily to CAR. For others, UNHCR will aim to provide food security and some form of income through small-scale projects pending the identification of durable solutions.

#### Sudanese and Ugandan Refugees:

Two scenarios unfold for the Sudanese refugee population. Peace initiatives and clashes might emerge simultaneously in Sudan and north-east DRC, leading to the opening of repatriation possibilities for some and renewed displacement and plight for others in the DRC. For the residual caseload, efforts mainly focusing on crop production to enhance local integration will continue. Increased revenues from these activities are hoped to enable some 30% of Sudanese refugee families to cover the cost of the schooling of their children. Refugee committees will be expected to run refugee schools effectively. Notwithstanding these steps towards durable solutions, some contingency for new arrivals and continued humanitarian assistance for protracted refugee caseloads from Sudan will have to be retained. With an improving security situation UNHCR hopes to successively gain access to more Ugandan refugees of which the majority is inaccessible today.

The precarious security situation particularly affecting women will be addressed through complementary protection and gender awareness training activities.

#### Rwandan/Burundian Refugees:

Depending on the development of security conditions in eastern DRC, UNHCR's efforts to repatriate Rwandan refugees dispersed in the forests of North and South Kivu will continue in 2003. Through continued protection efforts, UNHCR hopes to discourage and decrease "parallel" repatriation activities pursued by the Rwandan army.

Efforts, coupled with full participation in all relevant coordination bodies are expected to blend into DDRRR-related activities simultaneously implemented by other humanitarian and development actors. The office will seek to ensure the respect of protection principles within the scope of DDRRR modalities. The success of this strategy for Burundian refugees will largely depend on the development of the political and security situation in Burundi.

Returnees:

Depending on political developments in the DRC and its neighbouring states, UNHCR will design plans for large-scale return of DRC refugees for which the costs would be covered by a special appeal.

| <b>FINANCIAL SUMMARY</b>               |                   |
|--|-------------------|
| <b>Budget Items</b>                    | <b>US \$</b>      |
| Protection Monitoring and Coordination | 7,419,957         |
| Food                                   | 100,000           |
| Transport                              | 3,230,000         |
| Domestic Needs                         | 575,000           |
| Water                                  | 410,000           |
| Sanitation                             | 110,000           |
| Health                                 | 1,380,000         |
| Shelter                                | 335,000           |
| Community Services                     | 880,000           |
| Education                              | 1,685,000         |
| Crop Production                        | 1,120,000         |
| Forestry                               | 130,000           |
| Income Generation                      | 240,000           |
| Legal Assistance                       | 255,000           |
| Agencies' Operational Support          | 1,670,000         |
| <b>Sub-Total (Operations)</b>          | <b>19,539,957</b> |
| Programme Support                      | 5,423,610         |
| <b>TOTAL</b>                           | <b>24,963,567</b> |

|                              |   |
|------------------------------|---|
| <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-03/E01  |
| <b>Sector</b>                | Education   |
| <b>Themes</b>                | IDPs, Children, Youth   |
| <b>Objectives</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 the two Kasais. |
| <b>Target Beneficiaries</b>  | Estimated 150,000 displaced and war affected children as well as 5,000 teachers   |
| <b>Implementing Agencies</b> | UNICEF, UNESCO, CARITAS, CRS, JRS, NRC, local & provincial authorities & NGOs   |
| <b>Project Duration</b>      | January - December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 3,561,600</b>   |

### Project Description

Currently, the IDP population in the DRC is estimated at over 2.2 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 the DRC.

Due to various factors, the majority of this displaced population are concentrated in the eastern part of the country, particularly in North and South Kivu, Province Orientale and Northern Katanga, areas most affected by the ongoing war. Most of the displaced are living with host families, of which the coping mechanisms are already seriously over-stretched.

Displaced and war affected populations are not only affected directly by war but also by the isolation conflict brings to a region. The local populations in Equateur, Maniema and in the two Kasais also remain in a very precarious state not only because of the continuing war but also because of this type of forced isolation.

This emergency education project aims to provide displaced and other war affected children with basic literacy, numeracy and life-skills education and to promote a learning environment more favourable for children and teachers. It would specifically focus on resuming basic educational activities, particularly for the internally displaced children and war-affected women and 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 complementarity between UNICEF's regular and emergency education programmes in the DRC, thus assuring that the maximum impact is achieved for these vulnerable children.

Specific objectives for the 2003 emergency education programme are to school 150,000 displaced and war-affected children by providing 4,000 educational kits specifically designed for the DRC context, together with 2,000 basic recreation kits to assist in their psychosocial healing process as well. Five hundred schools will be targeted by this operation. In addition, 5,000 teachers will be supported with basic teaching instruments and trained in the development of peace education skills.

UNICEF has long since established strong partnerships with numerous national counterparts, other UN agencies and local and international NGOs throughout the territory.

Partners such as CARITAS, CRS, JRS, and NRC collaborate with UNICEF in the implementation of emergency education activities, especially in eastern DRC. Another collaborative partnership is in the distribution of school materials and support to project monitoring with the DON BOSCO Centre and the CEDC (Children in Especially Difficult Circumstances) Network for technical support to the implementation of non-formal education. UNICEF and UNESCO have collaborated in assisting in technical support in the development and implementation of a training of trainer's programme in the DRC.

UNICEF also collaborates with the Ministry of Primary, Secondary and Professional Education, Ministry of Social Affairs, Ministry of Recreation and Youth in providing qualified human resources for the implementation of various Education Projects (formal and non-formal education).

In addition, UNICEF is currently in discussions with UNDP for the rehabilitation/repairing of schools and with the WPF for food for undernourished children and teachers to assure that there is a coordination and complementarity of various emergency education programmes in the DRC.

A coordination mechanism will be expanded and re-invigorated to ensure the participation of all partners, local and international agencies. To improve the monitoring and coordination of the project, UNICEF will recruit 2 project officers, based in eastern DRC and in Kinshasa. These education officers will ensure that the assistance delivered through the project will be provided in a consultative process with other members of the coordination team working in the area to ensure appropriate coverage for displaced and war-affected children.

All partners will participate in the process of identifying relevant indicators to assess the progress and impact of the programme. As a minimum, two assessment exercises will be undertaken to verify if the educational strategy and methodology need to be adjusted.

The set of core indicators for this emergency education programme will include (i) total primary school enrolment boys-girls, (ii) percentage of children/boys-girls completing the year (iii) scores of pupils/boys-girls in numeracy, literacy and life skills tests, (iv) total teachers/men-women trained, (v) total educational kits provided and used, (vi) number of non formal education centres supported, (vii) number of trained teachers for non formal education, (viii) number of children (boy/girl) attending non formal education centres.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Procurement and distribution of 4,000 educational kits and 3,000 recreational kits for children<br>- 4,000 x US\$ 171 = 684,000<br>- 2,000 x US\$ 97 = 194,000 | 878,000          |
| Procurement and distribution of 5,000 educational kits for teachers including basic teaching instruments<br>- 5,000 x US\$ 30                                  | 150,000          |
| Procurement and distribution of 8,000 school desks<br>- 8,000 x US\$ 60  | 480,000          |
| Support to curriculum development (local language; civic and moral)  | 30,000           |
| Train of trainers and teachers (2 training sessions during the year)<br>- 5,000 x US\$ 120   | 600,000          |
| Support to school's Rehabilitation and latrines construction (10 localities)   | 200,000          |
| Support to PTAs for school's functioning (US\$ 4/year/child)<br>- 150,000 x US\$ 4   | 600,000          |
| Monitoring and evaluation  | 30,000           |
| Programme support (15%) and recovery costs (5%) *  | 593,600          |
| <b>TOTAL</b>   | <b>3,561,600</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.



|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION</b>  |
| <b>Project Title</b>         | Rehabilitation of educational infrastructure and restoration of the school system  |
| <b>Project Code</b>          | DRC-03/E02   |
| <b>Sector</b>                | Education  |
| <b>Themes</b>                | Children / Youth, IDPs, disabled, child soldiers   |
| <b>Objectives</b>            | Allow affected children to have access to school; Restore educational support services; Ensure that educational supplies reach conflict affected areas |
| <b>Target Beneficiaries</b>  | Children and adolescents (as well as the whole population)   |
| <b>Implementing Partners</b> | UNESCO, OCHA, MoE, local NGOs  |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 1,250,000</b>  |

### Project Description

Today's educational emergency situation in eastern DRC is a crisis situation created by years of war and conflicts aggravated by a natural disaster, which have disorganised, destabilised and then destroyed the education system. During these years of turmoil in areas directly affected by conflicts, most educational institutions have been destroyed or else used for purposes other than education. The situation has left a great number of children outside the basic educational system.

For UNESCO, designated at Dakar as the "Education for All" (EFA) coordinator, the actual priority task is the preparation of the National Action Plan (2003-2015) being financed by EFA major partners (UNDP, UNFPA, UNICEF, UNESCO and the World Bank). However, before thinking "education for all" in these affected areas, it necessary to respond first to their immediate needs, be they at the humanitarian, infrastructure, pedagogical, psychological or organisational level. The most urgent objective to be attained is the reconstruction of the education system as a whole for the region.

Special attention will be given to all children who have been obliged to quit school or who have had to delay their admission for lack of infrastructures, teachers and all other educational facilities and services. Special programmes will be developed for the disabled, for the ex-combatants child soldiers and orphaned street children. Emergency education will also include an AIDS education interface since conflict and the military are among major vectors of the disease.

Schooling is a vital component of post conflict reconstruction. It is well known that, apart from its humanitarian character, emergency education conveys to the entire population a sense of going back to normal life. It must be emphasised again, as in the Jomtien Framework of Action, that "resourcing for education in emergency and post-crisis situations 'is an acknowledged international responsibility'".

## Local Capacity Building

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>FOOD AND AGRICULTURE ORGANIZATION</b>   |
| <b>Project Title</b>         | Provision of essential agricultural inputs to vulnerable households  |
| <b>Project Code</b>          | DRC-03/A02   |
| <b>Sector</b>                | Agriculture  |
| <b>Themes</b>                | Income Generation, Local Capacity Building   |
| <b>Objective</b>             | Enable the most vulnerable families to resume basic agricultural activities to improve their food production   |
| <b>Target Beneficiaries</b>  | 470,000 vulnerable families including 300,000 farmers, 100,000 market gardeners, 30,000 fishermen and 40,000 victim families from different unpredictable events |
| <b>Implementing Partners</b> | UN, Ministry of Agriculture, provincial Agricultural Services, international and local NGOs  |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 9,303,800</b>  |

### Project Description

Over 64% of the Congolese population lives in a precarious situation with less than one dollar a day in income, after ten years of instability, six of which have been spent in war. IDPs, returnees, host communities, children, widows, disabled family heads and sick people are the main victims of this situation. In Yahuma (Equateur) a machete is lent from one village to another, in Kalemie (north Katanga) a hoe is lent at US\$ 0.075 per day. In Malebo (Kinshasa), Mbandaka (Equateur) and Bukama (Katanga) fishermen lose their fishing material through overuse (used by several fishermen) and theft. As a result, fish production has decreased by 45%. Today, due to the disengagement of front line troops and the reopening of the river Congo, it is possible for fishing activities to safely resume.

### General Objective

Restore resilience and improve food security of those most vulnerable households by enabling them to resume basic agricultural and fisheries activities.

### Specific Objectives

The project aims to:

- Supply displaced people, returnees and host families and other vulnerable populations with basic agricultural input (hoes and market garden seed);
- Provide agricultural inputs and training to households where one child is under care at a feeding centre in order to reduce relapses;
- Supply fisheries inputs (nets, fishing twines, hooks, etc) to vulnerable fishing families;
- Respond to natural disasters and unexpected emergency situations from a stock of basic inputs.

### Activities

The project will undertake to:

- Provide 300,000 vulnerable households with an agricultural inputs kit composed of essential tools as well as of food crop and/or vegetable seeds to crop on 0.5 hectare;
- Provide 100,000 households with malnourished children in feeding centres a market gardening kit including mineral rich high protein and vitamins seed varieties as well as adapted training in order to reduce the rate of relapse;
- Provide 30,000 fishermen families with a fishing kit (hooks, line, nets, etc);
- Provide another 40,000 victim families with assistance in basic agricultural input in proportion with the damages incurred in the framework of rapid response fund/stock, which FAO plans to set up at country level.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| <b>Feeding centre:</b><br>Agricultural inputs include 4,000 kgs vegetable seeds at US\$ 50/kg, 500 MTs of soya seeds at US\$ 1,500/tonne, 100,000 hoes at US\$ 2.5/unit, 100,000 machetes at US\$ 1.5/unit, 1,000 sprayers and protective clothes at US\$ 100/unit, provision for the procurement of 2,250kg/ltr pesticides at US\$ 20/kg <sup>1</sup> , and 20,000 watering cans at US\$ 8/unit  | 1,655,000        |
| <b>Agricultural input distribution:</b><br>Food crops include 750 MTs of beans at US\$ 1,350/MT, 300 MTs of groundnuts at US\$ 2,000/MT, 5,000,000 metres of cassava at US\$ 0.05/metre, 450 MTs of maize seeds at US\$ 800/MT, 300 MTs of rice seeds at US\$ 1,000/MT, 200,000 hoes at US\$ 2.5/unit, 200,000 machetes at US\$ 1.5/unit.<br>Vegetable gardening inputs include 4,000 kg vegetable seeds at US\$ 50/kg, 100,000 hoes at US\$ 2.5/unit, 100,000 machetes at US\$ 1.5/unit, 1,000 sprayers and protecting clothes at US\$ 100/unit, provision for the procurement of 2,250kg/ltr pesticides at US\$ 20/kg <sup>1</sup> , 20,000 watering cans at US\$ 8/unit. | 4,227,500        |
| <b>Fishing input :</b><br>37,500 nets, 40,000 fishing twines, 20,000 hook boxes, small floats, 15 canoes and 15 CV engines (speed boats)  | 625,000          |
| <b>Security Stock</b><br>Crop seeds, market garden seeds, and small agricultural tools sets   | 1,000,000        |
| <b>Personnel</b><br>National and international consultants at US\$ 204,000, administrative, logistic, drivers, guard at US\$ 49,800.  | 253,800          |
| Duty Travel   | 65,000           |
| Equipment: field and office   | 75,000           |
| Training (organisation of training sessions and production of extension leaflets)   | 55,000           |
| Contracts (letters of agreement) with implementing NGOs   | 320,000          |
| General Operating Expenses (including transport, storage, handling, monitoring and evaluation)  | 560,000          |
| Direct Operating Cost ( including technical support service)  | 467,500          |
| <b>TOTAL</b>  | <b>9,303,800</b> |

1/ Only in case of significant economic damages to the crops and under the strict supervision of the FAO Plant Protection Service (AGPP)

|                              |  |
|------------------------------|--|
| <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-03/A03   |
| <b>Sector</b>                | Agriculture  |
| <b>Themes</b>                | Income Generation, Governance / Public Administration, Capacity Building   |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>▪ Reduce dependence on external aid through support to transitional interventions at grassroots level</li> <li>▪ Reinforce local producers' capacities</li> <li>▪ Assist state services in the supervision of producers</li> <li>▪ Distribute quality seeds and small animals in rural areas</li> </ul> |
| <b>Implementing Partners</b> | UN, Ministry of Agriculture, Province Agricultural Services, local and international NGOs  |
| <b>Target Beneficiaries</b>  | 150 multiplier associations and 20,000 families conflict-affected families   |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 688,000</b>  |

### Project Description

In addition to the immediate impact it has on the food security situation of the Congolese population, the long lasting conflict has further degraded 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 of good quality seeds. To reduce dependence on external aid, it is essential that efforts toward good quality seed production at the grassroots community level initiated by FAO and its partners in stable areas be gradually expanded to areas opening up.

Beginning in 1999, and within the framework of its strategy to support coping mechanisms and activities, FAO identified support to small scale breeding at community level as a key priority. Projects undertaken since then have proven efficient in improving food security and generating of income for beneficiary households. In addition to replicating these activities in new areas, upscaling existing local breeding and production capacities and assisting in the supply of livestock to areas in need of core breeds seems necessary.

#### General objective

Reduce dependence on external aid through support to transitional interventions (seed production and animal breeding) at grassroots level.

#### Specific objectives

The project aims to:

- Give priority to the local multiplication of quality vegetable material;
- Ensure distribution of quality vegetable material to the most vulnerable populations;
- Reinforce animal production activities in connection with small breeding.

#### Activities

The project will undertake to:

- Procure basic/foundation seeds from research centres;
- Provide 150 multiplier associations with basic/foundation seeds and tools, train them in good quality seeds production and contract them for the production of more than 300 tonnes of good quality seeds;
- Distribute the seeds produced to 20,000 vulnerable households;
- Provide 9,800 households with a breeding nucleus as well as appropriate training (in the framework of the small animals breeding component).

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US\$</b>    |
| <b>Quality seed production:</b>  |                |
| <b>Basic seeds and tools:</b><br>(to be distributed to seed producers contracted)<br>10 MTs of beans seeds at US\$ 1,300/MT, 10 MTs of maize seeds at US\$ 1,300/MT, 1 tonne of soya seeds at US\$ 1,300/MT and 6 MTs of groundnut seeds at US\$ 1,500/MT, 2,500 hoes at US\$ 2.5/unit, 2,500 machetes at US\$ 1.5/unit.                         | 46,300         |
| <b>Quality seeds and tools:</b><br>(purchase in the framework of contract with grassroots seed producers)<br>80 MTs of bean seeds at US\$ 1,000/MT, 80 MTs of maize seeds at US\$ 1,000/MT, 6 MTs of soya seeds at US\$ 1,000/MT and 48 MTs of groundnut seeds at US\$ 1,000/MT, 21,000 hoes at US\$ 2.5/unit, 21,000 machetes at US\$ 1.5/unit. | 298,000        |
| <b>Small animals breeding:</b><br>9,800 breeding nucleus, 78,000 kg starter food and veterinary products   | 200,000        |
| International and national expertise and administrative support staff  | 48,000         |
| Equipment: Field and office  | 12,000         |
| Training (training sessions and production of extension material)  | 6,500          |
| Contracts: partnership with local structures for follow up   | 3,000          |
| Duty travel  | 5,000          |
| Overall operation costs (including transport, stocking, rent of offices, monitoring)   | 32,500         |
| Direct Operation Costs (including technical support service)   | 36,700         |
| <b>TOTAL</b>   | <b>688,000</b> |

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|------------------------------|--|
| <b>Appealing Agency</b>      | <b>FOOD AND AGRICULTURE ORGANIZATION</b>   |
| <b>Project Title</b>         | Emergency rehabilitation of key agricultural infrastructures (Agricultural feeder roads and fish ponds)  |
| <b>Project Code</b>          | DRC-03/A04   |
| <b>Sector</b>                | Agriculture  |
| <b>Themes</b>                | Infrastructure Rehabilitation, Income Generation   |
| <b>Objective</b>             | <ul style="list-style-type: none"> <li>▪ Boost local economy through agricultural feeder roads rehabilitation</li> <li>▪ Support aquaculture rehabilitation</li> </ul> |
| <b>Target Beneficiaries</b>  | Connect 150,000 farmers to main roads and assist 5,000 fish producers in the production of Tilapia Nilotica  |
| <b>Implementing Partners</b> | UN, Ministry of Agriculture, Province agricultural services, international and local NGOs  |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 1,745,112</b>  |

### **Project Description**

The continuous degradation of the road network of the last ten years due to absence of maintenance has further exacerbated the impact of the ongoing crisis. Indeed, while some areas have remained productive, agricultural products can no longer be transported from the production to the consumption area. This has resulted in dramatic consequences in both areas. As local producers have been shut out from market outlets, they have reduced their production to the level of subsistence, while those living in urban centres are faced with extremely high prices. In 2002, FAO initiated several agricultural feeder roads rehabilitation projects that combine to support the repair and maintenance of feeder roads at the community level while helping to boost production in the main production areas. These initiatives need to be replicated in other areas.

Fish farming was developed in many regions through support provided by past bilateral assistance projects. It has proven to be useful as a coping strategy by many affected households since fishing in rivers is not permitted or is considered unsafe because of insecurity. However, lack of maintenance to fishponds and the lack of basic equipment have seriously limited the results of most community initiatives. In some areas, FAO has initiated support to aquaculture activities that need to be supported and further expanded.

### **General Objective**

Put local economy back onto track through the rehabilitation of feeder roads and assist local initiatives in the rehabilitation of simple agricultural production facilities.

### **Specific Objectives**

The project aims to:

- Open and rehabilitate feeder roads to ease economic exchanges and connect production zones and consumer markets;
- Support the rehabilitation of aquaculture infrastructure in order to increase population income and daily food rations.

### **Activities**

The project will undertake to:

- Rehabilitate 400 km of rural feeder roads in a zone of 8,000 square kilometres;
- Rehabilitate 950 fishponds (200 hectares) and provide 750,000 fish fry of Tilapia Nilotica.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| <b>Feeder road rehabilitation</b>  |                  |
| <u>Contracts</u><br>Construction – rehabilitation includes reloading of 15,000 cubic metres at US\$ 1.5/m <sup>3</sup> , 200 meters bridges at US\$ 750/millilitres, 3,250 millilitre pipe passages at US\$ 185/millilitres, and Supervision (6 %).      | 955,612          |
| <u>Supply and material</u><br>Road maintenance tools includes 1,125 hoes at US\$ 2.5/unit, 1,125 shovels at US\$ 2.5/unit, 3,250 spades at US\$ 3/unit, 1,000 picks at US\$ 8/unit, 1,125 wheelbarrows at US\$ 50/unit, 1,125 machetes at US\$ 1.5/unit. |                  |
| Agricultural tools and seeds include 7,850 hoes at US\$ 2.5/unit, 150 kg of market garden seeds at US\$ 50/kg, 100 sprayers at US\$ 100/unit, 250 kg phytosanitary products at US\$20/kg <sup>1/</sup> , 1,500 watering cans at US\$ 8/unit.             |                  |
| <u>Aquaculture</u><br>750,000 fish fry at US\$ 0.05/unit, 10,000 hoes at US\$ 2.5/unit, 1,000 wheelbarrows at US\$ 50/unit, 10,000 spades at US\$ 3/unit, 5,000 shovels at US\$ 3/unit   | 157,500          |
| Personnel (national and international expertise and administrative support staff)  | 200,000          |
| Duty Travel  | 20,000           |
| Equipment: field and office  | 85,000           |
| Training (training sessions and production of extension material)  | 35,000           |
| Contracts with implementing partners   | 40 000           |
| General operating expenses (including transport, storage, handling, monitoring and evaluation and contribution to UN security cost)  | 160,000          |
| Direct operating costs (including technical support service)   | 92,000           |
| <b>TOTAL</b>   | <b>1,745,112</b> |

1/ Only in case of significant economic damages to the crops and under the strict supervision of the FAO Plant Protection Service (AGPP)

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>INTERNATIONAL LABOUR ORGANIZATION</b>   |
| <b>Project Title</b>        | Support to revival of associative and cooperative movement in the provinces of Ituri, North and South Kivu |
| <b>Project Code</b>         | DRC-03/ER/I09  |
| <b>Sector</b>               | Economic Recovery and Infrastructure   |
| <b>Themes</b>               | Income Generation, Capacity Building   |
| <b>Objective</b>            | Ensure the start of profitable cooperative activities and personnel development                            |
| <b>Target Beneficiaries</b> | 20 Cooperatives and associations   |
| <b>Project Duration</b>     | January - December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 770,000</b>  |

### Project Description

The North and South Kivu associative and cooperative movement, previously dynamic, has lost momentum owing to troubles and conflict, which has been a regular pattern in these provinces since the early nineties. These areas have been faced with massive displacement of populations (nearly half of the total number of displaced people country-wide) and destruction of production facilities.

A study carried out in 1997 by ILO not only revealed the catastrophic situation of cooperatives but also populations' will to revive the movement. Peace prospects make it possible to foresee the revival of agricultural production. This revival will require the reconstitution of the cooperative movement, namely in the commercialisation and production field. The restoration of commercial channels is an important element in the rapprochement of populations and thus the reconciliation between communities.

### Objective

This project aims at contributing to the re-invigoration of the local economy through support to the revival of cooperative activities in the provinces of North and South Kivu. Both commercialisation and production cooperatives are concerned here. Moreover, the project aims at consolidating peace and peaceful co-existence among different communities in these provinces.

### Strategy

The project implementation strategy consists of:

- Direct assistance to cooperative and similar current structures;
- Rehabilitation of cooperative and similar destroyed structures.

### Activities

This strategy implies among other actions:

- Drawing up an inventory of fixtures of cooperative movement in the two areas;
- Identification of potentialities and constraints the movement is facing;
- Selection of 20 cooperatives and associations to support;
- Organisation of an institutional reinforcement programme (audit, organisation, human resource training and equipment).

| <b>FINANCIAL SUMMARY</b>   |                |
|--|----------------|
| <b>Budget Items</b>  | <b>US\$</b>    |
| Evaluation of the situation, studies, selection of cooperatives to support | 60,000         |
| Direct assistance to cooperatives  | 600,000        |
| Institutional assistance (training, audit and counseling)                  | 40,000         |
| Support costs  | 70,000         |
| <b>TOTAL</b>   | <b>770,000</b> |



|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>INTERNATIONAL LABOUR ORGANIZATION</b>  |
| <b>Project Title</b>        | Emergency jobs through rehabilitation micro-projects of infrastructures by youth associations   |
| <b>Project Code</b>         | DRC-03/ER/I10   |
| <b>Sector</b>               | Economic Recovery and Infrastructure  |
| <b>Themes</b>               | Children / Youth, Income Generation, Peace Building   |
| <b>Objective</b>            | Contribute to the creation of youth jobs through social actions aiming at improving the environment with the assistance with youth associations |
| <b>Target Beneficiaries</b> | 2,000 youngsters grouped in associations in areas near the front line (Mbandaka, Kalemie, Pweto, Kisangani)                                     |
| <b>Project Duration</b>     | January – December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 760,000</b>   |

### **Project Description**

The war in the DRC has had disastrous repercussions on the socio-economic infrastructures both in urban and rural areas. Areas that received people who ran away from the battle zones are now overpopulated. This strains the existing socio-economic infrastructures and the overall quality of the environment. This is the case of Kinshasa, Mbandaka, Kabinda and Goma, which welcomed populations running away from the battlefield. In the frontline areas, such as Kalemie and Pweto, the deployment of MONUC troops contributed to the restoration of the populations' confidence and helped their return. It goes without saying that in most cases, the return of populations goes together with the environmental degradation.

Considering the problem of youth unemployment it seems useful to develop sanitation and rehabilitation micro projects in areas faced with the influx of displaced people or a noticeable increase of population. These high visibility micro-projects can have economic and social impact. These micro-projects will be the starting point for later programmes of economic reinsertion.

### **Objective**

At the end of this project, the environment improvement and rehabilitation micro project will be conducted in areas where MONUC troops are deployed. These areas will be selected according to the impact the displaced influx.

Youth associations involved in sanitation and rehabilitation activities have capacities to intervene in similar actions owing to the tools provided to them.

Lessons will be drawn as to the formulation of future projects of economic reinsertion.

### **Strategy**

Projects will use food assistance mechanisms (FFW) to have public interest work done (namely sanitation). The project strategy will be participative and based on the following operations:

- (i) Identification in selected areas, of sites requiring emergency rehabilitation;
- (ii) Identification of youth associations organised in those areas, and the organisation of these groups if they are lacking;
- (iii) Identification, with youngsters, of work to be done and required tools to carry it out;
- (iv) Identification of artisans or small companies in the areas able to make the tools. Tools and sanitation product can be purchased in nearest area if local competencies are not available. In so doing, the project will contribute to the injection of enthusiasm into local artisans and operators. Tools will be given not to youngsters individually but to associations, which will be made aware of management mechanisms through an enterprise spirit.

This will help to perpetuate the assistance provided and make the tools profitable. Associations will be prepared to tender for other markets for sanitation work in their areas. While work is being done, the ILO will be analysing the youngsters' socio-professional profiles. At the end of the project, those who will be deemed able will be orientated towards project including a micro-credit element for an economic insertion.

The ILO will make it a point to convince other UN agencies to participate in the project within the framework of their mandate. The choice of sites of interventions will also be influenced by work being done by other projects from these agencies. The following agencies will be contacted:

- Bureau des Droits de l'Homme for sensitisation to Human Rights
- UNFPA for youth reproductive health
- WHO for sanitation and health aspects
- UNICEF and UNDP for assistance to community development

Thanks to the WFP food assistance, youth association will be able to carry out sanitation work. They will receive food for their work. MONUC will help to transport tools. There will be little supervision in each area.

#### **FINANCIAL SUMMARY**

**a) Food assistance:** according to quantities and donor agencies, (namely WFP) or bilateral or multilateral donors regulations.

**b) The requested financial assistance** will help to cover the following:

| <b>Budget Items</b>   | <b>US\$</b>    |
|---|----------------|
| Tools purchase (sweepers, shovels, rakes, wheelbarrows, boots, overalls, nose protection, sprayers, disinfectant) | 70,000         |
| Identification missions and studies   | 30,000         |
| Sub-contracting rehabilitation work to youth associations   | 600,000        |
| Support costs   | 60,000         |
| <b>TOTAL</b>  | <b>760,000</b> |

|                             |  |
|-----------------------------|--|
| <b>Appealing Agency</b>     | <b>INTERNATIONAL LABOUR ORGANIZATION</b>   |
| <b>Project Title</b>        | Support to income generating micro-projects to help reinsertion of displaced people in North and South Kivu  |
| <b>Project Code</b>         | DRC-03/ER/I11  |
| <b>Sector</b>               | Economic Recovery and Infrastructure   |
| <b>Themes</b>               | IDPs, Income Generation, Peace Building  |
| <b>Objective</b>            | Ensure sustainable survival means to most vulnerable displaced people returning back home by relying on emergency humanitarian assistance through micro-projects likely to generate employment and descent incomes |
| <b>Target Beneficiaries</b> | 3,000 vulnerable displaced people (widows and children house hold heads)   |
| <b>Project Duration</b>     | January – December 2003  |
| <b>Funds Requested</b>      | <b>US\$ 720,000</b>  |

### **Project Description**

The ongoing war in the DRC has caused a massive displacement of more than two million people from their home areas to more stable, peaceful zones, leaving behind all their survival activities. The provinces of North and South Kivu have been particularly affected by massive displacement of populations. These two provinces have been confronted with acute humanitarian crises that have destroyed the populations' survival means. According to figures released by OCHA in March 2001, North Kivu is currently the DRC province that has the most of IDPs (620,342). At the same date, 353,944 IDPs were recorded in South Kivu.

With the implementation of the Lusaka, Pretoria and Luanda accords, the reinstallation of displaced people into their original areas can be considered. Prior to their return, the basic social-economic infrastructures have to be rehabilitated and income-generating activities promoted because the war has destroyed so much.

### **Objective**

This project aims at accompany humanitarian assistance through actions of socio-economic insertion for residents of North Kivu displaced of war in order to develop micro-projects likely to generate sustainable incomes.

### **Target groups**

Owing to the great number of IDPs, the project gives priority to the most vulnerable among the displaced people, namely widows and children heads of households.

### **Strategy**

The strategy relies on giving responsibility to the displaced populations by the inclusion of the employment element in emergency activities, namely the promotion of income generating activities. This will prepare them to free themselves from emergency assistance.

### **Activities**

The planned activities revolve around the following axes:

- Participation of beneficiaries in socio-economic infrastructure rehabilitation projects implemented by other partners against food distribution (food for work);
- Support the launch of income generating activities by food assistance beneficiaries (food for enterprise)
- Organisation of a social protection mechanism, linked to humanitarian programmes and income generating activities

Social assistance will be granted to the part of population unable to work, whereas those who can work will be entitled to assistance only as long as it allows them to quickly leave the assistance phase to move to micro-enterprise-oriented kind of work.

The following activities will be undertaken:

Identification

- a) of target group (widows and children heads of family)
- b) of existing projects in favour of displaced people as well as of humanitarian assistance programmes
- c) setting up of project and target groups database

Evaluation

- a) of capacities of support structures experience vis-à-vis the target group (training and vocational centres, potential financing systems).
- b) of income and job opportunities in humanitarian programmes and rehabilitation opportunities ongoing in reinstallation zones.

Analysis

- a) of micro-project profit making sectors
- b) of needs of target groups in training and assistance to the creation of micro-enterprises in the identified sectors

Implementation of the economic reinsertion programme implies:

- a) enhancement of support structures capacities (NGOs, training centres)
- b) selection of beneficiaries
- c) organisation of training programme
- d) orientation towards financing structures
- e) organisation of follow up, accompany micro projects and micro enterprises

| <b>FINANCIAL SUMMARY</b>  |                |
|---|----------------|
| <b>Budget Items</b>   | <b>US \$</b>   |
| Identification missions and studies   | 10,000         |
| Sub-contracting with support structures for training activities               | 30,000         |
| Reinsertion funds   | 600,000        |
| Organisation of beneficiaries and social protection (health-friendly society) | 20,000         |
| Support, evaluation and follow up costs                                       | 60,000         |
| <b>TOTAL</b>  | <b>720,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>         | Micro-credit/grants Programmes in favour of women  |
| <b>Project Code</b>          | DRC-03/ER/I12  |
| <b>Sector</b>                | Economic Recovery and Infrastructure   |
| <b>Themes</b>                | Income generation, Capacity Building, Gender   |
| <b>Objective</b>             | <ul style="list-style-type: none"> <li>- Improvement of access to basic social services (education, health, water and draining)</li> <li>- Development of market gardening and agricultural activities in urban and semi-urban areas</li> <li>- Training in micro-credit projects management</li> <li>- Acquiring new professions (clothes industry)</li> <li>- Capacity building in favour of women training centres</li> </ul> |
| <b>Target Beneficiaries</b>  | Women and children in the provinces of Kinshasa, Bandundu and Bas Congo  |
| <b>Implementing Partners</b> | UNOPS  |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds requested</b>       | <b>US\$ 700,000</b>  |

### Project Description

The combined socio-economic crisis and war effects have considerably contributed to the deterioration of the situation of the Congolese women. In many cases, despite their limited means, women are forced to assume heads of family responsibilities, including the provision of the various needs of the families.

This project aims to set-up micro-credit programmes in favour of women in the three provinces of Kinshasa, Bas Congo and Bandundu with the aim of supporting, through the capacity building of the local communities, the existing micro-credit projects being implemented by other donors as well as UNDP. This project is expected to enable women to face the additional charges imposed on them, by providing work and adequate income, which will allow them and their families to have better access to basic services.

| <b>FINANCIAL SUMMARY</b>               |                |
|--|----------------|
| <b>Budget Items</b>                    | <b>US\$</b>    |
| Assessment Mission                     | 10,000         |
| Micro-credit                           | 600,000        |
| Training ( management and specialists) | 60,000         |
| Personnel and administrative support   | 30,000         |
| <b>TOTAL</b>                           | <b>700,000</b> |

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>   |
| <b>Project Title</b>        | Rehabilitation of basic infrastructures in Kisangani  |
| <b>Project Code</b>         | DRC-03/ER/I13   |
| <b>Sector</b>               | Economic Recovery and Infrastructure  |
| <b>Themes</b>               | Infrastructure Rehabilitation, Peace building   |
| <b>Objectives</b>           | <ul style="list-style-type: none"> <li>- Ensure access to basic social services (education, health, potable water and environment rehabilitation);</li> <li>- Encourage food production by improving commercial exchange;</li> <li>- Restore local activities and train craftsmen in the reconstruction of habitat (carpenters, mason)</li> </ul> |
| <b>Target Beneficiaries</b> | Urban population and neighbourhood (women, children, craftsmen, NGOs and small enterprises)   |
| <b>Implementing Partner</b> | UNOPS   |
| <b>Project Duration</b>     | January - December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 560,000</b>   |

### Project Description

Since the beginning of the conflict in RDC, Kisangani, a town of 500,000 people, suffered various military confrontations, which destroyed or damaged the majority of its basic infrastructure (schools, health centres, roads, bridges, access to potable water).

This initiative reinforces the UNDP Project ZAI/00/U01—"Rehabilitation of basic infrastructure of Kisangani, and implemented by UNOPS.

This project will contribute to the improvement of the living conditions of the urban population of Kisangani and its neighbourhoods and will also improve their access to basic infrastructure. Moreover, it will stimulate agricultural activities, particularly food production in the neighbouring areas by facilitating commercial exchange and free movements of people and goods. During the execution of the project, craftsmen will be trained to participate in the reconstruction of their town by using mostly local building materials.

| <b>FINANCIAL SUMMARY</b>             |                |
|--------------------------------------|----------------|
| <b>Budget Items</b>                  | <b>US\$</b>    |
| Assessment missions                  | 10,000         |
| Rehabilitation of infrastructure     | 500,000        |
| Training                             | 20,000         |
| Personnel and administrative support | 30,000         |
| <b>TOTAL</b>                         | <b>560,000</b> |

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>   |
| <b>Project Title</b>        | Support to income generating activities in favour of women in Kisangani town.   |
| <b>Project Code</b>         | DRC-03/ER/I14   |
| <b>Sector</b>               | Economic recovery and infrastructure  |
| <b>Themes</b>               | Income generation, Peace building, Gender   |
| <b>Objectives</b>           | <ul style="list-style-type: none"> <li>- Support post crisis efforts, develop craft works in order to provide income to households led by women and allow them access basic social services;</li> <li>- Mobilise women for the culture of peace, the respect of human rights and humanitarian principles;</li> <li>- Sensitise women to HIV/AIDS issues.</li> </ul> |
| <b>Target Beneficiaries</b> | Women, children and indirectly Kisangani local population in general  |
| <b>Implementing Partner</b> | UNOPS   |
| <b>Project Duration</b>     | January - December 2003   |
| <b>Funds Requested</b>      | <b>US\$ 570,000</b>   |

### Project Description

The deterioration of the socio-economic sectors, aggravated by the war, particularly in eastern DRC, has resulted in the destruction and degradation of basic infrastructure and social services and led to total income loss by the local populations. The non-payment of civil servants' salaries, the increase of unemployment, and economic recession have compelled women to take charge of households and look for means of supporting their families, through exercising diverse income generating activities (handicraft, retail trade).

It is in this context that the project plans to help women, organised in associations, by supporting their initiatives and craftworks in order to improve their living conditions and provide them and their families with stable income. Women's associations will submit appropriate income generating micro projects for funding.

In view of the importance of lasting peace for economic recovery, the mobilisation of women for the culture of peace becomes very crucial as they play an important role in education. Besides, given the negative impact of conflicts on the spread of aids, sensitisation campaigns on HIV/AIDS focused on women will be more effective considering their role in the dissemination of information in their households and neighbourhoods.

UNDP is currently funding project ZAI/01/002 "Reinforcement of community" strategies in North and South Kivu, and in Orientale Province for two years (September 2001 – August 2003), with a budget amounting to US\$ 2,600,000. The requested funds will allow reinforcing the impact of this project.

| <b>FINANCIAL SUMMARY</b>                                  |                |
|---|----------------|
| <b>Budget Items</b>                                       | <b>US\$</b>    |
| Micro-projects  | 480,000        |
| Training of trainers                                      | 20,000         |
| Sensitisation campaign for the culture of peace; HIV/AIDS | 40,000         |
| Operational cost  | 30,000         |
| <b>TOTAL</b>  | <b>570,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>  |
| <b>Project Title</b>         | Completion of anti-erosion works to protect the site of the Kinshasa University.   |
| <b>Project Code</b>          | DRC-03/ER/I15  |
| <b>Sector</b>                | Economic Recovery and Infrastructure   |
| <b>Themes</b>                | Infrastructure Rehabilitation  |
| <b>Objective</b>             | Saving human lives and rehabilitation of infrastructure  |
| <b>Target Beneficiaries</b>  | The population of Kinshasa and especially: <ul style="list-style-type: none"> <li>▪ The University professors and their families living in the “city of professors”</li> <li>▪ The students and employees of the University</li> <li>▪ The patients of the University Clinic</li> <li>▪ The inhabitants of cities of Kindele and Kimwenza</li> </ul> |
| <b>Implementing Partners</b> | UNCHS-Habitat  |
| <b>Project Duration</b>      | January 2002 - March 2003  |
| <b>Funds Requested</b>       | <b>US\$ 3,067,211</b>  |

### Project Description

The drainage system of Kinshasa city is insufficient, lacks maintenance and is in its declining years. The lack of participation by the population in anti-erosion activities combined with mis-managed urbanisation process, as well as the type of the soil (generally lacks cohesion), are factors that have contributed to the current state of destruction suffered by the town and, consequently, resulted in erosions that threaten entire communes like Ngaliema—the most affected, Selembao, Mont Ngafula and Kisenso.

The importance of the destruction that could be caused by erosion at the site of the University of Kinshasa, threatened by 22 erosions heads, places the site on top of the priority list for combating this devastating phenomenon. Moreover, the asphalted road, representing the only access linking the cities of Kindele and Kimwenza, the University Clinic, the Neuro-Psycho-Pathological Centre, the Nuclear-Energy-Research Centre and the “City of Professors” to the rest of the town still remains in great danger of destruction by erosion.

Beyond the social and cultural importance of the infrastructure of the University of Kinshasa, the destruction of the Nuclear Research Centre together with its two reactors, TRIGA I and TRIGA II, will expose the whole capital to radio-active pollution of air and water.

The objective of this project is to save lives through the timely rehabilitation of the above-mentioned infrastructure.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---------------------------|------------------|
| <b>Budget Items</b>       | <b>US\$</b>      |
| Staff (UNV, CTA included) | 314,000          |
| Project                   | 2,691,211        |
| Operational costs         | 62,000           |
| <b>TOTAL</b>              | <b>3,067,211</b> |



## Reduction of morbidity and mortality

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS CHILDREN'S FUND</b>  |
| <b>Project Title</b>         | Emergency measles immunisation   |
| <b>Project Code</b>          | DRC-03/H05   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | Children   |
| <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 maternal and child mortality and morbidity |
| <b>Target Beneficiaries</b>  | 28,500,000 children between 6 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 2003  |
| <b>Funds Requested</b>       | <b>US\$ 21,500,000</b>   |

### Project Description

During 2001, the DRC experienced numerous outbreaks of measles throughout the territory. Various studies carried out in the DRC continue to reveal, despite numerous approaches, 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, such as refugees. In the DRC, the mortality rate of children under five is 213 deaths per 1,000 births. This is an increase from 190/1000 births in 1995, clearly illustrating deterioration in the health situation of the population of the DRC.

The recently released MICS2 survey confirms what previous reports and studies have stated, that measles, a preventable childhood disease, is the second leading cause of death of children under five, only second to malaria. This recent study also reinforces the recommendation of previous studies by WHO-UNICEF, IRC and others that to impact the alarmingly high mortality rate of children under five, a national emergency campaign to vaccinate children against measles must be organised.

To reduce the frequent outbreaks of measles occurring each year in several areas of the country, especially in the eastern part, UNICEF has implemented in 2002 a national immunisation campaign, targeting the most vulnerable provinces, such as North Kivu and Kasai Orientale. This special campaign is and will continue to target all children between six months and 15 years of age that have not been previously immunised. The ongoing as well as the upcoming campaign will also allow strengthening of routine immunisation in the health zones by increasing the coverage for measles vaccine, thus resulting in a reduction of the number of outbreaks as well as the intervals between them.

The main strategy will be through:

- Mass immunisation in fixed sites: around 35,000 immunisation sites are planned with 200,000 volunteers, of whom 50,000 trained vaccinators and 20,000 supervisors;
- Broad social mobilisation focused on community participation structures and traditional communication channels;
- Reinforcement of the cold chain to ensure quality immunisation
- Building upon existing polio NIDs experience;
- Micro planning workshop at the health zone and provincial level;

Coordination will be carried out through the same structures as during polio NID and the 2002 measles campaign with a strong involvement of NGOs and religious leaders.

| <b>FINANCIAL SUMMARY</b>                          |  |                  |
|---|--|------------------|
| <b>Budget Items</b>                               |  | <b>US\$</b>      |
| Vaccines  | (2,820,000 vials of vaccines x US\$ 1.15 x US\$ 1.2)       | 3,878,100        |
| Injection equipment                               | (300,000 box 100/soloshots x US\$ 10)                      | 3,000,000        |
|   | (30,000 box 100 dilution syringe 5ml x US\$ 5)             | 150,000          |
|   | (14,000 box 25 receptacle x US\$ 14)                       | 196,000          |
|   | (50,000 Cotton wool roll 500 g x US\$ 1.5)                 | 75,000           |
| Cold chain equipment                              | (150 refrigerators SIBIR E3/85-M x US\$ 1,107)             | 166,050          |
|   | (50 ice pack freezer E3/91-M x US\$ 1,145)                 | 57,250           |
|   | (25,000 vaccine carrier E4/52-M x US\$ 24)                 | 600,000          |
|   | (400 cold box RCW25 E4/05-M x US\$ 370)                    | 148,000          |
|   | (5,000 set of 10 icepacks 0.3 litre E5/12 x US\$ 4)        | 20,000           |
|   | (50,000 icepacks 0.4 litre E5/14 x US\$ 0.5)               | 25,000           |
|   | (50,000 icepacks 0.6 litre E5/16 x US\$ 0.74)              | 37,000           |
| Implementation costs (incentives)                 | 200,000 volunteers x 5 days x US\$ 5                       | 5,000,000        |
|   | 20,000 supervisors x 8 days x US\$ 10                      | 1,600,000        |
| Monitoring and supervision                        | 8 provinces monitoring work shop x US\$ 15,000             | 120,000          |
|   | Supervision (national and provincial)                      | 100,000          |
|   | Reproduction of management tools                           | 130,000          |
|   | Micro planning session at the basic level                  | 250,000          |
| Social mobilisation                               | Reproduction of measles posters                            | 100,000          |
|   | Social mobilisation activities at the national level       | 39,600           |
|   | Social mobilisation activities at the provincial level     | 125,000          |
| Logistic  | Distribution of vaccines and materials                     | 500,000          |
| Air support                                       | Hiring of charters   | 1,500,000        |
| Technical assistance                              | 10 logisticians x 3 months x US\$ 1,200                    | 36,000           |
|   | 10 Social mobilisation officers x 3 months x US\$ 1,500    | 45,000           |
|   | 3 Epidemiologists national officer x 3 months x US\$ 2,000 | 18,000           |
| Programme support (15%) and recovery costs (5%) * |  | 3,584,000        |
| <b>TOTAL</b>                                      |  | <b>21,500,00</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.

|                               |  |
|-------------------------------|--|
| <b>Appealing Agency</b>       | <b>UNITED NATIONS CHILDREN'S FUND</b>  |
| <b>Project Title</b>          | Malaria control in the Democratic Republic of Congo  |
| <b>Code</b>                   | DRC-03/H06   |
| <b>Sector</b>                 | Health   |
| <b>Themes</b>                 | Children, Gender   |
| <b>Objective</b>              | By working in partnership with health authorities and implementing partners, UNICEF and WHO will collaborate to conduct an impregnated mosquito net programme using a community participatory approach, and provide technical support and ensure coordination of implementing partners |
| <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 2003  |
| <b>Funds Requested</b>        | <b>US\$ 2,160,000</b>  |

### Project Description

To combat this leading killer of children in the DRC, this project will focus on the prevention of malaria by the promotion of impregnated mosquito nets in 50 targeted health zones across the DRC. At least half of the 50 health zones will be in the eastern provinces, targeting a total population of approximately 5,000,000 people. As with all UNICEF programmes, special emphasis will be placed on children under five and pregnant women. This project will be conducted collaboratively with WHO, other UN agencies, local and international NGOs, and local and national health authorities.

UNICEF will not only distribute impregnated mosquito nets to this vulnerable population but will also work with a team of community mobilisers to educate the community to the importance of using impregnated mosquito nets to protect themselves and families against this leading childhood killer.

Numerous studies are currently underway, especially in eastern THE DRC, to examine the efficacy of this approach. Several NGOs as well as the Centre for Disease Control are in the process of examining the frequency of malaria, particularly in vulnerable groups, the resistance to certain anti-malaria medicines, as well as the current level of knowledge and practices of mothers regarding the use of mosquito nets in the household. MICS2 reported that less than 1% of the population utilises impregnated mosquito nets while over 50% of all illnesses recorded are related to malaria.

Monitoring of the project by UNICEF will include a baseline and subsequent surveys that will evaluate the number of children under 5 and pregnant women sleeping under insecticide impregnated nets and the incidence of malaria cases between these two vulnerable groups.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| <b>Social marketing of ITNs</b>  |                  |
| Community mobilisation, promotion and community participation  | 150,000          |
| Distribution of ITNs   | 50,000           |
| Development and dissemination of information, education and communication materials including a soap Opera | 100,000          |
| Training of 20,000 community based health workers and mobilisers for ITN programme                         | 200,000          |
| <b>ITN procurement</b>   |                  |
| 200,000 'long-lasting' impregnated mosquito nets for 100,000 households                                    | 1,200,000        |
| <b>Supervision</b>   |                  |
| Central level; Quarterly follow-up visits  | 20,000           |
| Monthly provincial and district supervision  | 40,000           |
| Monitoring and evaluation  | 40,000           |
| <b>Programme support (15%) and recovery costs (5%) *</b>   | 360,000          |
| <b>TOTAL</b>   | <b>2,160,000</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.

|                               |  |
|-------------------------------|--|
| <b>Appealing Agency</b>       | <b>WORLD HEALTH ORGANIZATION</b>   |
| <b>Project Title</b>          | Malaria Control  |
| <b>Project Code</b>           | DRC-03/H07   |
| <b>Sector</b>                 | Health   |
| <b>Themes</b>                 | Children / Youth, Gender, Capacity Building  |
| <b>Objectives</b>             | Improve together with the Ministry of Health and other partners the tackling of cases by training the health staff according to PCIME approach, i.e. dealing with cases at the community level and access to adequate anti-malarials, promote prevention through intermittent treatment of pregnant women, follow up plasmodium chemo-sensitiveness to usual anti-malarials, ensure technical assistance and coordination of partners in the implementation of activities. |
| <b>Targeted Beneficiaries</b> | 10,000,000 people living in 100 health zones with 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 2003  |
| <b>Funds Requested</b>        | <b>US\$ 1,257,160</b>  |

### Project Description

This project will be carried out in 100 health zones, mainly in the eastern provinces of the DRC, for a population of about ten million. Children under five and pregnant women will be the targets. It will be carried out in collaboration with UNICEF, other UN agencies, international and local NGOs, and local and national health authorities.

WHO will assist the training in the sponsoring of the recipient according to PCIME approach, which is the minimum package of activities, determined for the health sector in the DRC. Prevention of malaria through SP intermittent treatment of pregnant women will be promoted through prenatal consultation activities. Owing to growing resistance of plasmodium to usual anti-malarial, WHO will sponsor chemo-sensitiveness studies in one site at the east of the country (Nyankunde).

This project will be the foundation for the forthcoming activities. The project will follow up only the number of children properly treated at home, pregnant women intermittently treated with SP and recipient correctly treating malaria according to PCIME guidelines. This project will constitute the base for the extension of the project in the years to come.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| <b>Dealing with malaria cases in health centres</b>   |                  |
| Training of 5,000 care recipient in taking care of acute and mild malaria by referring to PCIME and new national guidelines of treatment. | 440,000          |
| Reproduction of materials   | 30,000           |
| <b>Dealing with malaria at home</b>   |                  |
| Training of 10,000 community relays in sensitisation activities and home treatment  | 100,000          |
| Sensitisation and information activities for the community  | 200,000          |
| Reproduction and distribution of sensitisation information material   | 100,000          |
| <b>Pregnant women intermittent treatment</b>  |                  |
| Sensitisation activities for the use of CPN   | 100,000          |
| <b>Studies on plasmodium and chemo-sensitiveness to anti-malaria in 1 site (Nyakunde)</b>   | 26,000           |
| <b>Supervision</b>  |                  |
| Central level   | 20,000           |
| Provincial and district level   | 60,000           |
| Community level   | 60,000           |
| Monitoring and evaluation   | 50,000           |
| <b>Programme support and recovery costs</b>   | 71,160           |
| <b>TOTAL</b>  | <b>1,257,160</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>WORLD HEALTH ORGANIZATION</b>   |
| <b>Project Title</b>         | Surveillance, preparation and response to epidemics  |
| <b>Project Code</b>          | DRC-03/H08   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | Preparedness and Contingency Planning  |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>▪ Improve early detection of diseases, especially the potentially epidemic ones (malaria, cholera, bacillary dysentery, typhoid fever, meningitis, typhus fever, viral hemorrhagic fever and measles);</li> <li>▪ Enhance laboratory diagnosing capacities in order to allow them to identify agent responsible for epidemics as well as the follow up of germs sensitiveness to antibiotics;</li> <li>▪ Develop mechanisms of early reaction to epidemics and other catastrophies;</li> <li>▪ Enhance the reaction and diseases integrated surveillance system.</li> </ul> |
| <b>Target Beneficiaries</b>  | Population in general and especially those living in most affected areas   |
| <b>Implementing Partners</b> | Health Ministry, WHO and NGOs  |
| <b>Project Duration</b>      | January – December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 4,505,000</b>  |

### **Project Description**

Over the last decade, the country has been faced with a growing number of infectious diseases and various epidemics (cholera, dysentery, meningitis, measles, haemorrhagic fever at Ebola, monkey pox, etc.) that have caused hundreds of thousands of victims. The WHO has, since 1997 helped the Health Ministry in the setting up of a surveillance and early detection system by creating 11 regional representations to carry out the epidemiological supervision (Bukavu, Goma, Kikwit, Mbandaka, Lubumbashi, Kananga, Kisangani, Kindu, Mbuji-Mayi, Matadi and Kinshasa). Moreover 42 District epidemiological doctors have been operating since their recruitment in 1998 and 200. During 2002, the country faced a great cholera epidemic, which mainly hit the areas of Katanga (15,879 cases of which 1,179 died between week 1 and week 36) and Orientale (577 cases with 11 deaths between week 1 and week 12). The flaws of the current system have to be corrected in order to face present and future needs. The DRC Government and partners have agreed to develop the reaction and integrated disease surveillance system. The following steps have already been taken: statement of national policy, production of a national guideline on response and integrated disease surveillance system, elaboration, pre-testing and finalisation of training modules.

The next step will deal with staff training and the enhancement of laboratory capacities as far as the personnel and equipment are concerned. Our decentralised services and state services will help in the supplying of kits and material necessary for epidemic early detection and reaction.

### **Amplifying context**

Despite the weaknesses of the current system, the evolution of the political situation will require us to extend our activities all over the territory. This means that we will have to deal with “new” populations (of whom we have very little information) living or coming from recently liberated zones. We fear that epidemics might have broken out among these populations living in very precarious situations. However it is important to reinforce the current system in order to maintain our gains.

### **Evaluation and monitoring indicators**

- Impact indicators: % of controlled, investigated and detected epidemics.
- Input indicators: % of trained and involved communities and personnel, availability of tools, equipment, medicines and vaccines.
- Process indicators: Report completion and swiftness.

### **Activities**

- Cascade training of staff.
- Acquisition of laboratory equipment.
- Acquisition and pre-positioning of emergency kits.

- Epidemiological surveillance through data gathering, compilation and analysis at the operational level and their transmission to higher levels for analysis, action and feedback.
- Investigation and epidemics management.
- Coordination, supervision and evaluation.

| <b>FINANCIAL SUMMARY</b>   |                  |
|--|------------------|
| <b>Budget Items</b>  | <b>US\$</b>      |
| Training of trainers and health personnel in surveillance and reaction             | 1,000,000        |
| Provision of sanitation centres with tools, equipment and surveillance consumables | 800,000          |
| Investigation of epidemics   | 300,000          |
| Epidemics management (reactant, vaccines, water quality control, kits)             | 1,000,000        |
| Development of communication capacities (wavemail, factor, e-mail, internet)       | 450,000          |
| Coordination of activities and supervision   | 400,000          |
| Logistic support   | 200,000          |
| Monitoring and evaluation  | 100,000          |
| Programme support (6%)   | 255,000          |
| <b>TOTAL</b>   | <b>4,505,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>WORLD HEALTH ORGANIZATION</b>  |
| <b>Project Title</b>         | Post Traumatic Stress Disorder Programme in the DRC   |
| <b>Project Code</b>          | DRC-03/H09  |
| <b>Sector</b>                | Health  |
| <b>Themes</b>                | Capacity Building, Psycho-social support, Mental Health   |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>▪ To strengthen the capacity of some known local NGOs working in the field.</li> <li>▪ Making post-traumatic stress disorder services available in the five provinces.</li> <li>▪ Support in providing some drugs to the National Psychiatric Centre in Kinshasa.</li> </ul> |
| <b>Target Beneficiaries</b>  | Population of five provinces in eastern DRC and Kinshasa with a focus on the most affected communities  |
| <b>Implementing Partners</b> | WHO, Health authorities, NGOs   |
| <b>Project Duration</b>      | January – December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 1,000,000</b>   |

### Project Description

All kinds of troubles at the psycho-social and mental levels are a result of the situation of war that the Congolese population has been involved in since 1997. Although we do not have actual data on this problem, the assistance provided to people in Goma when Nyiragongo erupted has revealed that there was a real need in this field. The affected populations will not be in a position to properly face the new challenges awaiting them (reinsertion, reconstruction) unless psychological aspects are taken into account when interventions are carried out in the health sector.

| <b>FINANCIAL SUMMARY</b>                               |                  |
|--|------------------|
| <b>Budget Items</b>                                    | <b>US\$</b>      |
| Hiring two psychologists in each of the five provinces | 180,000          |
| Hiring a social worker in each of the five provinces   | 60,000           |
| Hiring a psychologist for supervision and coordination | 30,000           |
| Hiring a psychiatrist                                  | 36,000           |
| Provision of drugs                                     | 600,000          |
| Coordination and supervision                           | 34,000           |
| Programme support cost                                 | 60,000           |
| <b>TOTAL</b>   | <b>1,000,000</b> |

|                             |   |
|-----------------------------|---|
| <b>Appealing Agency</b>     | <b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>   |
| <b>Project Title</b>        | Struggle against HIV/AIDS among the DRC workers   |
| <b>Project Code</b>         | DRC-03/H10  |
| <b>Sector</b>               | Health  |
| <b>Themes</b>               | HIV/AIDS  |
| <b>Objective</b>            | Reduce HIV/AIDS effects and proportion on working population; promote HIV/AIDS prevention in professional environment; promote creation in enterprises and public services of counselling and voluntary testing centres |
| <b>Target Beneficiaries</b> | Workers and their families  |
| <b>Implementing Partner</b> | PNLS  |
| <b>Project Duration</b>     | Two years   |
| <b>Funds requested</b>      | <b>US\$ 2,452,285</b>   |

### Project Description

Studies carried out across Kinshasa and several other towns in the DRC reveal that HIV/AIDS takes a big toll of the working population. According available statistics, the most affected are aged between 20 and 49, whereas the legal working age in the DRC is between 16 and 65. As it happens, the pandemic affects the most economically active age group, which involves heavy consequences on production and overall development activities.

This project will thus contribute to reining in the current progress of the disease in the work environment.

| <b>FINANCIAL SUMMARY</b>            |                  |
|-------------------------------------|------------------|
| <b>Budget items</b>                 | <b>US\$</b>      |
| Field investigation missions        | 303,385          |
| Capacity building in counselling    | 235,103          |
| Education, sensitisation            | 385,844          |
| Distribution of protection material | 281,435          |
| Scientific production               | 135,979          |
| Follow up / Assessment              | 90,000           |
| Institutionnel support              | 1,020,539        |
| <b>TOTAL</b>                        | <b>2,452,285</b> |



|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNAIDS / UNFPA</b>  |
| <b>Project Title</b>         | STI/HIV/AIDS prevention project among armed forces (FAC) and police in Equateur province   |
| <b>Project Code</b>          | DRC-03/H11   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | HIV/AIDS, sexual violence  |
| <b>Objective</b>             | Reduce by 50% the STI among armed forces (FAC) and police force in Mbandaka, Gemena, Businga, Gbadolite, Bomongo, Bolomba et Boende. |
| <b>Target Beneficiaries</b>  | ± 275.000 military, police men as well as their partners and relatives   |
| <b>Implementing Partners</b> | FOMETRO in Mbandaka  |
| <b>Project Duration</b>      | November 2002 - October 2003   |
| <b>Funds Requested</b>       | <b>US\$ 1,764,908</b>  |

## Project Description

The HIV/AIDS epidemic is a major public health problem in Equateur with obvious consequences on the country's socio-economic development. The deterioration of basic sanitation facilities, massive displacement of populations caused by wars, populations in extreme poverty due to the deterioration of social economic life, are all causes of STI and HIV/AIDS infection. HIV/AIDS weakens and destroys necessary development resources. The situation is very critical in Equateur since the province receives little assistance from international organisations.

According to a report by an interagency mission headed by OCHA from 15 to 19 July 2002, quality medical care is lacking in Gemena, Businga and Gbadolite. This situation has been confirmed by the Provincial Medical Inspection, which indicates that STI comes third in consultations after malaria and acute respiratory infections. Moreover behaviors reveal that each soldier or policeman has at least two sexual partners. There is an alarming presence of STI and side diseases (Tuberculosis, meningitis, etc) among especially the military and the policeman. A quick improvement in the quality of medical care and treating equipment is necessary to stop the spread of the fast spreading of these infections.

The present project has the following objectives:

- Give more information regarding HIV/AIDS and STI to 80% of the armed forces (FAC) and police force in Mbandaka, Gemena, Businga, Gbadolite, Bomongo, Bolomba and Boende.
- Bring 30% of the military, police men and their relatives to behave responsibly with regard to STI/HIV/AIDS through regular and correct use of condoms, abstinence and faithfulness, and encourage them to get tested willingly and draw their attention on the risks caused by the use of non-sterile sharp objects and blood transfusions.
- Improve the quality of medical care in the towns' sanitation facilities treating the military, the police and their relatives in order to deal with STI and side diseases linked to HIV/AIDS.

Therefore, the following strategies are compulsory:

- The reinforcement of the capacities of policemen and soldiers as far as STI/HIV/AIDS prevention is concerned;
- Information and teaching for behaviour change;
- The promotion of correct condom use at every occasion of sexual intercourse;
- The inclusion of the struggle against STI and HIV/AIDS in the routine activities within the camps by the military and police authorities;
- The coordination, follow up and evaluation of activities carried out in the framework of this project in order to measure the level of adoption of responsible behavior and the reduction of STI cases.

| <b>FINANCIAL SUMMARY</b>  |  |                  |
|---|--|------------------|
|   | <b>Budget Items</b>  | <b>US\$</b>      |
| Dealing with STI and side diseases:<br>Mbandaka, Boende, Bomongo, Bolomba, Gemena, Gbadolite, Businga | 7 kits of basic medicine for STI treatment (US\$ 68,000/kit x 7)   | 476,000          |
|   | 7 kits of medicine for side infections treatment (US\$ 4,000/kit x 7)  | 28,000           |
| Information for behavior change   | Production of teaching material in French and local language (posters, leaflet, cartoons)  | 1,050,000        |
|   | Local transport to distribute material (US\$ 7,000 x 7)  | 49,000           |
|   | Teaching sessions  | 140,000          |
| Training in dealing with STI and side diseases  | Reproduction of training modules, supplies, snack, transport of participants and trainers Local transport to distribute teaching material (US\$ 1,500 x 7) | 10,500           |
| Convince police and military authorities to get involved in the fight against AIDS                    | Rent room, audiovisual material, transport : Mbandaka (US\$ 1,000), and other cities 6 x US\$ 500  | 2,000            |
| Coordination, supervision and evaluation  | Per diem:<br>2 people x 3 days x US\$ 56 x 4 supervisions x 7 cities<br>= Transport is organised by MONUC  | 9,408            |
| <b>TOTAL</b>  |  | <b>1,764,908</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>UNAIDS / UNFPA</b>   |
| <b>Project Title</b>         | HIV/AIDS/STI prevention project among youth in Equateur                                       |
| <b>Project Code</b>          | DRC-03/H12  |
| <b>Sector</b>                | Health  |
| <b>Themes</b>                | HIV/AIDS, children / youth, adolescent reproductive health                                    |
| <b>Objective</b>             | Reduce STI by 50% among in Mbandaka, Gemena, Businga, Gbadolite, Bomongo, Bolomba and Boende. |
| <b>Target Beneficiaries</b>  | ± 408,000 attending and non-attending school-aged children.                                   |
| <b>Implementing Partners</b> | FOMETRO in Mbandaka   |
| <b>Project Duration</b>      | November 2002 - October 2003  |
| <b>Funds Requested</b>       | <b>US\$ 1,345,968</b>   |

## Project Description

The HIV/AIDS epidemic is a major public health problem in Equateur with obvious consequences on the country's socio-economic development. HIV/AIDS weakens and destroys the youth, the source of the country's future development. Owing to the interruption of structural cooperation in 1990 this province has never been assisted by an international organisation. There has been a deterioration of basic sanitation facilities, massive displacement of populations caused by wars, and a lack of blood banks, counselling centres, voluntary HIV tests, sufficient awareness campaigns, and information on modes of transmission mode. These factors combine to increase the risk of teenagers catching STIs and HIV.

According to a report by an interagency mission headed by OCHA from 15 to 19 July 2002, quality medical care is lacking in Gemena, Businga and Gbadolite. This situation has been confirmed by the Provincial Medical Inspection, which indicates that STIs are third in consultation frequency after malaria and acute respiratory infections.

Parents are unable to meet the basic needs of their children due to poverty and deterioration of social and economic life. Therefore they cannot educate their children, and girls do not hesitate to sell their bodies in order to survive or pay school fees. In some of the centres, soldiers, many of whom are from highly infected countries, are good clients because they have a regular salary. Cases of rape at gunpoint are very frequent in the province, which is still insecure. These girls always have a boyfriend apart from their adult partner they have to submit to solve their primary survival problems. The great number of partners is certainly the reason why STI and HIV/AIDS are widespread among the youth. Blood transfusions using untested blood are a significant problem.

Owing to their high vulnerability and sexual activity the youth should be the target of an urgent and massive action as they represent a development resource for Equateur and the DRC.

The present project has the following objectives:

- Give more information regarding HIV/AIDS and STI to 80% of the youth in Mbandaka, Gemena, Businga, Gbadolite, Bomongo, Bolomba and Boende.
- Bring 40% of the youth to behave responsibly with regard to STI/HIV/AIDS through regular and correct use of condoms, and encourage them to get tested willingly and draw their attention on the risks caused by the use of non-sterile sharp objects and blood transfusions.
- Improve the quality of medical care in the towns' sanitation facilities in order to deal with STI and side diseases linked to HIV/AIDS.

Therefore, the following strategies are essential:

- The reinforcement of school managers and teachers capacities in STI/HIV/AIDS prevention;
- Information and teaching for behavior change;
- The promotion of correct use of condom at every occasion of sexual intercourse;
- The inclusion by the school managers in school curriculum of the struggle against HIV/AIDS in connection with human body, morale, and upbringing;
- The coordination, follow up and evaluation of activities carried out in the framework of this project in order to measure the level of adoption of responsible behaviour and the reduction STI cases.

| <b>FINANCIAL SUMMARY</b>   |  |                  |
|--|--|------------------|
|  | <b>Budget Items</b>  | <b>US\$</b>      |
| Dealing with STI and side diseases :<br>Mbandaka, Boende, Bomongo, Bolomba, Gemena, Gbadolite, Businga | 7 kits of basic medicine for STI treatment (68,000 US\$/kit x 7)   | 476,000          |
|  | 7 kits of medicine for treating side infections (4,000 US\$/kit x 7)   | 28,000           |
| Information on behavior change   | Devise teaching material in French and local languages (posters, booklet and cartoons) (408,000 children x US\$/BD)  | 408,000          |
|  | Local transportation for material distribution (1,000 US\$ x 7)  | 7,000            |
|  | Didactic session (747 schools x 2 sessions/month x 12 month x 20 US\$)   | 378,560          |
| Training in dealing with STI and side diseases   | Reproduction of training modules, supplies, snack and transport of trainers and participants, local transport for distribution of teaching material (5,000 US\$ x 7) | 35,000           |
| Plead with school authorities to be involved in the fight against AIDS                                 | Renting room, audiovisual material, transport: Mbandaka (1,000 US\$), and other cities (6 x 500US\$)   | 4,000            |
| Coordination, supervision and evaluation   | Per diem:<br>2 people x 3 days x 56 US\$ x 4 supervisions x 7 cities<br>= Transport organised by MONUC   | 9,408            |
| <b>TOTAL</b>   |  | <b>1,345,968</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>WORLD HEALTH ORGANIZATION</b>  |
| <b>Project Title</b>         | Assistance in the control of STI, HIV/AIDS infections in the east of DRC  |
| <b>Project Code</b>          | DRC-03/H13  |
| <b>Sector</b>                | Health  |
| <b>Themes</b>                | HIV/SIDA, Safe Motherhood, Sexual Violence, Adolescent Reproductive Health, Community Services, Local Capacity Building   |
| <b>Objectives</b>            | Enhance capacities of four watch site and four provincial coordination in eastern DRC in a second generation epidemiological surveillance, set minimum package of activities in four health zones, evaluation of the STI and HIV/AIDS epidemic current situation in the eastern part of the DRC |
| <b>Target Beneficiaries</b>  | Population of four provinces (Nord Kivu, Sud Kivu, Maniema, Province Orientale)   |
| <b>Implementing Partners</b> | WHO, Health Ministry, UN, NGOs  |
| <b>Project Duration</b>      | January - December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 318,000</b>   |

### Project Description

The problem: since 1998, the eastern part of the DRC has been occupied by foreign troops by countries with high HIV prevalence rates (Rwanda, Burundi, Zimbabwe, Angola etc.). This situation makes it easy for the HIV epidemic to spread quickly (displacement, rape, refugees, etc). Investigation figures and reports from eastern DRC support these hypotheses. A report from the Rutshuru (North Kivu) nutritional centre indicates a HIV sero-prevalence of 15% (December 2001) and in Maniema, Save the Children indicates a 20% prevalence for 15-24 year olds and 25% for over 24 years old (December 2001).

In addition, people living with HIV are very sensitive to side infections and their complications, of which the most important are tuberculosis, pneumoniae, diarrhoea and *Candidiasis* of ENT circle.

The withdrawal of foreign troops will leave the health services with a great number of infected people to be taken care of in a health system already weakened by destruction of infrastructure, lack of supervision and insufficient human resources.

Solutions: sero-surveillance from watch site following the model and experience acquired in 2002 by « programme SIDA » in the western part of the country with WHO financial and technical assistance (Norwegian funds) will help train, equip and undertake sero surveillance and behaviour investigations in four sites. The result will give information on the situation of the endemic disease in this part of the country and allow for the organisation of an appropriate response. Thus, the setting up of the minimum package of activities according to model provided by WHO and UNICEF at Nairobi will include activities related to transfusion security, personnel compliance with universal precaution measures, free distribution of condoms, provision of information, prevention of STIs, social marketing of condoms and provision of care for side diseases to people living with HIV.

| <b>FINANCIAL SUMMARY</b>  |                |
|---|----------------|
| <b>Budget Items</b>   | <b>US\$</b>    |
| Training of actors to carry out the surveillance of four watch sites in eastern DRC   | 20,000         |
| Logistical support to watch sites (equipment, input)  | 35,000         |
| Monitoring and evaluation   | 50,000         |
| Gathering, analysis and dissemination of data   | 10,000         |
| Implement targeted zones minimum package of interventions to set up an emergency minimum package (inputs, training and supervision) | 150,000        |
| Coordination and supervision of activities  | 35,000         |
| Programme support costs (6%)  | 18,000         |
| <b>TOTAL</b>  | <b>318,000</b> |

|                               |   |
|-------------------------------|---|
| <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-03/H14  |
| <b>Sector</b>                 | Health  |
| <b>Themes</b>                 | AIDS/HIV, youth, gender   |
| <b>Objective</b>              | To contribute to give information and education on HIV/AIDS to 90% young people and to reduce to 25% the number of new HIV infection among young people and 20% among new born from HIV + women 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 2003   |
| <b>Funds Requested</b>        | <b>US\$ 1,000,000</b>   |

### Project Description

According to the National AIDS Control Programme estimates, the prevalence of HIV among adults (15-49) in the DRC should be around 5%. However, local blood surveys show that the prevalence in urban areas in eastern DRC is up to four times higher than the national prevalence. 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 since 1994. Mother-to-Child Transmission of HIV has become a very critical issue because nearly 15% of notified AIDS patients are children under 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. Those structures will be chosen considering a minimum standard of service quality and with a relatively good access. Some of them owned by official churches still exist. All of these activities will be implemented in six of the main cities in the Eastern Congo especially along the border between the 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 in life skills 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 which aiming 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.

The collaboration with other UN agencies and international NGOs will be assured through 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   | 50,000                               |
| Production of communication and life-skills materials:<br>- Elaboration, pre-test and finalisation of messages and materials<br>- 200,000 leaflets; 50,000 life-skills books; 40,000 posters; 5,000 counselling cards; 2,000 training modules and participants module   | 140,000                              |
| (12) Training of community workers, teachers and health workers:<br>- (4) training of health and community workers in counselling<br>- (4) training of community workers and volunteers in communication<br>- (4) training of peer-educators and teachers in life-skills education  | 100,000                              |
| Purchase of Anti Retro Viral to prevent MTCT of HIV   | Donation in kind by the Manufacturer |
| Voluntary Counselling & testing, medical and psycho-social services:<br>- Purchase 100,000 HIV rapid tests for the diagnosis especially among young people and pregnant women<br>- Purchase of medicine to treat opportunistic infections of HIV+ in women and children included in the PMTCT project<br>- (6) NGOs sub-contracted to give psycho-social, counselling and medical service to young people and HIV+ children and mothers | 250,000                              |
| Community mobilisation, peer-education and media communication :<br>- (6) NGOs sub-contracted to develop programmes of peer-education of Youth at school or out-of-school<br>- (6) radios sub-contracted to diffuse messages  | 210,000                              |
| Monitoring/evaluation:<br>- elaboration of monitoring tools<br>- regular coordination meeting and monitoring<br>- external evaluation   | 80,000                               |
| 15% programme support and 5% operational cost *   | 170,000                              |
| <b>TOTAL</b>  | <b>710,000</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.

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>MEMISA BELGIUM</b>   |
| <b>Project Title</b>         | Safe blood transfusions in the Bandundu Province  |
| <b>Project code</b>          | DRC-03/H15  |
| <b>Sector</b>                | Health  |
| <b>Themes</b>                | HIV/AIDS, Safe Motherhood,  |
| <b>Objectives</b>            | <ul style="list-style-type: none"> <li>▪ 100% of the blood transfusions are tested for blood grouping and HIV</li> <li>▪ 00% of the training sessions and health promotion sessions are held</li> </ul> |
| <b>Target Beneficiaries</b>  | <ul style="list-style-type: none"> <li>▪ 600 000 persons</li> <li>▪ 70% of the transfusions concern children under five and 15% pregnant women</li> </ul>   |
| <b>Implementing Partners</b> | <ul style="list-style-type: none"> <li>▪ Diocesan structures</li> <li>▪ Medical inspections</li> <li>▪ District (zonal) medical officer</li> <li>▪ Hospital directors</li> </ul>                        |
| <b>Project Duration</b>      | January - December 2003   |
| <b>Funds Requested</b>       | <b>US\$ 600,245</b>   |

### Project Description

The DRC is confronted with a dramatic social-economical context, aggravated by the war. In order to survive the local population is forced to move or to undergo the arrival of foreign/neighboring populations. The situation of the neighboring countries and the refugees coming from those countries, are complicating factors. Moreover the presence or passage of local or foreign armies represents a high risk of spreading HIV. The poor health condition of all these people, especially of the women and children, already constitutes a factor behind a higher need for blood transfusions. Nevertheless, only a small percentage of these transfusions are tested for blood grouping or HIV.

Assuring safe blood transfusions in these circumstances is a major challenge. Memisa Belgium is present in 14 health districts in the Bandundu province where it provides a structural health support to the health system and the population within these zones. The range of activities in which Memisa is involved includes health promotion, prevention and treatment. Securing safe blood transfusions are a part of these activities.

Some of these activities are in the course of being implemented, but without an increase of the means it will be difficult to achieve the objectives within the present context of the DRC. There is a risk that the target population will start losing their confidence in the health system supported through the actions of Memisa with this support.

The additional support Memisa requests concerns the following activities:

- Equipping laboratories: basic investments;
- Purchasing consumables such as blood grouping tests and HIV tests;
- Training and supervision;
- Sensitising of the local communities.

The expected results are:

- Improved quality of blood transfusions in the centres supported;
- More reliable results coming from the laboratories supported;
- Continuity in the availability of the inputs for blood transfusion;
- Increased knowledge and awareness amongst the target population in relation to HIV;
- Increased number of voluntary blood donors.



| <b>FINANCIAL SUMMARY</b>                  |                |
|---|----------------|
| <b>Budget Items</b>                       | <b>US\$</b>    |
| <b>Investments</b>                        | <b>156,580</b> |
| - Rehabilitation and extension laboratory | 31,875         |
| - Means of transport                      | 34,705         |
| - Medical equipment                       | 64,500         |
| - Other equipments                        | 25,500         |
| <b>Running costs</b>                      | <b>241,075</b> |
| - Personnel                               | 17,400         |
| - Tests/medical consumables               | 145,000        |
| - Office consumables                      | 7,200          |
| - Consumables for transport               | 32,400         |
| - Training                                | 39,075         |
| <b>Support structure</b>                  | <b>175,000</b> |
| - Personnel                               | 80,400         |
| - Evaluation/supervision                  | 16,275         |
| - Equipment                               | 20,400         |
| - Office costs                            | 18,000         |
| - Transport costs                         | 3,600          |
| - Expedition of goods                     | 12,000         |
| - Administrative costs                    | 24,325         |
| <b>Unforeseen costs</b>                   | <b>27,590</b>  |
| <b>TOTAL</b>                              | <b>600,245</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>UNITED NATIONS POPULATION FUND</b>  |
| <b>Project Title</b>         | Reduction of maternal mortality rates and family planning  |
| <b>Project Code</b>          | DRC-03/H16   |
| <b>Sector</b>                | Health   |
| <b>Themes</b>                | HIV/AIDS, Safe Motherhood, Family Planning, Adolescent Reproductive Health   |
| <b>Objectives</b>            | Contribute to reduction of catastrophic mortality of women related to pregnancies from 3,000 per 1000,000 live births to 800 per 100,000 live births and contribute to family planning and the battle against HIV among IDPs, adolescents and pregnant women refugees, conflict-affected people, military, police, demobilised combatants and peacekeeping forces. |
| <b>Target Beneficiaries</b>  | Adolescents and pregnant women refugees, IDPs and conflict-affected people among population of 80 health zones in Kinshasa, Matadi, Mbuji-Mayi, Lubumbashi, Kisangani, Bunia, Goma, Bukavu, Kindu, Kalemie, Uvira.   |
| <b>Implementing Partners</b> | UNAIDS, WHO, WFP, MONUC, OCHA, Ministries of Health, Provincial authorities, International NGOs (SC-UK, IRC, PSI) and local NGOs   |
| <b>Project Duration</b>      | January - December 2003  |
| <b>Funds Requested</b>       | <b>US\$ 4,200,000</b>  |

### Project Description

The results of a nationwide survey conducted by the Ministry of Health revealed:

- the national average of maternal mortality rate increased from 870 in 1995 to 1,837 per 100,000 live births in 1998, with the peaks of 2,000 per 100,000 live births in Kinshasa;
- the decrease of the contraceptive prevalence rate from 15 per 100 in 1987 to 4.6 per 100 in 1998;
- the fall of the life expectancy at birth from 52 years in 1993 to 48 years in 1998.

A recent survey by International Rescue Committee indicated a maternal mortality rate of 3,000 per 100,000 live births in the rebel-held areas. The very high levels of maternal mortality is associated with early sexuality and motherhood (the teenagers of less than 20 years contribute for 20 % to the total fertility), too many pregnancies and births (total fertility is estimated at seven children per woman), unspaced pregnancies (the average period between two births is less than two years), too late motherhood after 45 years of age, included clandestine abortions associated with unwanted pregnancies that affect 30% of the teenagers.

The June 2001 report of the National AIDS Programme indicates a national average of HIV prevalence of 5.07% and about 1.26 million Congolese living with HIV infection in December 2000. At the provincial level, HIV infection is estimated at 4.5% in Kinshasa and Kasai Oriental, 4.6% in Bandundu, 4.7% in Kasai Occidental, 4.9% in Equateur and 7.5% in Bas-Congo and Katanga provinces. There is no reliable information on the HIV prevalence in the IDP camps located in different provinces. In rebel-held areas in the east, HIV infection rate is, according to a statement by the Minister of Health, as high as 22%.

| <b>FINANCIAL SUMMARY</b>  |                  |
|---|------------------|
| <b>Budget Items</b>   | <b>US\$</b>      |
| Supply of UNFPA RH emergency kits including contraceptives, condoms and essential drugs among vulnerable groups | 3,000,000        |
| Training of appropriate health workers  | 500,000          |
| Alteration and refreshment of maternity houses  | 500,000          |
| Freight   | 100,000          |
| Programme support and operational cost *  | 100,000          |
| <b>TOTAL</b>  | <b>4,200,000</b> |

\* Programme support budget line covers the direct expenses of the UNFPA national professional programme personnel (staff and running costs), as well as in the administrative, communications, procurement and storage of supplies.

# ANNEX I.

## RESOLUTIONS, REPORTS, LETTERS AND STATEMENTS OF THE SECURITY COUNCIL IN 2002

| <b>RESOLUTIONS</b>  |   |
|---|---|
| 14 June 2002  | Extension of the MONUC's mandate until the 15 June 2003   |
| 19 March 2002   | Reminder to all parties to respect their obligations within the Lusaka agreement  |
| <b>REPORTS OF THE SECRETARY GENERAL</b>                                     |   |
| 10 September 2002   | Special report of the SG on MONUC   |
| 5 June 2002   | Eleventh report of the SG on MONUC  |
| 15 February 2002  | Tenth report of the SG on MONUC   |
| <b>LETTERS TO/FROM THE SG TO/FROM THE PRESIDENT OF THE SECURITY COUNCIL</b> |   |
| 5 April 2002  | First assessment of the armed groups operating in the DRC   |
| <b>STATEMENTS BY THE PRESIDENT OF THE SECURITY COUNCIL</b>                  |   |
| 25 February 2002  | On the tenth report, on the Lusaka Agreement and on the Inter-Congolese Dialogue  |
| 5 June 2002   | On the intimidation and statements by RCD Goma against MONUC and UN staff in general  |
| 23 July 2002  | On the Kisangani events   |
| 15 August 2002  | On the peace agreements between the DRC and Rwanda  |
| <b>OTHER REPORTS</b>  |   |
| 16 July 2002  | Report of the OHCHR on the Kisangani events   |
| 22 May 2002   | Interim Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of DR Congo |

## **ANNEX II.**

### **SELECTED REPORTS PUBLISHED ON THE DEMOCRATIC REPUBLIC OF CONGO IN 2002**

#### **January**

- Poverty in the Midst of Wealth, January 2002. OXFAM Briefing Paper

#### **March**

- The DRC: Economic Rehabilitation Credit Project, March 2002. World Bank

#### **April**

- The DRC: Emergency Multisector Rehabilitation and Reconstruction Project, April 2002. World Bank
- First Assessment of the Armed Groups operating in the Democratic Republic of Congo, April 2002. Security Council

#### **May**

- Plan d'action intégré du Système des Nations Unies sur le VIH/SIDA, 2002-2003, May 2002. ONUSIDA RDC
- Storm Clouds over Sun City: The Urgent Need to Recast the Congolese Peace Process, May 2002. International Crisis Group
- Interim Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of DR Congo, May 2002. Security Council

#### **June**

- The War within the War, Sexual Violence against Women and Girls in Eastern Congo, June 2002. Human Rights Watch

#### **July**

- Hollow Peace Hopes in Shattered Congo, July 2002. International Crisis Group
- The DRC: Request for a Three-Year Arrangement Under the Poverty Reduction and Growth Facility and For the First Annual Programme, July 2002. International Monetary Fund

#### **August**

- War Crimes in Kisangani, The Response of Rwandan-backed rebels to the May 2002 Mutiny, August 2002. Human Rights Watch
- Affected populations in the Great Lakes Region, August 2002. OCHA Nairobi

## **ANNEX III.**

### **VISITS TO THE DEMOCRATIC REPUBLIC OF CONGO IN 2002**

#### **January**

- Delegation of the Catholic Church of Canada
- AERC Ross Mountain in Goma (Nyiragongo disaster)

#### **February**

- Belgian Minister of Foreign Affairs Louis Michel
- Special Rapporteur of the UN for Human Rights
- IMF
- Three European Ministers of Development and international cooperation (UK, Norway and the Netherlands)
- M. Ruud Lubbers, High Commissioner of the UN for the Refugees
- M. Jean Marie Guéhenno, Under-Secretary-General for the Department of Peace Keeping Operations of the UN

#### **March**

- Delegation of the Belgian Cooperation
- Dr. Moreels, Special Representative for Humanitarian Affairs of the Belgian Government

#### **April**

- Representative of the WHO
- Executive Director UNAIDS
- Mr Jacques Diouf, FAO Director-General
- M. Eric Morris, Director of the Liaison Office of UNHCR New York
- Delegation of the Security Council
- Mission of UNESCO led by the new deputy Director-General of the Africa department in Paris
- Mission of ECHO FLIGHT Nairobi in Kinshasa

#### **May**

- Multi-Donor Mission (USA, Canada, Belgium, Sweden, the Netherlands, ECHO)

#### **June**

- Omega Initiative
- Mme Jahangir, OHCHR Special Rapporteur on extra-judicial executions
- Human Rights Watch

#### **July**

- M. Niassa, Special Envoy of the SG in charge of the reprise of the Inter-Congolese Dialogue

#### **August**

- M. Holbrooke Arthur, Regional Director of WFP

#### **October**

- Delegation of the Unit for Internally Displaced Populations, OCHA Geneva
- Visit of the Deputy Emergency Relief Coordinator Ms Carolyn McAskie

## **ANNEX IV.**

### **MISSIONS CARRIED OUT IN THE DEMOCRATIC REPUBLIC OF CONGO IN 2002**

#### **January**

- Mission of Heads of Agencies to the east after the eruption of the Nyiragongo

#### **February**

- Mission of UMCOR (United Methodist Committee on Relief) in Katanga
- Mission of the « Direction de la démobilisation et de la réinsertion des enfants soldats et autres groupes vulnérables » to Mbandaka
- Joint mission UNDP-ILO-HABITAT to Goma as a follow up to the eruption of the volcano
- Mission of OCHA and 5 NGOs to Nguya to a bush fire
- Mission of COOPI to Boende, Ikela and Bokungu
- Interagency evaluation mission – WFP, FAO, WHO and OCHA – to Waka
- Mission for registration and evaluation by the Consortium of NGOs and the Church of Maniema to Kindu
- Mission of the Ministry of Health in Katanga to the cholera epidemic
- Mission of OCHA from Goma in Kinshasa on the Goma crisis

#### **March**

- Technical mission of the EU to Bukavu, Kisangani and Goma within the context of the reprise of direct cooperation with the DRC
- Interagency evaluation mission – FAO, WHO, humanitarian section of the MONUC and OCHA – along the front line in Equateur
- Inter-agency mission of donors – ECHO, OFDA and UNICEF – intervening in Tanganyika region
- Evaluation mission of OCHA on the isle of Idjwi (EHI)
- OCHA exploratory mission for the humanitarian barge (EHI)
- Mission of the Gouvernorat and Vision Mondiale to Ankoro for the supply of medicines
- Mission of the Ministry of Public Health, UN, NGOs to Katanga for an assessment of the cholera epidemic (EHI)
- Mission of the Observatoire Volcanologique de Goma to the heart of the two volcanoes (EHI)
- Evaluation mission of OCHA and MSF to Bafwasende
- Several evaluation missions in Equateur: Première Urgence, Concern, Solidarités (EHI)
- Evaluation and intervention mission to Kasai Occidental (Dekesse) for an assessment of the Ebola epidemic by the Minister of Public Health and MSF/B (EHI)
- Evaluation mission to Bunia by MSF/F to restart their activities

#### **April**

- Technical mission on the HIC to Goma and Kinshasa
- Mission of representatives of UN agencies – FAO, OCHA, WFP, WHO, and UNICEF – to Kindu
- Interagency mission with several humanitarian actors – Première Urgence, Solidarité, WHO, UNFPA, FAO, humanitarian section of MONUC and OCHA – to Imese (EHI)
- Interagency mission – WFP, FAO, UNHCR, ALISEI, SCF/UK, FHI, OCHA – to the villages of Wimbi (Lac Tanganyika)
- Mission of OCHA, FAO and AAA to Masisi-centre for the re-launch of agricultural activities

#### **May**

- Mission of WFP and World Vision to the territories of Rutshuru and Masisi
- Inter-institutional mission – WFP, FAO, UNHCR, OCHA, government – to Bas-Congo, Bandundu and Katanga

## **June**

- Two missions of the UN, coming from Kinshasa, one technical and one political, to Goma for evaluation of the security situation after the expulsion of two agents of the UN
- Mission of PAM to Kisangani for evaluation of the opening of an office
- Mission of MSF/B to Bandundu for evaluation of meningitis epidemic
- Mission of UN-NGO – FAO, WFP, OCHA, World Vision, World Relief, AVSI, AAA, SCF-UK, local NGOs – to the territory of Rutshuru and Masisi
- Joint mission of OXFAM QC and ADESSE to Boga for the Ugandan refugees situation
- Mission of MONUC to Lubumbashi for the DDRRR
- Interagency mission – FAO, OCHA, WFP, UNHCR – to Uvira on the IDPs and refugees

## **July**

- Evaluation mission – COOPI, OXFAM/GB, ECHO, Italian cooperation, WFP, UNICEF, OCHA – to northern Equateur
- Joint mission – AAA, Solidarités, World Vision, WFP, FAO, UNICEF, OCHA – to the territory of Lubero
- Second evaluation mission – FAO, UNICEF, WFP, WHO, OCHA, SCF/UK, FHI, Law Group – to Uvira
- Humanitarian mission – MONUC, OCHA, HCDH – in the Hauts Plateaux and Fizi – Baraka (EHI)

## **August**

- Evaluation mission of an OCHA consultant to Maniema and Northern Katanga on the socio-economic situation
- Evaluation mission FAO-WFP on the axe Lisala/Bumba on food security
- Inter-agency mission – MONUC, CH, OCHA – to Baraka (EHI)
- Mission of the Observatoire Volcanologique in Goma to the crater of the Nyamulagira
- Interagency mission – WFP, FAO, World Vision, CEVSI, OCHA – to the territory of Beni
- Mission on nutritional situation in Kindu by PAM
- Mission of MSF/B to Dilolo for the situation of Angolan refugees

## **October**

- Inter-agency mission (OCHA, MONUC, WHO, HCR and Christian Aid) to Shabunda to discuss with the local authorities concerning access to the population.
- Interagency evaluation mission (OCHA, MONUC, Coopi, Première Urgence) to Equateur
- Inter-agency mission to Uvira
- UNICEF mission to Equateur
- ECHO mission to Bunia

# ANNEX V.

| Provincial/Health Zones/Areas | Site                               | March 2001 |         | September 2002 |         | Remarks |
|-------------------------------|------------------------------------|------------|---------|----------------|---------|---------|
|                               |                                    | IDPs-Ref   | Returns | IDPs           | Returns |         |
| <b> Sud Kivu </b>             |                                    |            |         |                |         |         |
| Walungu                       | Walungu                            | 63000      | na      | na             | 55000   |         |
|                               | Mulamba                            | na         | na      | na             | 42000   |         |
|                               | Burhale                            | na         | na      | na             | 20100   |         |
|                               | Muku                               | na         | na      | na             | 18815   |         |
|                               | Lubanka                            | na         | na      | 7500           | na      |         |
|                               | Ishamba                            | na         | na      | 2300           | na      |         |
|                               |                                    | -122855    | na      | na             | 13863   |         |
| Buyakiri                      |                                    | 12000      | na      | na             | na      |         |
| Kabare                        |                                    | 8000       | na      | na             | na      |         |
| Kinche                        |                                    | na         | na      | na             | 5500    |         |
|                               | Nyababwe                           | na         | na      | na             | 4340    |         |
|                               | Nyamukubukwaja                     | na         | na      | na             | na      |         |
| Mwenga                        | Mwenga                             | 43200      | na      | 60000          | na      |         |
|                               | Buyhinyi                           | na         | na      | 20000          | 30000   |         |
|                               |                                    | 56180      | na      | na             | na      |         |
| Bukuru                        |                                    | 51000      | na      | 94000          | na      |         |
| Uvira (plaine Ruzizi, Lacura) |                                    | na         | na      | 54020          | na      |         |
| FiziBaraka                    |                                    | 101773     | na      | na             | na      |         |
| Ubwari                        |                                    | 17205      | na      | 6000           | na      |         |
| Mtsembwe centre               |                                    | 21000      | na      | na             | na      |         |
| Shabunso                      |                                    | 496017     | 254510  | 190463         |         |         |
| Sub-Total South Kivu          |                                    |            |         |                |         |         |
| <b> Nord Kivu </b>            |                                    |            |         |                |         |         |
| Goma                          |                                    | 43000      | 8243    | 36421          | 8243    |         |
| Rutshuru - Tongo              |                                    | 29475      | 52832   | 52832          | 29540   |         |
| Rugari -Jomba                 |                                    | 35000      | na      | na             | na      |         |
| Sake                          |                                    | 21500      | na      | na             | na      |         |
| Kichanga                      |                                    | 54435      | na      | na             | 12000   |         |
| Punga                         |                                    | 25000      | na      | na             | na      |         |
| Ngungu                        |                                    | 41915      | na      | na             | na      |         |
| Kintobe                       |                                    | 33635      | na      | na             | na      |         |
| Masisi Territory              |                                    | 15000      | na      | 283006         | 30817   |         |
| Kibabi- Bihambwe - Matanda    |                                    | 49015      | na      | na             | na      |         |
| Lubero - Kanyabwanga          |                                    | 191713     | na      | 189897         | 33602   |         |
| Nyakariba                     |                                    | 30000      | na      | na             | na      |         |
| Nydragongo - Kibumba          |                                    | 18254      | 14885   | 14885          | 1149    |         |
| Mushaki                       |                                    | 2800       | na      | na             | na      |         |
| Kiroliwe                      |                                    | 3700       | na      | na             | na      |         |
| Biemi                         |                                    | na         | na      | 104532         | 51427   |         |
| Waikale                       |                                    | 25000      | na      | 30000          | 8774    |         |
| Sub-Total North Kivu          |                                    | 620342     | 711633  | 160547         |         |         |
| <b> Maniema </b>              |                                    |            |         |                |         |         |
| Katima                        |                                    | 27000      | na      | 25000          | na      |         |
| Kasongo                       | Kampene, Kama, Wamaza, Saramambula | na         | na      | 54000          | 55000   |         |
| Kabambare (territoire)        |                                    | na         | na      | 15000          | na      |         |
| Puntia and environs           |                                    | 25000      | na      | 18000          | na      |         |
| Nyembo                        |                                    | 100000     | na      | na             | na      |         |
| Kinbu                         |                                    | 5000       | na      | 45000          | 5000    |         |
| Sub-Total Maniema             |                                    | 157000     | 157000  | 40000          |         |         |

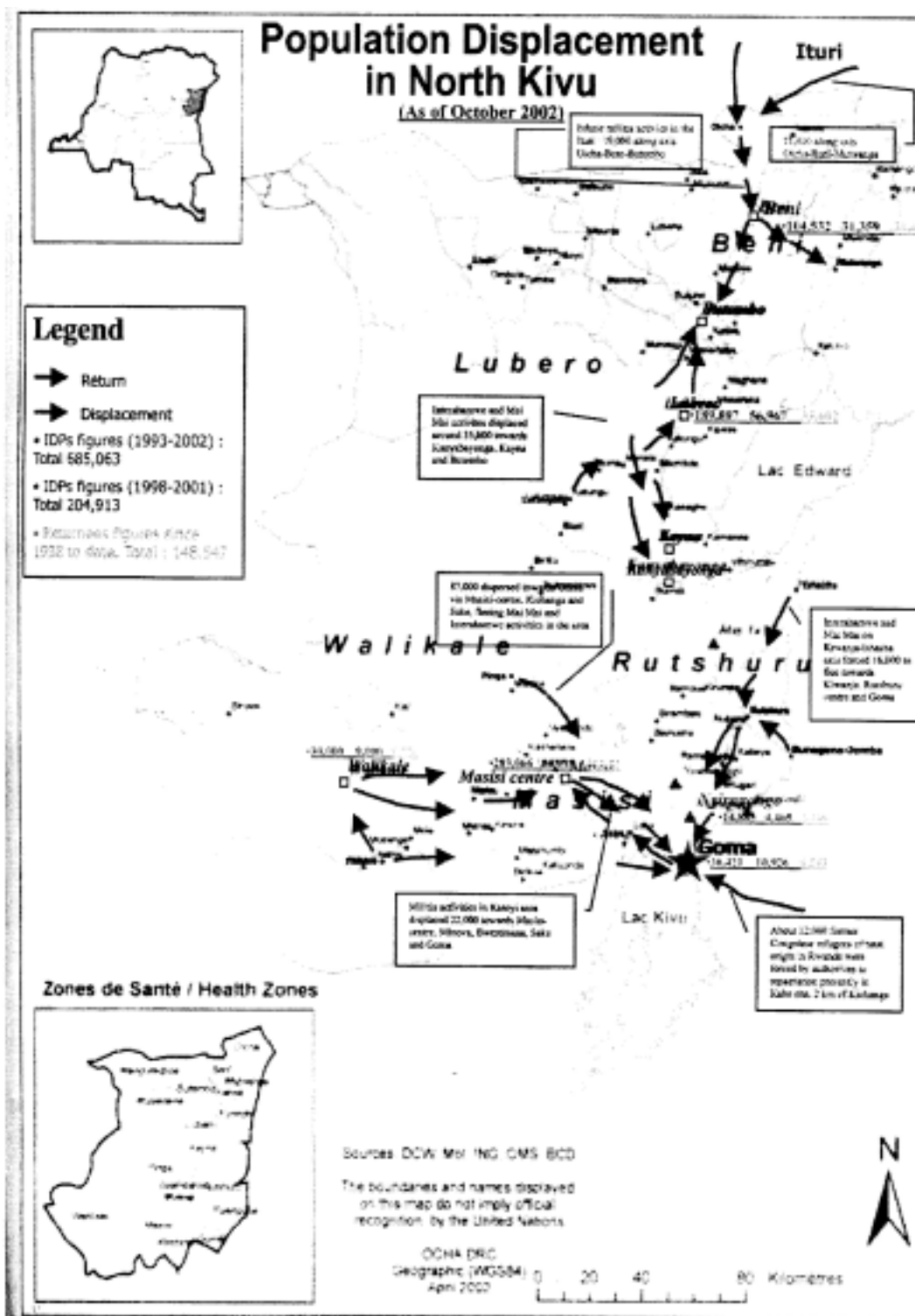


| Provinces/Health Zones/Area          | Sites | March 2001      |            | September 2002 |            | Remarks   |
|--------------------------------------|-------|-----------------|------------|----------------|------------|---|
|                                      |       | IDPs-Ret        | Retournées | IDPs           | Retournées |   |
|                                      |       | Orientale/Ituri |            |                |            |   |
| Bunia                                |       | 15000           |            | 133969         | n/a        |   |
| Muhagi                               |       | n/a             |            | 110410         | n/a        |   |
| Rety                                 |       | 20000           |            | 6088           | n/a        |   |
| Felaki                               |       | 10000           |            | 26238          | n/a        |   |
| Iga Barriere                         |       | n/a             |            | 30000          | n/a        |   |
| Tchomia et Kasenyi                   |       | n/a             |            | 28000          | n/a        |   |
| Tchabbi                              |       | n/a             |            | 924            | n/a        |   |
| Mabanga                              |       | n/a             |            | 5200           | n/a        |   |
| Muhumbi                              |       | n/a             |            | 2411           | n/a        |   |
| Itadiya                              |       | n/a             |            | 1000           | n/a        |   |
| Rwanpara, Shari                      |       | n/a             |            | 4565           | n/a        |   |
| Mambassa                             |       | n/a             |            | 2500           | n/a        |   |
| Boga-Gefi - Drodro                   |       | 10000           |            | 10000          | n/a        | squalling in the catholic parish of Mambassa                |
| Efesehere                            |       | n/a             |            | 136675         | n/a        | estimated dispersed in inaccessible areas                   |
| Sub-Total Ituri                      |       | 55000           |            | 560000         |            |   |
| are Kilaangari - Banais              |       | 10000           |            | n/a            | n/a        |   |
| Opais                                |       | 20000           |            | n/a            | n/a        |   |
| Axis Isiro - Arukara -Dungu          |       | n/a             |            | 85000          | n/a        |   |
| Axis Wamba - Isiro - Waisa           |       | n/a             |            | 60000          | n/a        |   |
| Yahoma                               |       | n/a             |            | 1000           | n/a        |   |
| Aba-Dungu - Faradje                  |       | 40000           |            | n/a            | n/a        |   |
| Sub-Total Orientale                  |       | 125000          |            | 646000         | 0          |   |
|                                      |       | Katanga         |            |                |            |   |
| Kalente                              |       | 50000           |            | n/a            | n/a        |   |
| Nyuzuzi                              |       | 60000           |            | n/a            | n/a        |   |
| Moba                                 |       | 40000           |            | n/a            | n/a        |   |
| Ankoro                               |       | 7000            |            | 44400          | n/a        |   |
| Lubao                                |       | 5000            |            | n/a            | n/a        |   |
| Manono                               |       | 70000           |            | n/a            | n/a        |   |
| Kifwa                                |       | 20000           |            | 20376          | n/a        | Kifwa centre and environs                                   |
| Maiemba Mutu                         |       | 40000           |            | 47228          | 6000       | Areas in north-east of Maiemba, Ankoro, Kikonda and Kubongo |
| Pweto                                |       | n/a             |            | 24161          | n/a        | (Government controlled areas only)                          |
| Dubie, Nzimba, Lukonzola and Lwantza |       | 12000           |            | n/a            | n/a        |   |
| Dubie                                |       | 30000           |            | 26608          | n/a        |   |
| Lubumbashi                           |       | n/a             |            | 4050           | n/a        | Site of Kasomeno (North-East of Lubumbashi)                 |
| Kaenge                               |       | n/a             |            | 5451           | n/a        | Mwamba and environs   |
| Mwanga Sampese                       |       | n/a             |            | 5459           | n/a        |   |
| Bukama                               |       | n/a             |            | 13000          | n/a        |   |
| Kamina                               |       | n/a             |            | 33890          | n/a        |   |
| Kabongo                              |       | n/a             |            | 7560           | n/a        |   |
| Kilenge                              |       | n/a             |            | 35272          | n/a        | Site of Ngwena (Government controlled area)                 |
| Kabalo                               |       | n/a             |            | 1976           | n/a        |   |
| Kohenzu                              |       | n/a             |            | 4935           | n/a        |   |
| Likasi                               |       | n/a             |            | n/a            | n/a        |   |
| Kikonda                              |       | 20000           |            | n/a            | n/a        |   |
| Sub-Total Katanga                    |       | 354000          |            | 274364         | 6000       |   |

| Provinces/Health Zones/Area         | Sites | March 2001      |            | September 2002 |            | Remarks   |
|-------------------------------------|-------|-----------------|------------|----------------|------------|---|
|                                     |       | IDPs-Ret        | Retournées | IDPs           | Retournées |   |
|                                     |       | Orientale/Ituri |            |                |            |   |
| Bunia                               |       | 15000           |            | 133969         | n/a        |   |
| Muhagi                              |       | n/a             |            | 110410         | n/a        |   |
| Rety                                |       | 20000           |            | 6088           | n/a        |   |
| Fetaki                              |       | 10000           |            | 26238          | n/a        |   |
| Iga Barriere                        |       | n/a             |            | 30000          | n/a        |   |
| Tchomia et Kasenyi                  |       | n/a             |            | 28000          | n/a        |   |
| Tchabab                             |       | n/a             |            | 924            | n/a        |   |
| Mabanga                             |       | n/a             |            | 5200           | n/a        |   |
| Muhumbi                             |       | n/a             |            | 2411           | n/a        |   |
| Itadiya                             |       | n/a             |            | 1000           | n/a        |   |
| Rwanpara, Shari                     |       | n/a             |            | 4565           | n/a        |   |
| Mambassa                            |       | n/a             |            | 2500           | n/a        |   |
| Boga-Gefi - Drodro                  |       | 10000           |            | 10000          | n/a        | spalling in the catholic parish of Mambassa                 |
| Efesehere                           |       | n/a             |            | 136975         | n/a        | estimated dispersed in inaccessible areas                   |
| Sub-Total Ituri                     |       | 55000           |            | 560000         |            |   |
| are Kilaangari - Banais             |       | 10000           |            | n/a            | n/a        |   |
| Opais                               |       | 20000           |            | n/a            | n/a        |   |
| Axis Isiro - Arukara -Dungu         |       | n/a             |            | 85000          | n/a        |   |
| Axis Wamba - Isiro - Waisa          |       | n/a             |            | 60000          | n/a        |   |
| Yahoma                              |       | n/a             |            | 1000           | n/a        |   |
| Aba-Dungu - Faradje                 |       | 40000           |            | n/a            | n/a        |   |
| Sub-Total Orientale                 |       | 125000          |            | 646000         | 0          |   |
|                                     |       | Katanga         |            |                |            |   |
| Kalente                             |       | 50000           |            | n/a            | n/a        |   |
| Nyuzuzi                             |       | 60000           |            | n/a            | n/a        |   |
| Moba                                |       | 40000           |            | n/a            | n/a        |   |
| Ankoro                              |       | 7000            |            | 44400          | n/a        |   |
| Lubao                               |       | 5000            |            | n/a            | n/a        |   |
| Manono                              |       | 70000           |            | n/a            | n/a        |   |
| Kifwa                               |       | 20000           |            | 20376          | n/a        | Kifwa centre and environs                                   |
| Maiemba Mutu                        |       | 40000           |            | 47228          | 6000       | Areas in north-east of Maiemba, Ankoro, Kikonda and Kubongo |
| Pweto                               |       | n/a             |            | 24161          | n/a        | (Government controlled areas only)                          |
| Dubie, Mwiba, Lukonzolea and Lwanza |       | 12000           |            | n/a            | n/a        |   |
| Dubie                               |       | 30000           |            | 26608          | n/a        |   |
| Lubumbashi                          |       | n/a             |            | 4050           | n/a        | Site of Kasomeno (North-East of Lubumbashi)                 |
| Kazanga                             |       | n/a             |            | 5451           | n/a        | Mwamba and environs   |
| Mwanga Sampese                      |       | n/a             |            | 5459           | n/a        |   |
| Bukama                              |       | n/a             |            | 13000          | n/a        |   |
| Kamina                              |       | n/a             |            | 33890          | n/a        |   |
| Kabongo                             |       | n/a             |            | 7560           | n/a        |   |
| Kilenge                             |       | n/a             |            | 35272          | n/a        | Site of Ngwena (Government controlled area)                 |
| Kabalo                              |       | n/a             |            | 1976           | n/a        |   |
| Kohwezi                             |       | n/a             |            | 4935           | n/a        |   |
| Likasi                              |       | n/a             |            | n/a            | n/a        |   |
| Kikonda                             |       | 20000           |            | n/a            | n/a        |   |
| Sub-Total Katanga                   |       | 354000          |            | 274364         | 6000       |   |

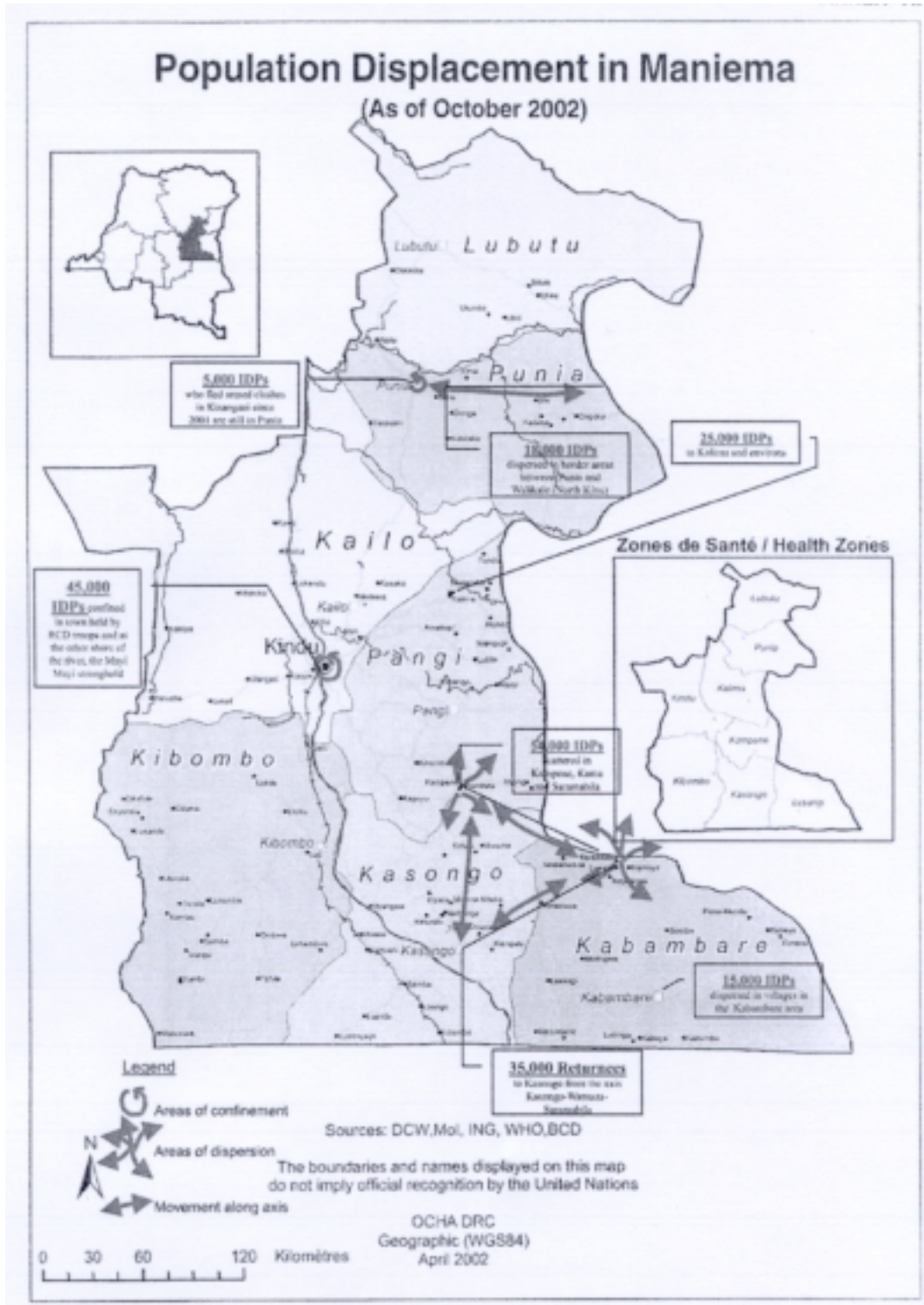
# ANNEX VI.

## MAP OF POPULATION DISPLACEMENT IN NORTH KIVU



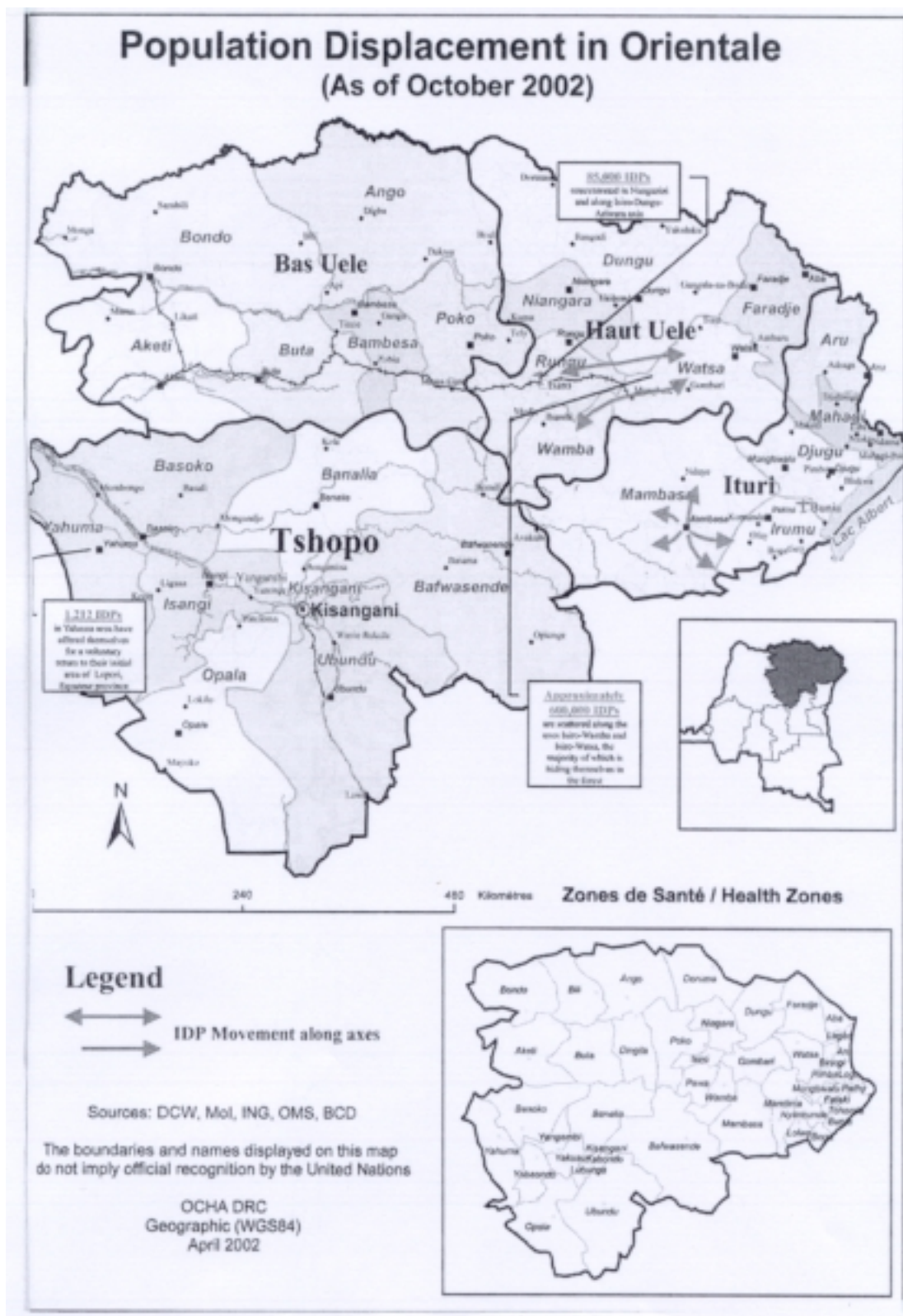
# ANNEX VII.

## MAP OF POPULATION DISPLACEMENT IN MANIEMA



# ANNEX VIII.

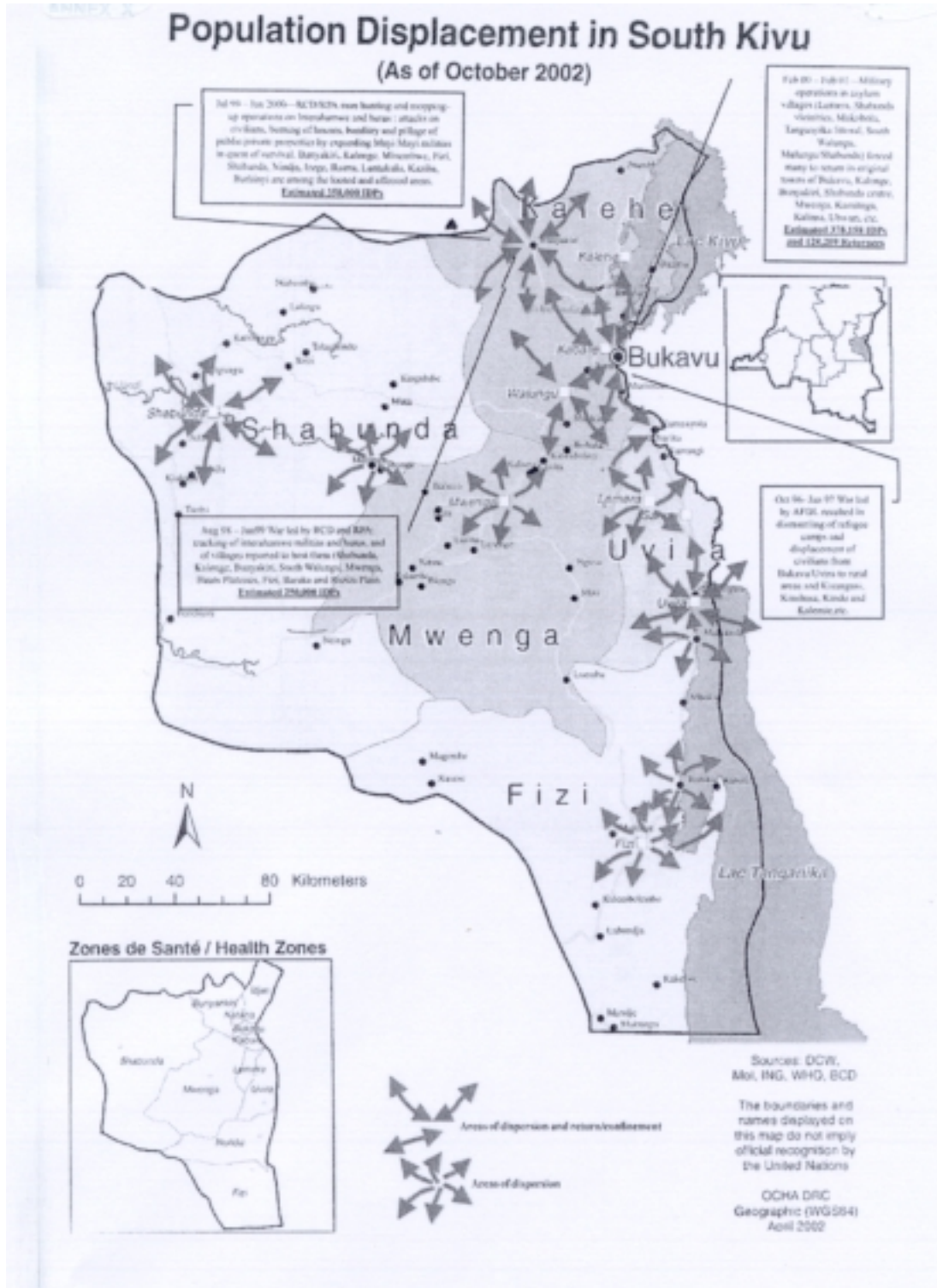
## MAP OF POPULATION DISPLACEMENT IN ORIENTALE





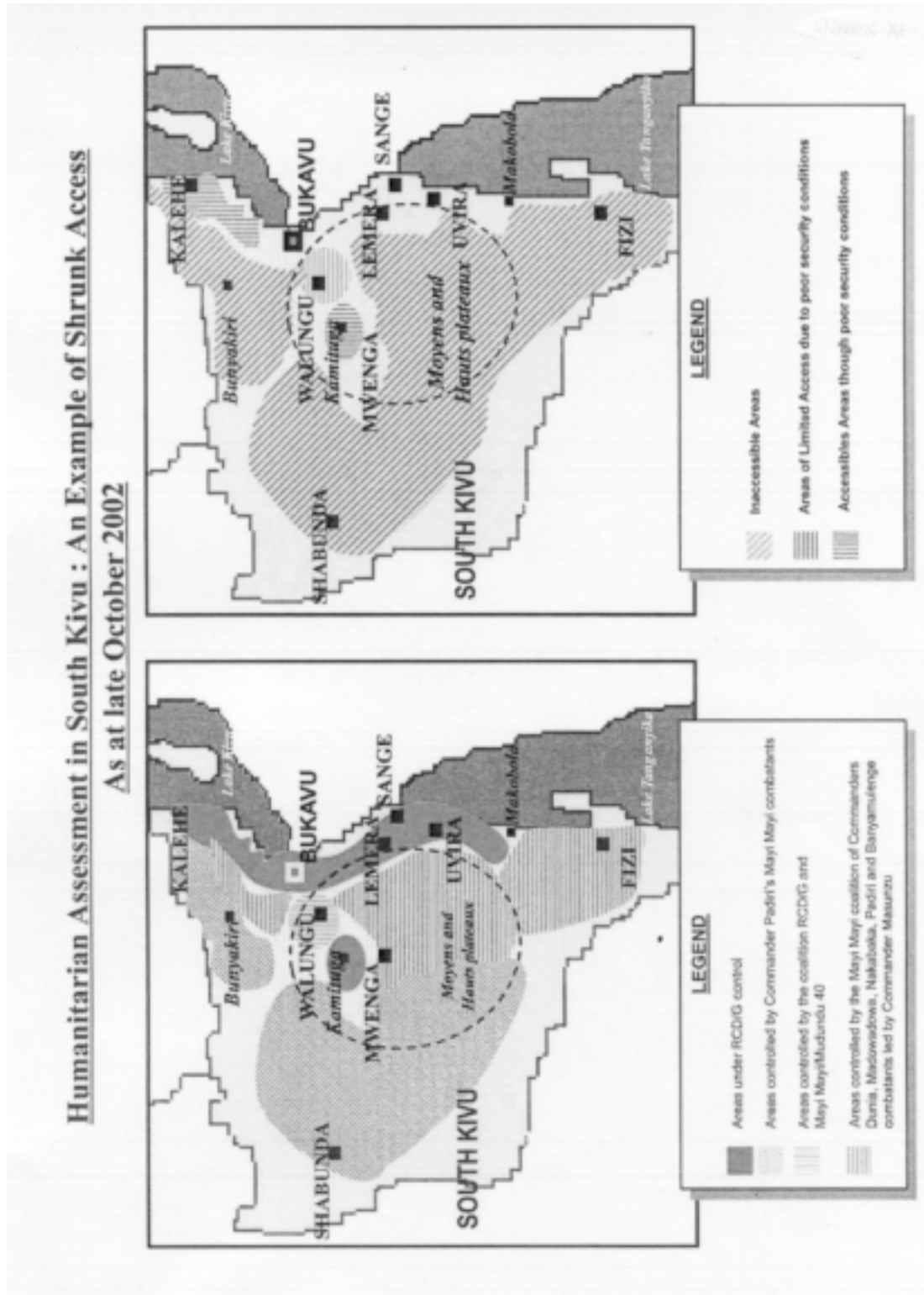
# ANNEX X.

**MAP OF POPULATION DISPLACEMENT IN SOUTH KIVU**



# ANNEX XI.

## HUMANITARIAN ASSESSMENT IN SOUTH KIVU: MAP OF AN EXAMPLE OF SHRUNK ACCESS

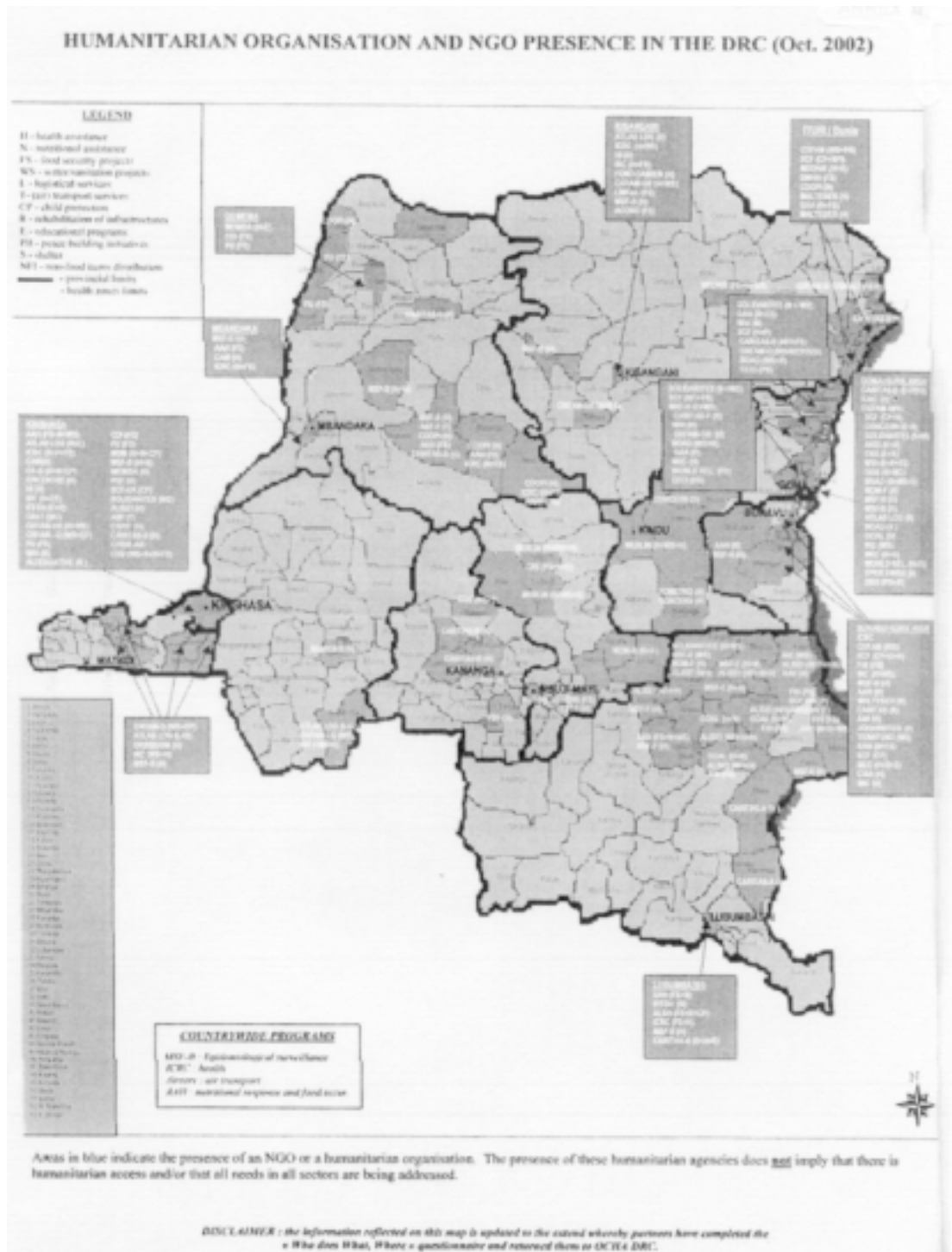






# ANNEX XIII.

## MAP OF HUMANITARIAN ORGANISATIONS AND NGOs PRESENCE IN THE DRC



## ANNEX XIV.

### RESOURCES & TOOLS FOR EMERGENCY RESPONSES: A SNAPSHOT<sup>1</sup>

| Sector                              | Resource Persons / Organisation               | Mechanisms/Funds  |
|-------------------------------------|---|---|
| <b>Nutrition</b>                    | UNICEF  | Nutrition rehabilitation and promotion  |
|                                     | WFP   | Protracted relief and recovery operations (Food airlifts)                         |
|                                     | WFP Emergency Response Team                   | Emergency stocks readily available from Nairobi                                   |
| <b>Agriculture</b>                  | FAO   | Emergency Agriculture Coordination Units <sup>2</sup>                             |
| <b>Water and Sanitation</b>         | UNICEF  | Emergency Water and Sanitation  |
| <b>Health</b>                       | WHO   | Minimum Package of Emergency Health Care  |
|                                     | UNICEF  | Emergency Primary Health Care   |
| <b>Reproductive Health</b>          | UNFPA   | Reproductive Health Emergency Response Kits                                       |
| <b>Emergency Education</b>          | UNICEF  | Emergency Education Kits  |
|                                     | UNESCO  | Emergency Education Kits  |
| <b>Child Protection</b>             | UNICEF  | Child Protection (example of street children Kinshasa)                            |
|                                     | Save the Children UK                          | Psycho-Social Support Expertise for War-Affected Children                         |
| <b>Refugees</b>                     | UNHCR Deputy Delegate on Promotion Mechanisms | Contingency Planning  |
|                                     |   | Emergency Programme   |
| <b>Internally Displaced Persons</b> | UNICEF  | Emergency Assistance to Displaced Persons and Refugees (airlifts, non-food items) |
| <b>Logistics/Transport</b>          | ECHO  | ECHO Flights programme  |
|                                     | Atlas Logistique                              | Logistical and Mechanical Support   |
|                                     | Agro Action Allemande Goma                    | Emergency Road Works (Nyiragongo experience)                                      |
| <b>Mine Action</b>                  | UNMAS   | Emergency Mine / UXO clearance project  |
| <b>DDRRR</b>                        | UNDP  | DDRRR Emergency Fund  |
|                                     | MONUC Recce teams                             | Mobile Reception Centres  |
| <b>Contingency Planning</b>         | OCHA  | Organisation of Contingency Planning Exercises twice a year in Nairobi            |
|                                     |   | Contingency Planning in Goma/Gisenyi in the aftermath of the Nyiragongo crisis    |
| <b>EHI – Multi-sector</b>           | OCHA  | Emergency Humanitarian Interventions Programme                                    |
|                                     | MSF   | Programme d'Urgence Congo (PUC)   |
|                                     | Memisa Belgium                                | Emergency Response project  |

<sup>1</sup> The information provided is only indicative and does not imply that resources put in place are commensurate with the scale of current and expected needs.

<sup>2</sup> FAO Emergency Agriculture Coordination Units are to be found in Kinshasa and Goma, and FAO Emergency Agriculture Coordination sub-Offices in Mbandaka, Kikwit, Kanaga, Mbuji Mayi, Lubumbashi, Kisangani, Kindu, Bunia, Beni, Bukavu, Kalemie.

## ANNEX XV.

# INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

**APPEAL TOTAL: CHF 2,438,908 (US\$ 1,646,019 or EUR 1,668,770)<sup>1</sup>**

***For details please refer to the Federation's website <<http://www.ifrc.org>> where the entire 2003 Annual Appeal will appear on 12 December, 2002.***

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

### **Introduction**

A joint Federation/National Society/ICRC Needs Assessment Mission (NAM) carried out in five pilot provinces of the DRC in early 2002, concluded that the capacity of the National Society has improved at headquarters level with the arrival of a President who is committed to community service and the Red Cross Principles and a Secretary General who has a wide experience in Management. The Mission also concluded that there is greater understanding and clarity of roles between governance and management of the National Society but recommended that the overall management capacities at provincial and urban branches' levels need to be strengthened. Resolving of the differences between the senior governance and management has created a more enabling environment within which the Federation can work. The Secretary General has developed new approaches to programme coordination and integration. There are regular meetings where programme implementation is discussed. Reporting has tremendously improved. The finance commission is now involved in all the planning stages.

With the support of the Federation Delegation in May and June of 2002, the National Society carried out an in-depth diagnosis of its financial and administrative management systems. This revealed that although financial management and control systems have dramatically improved as a result of support to development activities by the Swiss grant, they still needed strengthening as per the recommendations of PriceWaterhouseCoopers.

The Democratic Republic of Congo Red Cross Society (DRCRC) has committed itself to engaging in long-term strategic planning. A five-year strategic plan covering 2002-2007 is being prepared partly using the Needs Assessment Mission recommendations, and partly the recommendations of the financial and management diagnosis and the logical framework approach to arrive at more concrete and impact oriented programmes. The appeal 2003-2004 is based on the priorities of the five-year plan.

The National Society will implement the NAM recommendations by focusing on support to basic health care in the community, the provision of safe drinking water, the improvement of sanitation, and the contribution to micro projects to provide additional sources of income to the vulnerable population. The DRCRC will rapidly improve the committees' management skills by providing on-the-job training by experienced, polyvalent delegates with a proven track record in Red Cross work at branch level, while implementing a limited number of micro-projects that are relevant to the community and offer the opportunity to acquire skills in the area of basic assessment techniques, selection of beneficiaries, planning and reporting, monitoring and quality control, financial management, public relations, local fund-raising, recruitment and retention of volunteers. One micro-project would be selected to provide income-generation for the branch while the others would provide resources, either directly to beneficiaries or indirectly by funding community-oriented activities.

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<sup>1</sup> This is a tentative figure which covers both the DRC and the Republic of Congo programmes.

The International Federation has provided effective support to the DRCRC to implement HIV/AIDS activities between 2000-2002. With continued financial and human resource support from the Federation, the DRCRC will collaborate with the MoH and the CCM to scale up the current activities. These will increase knowledge of the targeted populations on HIV/AIDS/STDs prevention through simple preventive measures, home-care and fight against stigmatisation in the target cities. Red Cross volunteers will support the anti AIDS clubs in 36 schools and Universities.

### **National Context**

The DRC is currently undergoing a complex conflict involving various countries with a low degree of engagement from various sides - a situation that has a strong negative impact on the country's infrastructure. Health, education, social services and communication and other sectors still suffer from the total lack of resources fully drawn into the military machine. Rehabilitation of the country is a must now after a period of 25 years of total neglect. There is a flicker of hope with a peace treaty recently signed between the DRC and Uganda for a pullout of Uganda soldiers in Congo and adoption of a set of mechanisms for the normalising of the two countries bilateral situation

The AIDS pandemic is causing high morbidity and mortality rates in the DRC. UNAIDS estimates that 1.1 million Congolese were living with HIV/AIDS at the end of 1999, a prevalence of more than 5 percent. An estimated 680,000 children have been orphaned by HIV/AIDS. Young people are most at risk, with children becoming particularly vulnerable when forced from their homes. UNAIDS reports that the ratio of new infections changed from 1:6 (women to men) in 1991 to 1:3 in 1997. Infection rates among pregnant women tested in 1999 in Kinshasa ranged from 3 to 5 percent. Presently, no preventive pre delivery treatment is available to HIV-infected mothers.

Malaria, a virtually permanent endemic in the DRC is the most common cause of morbidity, mortality and absenteeism among school children and workers in the DRC, has increased its toll in 2002. Absence of community IEC activities, lack of cleanup campaigns, prolonged rainy season and severe difficulties at the MoH level to ensure provision of anti-malaria drugs at functioning health structures, have increased the proportion of malaria cases at the various hospitals and health centres.

The DRCRC, with the support of the Federation, will implement a programme of Rollback malaria through the promotion of impregnated mosquito nets and other activities in the community such as IEC, hygiene and sanitation of the environment in all the regions of the country.

The armed groups involved in the conflict have used rape against large numbers of women in the DRC as a conscious way of humiliating the opponents. There is a marked increase in the rate of sexually transmitted diseases, prostitution of girls and married women and a rise in the number of children born with no declared paternity. The number of abortions is also on the increase. British NGOs working in the DRC indicate that "maternal mortality rates registered in the DRC are among the worst in the world, and a clear indication of the total collapse of the health system. Access to health care is a real problem for the communities; the patient should pay for the health care and the hospitalisation (US\$ 5 for 10 days) is costly for the populations' pockets with low standard of living as in the other provinces.

The National Programme for Reproductive Health (NPRH) will work closely with the Kinshasa provincial Red Cross committee to train nurses, animators and Red Cross volunteers who will be involved in IEC activities. The Red Cross coaches at the community levels will work with local health authorities and NGOs present to support the project.

### **Human Development Indicators at a Glance**

|   | <b>DRC</b> | <b>Sub-Saharan Africa</b> | <b>World</b> |
|---|------------|---------------------------|--------------|
| Life expectancy at birth (years)  | 51.3       | 48.7                      | 66.9         |
| Adult literacy rate (% age 15 and above), 2000                            | 61.4       | 61.5                      | ~            |
| Adult literacy rate (female as % of male), 2000                           | 69         | 77                        | ~            |
| Combined primary, secondary and tertiary gross enrollment ratio (%), 1999 | 31         | 42                        | 65           |
| GDP per capita (PPP\$), 1998  | 765        | 1'690                     | 7'446        |
| People living with HIV/AIDS, adults (% age 15-49), 2001                   | 4.9        | 9                         | 1.2          |
| Refugees (thousands), in/out, 2000  | 333/369    |                           |              |

Source: UNDP HDR 2002

In some areas of the DRC, water and sanitation is a big problem. For example, in Mbandaka, only 20 to 30% of the population have latrines. In Lubumbashi, accessibility to drinking water is at 20% and only the urban population are supplied with water. A programme aimed at improving access to water and sanitation by the Red Cross will include an aspect related to Community Based Disaster Management training and another on strengthening the organisation and management of the Society at provincial and local committee level.

Similarly, many administrative and public health buildings, situated along the River Congo have been destroyed thereby causing severe flooding. This has led to massive population movements, destruction of agricultural land; significant increase in diseases currently found in the area (malaria, respiratory diseases, diarrhoea, skin diseases). The province of North Kivu is submitted to a number of threats such as; the presence of several active volcanoes such as Nyiragongo and Nyamulagira. frequent tectonic activity also poses constant threat to the people of North Kivu and the presence of large quantities of methane and carbonic gasses at the bottom of lake Kivu.

Through a community based DP programme at the local, provincial and national levels, the National Society will work with communities and Red Cross volunteers to identify hazards and develop community disaster response plans. The ARCHI approach will be used in working with volunteers and Disaster management groups. For the next two years, the four target provinces will scale up the education and training of officials and the vulnerable, the training of first-aid and emergency response teams, the establishment of emergency response policies, standards, organisational arrangements and operational plans. Emergency response teams will be trained on fire disaster sensitisation and river disaster search and rescue.

### **National Society Priorities**

In view of the growing hope that stability would prevail in the country, the DRC Red Cross requested the International Federation to assist in assessing the humanitarian challenges it faces and the options it has to engage in capacity building of its branches and rehabilitation at community level. In January and April 2002, the Federation Secretariat had a Needs Assessment Mission (NAM) to assess humanitarian needs in the DRC. In consultation and with support from the ICRC, the mission visited and evaluated the DRC Red Cross branches. The National Society accepted the NAM recommendations. In the coming years, DRCRC will be focusing on support to basic health care in the community, the provision of safe drinking water, improvement of sanitation, and the contribution to micro projects to provide additional sources of income to the vulnerable population.

### **At a Glance**

|                           | <b>YEAR</b> | <b>COMMENT</b> |
|---------------------------|-------------|----------------|
| Statutes                  | 2000        |                |
| National Disaster Plan    |             | Risk mapping   |
| National Development Plan | 2002-2007   |                |
| CAS                       | ~           |                |
| Self Assessment           | ~           |                |
| Elections                 | 2000        |                |
| Yearly audit              | yes         |                |

The DRC Red Cross will rapidly improve the committees' management skills by providing on-the-job training by experienced, polyvalent delegates with a proven track record in Red Cross work at branch level, while implementing a limited number of micro-projects that are relevant to the community and offer the opportunity to train skills such as basic assessment techniques, selection of beneficiaries, planning and reporting skills, monitoring and quality control, financial management, public relations, local fund-raising, recruitment and retention of volunteers. One micro-project would be selected to provide income-generation for the branch while the others would provide resources, either directly to beneficiaries or indirectly by funding community oriented activities.

A five-year strategic plan covering 2002-2007 has been prepared using in part, the Needs Assessment Mission recommendations, the recommendations of the Financial and management diagnosis and the logical frame work approach to arrive at more concrete and impact oriented programmes. The appeal 2003-2004 is based on the priorities of the 5 year plan.

## Red Cross and Red Crescent Priorities

### PARTNERSHIP PROFILE

| INST.                    | AREA OF INTERVENTION   |
|--------------------------|--|
| <b>Belgian Red Cross</b> | Works with provincial branches on street children, child-mother centre in Kalembe-Lembe, child soldiers, health posts (Matadi and Kinshasa) and provides capacity building support to the National Society HQ, Bas Congo and Kinshasa provincial Red Cross branches.   |
| <b>British Red Cross</b> | Supports a Delegate and the delegation management and has manifested interest to support the Health programme.   |
| <b>ICRC</b>              | Works closely with the National Society in Information Dissemination, tracing, disaster management (conflict preparedness) and capacity building. ICRC has a programme for the prisons.  |
| <b>Finnish Red Cross</b> | Has manifested interest in supporting the Disaster management programme  |
| <b>German Red Cross</b>  | Supports the construction of a multipurpose centre and relief activities in Goma and intends to engage in food security support to the National Society in Equateur province.  |
| <b>IFRC</b>              | Supports the capacity building of the National Society. An OD Delegate supports organisation of training for governance and management, provision of financial and material support, evaluations, guidance and other support; a Health Delegate to support National Society activities relating to HIV/AIDS, Malaria prevention, Polio eradication, epidemics surveillance and response and Reproductive health; a Finance and Administrative Delegate to support the National Society finance department, training of personnel and material support to the National Society and a Head of Delegation to support National Society coordination (governance and management), advocacy, Disaster management activities, representation and delegation management. |
| <b>Spanish Red Cross</b> | Supports the National Society in sensitisation activities in HIV/AIDS and sanitation activities in 50 schools and universities, rehabilitation of health centre of Kimbuala, providing support for micro projects (soap making, fish processing and sewing) and general management support. In 2003, the CRE will support the National Society on agricultural projects, HIV/AIDS activities in 240 schools and the training of volunteers in sea and river rescuing   |
| <b>Swiss Red Cross</b>   | Supported the capacity building programme of the National Society.   |
| <b>Swedish Red Cross</b> | Supports the cost of a health Delegate and contributes to the costs of the delegation management.  |
| <b>Others</b>            | Ad hoc support has been contributed by a number of other <b>PNS</b> . Massive support was received in response to the Nyirangongo volcano disaster appeal.   |

#### Priority Programmes for Secretariat Assistance

Following the completion of the five-year strategic plan, it is the main aim of the Secretariat to support the DRC RCS in rebuilding a network of branches that are known and respected by their authorities and local communities - to the benefit of their home communities - by implementing a basic programme of humanitarian activities in the field of health, water and sanitation, and disaster response. The Secretariat hopes to rapidly improve their capacities to plan, implement, manage and monitor projects and programmes in preparation for a larger scale support to the country's rehabilitation if security further improves.

The Delegation will support the preparation of a Cooperation Assistance strategy in close collaboration with the ICRC, the Spanish and Belgian Red Cross and other partners.

Based on the recommendations of the NAM team, the Federation Delegates will support the National Society implement disaster management activities; community based Red Cross activities; and the reinforcement of operational capacities and management of the National Society are addressed through this programme revision.

Disaster preparedness and response:

- The development of improved risks maps.
- Community-based disaster management (CBDM).
- Assessments and the provision of minimum resources (human, structural and material) necessary for rapid response.

Redefinition of the role of the Red Cross and training tailored to needs.

Community-based Red Cross activities:

Water and Sanitation (e.g. Provision of drinking water, cleaning activities, waste management, utilisation of latrines).

Identification of local risks, implementation of activities relevant to the community and within the priorities defined within the ARCHI 2010 list of key activities (Community-based First Aid, Malaria, Cholera, Measles, Ebola, HIV/AIDS, and addressing the needs of women affected by sexual violence).

Encourage the creation of non Red Cross disaster management groups in selected communes in four provinces.

support to micro projects for the benefit of the community and income-generating projects for the Red Cross.

Reinforcement of operational capacities and management of the National Society:

Increase the volunteer base.

community involvement and using local human resources.

external relations building and management.

promotion of Humanitarian values and fundamental principles.

evaluation and reporting, financial and administrative management and volunteer management.

To achieve these goals and to effectively start the programmes, the DRC Red Cross and the Secretariat have agreed that there is a need for three delegate positions for 18 months in the following locations.

Mbandaka: a Water and Sanitation Delegate (on site 80% and 20% support to other provinces).

Mbuji-Mayi: a Health Delegate (on site 80% and 20% support to other provinces).

Goma: a Disaster Preparedness delegate (on site 80% and 20% support to other provinces).



## **ANNEX XVI.**

### **DONOR RESPONSE TO THE 2002 APPEAL**

**Table I : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

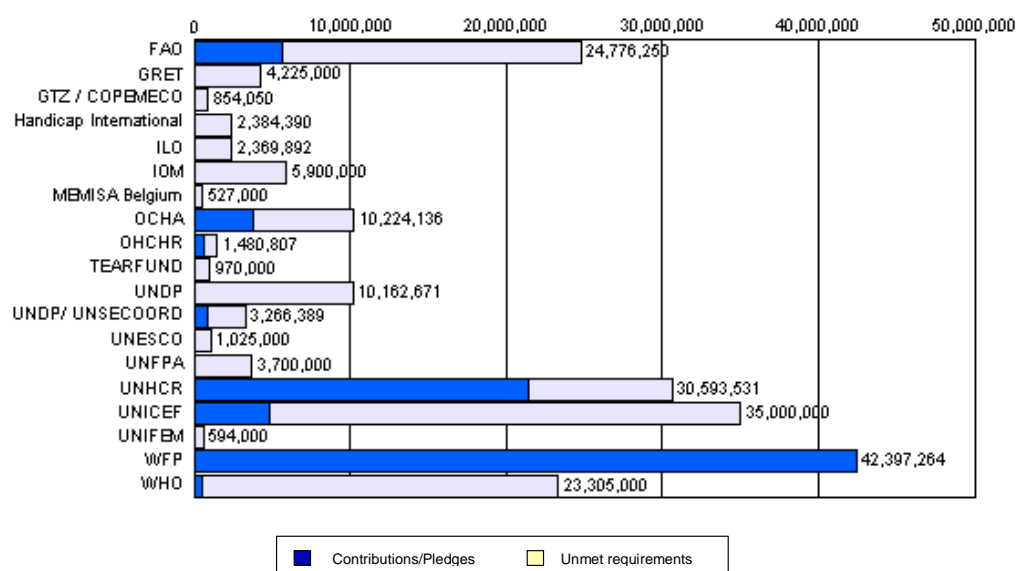
Summary of Requirements and Contributions  
By Appealing Organisation  
as of 23 October 2002

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     |
|------------------------|-----------------------|----------------------|-------------------|------------------|-----------|---------------------------|--------------------|---------------|
| FAO                    | 24,776,250            | 24,776,250           | 5,642,784         | 0                | 0         | 5,642,784                 | 19,133,466         | 22.77%        |
| GRET                   | 4,225,000             | 4,225,000            | 0                 | 0                | 0         | 0                         | 4,225,000          | 0.00%         |
| GTZ / COPEMECO         | 854,050               | 854,050              | 0                 | 0                | 0         | 0                         | 854,050            | 0.00%         |
| Handicap International | 2,384,390             | 2,384,390            | 0                 | 0                | 0         | 0                         | 2,384,390          | 0.00%         |
| ILO                    | 2,369,892             | 2,369,892            | 0                 | 0                | 0         | 0                         | 2,369,892          | 0.00%         |
| IOM                    | 5,900,000             | 5,900,000            | 0                 | 0                | 0         | 0                         | 5,900,000          | 0.00%         |
| MEMISA Belgium         | 527,000               | 527,000              | 0                 | 0                | 0         | 0                         | 527,000            | 0.00%         |
| OCHA                   | 10,224,136            | 10,224,136           | 3,745,441         | 0                | 0         | 3,745,441                 | 6,478,695          | 36.63%        |
| OHCHR                  | 1,480,807             | 1,480,807            | 617,627           | 0                | 0         | 617,627                   | 863,180            | 41.71%        |
| TEARFUND               | 970,000               | 970,000              | 0                 | 0                | 0         | 0                         | 970,000            | 0.00%         |
| UNDP                   | 10,162,671            | 10,162,671           | 0                 | 0                | 0         | 0                         | 10,162,671         | 0.00%         |
| UNDP/ UNSECOORD        | 3,266,389             | 3,266,389            | 0                 | 884,510          | 0         | 884,510                   | 2,381,879          | 27.08%        |
| UNESCO                 | 1,025,000             | 1,025,000            | 0                 | 0                | 0         | 0                         | 1,025,000          | 0.00%         |
| UNFPA                  | 3,700,000             | 3,700,000            | 0                 | 0                | 0         | 0                         | 3,700,000          | 0.00%         |
| UNHCR                  | 23,374,392            | 30,593,531           | 21,447,179        | 0                | 0         | 21,447,179                | 9,146,352          | 70.10%        |
| UNICEF                 | 35,000,000            | 35,000,000           | 3,217,170         | 1,647,174        | 0         | 4,864,344                 | 30,135,656         | 13.90%        |
| UNIFEM                 | 594,000               | 594,000              | 0                 | 0                | 0         | 0                         | 594,000            | 0.00%         |
| WFP                    | 40,001,388            | 40,001,388           | 42,397,264        | 0                | 0         | 42,397,264                | (2,395,876)        | 100.00%       |
| WHO                    | 23,305,000            | 23,305,000           | 457,688           | 0                | 0         | 457,688                   | 22,847,312         | 1.96%         |
| <b>GRAND TOTAL</b>     | <b>194,140,365</b>    | <b>201,359,504</b>   | <b>77,525,153</b> | <b>2,531,684</b> | <b>0</b>  | <b>80,056,837</b>         | <b>121,302,667</b> | <b>39.76%</b> |

**Revised UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

Updated financial summary  
By Appealing Organisation



**Table II : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

Donor breakdown of Contributions through Appealing Organisation  
as of 23 October 2002

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-02/A02       | Provision of essential agricultural inputs to vulnerable households   | 480,000     |
| Belgium             | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households   | 480,000     |
| Belgium             | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence-building initiatives  | 469,484     |
| Canada              | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence-building initiatives  | 264,901     |
| Canada              | UNDP/<br>UNSECOORD | DRC-02/S01       | Security of relief staff  | 124,224     |
| Canada              | UNICEF             | DRC-02/H04       | Emergency primary health care   | 314,465     |
| Canada              | UNICEF             | DRC-02/H06       | Emergency measles immunisation  | 2,236,025   |
| European Commission | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households   | 961,213     |
| European Commission | FAO                | DRC-02/A03       | Emergency support to the rehabilitation of fisheries and fish farming activities  | 885,827     |
| France              | OHCHR              | DRC-02/P/HR/RL02 | Human rights monitoring and technical cooperation programmes in the DRC   | 30,824      |
| Germany             | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC | 215,889     |
| Germany             | WFP                | DRC-02/CSS01     | Common humanitarian passenger air service   | 132,042     |
| Iceland             | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence-building initiatives  | 30,000      |
| Ireland             | UNICEF             | DRC-02/H04       | Emergency primary health care programme   | 270,758     |
| Italy               | FAO                | DRC-02/ER/110    | Emergency assistance to rehabilitate feeder roads   | 545,000     |
| Italy               | UNICEF             | DRC-02/H05       | Nutrition rehabilitation and promotion  | 437,445     |
| Japan               | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households   | 950,000     |
| Japan               | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC | 3,000,000   |
| Netherlands         | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence-building initiatives  | 981,354     |

|                  |                    |                  |  |            |
|------------------|--------------------|------------------|--|------------|
| Netherlands      | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC  | 849,100    |
| Netherlands      | UNICEF             | DRC-02/UNICEF    | Multi-sector   | 938,971    |
| Norway           | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence building initiatives   | 119,353    |
| Private/NGO/Intl | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households  | 382,000    |
| Private/NGO/Intl | FAO                | DRC-02/A03       | Emergency support to the rehabilitation of fisheries and fish farming activities   | 200,000    |
| Private/NGO/Intl | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC  | 87,489     |
| Private/NGO/Intl | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC  | 6,755      |
| Private/NGO/Intl | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC  | 12,764     |
| Private/NGO/Intl | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC (other income from adjustment/cancellation/refund)   | 298,860    |
| Private/NGO/Intl | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC (REPRESENTS CURRENT ALLOCATION BY UNHCR FROM UNEARMARKED OR BROADLY EARMARKED CONTRIBUTIONS) | 12,236,322 |
| Private/NGO/Intl | WHO                | DRC-02/H11       | Emergency supply of meningitis vaccines  | 125,000    |
| Sweden           | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households  | 97,750     |
| Sweden           | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households  | 97,750     |
| Sweden           | FAO                | DRC-02/ER/110    | Emergency assistance to rehabilitate feeder roads  | 293,244    |
| Sweden           | OCHA               | DRC-02/CSS02     | Emergency humanitarian interventions   | 474,082    |
| Sweden           | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance; peace and confidence-building initiatives   | 94,877     |
| Sweden           | OHCHR              | DRC-02/P/HR/RL02 | Human rights monitoring and technical cooperation programmes in the DRC  | 187,617    |
| Sweden           | OHCHR              | DRC-02/P/HR/RL02 | Human rights monitoring and technical cooperation programmes in the DRC  | 24,186     |
| Sweden           | UNDP/<br>UNSECOORD | DRC-02/S01       | Security of relief staff in the DRC  | 188,857    |
| Sweden           | UNICEF             | DRC-02/E01       | Education for IDPs and war-affected children   | 285,720    |

|                       |                    |                  |   |                   |
|-----------------------|--------------------|------------------|---|-------------------|
| Sweden                | UNICEF             | DRC-02/P/HR/RL01 | Protection of children severely affected by armed conflict  | 380,960           |
| Switzerland           | FAO                | DRC-02/A02       | Provision of essential agricultural inputs to vulnerable households   | 270,000           |
| Switzerland           | OCHA               | DRC-02/CSS02     | Emergency humanitarian interventions  | 25,675            |
| United Kingdom        | OCHA               | DRC-02/CSS02     | Emergency humanitarian interventions  | 714,286           |
| United Kingdom        | OCHA               | DRC-02/CSS04     | Coordination of humanitarian assistance   | 571,429           |
| United Kingdom        | OHCHR              | DRC-02/P/HR/RL02 | Human rights monitoring and technical cooperation programmes in the DRC   | 375,000           |
| United Kingdom        | UNDP/<br>UNSECOORD | DRC-02/S01       | Security of relief staff in the DRC   | 571,429           |
| United States         | UNHCR              | DRC-02/MS01      | Provide international protection and humanitarian assistance to refugees in DRC and assist and facilitate the safe return of refugees to and from the DRC | 4,740,000         |
| United States         | WHO                | DRC-02/H11       | Health coordination   | 332,688           |
| <b>Total non food</b> |                    |                  |   | <b>37,791,615</b> |

#### Part B - Food aid

| Donor                 | Food type  | Food (MTs)     | Amount US\$       |
|-----------------------|------------|----------------|-------------------|
| Belgium               |            | to be provided | 492,610           |
| Canada                | Pulses     | 711            | 628,931           |
| Germany               | Various    | 640            | 492,126           |
| Netherlands           | Maize Meal | 1732           | 1,314,554         |
| Netherlands           | Various    | 1007           | 750,000           |
| Sweden                | CSB        | 844            | 699,298           |
| Switzerland           | Maize      | 355            | 217,366           |
| United States         | Various    | 5510           | 4,650,700         |
| United States         | Various    | 18400          | 15,050,370        |
| United States         | Various    | 5030           | 4,336,365         |
| United States         | Various    | 14010          | 13,632,902        |
| <b>Total food aid</b> |            |                | <b>42,265,222</b> |

|                    |                   |
|--------------------|-------------------|
| <b>Grand total</b> | <b>80,056,837</b> |
|--------------------|-------------------|

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

Listing of Project Activities - By Sector  
as of 23 October 2002

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-02/A01   | Assistance to households with malnourished children through distribution of agricultural inputs using feeding centres  | FAO              | 1,111,250             | 1,111,250            | 0                                 | 1,111,250          |
| DRC-02/A03   | Emergency support to the rehabilitation of fisheries and fish farming activities   | FAO              | 1,793,000             | 1,793,000            | 1,085,827                         | 707,173            |
| DRC-02/A04   | Improve the food security and lower the price of the basic agricultural commodities through the enhancement of the agricultural production in the traditional regions of production and the improvement of the delivery and commercialization system           | IOM              | 1,600,000             | 1,600,000            | 0                                 | 1,600,000          |
| DRC-02/A02   | Provision of essential agricultural inputs to vulnerable households  | FAO              | 16,855,000            | 16,855,000           | 3,718,713                         | 13,136,287         |
| DRC-02/A05   | Support to production of good quality seeds  | FAO              | 2,040,000             | 2,040,000            | 0                                 | 2,040,000          |
| <b>Sub total for AGRICULTURE</b>                       |  |                  | <b>23,399,250</b>     | <b>23,399,250</b>    | <b>4,804,540</b>                  | <b>18,594,710</b>  |
| <b>COORDINATION AND SUPPORT SERVICES</b>               |  |                  |                       |                      |                                   |                    |
| DRC-02/CSS01   | Common humanitarian passenger air service  | WFP              | 3,589,870             | 3,589,870            | 132,042                           | 3,457,828          |
| DRC-02/CSS04   | Coordination of humanitarian assistance; peace and confidence-building initiatives   | OCHA             | 3,724,136             | 3,724,136            | 2,531,398                         | 1,192,738          |
| DRC-02/CSS02   | Emergency humanitarian interventions   | OCHA             | 6,500,000             | 6,500,000            | 1,214,043                         | 5,285,957          |
| DRC-02/CSS05   | Support to coordination of emergency humanitarian assistance in the agricultural sector  | FAO              | 687,000               | 687,000              | 0                                 | 687,000            |
| DRC-02/CSS03   | Support to local emergency response mechanisms   | UNDP             | 790,000               | 790,000              | 0                                 | 790,000            |
| <b>Sub total for COORDINATION AND SUPPORT SERVICES</b> |  |                  | <b>15,291,006</b>     | <b>15,291,006</b>    | <b>3,877,483</b>                  | <b>11,413,523</b>  |
| <b>ECONOMIC RECOVERY AND INFRASTRUCTURE</b>            |  |                  |                       |                      |                                   |                    |
| DRC-02/ER/14   | 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-02/ER/101  | Economic and social reintegration of vulnerable groups   | UNDP             | 722,500               | 722,500              | 0                                 | 722,500            |
| DRC-02/ER/110  | Emergency assistance to rehabilitate feeder roads  | FAO              | 2,290,000             | 2,290,000            | 838,244                           | 1,451,756          |
| DRC-02/ER/104  | Infrastructure rehabilitation (production, roads, education and health) in the devastated areas of the DRC   | GRET             | 1,800,000             | 1,800,000            | 0                                 | 1,800,000          |
| DRC-02/ER/112  | Micro-credit grants programmes in favour of women  | UNDP             | 700,000               | 700,000              | 0                                 | 700,000            |
| DRC-02/ER/102  | Provide transport and reintegration assistance to the most vulnerable groups in the displaced population and assist them, the resident population and the Government of the DRC, repair and maintain the social infrastructure and implement income-generating | IOM              | 4,300,000             | 4,300,000            | 0                                 | 4,300,000          |
| DRC-02/ER/111  | Rehabilitation of basic infrastructure in Kisangani  | UNDP             | 560,000               | 560,000              | 0                                 | 560,000            |
| DRC-02/ER/113  | Rehabilitation of the rail bridge over the Niamba river  | WFP              | 830,263               | 830,263              | 0                                 | 830,263            |
| DRC-02/ER/106  | Support for income generating activities in Kisangani in DRC   | GTZ / COPEMECO   | 692,050               | 692,050              | 0                                 | 692,050            |
| DRC-02/ER/107  | Support for micro finance activities   | GTZ / COPEMECO   | 162,000               | 162,000              | 0                                 | 162,000            |
| DRC-02/ER/105  | Support for saving and credit networks adjustment in the provinces under RCD control (North and South Kivu, Maniema and Oriental province), diversification of financial services offered by these networks  | GRET             | 2,425,000             | 2,425,000            | 0                                 | 2,425,000          |
| DRC-02/ER/109  | Support to income-generating activities accompanying IDPs reinstallation and reintegration   | ILO              | 1,599,892             | 1,599,892            | 0                                 | 1,599,892          |
| DRC-02/ER/103  | Support to income-generating activities in favor of women in Kisangani town  | UNDP             | 570,000               | 570,000              | 0                                 | 570,000            |

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

Listing of Project Activities - By Sector  
as of 23 October 2002

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 |
|---|---|------------------------|-----------------------|----------------------|-----------------------------------|--------------------|
| DRC-02/ER/I08   | Support to the resumption of co-operative banking and association movement activities in North and South Kivu   | ILO                    | 770,000               | 770,000              | 0                                 | 770,000            |
| <b>Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE</b> |   |                        | <b>20,488,916</b>     | <b>20,488,916</b>    | <b>838,244</b>                    | <b>19,650,672</b>  |
| <b>EDUCATION</b>  |   |                        |                       |                      |                                   |                    |
| DRC-02/E01  | Educational response for internally displaced and war-affected children   | UNICEF                 | 3,800,000             | 3,800,000            | 285,720                           | 3,514,280          |
| <b>Sub total for EDUCATION</b>                            |   |                        | <b>3,800,000</b>      | <b>3,800,000</b>     | <b>285,720</b>                    | <b>3,514,280</b>   |
| <b>FAMILY SHELTER AND NON-FOOD ITEMS</b>                  |   |                        |                       |                      |                                   |                    |
| DRC-02/S/NF01   | Assistance to the most vulnerable displaced and refugee children and women  | UNICEF                 | 4,000,000             | 4,000,000            | 0                                 | 4,000,000          |
| DRC-02/S/NF02   | Improvement of epidemiological surveillance and response systems including early warning systems, outbreaks investigation and response  | UNDP                   | 3,752,960             | 3,752,960            | 0                                 | 3,752,960          |
| <b>Sub total for FAMILY SHELTER AND NON-FOOD ITEMS</b>    |   |                        | <b>7,752,960</b>      | <b>7,752,960</b>     | <b>0</b>                          | <b>7,752,960</b>   |
| <b>FOOD</b>   |   |                        |                       |                      |                                   |                    |
| DRC-02/F01  | Protracted relief and recovery operation for war-affected victims and vulnerable groups   | WFP                    | 35,581,255            | 35,581,255           | 42,265,222                        | (6,683,967)        |
| <b>Sub total for FOOD</b>                                 |   |                        | <b>35,581,255</b>     | <b>35,581,255</b>    | <b>42,265,222</b>                 | <b>-6,683,967</b>  |
| <b>HEALTH</b>   |   |                        |                       |                      |                                   |                    |
| DRC-02/H06  | Emergency measles immunisation  | UNICEF                 | 15,000,000            | 15,000,000           | 2,236,025                         | 12,763,975         |
| DRC-02/H04  | Emergency primary health care   | UNICEF                 | 2,000,000             | 2,000,000            | 585,223                           | 1,414,777          |
| DRC-02/H08  | HIV/AIDS prevention in Eastern Congo  | UNICEF                 | 1,000,000             | 1,000,000            | 0                                 | 1,000,000          |
| DRC-02/H11  | Improvement of epidemiological surveillance and response systems including early warning systems, outbreaks investigation and response  | WHO                    | 7,795,000             | 7,795,000            | 457,688                           | 7,337,312          |
| DRC-02/H10  | Malaria control in the Democratic Republic of the Congo   | UNICEF                 | 4,500,000             | 4,500,000            | 0                                 | 4,500,000          |
| DRC-02/H09  | Malaria control in the Democratic Republic of the Congo   | WHO                    | 5,760,000             | 5,760,000            | 0                                 | 5,760,000          |
| DRC-02/H05  | Nutrition rehabilitation and promotion  | UNICEF                 | 2,200,000             | 2,200,000            | 437,445                           | 1,762,555          |
| DRC-02/H03  | Reduction of child mortality  | WHO                    | 4,410,000             | 4,410,000            | 0                                 | 4,410,000          |
| DRC-02/H01  | Reduction of mortality rates and family planning  | UNFPA                  | 3,700,000             | 3,700,000            | 0                                 | 3,700,000          |
| DRC-02/H02  | Reduction of pregnancy related morbidity and mortality  | WHO                    | 3,480,000             | 3,480,000            | 0                                 | 3,480,000          |
| DRC-02/H07  | Strengthening the HIV/AIDS control programme in DRC   | WHO                    | 1,860,000             | 1,860,000            | 0                                 | 1,860,000          |
| DRC-02/H12  | Support the reeducation and orthopedic centres of Kinshasa and Mbuji Mayi by: training the technical staff; providing financial, administrative and management tools; providing the necessary consumables; informing and sensitise the paramedical staff        | Handicap International | 1,129,590             | 1,129,590            | 0                                 | 1,129,590          |
| <b>Sub total for HEALTH</b>                               |   |                        | <b>52,834,590</b>     | <b>52,834,590</b>    | <b>3,716,381</b>                  | <b>49,118,209</b>  |
| <b>MINE ACTION</b>  |   |                        |                       |                      |                                   |                    |
| DRC-02/MA01   | Mine destruction: training of a local demining team, mine clearance in Kisangani and surroundings, marking and debombing in a 40 km sphere around Kisangani; sensitisation of the local population; development of data collection, at local and regional level | Handicap International | 1,254,800             | 1,254,800            | 0                                 | 1,254,800          |

**Table III : UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**  
Listing of Project Activities - By Sector  
as of 23 October 2002

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>Sub total for MINE ACTION</b>                         |   |                  | <b>1,254,800</b>      | <b>1,254,800</b>     | <b>0</b>                          | <b>1,254,800</b>   |
| <b>MULTI-SECTOR</b>                                      |   |                  |                       |                      |                                   |                    |
| DRC-02/UNICEF  | Multi-sector  | UNICEF           | 0                     | 0                    | 938,971                           | (938,971)          |
| DRC-02/MS01  | Provide international protection and humanitarian assistance to refugees in the DRC and assist and facilitate the safe return of refugees to and from the DRC | UNHCR            | 23,374,392            | 30,593,531           | 21,447,179                        | 9,146,352          |
| DRC-02/MS02  | Support to emergency intervention   | MEMISA Belgium   | 527,000               | 527,000              | 0                                 | 527,000            |
| <b>Sub total for MULTI-SECTOR</b>                        |   |                  | <b>23,901,392</b>     | <b>31,120,531</b>    | <b>22,386,150</b>                 | <b>8,734,381</b>   |
| <b>PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>               |   |                  |                       |                      |                                   |                    |
| DRC-02/P/HR/RL05   | Community radio for human rights education and culture of peace   | UNESCO           | 725,000               | 725,000              | 0                                 | 725,000            |
| DRC-02/P/HR/RL04   | Concerts for peace and national reconciliation in the DRC   | UNESCO           | 300,000               | 300,000              | 0                                 | 300,000            |
| DRC-02/P/HR/RL03   | Gender responsive protection and mainstreaming gender in peace-building efforts in the DRC  | UNIFEM           | 594,000               | 594,000              | 0                                 | 594,000            |
| DRC-02/P/HR/RL02   | Human rights monitoring and technical cooperation programmes in the DRC   | OHCHR            | 1,480,807             | 1,480,807            | 617,627                           | 863,180            |
| DRC-02/P/HR/RL01   | Protection of children severely affected by armed conflict  | UNICEF           | 2,500,000             | 2,500,000            | 380,960                           | 2,119,040          |
| <b>Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW</b> |   |                  | <b>5,599,807</b>      | <b>5,599,807</b>     | <b>998,587</b>                    | <b>4,601,220</b>   |
| <b>SECURITY</b>  |   |                  |                       |                      |                                   |                    |
| DRC-02/S01   | Security of relief staff in the DRC   | UNDP/ UNSECOORD  | 3,266,389             | 3,266,389            | 884,510                           | 2,381,879          |
| <b>Sub total for SECURITY</b>                            |   |                  | <b>3,266,389</b>      | <b>3,266,389</b>     | <b>884,510</b>                    | <b>2,381,879</b>   |
| <b>WATER AND SANITATION</b>                              |   |                  |                       |                      |                                   |                    |
| DRC-02/WS01  | Operational relief in South Kivu  | TEARFUND         | 970,000               | 970,000              | 0                                 | 970,000            |
| <b>Sub total for WATER AND SANITATION</b>                |   |                  | <b>970,000</b>        | <b>970,000</b>       | <b>0</b>                          | <b>970,000</b>     |
| <b>Grand Total:</b>                                      |   |                  | <b>194,140,365</b>    | <b>201,359,504</b>   | <b>80'056'837</b>                 | <b>121,302,667</b> |



**Table IV: Additional Humanitarian Assistance to  
Democratic Republic of the Congo 2002**  
Outside of the Framework of the UN Consolidated Inter-Agency Appeal  
as of 23 October 2002

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\$       |
|---------------------------------|-------------|--------------------|--|------------------|
| 18-Apr-02                       | Austria     | SHL                | Construction of school in Sanga Mamba  | 13,123           |
| <b>Subtotal for Austria</b>     |             |                    |  | <b>13,123</b>    |
| 12-Mar-02                       | Canada      | RC/Canada          | Rapid assistance to vulnerable groups displaced by the conflict to guarantee their survival, while promoting self-sufficiency  | 1,242,236        |
| <b>Subtotal for Canada</b>      |             |                    |  | <b>1,242,236</b> |
| 29-May-02                       | Denmark     | ICRC               | General contribution   | 486,027          |
| <b>Subtotal for Denmark</b>     |             |                    |  | <b>486,027</b>   |
| 8-Mar-02                        | Finland     | FIDA International | Multi-sectoral assistance  | 86,356           |
| 8-Mar-02                        | Finland     | Finland RC         | Relief aid in civil war  | 431,779          |
| <b>Subtotal for Finland</b>     |             |                    |  | <b>518,135</b>   |
| 15-Aug-02                       | Germany     | CARITAS            | Provision of non-food items, blankets, soap, clothes and medication for approximately 30,000 IDPs  | 187,149          |
| 12-Jun-02                       | Germany     | DCV                | To meet basic nutritional needs of approximately 4,000 most vulnerable families in Equateur and Oriental Provinces   | 566,385          |
| 16-Apr-02                       | Germany     | German Embassy     | Provision of basic medical material to the most vulnerable persons in Kisangani  | 43,745           |
| 26-Feb-02                       | Germany     | ICRC               | To meet basic needs of the vulnerable population   | 430,293          |
| 25-Sep-02                       | Germany     | ICRC               | Multi-sectoral assistance and protection activities  | 492,611          |
| 24-Jun-02                       | Germany     | WV                 | Provision of basic household and hygiene items for 1,500 IDP families  | 100,469          |
| 23-Sep-02                       | Germany     | WV                 | Provision of household items, basic medication and food rations for approximately 15,000 IDPs for a period of three months in Beni, Northern Kivu                                      | 177,340          |
| <b>Subtotal for Germany</b>     |             |                    |  | <b>1,997,992</b> |
| 10-Jul-02                       | Ireland     | GOAL               | Food security and infrastructure rehabilitation  | 392,542          |
| 24-May-02                       | Ireland     | ICG                | Humanitarian reporting/conflict prevention project   | 22,563           |
| 12-Mar-02                       | Ireland     | OXFAM              | Public health programme  | 189,119          |
| <b>Subtotal for Ireland</b>     |             |                    |  | <b>604,224</b>   |
| 5-Mar-02                        | Netherlands | ASRAMES            | Distribution of essential medicines and medical supplies to the population of North-Kivu as well as the provision of additional medicines to the hospitals in Goma                     | 840,604          |
| 28-Aug-02                       | Netherlands | SC                 | To improve the health of the population in the area of conflict in eastern Congo, with stress on the health of children, women and other IDPs, by combating epidemics and malnutrition | 664,424          |
| 1-Jul-02                        | Netherlands | WV                 | To alleviate the immediate health/nutrition and food security needs of the Rwanguba health zone  | 265,822          |
| <b>Subtotal for Netherlands</b> |             |                    |  | <b>1,770,850</b> |
| 1-Jul-02                        | Sweden      | MERLIN             | To provide support to the provincial health department of Maniema, in order to establish access to essential referral health services at the hospital in Kindu                         | 983,068          |
| <b>Subtotal for Sweden</b>      |             |                    |  | <b>983,068</b>   |
| 24-May-02                       | Switzerland | BUCO - CRONGD      | Revival of cattle-breeding in Nord Kivu  | 60,802           |

|                                    |                |        |  |                   |
|------------------------------------|----------------|--------|--|-------------------|
| 15-Jan-02                          | Switzerland    | OCHA   | In kind - secondment   | 101,190           |
| 8-Mar-02                           | Switzerland    | SHA    | Poultry project for women  | 73,684            |
| <b>Subtotal for Switzerland</b>    |                |        |  | <b>235,676</b>    |
| 1-Jun-02                           | United Kingdom | IA     | To enhance the capacity and skills of local peace actors, and promote their involvement in peace-building initiatives  | 606,061           |
| 1-Jun-02                           | United Kingdom | MSF    | To improve access to medical care in eight health areas of Yahuma health zone through the supply of medical drugs, with follow-up, supervision and training of health care workers   | 196,442           |
| 26-Feb-02                          | United Kingdom | MSF    | To assist victims from the Ebola fever outbreak  | 214,286           |
| 1-Jan-02                           | United Kingdom | MSF    | The NGO MSF will address the acute nutrition needs of the under-5 year old population in Kisangani via the operation of a therapeutic/supplementary feeding centre in the city   | 289,770           |
| 1-Sep-02                           | United Kingdom | MSF    | To improve the standard of health care provision by the referral hospital at Dungu, Haut Uele health district, province Orientale through a programme of medical supervision, health training and renovation of the physical structure of the hospital | 442,360           |
| 1-Jan-02                           | United Kingdom | MSF    | The NGO MSF will enhance the community-level health system's capacity to effectively respond to the problem of HIV/AIDS in Bukavu  | 541,783           |
| <b>Subtotal for United Kingdom</b> |                |        |  | <b>2,290,702</b>  |
| 5-Oct-01                           | United States  |        | T.A. technical assistance, SWIFT assessment  | 11,819            |
| 15-Feb-02                          | United States  |        | SWIFT, assessment and programme support, technical assistance  | 23,094            |
| 5-Oct-01                           | United States  | FH     | Food security  | 478,230           |
| 15-Feb-02                          | United States  | FH     | Food security/agriculture  | 744,577           |
| 15-Feb-02                          | United States  | MERLIN | Health   | 163,061           |
| <b>Subtotal for United States</b>  |                |        |  | <b>1,420,781</b>  |
| <b>Grand Total:</b>                |                |        |  | <b>11,562,814</b> |

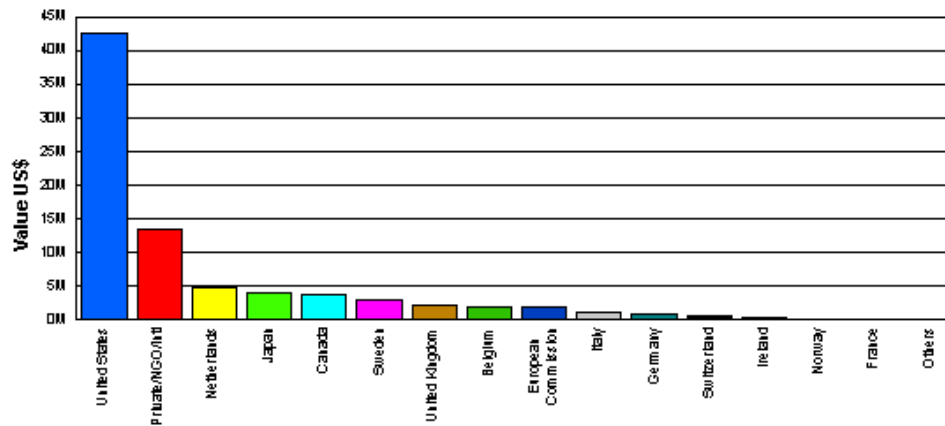
**Table V: UN Consolidated Inter-Agency Appeal for  
Democratic Republic of the Congo 2002**

Major donors by contributions  
(carry over not included)  
23-October-2002

| Donor               | Value US\$        | % of funding |
|---------------------|-------------------|--------------|
| United States       | 42,743,025        | 53.39%       |
| Netherlands         | 4,833,979         | 6.04%        |
| Japan               | 3,950,000         | 4.93%        |
| Canada              | 3,568,546         | 4.46%        |
| Sweden              | 2,824,341         | 3.53%        |
| United Kingdom      | 2,232,144         | 2.79%        |
| Belgium             | 1,922,094         | 2.40%        |
| European Commission | 1,847,040         | 2.31%        |
| Italy               | 982,445           | 1.23%        |
| Germany             | 840,057           | 1.05%        |
| Switzerland         | 513,041           | 0.64%        |
| Ireland             | 270,758           | 0.34%        |
| Norway              | 119,353           | 0.15%        |
| France              | 30,824            | 0.04%        |
| Others              | 30,000            | 0.04%        |
| Private/NGO/Intl*   | 13,349,190        | 16.67%       |
| <b>Grand Total:</b> | <b>80,056,837</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.

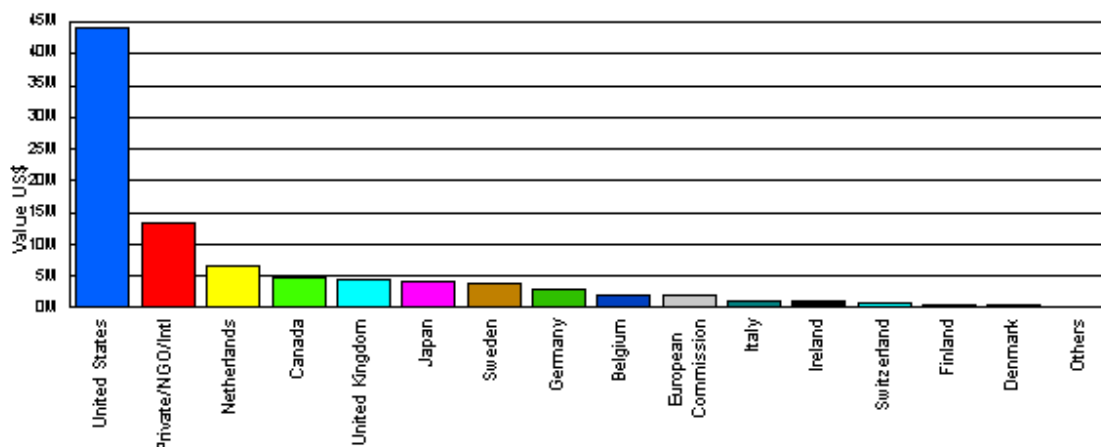
**Major donors by contributions**  
(carry over not included)



**Table VI: Total Humanitarian Assistance for Democratic Republic of the Congo 2002**

Major Donors by Total Contributions\*  
(carry over not included)  
23 October 2002

| Donor               | Value US\$        | % of funding |
|---------------------|-------------------|--------------|
| United States       | 44,163,806        | 48.20%       |
| Private/NGO/Intl    | 13,349,190        | 14.57%       |
| Netherlands         | 6,604,829         | 7.21%        |
| Canada              | 4,810,782         | 5.25%        |
| United Kingdom      | 4,522,846         | 4.94%        |
| Japan               | 3,950,000         | 4.31%        |
| Sweden              | 3,807,409         | 4.16%        |
| Germany             | 2,838,049         | 3.10%        |
| Belgium             | 1,922,094         | 2.10%        |
| European Commission | 1,847,040         | 2.02%        |
| Italy               | 982,445           | 1.07%        |
| Ireland             | 874,982           | 0.96%        |
| Switzerland         | 748,717           | 0.82%        |
| Finland             | 518,135           | 0.57%        |
| Denmark             | 486,027           | 0.53%        |
| Others              | 193,300           | 0.21%        |
| <b>Grand Total:</b> | <b>91,619,651</b> | <b>100%</b>  |



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

# ANNEX XVII.

## ACRONYMS AND ABBREVIATIONS

|                 |  |
|-----------------|--|
| <b>AAA</b>      | Action Agro Allemande—German Agricultural Action                 |
| <b>ABD</b>      | African Bank of Development                                      |
| <b>ACF</b>      | Action Contre la Faim—Action Against Hunger                      |
| <b>ACHRED</b>   | Association Chrétienne pour le Développement                     |
| <b>ADB</b>      | African Development Bank   |
| <b>AEDKA</b>    | Action Socio-Economique pour le Développement du Kivu            |
| <b>AIDS</b>     | Auto-immune Deficiency Syndrome                                  |
| <b>ASRAMES</b>  | Association pour l'Approvisionnement en Médicaments Essentiels   |
| <b>BCC/SIDA</b> | Bureau de Coordination Centrale/Sida                             |
| <b>BOAD</b>     | Bureau d'Oeuvre pour l'action de développement                   |
| <b>BDOM</b>     | Bureau Diocésain des Oeuvres Médicales                           |
| <b>BPRM</b>     | Bureau of Population, Refugees and Migration                     |
| <b>CA</b>       | Consolidated Appeal  |
| <b>CAP</b>      | Consolidated Appeal Process                                      |
| <b>CAR</b>      | Central African Republic   |
| <b>CARE</b>     | Cooperative for Assistance and Relief Everywhere                 |
| <b>CARITAS</b>  | Caritas International  |
| <b>CCA</b>      | Common Country Assessment  |
| <b>CELPA</b>    | Communauté des Eglises de Pentecôte pour l'Afrique               |
| <b>CEMUBAC</b>  | (Belgian medical NGO)  |
| <b>CEPLANUT</b> | Centre de Planification Nutritionnelle—Nutrition Planning Centre |
| <b>CHAP</b>     | Common Humanitarian Action Plan                                  |
| <b>COM</b>      | Cour d'Ordre Militaire—Court of Military Order                   |
| <b>COOPI</b>    | Cooperazione Internazionale                                      |
| <b>CPN</b>      | Culture of Peace Network   |
| <b>CRC</b>      | Convention on the Rights of the Child                            |
| <b>CRS</b>      | Catholic Relief Services   |
| <b>CSB</b>      | Corn Soya Blended  |
| <b>DMT</b>      | Disaster Management Team   |
| <b>DRC</b>      | Democratic Republic of the Congo                                 |
| <b>DDR</b>      | Disarmament, Demobilisation and Reintegration                    |
| <b>ECHO</b>     | European Community Humanitarian Office                           |
| <b>EFA</b>      | Education for All  |
| <b>EHI</b>      | Emergency Humanitarian Interventions                             |
| <b>EMOP</b>     | Emergency Operation  |
| <b>EOD</b>      | Explosive Ordnance Disposal                                      |
| <b>EPI</b>      | Expanded Programme of Immunisation                               |
| <b>ERF</b>      | Emergency Response Fund  |
| <b>ERG</b>      | Emergency Response Group   |
| <b>EU</b>       | European Union   |
| <b>FAC</b>      | Forces Armées Congolaises—Congolese Armed Forces                 |
| <b>FAO</b>      | Food and Agriculture Organization                                |
| <b>FFT</b>      | Food-for-Training  |
| <b>FFW</b>      | Food-for-Work  |
| <b>FHI</b>      | Food for the Hungry International                                |
| <b>FIVIMS</b>   | Food Insecurity and Vulnerability Information and Mapping System |
| <b>FOMETRO</b>  | Fond Médical Tropical  |
| <b>FOMI</b>     | Forum des Mamans de l'Ituri                                      |
| <b>FSO</b>      | Field Security Officer   |
| <b>GAVI</b>     | Global Alliance for Vaccines and Immunisations                   |
| <b>GDP</b>      | Gross Domestic Product   |
| <b>GIS</b>      | Geographical Information System                                  |
| <b>GOAL</b>     | Irish NGO  |
| <b>GTZ</b>      | Deutsche Gesellschaft für Technische Zusammenarbeit              |

|                 |  |
|-----------------|--|
| <b>HIV</b>      | Human Immuno-Deficiency Virus  |
| <b>HQ</b>       | Headquarter  |
| <b>HRFOC</b>    | Human Rights Field Office for the DR Congo   |
| <b>ICC</b>      | Inter-Agency Coordination Committee  |
| <b>ICRC</b>     | International Committee of the Red Cross   |
| <b>IDPs</b>     | Internally Displaced Persons   |
| <b>IFRC</b>     | International Federation of Red Cross and Red Crescent Societies                               |
| <b>IHL</b>      | International Humanitarian Law   |
| <b>ILO</b>      | International Labour Organization  |
| <b>IMF</b>      | International Monetary Fund  |
| <b>IMSMA</b>    | Information Management System for Mine Action  |
| <b>INERA</b>    | Institut National d'Etudes et Recherches Agricoles—National Institute of Agricultural Research |
| <b>IOM</b>      | International Organization for Migration   |
| <b>IPN</b>      | Institut Pédagogique National—National Teachers Training College                               |
| <b>IRC</b>      | International Rescue Committee   |
| <b>KAPB</b>     | Knowledge, Attitudes, Practices and Behaviour  |
| <b>LTSH</b>     | Land Transport, Storage and Handling   |
| <b>MACC</b>     | Mine Action Coordination Centre  |
| <b>MDM</b>      | Médecins du Monde  |
| <b>MDTF</b>     | Multi-Donor Trust Fund   |
| <b>MEMISA</b>   | Medische Missie Samenwerking   |
| <b>MICS</b>     | Micro-Cluster Survey   |
| <b>MLC</b>      | Mouvement pour la Libération du Congo  |
| <b>MoH</b>      | Ministry of Health   |
| <b>MONUC</b>    | Mission d'Observation des Nations Unies au Congo   |
| <b>MOSS</b>     | Minimum Operations Safety Standard   |
| <b>MRE</b>      | Mine Risk Education  |
| <b>MSF/B</b>    | Médecins Sans Frontières-Belgium   |
| <b>MSF/F</b>    | Médecins Sans Frontières-France  |
| <b>MSF/H</b>    | Médecins Sans Frontières-Holland   |
| <b>MTCT</b>     | Mother to Child Transmission   |
| <b>MTs</b>      | Metric Tonnes  |
| <b>NCC</b>      | National Crisis Committee (within the Minister of Health)                                      |
| <b>NGOs</b>     | Non-Governmental Organisations   |
| <b>NRC</b>      | Norwegian Refugee Committee  |
| <b>NTIC</b>     | Nouvelles Technologies de l'Information et de la Communication                                 |
| <b>OAU</b>      | Organisation of African Unity  |
| <b>OCHA</b>     | Office for the Coordination of Humanitarian Affairs  |
| <b>OHCHR</b>    | Office of the High Commissioner for Human Rights   |
| <b>ONU SIDA</b> | UN-AIDS  |
| <b>ORS</b>      | Oral Rehydration Salt  |
| <b>OVG</b>      | Goma Volcano Observatory   |
| <b>OXFAM</b>    | Oxford Committee for Famine Relief   |
| <b>PADEBU</b>   | Plateforme de Développement de Bunyakiri   |
| <b>PCE</b>      | Piece  |
| <b>PHC</b>      | Primary Health Care  |
| <b>PNLS</b>     | Programme National de la Lutte contre le Sida  |
| <b>PNPPDH</b>   | National Plan of Human Rights Protection and Promotion   |
| <b>PRRO</b>     | Protracted Relief and Rehabilitation Operation   |
| <b>PUC</b>      | Programme d'Urgence Congo  |
| <b>QUIPs</b>    | Quick Impact Projects  |
| <b>RCD</b>      | Rassemblement Congolais pour la Démocratie   |
| <b>RCD-ML</b>   | RCD- Mouvement de Libération   |
| <b>RH</b>       | Reproductive Health  |
| <b>RoC</b>      | Republic of the Congo (Brazzaville)  |
| <b>RPA</b>      | Rwandese Patriotic Army  |

|                  |   |
|------------------|---|
| <b>SANRU</b>     | Soins de Santé Rurale   |
| <b>SC-UK</b>     | Save the Children-United Kingdom  |
| <b>SGBV</b>      | Sexual and Gender Based Violence  |
| <b>SIDENI</b>    | Syndicat d'Initiative et de Développement de Nindja                     |
| <b>SISAN</b>     | Système d'Information sur la Sécurité Alimentaire Nationale             |
| <b>SNCC</b>      | Société Nationale des Chemins de Fer Congolais—National Railway Company |
| <b>SPLA</b>      | Sudan People's Liberation Army  |
| <b>STDs</b>      | Sexually Transmitted Diseases   |
| <b>STIs</b>      | Sexually Transmitted Infections   |
| <br>             |   |
| <b>TFC</b>       | Therapeutic Feeding Centre  |
| <br>             |   |
| <b>UAMs</b>      | Unaccompanied Minors  |
| <b>UK</b>        | United Kingdom  |
| <b>UN</b>        | United Nations  |
| <b>UNAIDS</b>    | United Nations Programme on HIV/AIDS                                    |
| <b>UNCT</b>      | United Nations Country Team   |
| <b>UNDAF</b>     | United Nations Development Assistance Framework                         |
| <b>UNDP</b>      | United Nations Development Programme                                    |
| <b>UNESCO</b>    | United Nations Education, Scientific and Cultural Organization          |
| <b>UNFPA</b>     | United Nations Population Fund  |
| <b>UNHCR</b>     | United Nations High Commissioner for Refugees                           |
| <b>UNHO</b>      | United Nations Humanitarian Officer                                     |
| <b>UNICEF</b>    | United Nations Children's Fund  |
| <b>UNMAS</b>     | United Nations Mine Action Service                                      |
| <b>UNOPS</b>     | United Nations Office for Project Services                              |
| <b>UNSECOORD</b> | United Nations Security Coordination                                    |
| <b>UNVs</b>      | United Nations Volunteers   |
| <b>USAID</b>     | United States Agency for International Development                      |
| <br>             |   |
| <b>WFP</b>       | World Food Programme  |
| <b>WHO</b>       | World Health Organization   |
| <b>WV</b>        | World Vision  |