

R epublic of Congo



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2010

Consolidated Appeal



Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GOAL	MACCA	TEARFUND
ACTED	GTZ	Malteser	Terre des Hommes
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	Solidarités	World Vision International

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from www.reliefweb.int/fts.

1. EXECUTIVE SUMMARY

Since October 2009 a total of 114,017¹ refugees have fled armed clashes in Equateur Province in the Democratic Republic of the Congo (DRC) and found refuge in the Republic of Congo (RoC). These clashes originated in inter-communal disputes over farming and fishing rights but later widened to other parts of the province. The intervention of the DRC police and armed forces led to an escalation of the violence. As a result, an estimated 60,000 people fled to other parts of Equateur, 17,000 sought refuge in the Central African Republic (CAR), and 114,017 crossed the Oubangui River to the Likouala region of the RoC. The size of the refugee population stabilized in January, with only a few refugees crossing the river in the past weeks. While the situation is gradually becoming normalized in Equateur, the refugees are not ready to return due to concerns over persisting insecurity.

The refugees have settled in more than 100 sites along a 500 km stretch of the Oubangui River between Liranga District and the border with the CAR. In most areas, they vastly outnumber the local population. Their needs range across the whole spectrum of basic services such as protection, food, health, non-food items, clean water and sanitation, livelihood support and education. These needs persist due to the fact that the social service structures in the zones where refugees settled have either been overwhelmed by the inflow of refugees, or simply never existed to begin with.

This Consolidated Appeal (CAP) has four strategic objectives: first, to ensure that the rights of refugees as set out in international conventions are respected; second, to stabilize the nutritional situation, by improving food consumption and supporting agriculture and fishery; third, to stabilize the health situation, by providing predictable primary health care, increasing access to safe drinking water, reducing the risk of transmission of water-borne diseases, and providing essential shelter and NFIs; fourth and finally, to ensure that refugee children have access to primary education and pre-school activities, by supporting the establishment and functioning of primary schools and pre-schools. The priority sectors of intervention are protection, food, shelter and NFIs, water, sanitation and hygiene (WASH), health, education and livelihoods.

Consolidated Appeal for the Republic of Congo Key parameters	
Duration	12 months (January-December 2010)
Key milestones in 2010	Planting season: March-April Rainy season: March-June
Target beneficiaries	- 110,000 refugees (of whom 82% women and children) - 58,000 local population
Total funding requested	Funding requested per beneficiary
\$58,985,837	\$351

A robust response is needed to prevent a full-blown crisis. In effect, in most locations the refugees' population is doubling the number of the local population. This is bound to exhaust local resources, which would cause the situation to deteriorate quickly. The relief operation is logistically complex and expensive because the region can be reached only by plane or by boat. However, few boats are available, and most of them are in urgent need of repair. Fuel is expensive and difficult to procure.

This Consolidated Appeal is thus requesting a gross total of US\$58,985,837² to cover the urgent needs of 110,000 refugees over a planning and budgeting horizon till the end of 2010.³ When taking into account funding received to date, including for operations related to this emergency in 2009, the unmet requirements come to **\$44,694,001**. As the refugees are living side by side and are often intermingled with the local population, around 58,000 people in the host population will also benefit directly and indirectly from some of the assistance provided in the refugee sites, such as free primary health care, communal wells and hygiene education campaigns.

¹ This is the official figure used by the Government of the Republic of Congo (as of 4 February 2010).

² All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2010 page.

³ Planning figure agreed upon by agencies in the Republic of Congo for the purposes of this Consolidated Appeal.

Some basic humanitarian and development facts for the Republic of the Congo

		Most recent data	
	Population	3.7 million (UNFPA's State of World's Population)	
Economic status	GNI per capita, Atlas method	\$1,970 (World Bank: Key Development Data & Statistics)	
	Population living on income below \$1.25 a day	54.1% (UNDP Human Development Report 2009)	
Health	Adult mortality (disaggregated into male/female m/f)	367/1,000 female 407/1,000 male (WHO: Core indicators)	
	Maternal mortality	740/100,000 live births (UNICEF: Childinfo statistical tables)	
	Under-5 mortality	127/1,000 (UNICEF: Childinfo statistical tables)	
	Life expectancy (years)	55 female 53 male (WHO Core indicators)	
	Number of health workforce (MD+nurse+midwife) per 10,000 population	12/10,000 (WHO: Core indicators)	
	Measles immunization coverage among one-year-olds (%) rural and urban	56.7% rural 76.2% urban (WHO: Core indicators)	
Food & Nutrition	Prevalence of under-nourishment in total population	21% (FAO Statistics: Prevalence of undernourishment)	
	Percent of under-fives suffering from	severe underweight	3% (WHO RoC: 2003–2008)
		wasting, moderate & severe	8% (WHO RoC: 2003–2008)
		stunting, moderate and severe	30% (WHO RoC: 2003–2008)
	Food security indicator	19.1 ("serious") (IFPRI Global Hunger Index.)	
WASH	Proportion of population without sustainable access to an improved drinking water source	29% (UNDP Human Development Report 2009)	
Population movements	Internally displaced people	not available	
	Refugees	In-country	24,779, excluding the DRC refugees who are the subject of this CAP (UNHCR)
		Abroad	19,925 (UNHCR)
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	2 Vulnerability Index score 2 Crisis Index score (GNA 2008-2009)	
	2009 UNDP Human Development Index score and rank	0.601: 136 th of 182: Medium Human Development (UNDP Human Development Report 2009)	

Table I: Summary of requirements, commitments/contributions and pledges (grouped by sector)

Consolidated Appeal for Republic of Congo 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Sector	Original Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	B	C	C/B	B-C	D
EDUCATION	2,558,218	183,622	7%	2,374,596	-
FOOD	30,503,327	8,940,006	29%	21,563,321	-
HEALTH	4,658,959	1,166,725	25%	3,492,234	-
LIVELIHOODS	1,674,424	561,750	34%	1,112,674	-
PROTECTION	2,455,435	2,006,870	82%	448,565	-
SHELTER AND NFIs	12,193,943	721,501	6%	11,472,442	-
WASH	4,941,531	711,362	14%	4,230,169	-
Grand Total	58,985,837	14,291,836	24%	44,694,001	-

Table II: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Consolidated Appeal for Republic of Congo 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Appealing Organization	Original Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	B	C	C/B	B-C	D
FAO	1,007,884	561,750	56%	446,134	-
UNDP	750,000	-	0%	750,000	-
UNESCO	559,188	105,640	19%	453,548	-
UNFPA	694,216	454,232	65%	239,984	-
UNHCR	20,426,548	2,525,253	12%	17,901,295	-
UNICEF	3,591,785	1,068,952	30%	2,522,833	-
WFP	30,503,327	8,940,006	29%	21,563,321	-
WHO	1,452,889	636,003	44%	816,886	-
GRAND TOTAL	58,985,837	14,291,836	24%	44,694,001	-

The amount of funding requested by UNHCR excludes its budget of \$9,137,767 for protection and assistance activities in RoC which are not related to the influx of refugees in Likouala Department. This budget was originally included in UNHCR Global Appeal for 2010-2011.

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 2 March 2010. For continuously updated information on projects, funding requirements and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

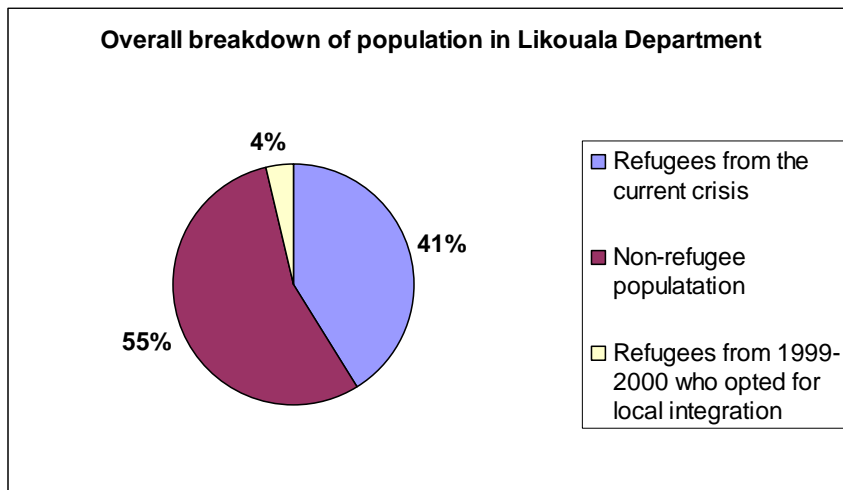
2. 2009 IN REVIEW

2.1 Context

Since March 2009, the Sud-Ubangi district of Equateur Province of the DRC has been the scene of armed clashes arising from disputes over farming and fishing rights between the Lobala of Enyele, the Likoka of Monzaya and the Boba of Bomboma. The area has experienced sporadic inter-communal violence over the past several decades, generated by tensions over limited resources and enabled by the circulation of small arms and a weak government presence. In late October 2009 intense clashes broke out in Dongo, a town in the Kungu territory of Sud-Ubangi Province, with at least 270 civilians killed according to Congolese officials.⁴ In November civil unrest spread to a wider area and escalated into open conflict between the authorities and a rebel group of Lobala led by a mystical leader called Odjani. In December the Armed Forces of the Democratic Republic of the Congo (FARDC) intervened to re-establish government control over the region, with support of the United Nations Peacekeeping Force in the DRC (MONUC).

Terrified by the violence, refugees started crossing the Oubangui River that separates the DRC from the RoC in increasing numbers. The dynamics of the inflow closely mirrored that of the conflict: an initial group of 600 refugees arrived in Boyélé Centre and Boyélé Port in March 2009 and were registered by the Office of the United Nations High Commissioner for Refugees (UNHCR) in May and assisted by the Government and UNHCR. At the end of October, after the clashes in Dongo, a first mass inflow of 16,000 was reported and assisted by UNHCR and its partners; the inflow accelerated in November as the security situation in the DRC further deteriorated, and then again in December following the intervention of the FARDC.

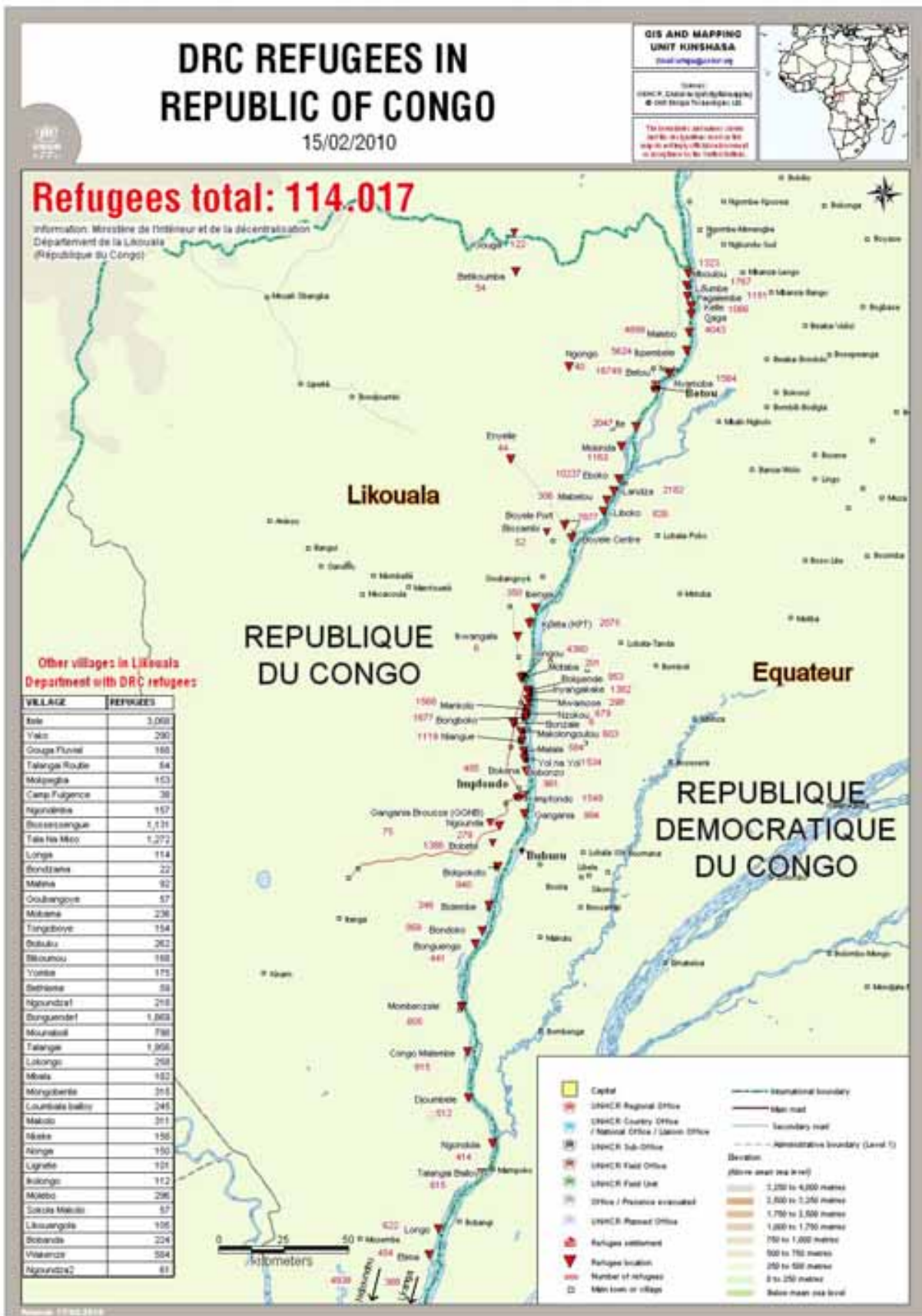
The caseload has stabilized since January with only few refugees trickling in since then. Some refugees reportedly moved from urban to rural areas, where it is easier to procure food. In some areas north of Bétou, where the situation across the river in the DRC has partially stabilized, some refugees have tried to cross the river to tend their fields or search for food. Many of these refugees, however, have reported serious violations of human rights, including killings. Therefore, refugee communities continue to express concerns over persisting insecurity, possible retaliation, and widespread destruction and looting in their home villages, and hence do not envisage returning in the near or mid-term future..



As of 4 February 2010, the authorities had recorded the presence of some 114,017 refugees. This figure is equivalent to around 74% of the local population of Likouala Department (which totals 154,000 people). The department is also hosting 9,971 refugees who had fled the DRC in 1999 and 2000 and opted for local integration. UNHCR is currently conducting a

registration exercise, which will permit the profiling of the refugee population. As of February 24, 53,969 refugees (15,187 families) had been registered; of these, 82% were women and children, 24% children in primary school age (between 5 and 11 years), and 10% people with special needs.

⁴ Médecins Sans Frontières (MSF) estimates the death toll around 1,700.



Source UNHCR

Refugees have settled in more than 100 sites along a 500 km stretch of the Oubangui River between Liranga (near the junction with the Congo river) and the border with the CAR. Five districts of the Likouala Department are particularly affected, as follows:

	District	Total no. of sites per district	Refugee population	No. sites with more than 5,000 refugees	No. sites with 1,000 to 5,000 refugees	No. sites with less than 1,000 refugees
Likouala Department	Bétou	27	67,562	4	11	12
	Dongou	14	17,574	-	8	6
	Impfondo	31	16,080	-	4	17
	Liranga	21	11,272	-	1	20
	Enyelle	8	1,529	-	-	8
Totals		101	114,017	4	24	63

Source: Local Government

According to Government figures, around 35% of the refugees (some 39,000 people) live in four sites with more than 5,000 people in each of them, 40% are staying in 24 sites with between 1,000 and 5,000 refugees each and 25% are living in 73 sites with less than 1,000 refugees, 54 of which have less than 500 refugees living there. In most sites, refugees vastly outnumber the local population, by a ratio of 5/1 on average, and up to 10/1.

Most refugees originate from villages located just across the river, hence from the same environment. The majority are farmers and to a lesser extent fishermen, and can therefore be self-sufficient if provided with tools. Teachers and nurses are also well represented, which will facilitate the establishment of schools and health posts. Both Lobolas and Bobas are represented among them. Whole families and villages fled, and villagers often resettled together, thereby preserving social organization structures. While most refugees fled in anticipation of the violence, some are survivors of the hostilities in Equateur province and are traumatized. UNHCR assumes that an important number of the current refugee population had previously taken refuge in the same area in 1999-2000. As nearly 49,000 refugees repatriated voluntarily with the assistance of UNHCR between 2005 and 2008, it is highly probable that some of the newly arrived refugees are already familiar with the host communities, and some of the host communities are used to accommodating refugees.

Refugees have found accommodation with host families, have settled in abandoned huts that the former refugees used to occupy, or have built makeshift shelter for themselves. In Bétou, 1,500 refugees live in two overcrowded, unsafe and unsanitary sites, an abandoned factory building (Falco) and a school (Mondzombo). In Dongou, a smaller number of refugees live in two similarly overcrowded and unsanitary sites, a church and a police building under construction. In Impfondo, refugees have been absorbed into the local population.

The inflow of refugees has almost doubled Likouala Department's population, placing a heavy burden on one of the poorest regions of the country and on already scarce social services. Villages where refugees have settled often lack basic infrastructure such as health posts, schools and markets. Concerns have also been raised about the impact of the demographic pressure on natural resources and the ecosystem.

Relations between refugees and the local population are reportedly not problematic, as they have close trade, cultural and kinship links. This could change over time, as local resources become exhausted and competition over basic resources such as wood, for fuel, and the hunting of wildlife for food increases. The presence of the refugee population also increases the risk of environmental degradation as the demand for firewood is swelling. At the same time, the actions of humanitarian agencies will bring some clear benefits to the local population, with the planned building of health posts and wells in areas where there are none.

While the Government has not yet granted an official status to the refugees, local authorities are very open and cooperative, and have contributed to the relief efforts. UNHCR recommended the adoption of a *prima facie* or group determination approach and advised the Government accordingly.

The security situation is now relatively calm on both sides of the Oubangui River, except for the area facing Impfondo and the Liranga district where clashes on the DRC side and movements of armed groups on the river have been witnessed. The Government has deployed additional troops along the river to prevent assaults on refugees and humanitarian convoys, as well as spill-over of the violence into the RoC. Likouala Department is under United Nations security phase two; armed escorts are required for all movements on the river.

2.2 Humanitarian achievements to date and lessons learned

The United Nations Country Team (UNCT) responded promptly to the crisis. Due to its programmes in the area, UNHCR has a sub-office in Impfondo from which it coordinated the operational response to the crisis from the very start, overseeing the evacuation of the wounded fleeing from Dongou to Bétou and Impfondo, the monitoring of the sites along the river where the refugees began settling and distributing its emergency supplies as well as those provided by the Government and the UNCT. Furthermore, UNHCR re-opened its former field office in Bétou.

Given the UNCT readiness for providing assistance to the refugee population and in order to avoid having several appeals launched with the risk of duplication, it has been agreed that due to these unique circumstances, a Consolidated Appeal (CAP) for the RoC will be jointly launched by UNHCR and the Office for the Coordination of Humanitarian Affairs (OCHA). The preparation of this document has been facilitated by UNHCR, with the support of OCHA, at the national level. The appeal document is the result of a joint effort among all UN agencies in Congo who are willing to work on behalf of the DRC refugees in the Likouala Department. UNHCR responsibility to assist and protect the refugees derives from its mission statement: "UNHCR is mandated by the UN to lead and coordinate international action for the worldwide protection of refugees and resolution of refugees' problems."

The assistance that has been provided so far by the Government and humanitarian organizations has contributed to stabilizing the nutritional and epidemiological status of the refugee population, and prevents it from worsening. It has also allowed refugees to start settling down in the sites in a dignified manner.

After the first mass inflow in late October, the Government provided and UNHCR distributed 30 metric tons (MTs) of food commodities, as well as non-food items (NFIs) and medical supplies. In November, the Government officially requested the humanitarian community to provide relief assistance. The Government contributed to the logistics of the response by providing humanitarian actors with logistical capacity to airlift their supplies, donating 15,000 litres of fuel, making land plots available free of charge for the construction of temporary warehouses, facilitating border clearance and rail transport, and providing military escorts to UN missions and convoys.

In December, the Government, with the support of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and *Médecins Sans Frontières* France (MSF-F), launched a mass vaccination campaign against polio and measles for the entire department including Impfondo, Bétou and Dongou, targeting both refugees and the local population. The Government, with WHO support, also set up an epidemiological surveillance system in the Likouala Department.

Since October, UNHCR has delivered 161 MTs of aid material to some 35,000 refugees (including plastic sheeting for shelter, sleeping mats, blankets, kitchen sets, jerry cans, buckets, and mosquito nets) through direct implementation with some support of Congolese Red Cross volunteers. The local non-governmental organization (NGO) *Médecins d'Afrique* (MDA), with UNHCR funding, has opened

seven new health posts in major refugee sites in addition to the existing eight, and has launched mobile clinics to cover smaller sites. The local NGO *Agence d'Assistance aux Rapatriés et Réfugiés au Congo* (AARREC), with UNHCR funding, has started to build latrines, waste disposal sites, wells and showers in the sites. It has also started building a temporary site in Bétou for up to 6,000 refugees who are currently living in unsanitary conditions.

In January, UNHCR launched the registration of the refugees and started identifying and assisting persons with special needs, such as non-accompanied minors, victims of sexual and gender-based violence (SGBV), women heads of household, the elderly, and people with disabilities. Once the registration exercise is finalized, exact and comprehensive disaggregated data on the refugee population and their specific needs will be available. UNHCR has a sub-office in Impfondo with currently three international and 13 national staff. Its field office in Bétou was re-opened through the support of a UNHCR emergency team of four temporary international and seven national staff; international and local staff is currently being recruited. Due to the very limited field presence of most sister agencies, UNHCR has done its best to logistically support field visits of some agencies.

In November, the World Food Programme (WFP) launched an emergency operation to provide food assistance to the refugees, as well as logistics support to the operation. As of February 2, 664 MTs of commodities were distributed to 56,000 refugees in the Bétou, Impfondo and Dongou districts through AARREC. Through the air bridge established for the delivery of food commodities, WFP also airlifted medical supplies and NFIs on behalf of other UN agencies. Despite all efforts, so far, the food distributions throughout Likouala department did not suffice to cover all needs: in some locations food rations could only be provided for one month, while other sites are still waiting to be assisted.

As of mid-February, UNICEF had delivered through MDA 35 MTs of commodities, including eight 10,000 litre water tanks, 2,400 jerry cans, 12 MTs of soap, as well as water purification tablets, tarpaulins, 170 kitchen sets, and blankets. UNICEF also provided essential drugs and medicines to restock primary health facilities, including 26 emergency health kits, 286 MTs of plumpynut, therapeutic milk, vitamin supplements, de-worming tablets, oral re-hydration salts, and post-exposure prophylaxis (PEP) kits. In December, it carried out a nutritional screening of refugee children. Together with the Ministry of Education (MoE) and a local religious organization, UNICEF has began distributing school kits and recreational kits to cover the needs of more than 3,000 school children in 15 sites. Lastly, UNICEF partners (religious groups and local NGOs) have started conducting social mobilization activities on nutrition, health and hygiene practices in 15 sites in the districts of Dongou and Bétou.

WHO set up an epidemiological surveillance system, with the publication of a weekly newsletter on integrated disease surveillance and response; collected and processed data on maternal and neonatal health; strengthened health workers' skills in management of delivery and obstetric complications (basic and comprehensive emergency obstetric care) at the Impfondo hospital for referral needs; supported the organization of campaigns for voluntary blood donation; supported the setting up of a referral system; supported the local Departmental Directorate of Health in coordinating humanitarian action; donated three emergency health kits each includes medicines and medical devices to cover basic health needs of 10,000 people for approximately three months, ten malaria kits and chlorine tablets "Aquatabs" to the Government's crisis committee; reorganized the management of the donated medicines and other medical products; trained the concerned staff on drugs stocks management; and advocated with the health ministry the nomination of skilled health workers in the department. The recent appointment by the Ministry of Health (MoH) of the new Departmental Director of Health in Likouala is a result of that initiative.

The United Nations Population Fund (UNFPA) provided reproductive health (RH) support, PEP kits and condoms, and equipped the health posts with obstetric equipment. Expert staff was deployed to analyse vulnerabilities of populations of concern, particularly with regard to SGBV. A Humanitarian Specialist with a RH background is being deployed and will oversee operations in Bétou, the largest of

all refugee sites. Given the magnitude of the crisis, UNFPA will strengthen its presence in Impfondo, where humanitarian coordination is organized.

The Food and Agriculture Organization of the United Nations (FAO) hired two national consultants (on agriculture and fisheries) who undertook a field visit to identify beneficiaries of agricultural and fishery tools. The mission laid the ground for identifying needy refugee households and local partners to assist in the distribution of inputs and tools, technical support and monitoring of field activities. In addition, local suppliers were also identified and tools and inputs were purchased locally. These activities were implemented under the responsibilities of the regional agriculture and livestock directors to ensure the technical coherence and sustainability of outputs.

UNESCO has assisted the Regional Departments of Education (DDEPSA) in the coordination of the activities in the field of education (assessment of the situation, identification of the teachers/trainers in the refugee communities, distribution of equipment); supported the DDEPSA and the Association *Congolaise de Bien-Etre Familial* (ACBEF) in organizing four training workshops for teachers in Impfondo, Bétou, Dongou and Liranga; supported ACBEF in organizing training for young people on the culture of peace and life skills; and procured some equipment (benches, tables) for refugee schools.

The International Federation of Red Cross and Red Crescent Societies (IFRC) trained 150 Congolese Red Cross volunteers who conducted sensitization campaigns on WASH in the refugee sites. Congolese Red Cross volunteers also constructed two public latrines, distributed water purification tablets, disinfected water points, and started building or rehabilitating wells in two sites. They started helping the most vulnerable among the refugee households with water and relief items collection, transportation to health posts, and shelter and latrine construction materials and advice.

MSF-F established a presence at the hospitals in Bétou, operating five fixed out-patient departments (OPDs), Dongou (one fixed OPD with a midwife presence) and Impfondo (reference structure). In addition, MSF-F set up seven health OPD mobile clinics, three on the south axis (Impfondo-DRC border), and four on the north axis (Bétou-Central African Republic Border). MSF-F also set up water treatment facilities in three sites and started building or rehabilitating wells in four sites around Bétou. Furthermore, MSF-F focuses on SGBV prevention by selecting and training focal points in all sites where it is present. MSF-F also distributed NFI kits in some sites, including two blankets, two mosquito nets and four pieces of soap per family.

Coordination

Local authorities organized weekly meetings of the “*Cellule de Crise*” (crisis management unit), comprising humanitarian agencies, chaired by the Prefect in Impfondo and the Sub-Prefect in Bétou, and co-chaired by UNHCR. In addition, in light of its mandated responsibilities *vis-à-vis* refugees, UNHCR coordinated response operations in Bétou, Impfondo and Brazzaville by organizing regular meetings with sister agencies and humanitarian partners.

The Resident Coordinator (RC), as the leader of the UN system in the country, ensured that the response to the refugee crisis was coordinated and integrated, for example through regularly convening UNCT meetings. The RC also ensured smooth coordination with government counterparts and national and international NGOs by regularly convening the “*Cadre de Concertation entre les Agences du Système des Nations Unies et les Partenaires Humanitaires*” (inter-agency humanitarian consultation group)

Lastly, in order to ensure donor coordination the RC, in close coordination with the UNHCR representative, regularly convened the “*Cadre de Concertation des Partenaires Techniques et Financiers*” (inter-agency technical and financial consultation group), which is composed of the main bilateral and multilateral donors based in the Republic of Congo, UN agencies, the Bretton Woods Institutions and development banks.

Funding analysis

On 21 December 2009, the United Nations Central Emergency Response Fund (CERF) allocated \$7,948,987 to seven UN agencies for responding to the refugee inflow in the Likouala Department. In addition, a number of agencies drew on bilateral funding and internal sources for initial funding. The table below summarizes funding received as of 16 February 2010 which is counted towards the overall appeal of \$58,985,837, making the unmet requirements \$44,694,001.

Agency	Amount (\$)	Date	Donor	Sector
FAO	561,750	Dec 09	CERF	Livelihoods
Total	561,750			
UNESCO	55,640	Dec 09	CERF	Education
	50,000	Jan 10	Internal	Education
Total	105,640			
UNFPA	200,000	Nov 09	Internal	Health
	216,782	Dec 09	CERF	Health
	37,450	Dec 09	CERF	Protection
Total	454,232			
UNHCR (received \$2,674,018 from CERF against 2009 budgeting requirements)	721,501	Jan 10	Germany	NFIs, Protection, Shelter
	1,803,752	Jan 10	ECHO	Emergency Assistance
Total	2,525,253			
UNICEF	226,277	Dec 09	CERF	Nutrition
	38,581	Dec 09	CERF	Health
	311,081	Dec 09	CERF	Wash
	77,982	Dec 09	CERF	Education
	165,668	Dec 09	CERF	Protection
	131,963	Dec 09	Internal	Health
	117,400	Dec 09	DFID	WASH
Total	1,068,952			
WFP	3,017,755	Dec 09	CERF	Food Aid
	4,500,000		USA	
	1,082,251	Jan 10	ECHO	
	340,000		France	
Total	8,940,006			
WHO	283,122	Dec 09	CERF	Health
	282,881	Dec 09	CERF	WASH
	70,000	Dec 09	Internal	Health
Total	636,003			
GRAND TOTAL	14,291,836			

Constraints

Relief activities have faced three main constraints. First, the logistics of the operation are exceedingly complex and costly. The Likouala Department is a remote and poorly connected area of the country; Impfondo, its capital, is located 900 km from Brazzaville. The department can be reached only by plane or boat (or else by road from the Central African Republic); within the region, boats are virtually the sole means of transportation. Only the sites in Bétou and around Impfondo are accessible by road from those towns; and the road linking these two main towns is in poor condition and usable only during part of the dry season.

Agencies have therefore had to rely heavily on river transport to deliver humanitarian assistance. However, few boats are available in the region, many of them are in need of repair, and fuel is extremely expensive and difficult to procure. UNHCR, for example, has six transport boats operating between Impfondo and Betou; however, as these boats were bought in 1995 they are in a bad condition and need to be rehabilitated urgently in order to be fully functional. In order to transport 10 MTs of NFIs, 900 litres of fuel are needed to make the round trip Impfondo to Betou. As an added complication, during the dry season, lower water levels on the river further limit access to the region and the sites. It should be underlined that in this remote area logistics, especially by plane and boat, is the very backbone of all relief efforts. In the framework of this appeal, transport and logistics are presented by agencies as a cross-cutting activity as there is no single provider of logistics services.

The second constraint is that only a limited number of agencies are present in the affected area, namely UNHCR, WFP, IFRC, MSF-F, AARREC, and MDA. UNICEF recently placed some staff in Impfondo. WHO is sending staff on revolving basis while preparing permanent deployment to the area. The scarcity of implementing partners is problematic, insofar as there is a risk that the existing ones become overstretched.

Third, the security situation on the river, particularly south of Impfondo, is delicate, due to ongoing clashes in DRC and movements of armed groups on the river. As a result, humanitarian agencies have not been able to reach refugee sites in that area, however latest Government figures suggest an increase of refugees in Liranga district. Also on other stretches of the river, humanitarian boat traffic has been temporarily suspended due to security concerns..

Lessons learned

The lessons learned from this first phase of operations can be summarized as follows:

- Strong logistical means are required for operations to run smoothly;
- Agencies need to diversify their implementing partners and reach out to new ones;
- Coordination needs to be strengthened in the field, particularly at the sectoral level.

3. NEEDS ANALYSIS

Two inter-agency assessment missions were conducted in November 2009, with the participation of the Government, United Nations agencies, the Congolese Red Cross, AARREC, MDA, and donors. These missions, as well as subsequent missions carried out by individual agencies, identified food, NFIs, support to livelihoods, access to clean water, sanitation, health care, education, and protection as the priority needs. Furthermore, UNHCR is assessing the needs of the refugees in accordance with its own internal methodologies and validates its findings through continuous protection monitoring of the situation.

This wide spectrum of needs reflects the fact that social service structures in the sites where refugees settled have been overwhelmed by the inflow, or were inexistent. In addition, the notable increase in the population of the sites is placing great strains on local resources such as water, wood, fish and wild game, so that refugees' coping mechanisms alone do not suffice to meet their basic needs.

The emergency food security assessment mission carried out in late November by WFP, UNHCR, UNICEF, AARREC and MDA in 12 sites concluded that the food security situation was extremely precarious. Refugees have limited or no food stocks, having fled before harvesting their cassava crop. The presence of refugees is also putting pressure on local communities, some of whom are hosting refugees in their homes and sharing their limited resources.

In urban areas, refugee families have limited access to food markets due to low income levels and rising food prices. In effect, local food supplies are insufficient to meet the increased demand caused by the refugee influx. As a result, prices of staple foods (mainly cassava flour, fish and banana) in local markets almost doubled between September and November 2009.

The food security situation of vulnerable households among the host population is also of concern. Likouala Province is one of the poorest areas in the country. It is a food deficit area, poorly linked to markets, with the local population dependent mostly on subsistence farming (contributing to 35% of household food consumption) and trading activities on the Ubangui River between DRC and the RoC (contributing to 38% household food consumption). According to the preliminary findings of the latest comprehensive food security and vulnerability assessment (CFSVA), 5% of the local population is food insecure or vulnerable.

Host communities have been severely affected by the suspension of trading between the DRC and the RoC, as in normal times the local population in Likouala would purchase food from villagers from across the river in the DRC. Food accessibility and availability have also been limited as a result of rising food prices and depleted household food reserves. The local population is increasingly relying on family support and hunting to cope. WFP plans to conduct a second food security and vulnerability assessment in March 2010 to review the needs of the refugees and host communities.

In Bétou, refugees' living conditions in the abandoned Falco factory are wholly inadequate, as minimum standards in terms of intimacy, hygiene and safety are not met. The ramshackle building not only exposes refugees to the rain, but also runs the risk of collapsing at any time. Living space at the Mondzombo School is also very congested. In rural sites, refugees lack plastic sheeting to reinforce their often precarious shelter.

Refugees fled without any household items, and despite the distributions made so far many still lack basic NFIs such as kitchen utensils, jerry cans, buckets, blankets, sleeping mats, mosquito nets, lamps, soap and female hygiene items. The lack of blankets and mosquito nets has led to a notable incidence of respiratory diseases and malaria, particularly among children under five.

Livelihood opportunities are limited. Refugees have been relying on fishing, trade, and the sale of labour; many lack boats and fishing nets, however, and fishing opportunities are diminishing as the water level of rivers decreases in the dry season. The demand for labour is low, due to the

approaching lean season. Refugees also lack seeds and tools to engage in agriculture; in some cases, they have no access to land for farming.

Access to clean water is problematic, with refugees using the river for drinking, washing, and defaecating. The swelling of the population has considerably increased the risk of water contamination. To date 38 wells have been identified in the sites, meaning two-thirds of sites lack any well. Only 11 of the existing wells are functional, although the quality of the water has not been tested yet. Overall, 144 wells would be required to cover the needs of the refugee population. Sanitation facilities are lacking, as most refugee households have not built family latrines due to lack of tools. Hygiene awareness is low.

This emergency occurs in a region whose public health system is dysfunctional. The weaknesses that undermine the functioning of the nation's public health system, including poor infrastructure, under-equipment, shortage of essential medicines, lack of qualified human resources and weak epidemiological surveillance, are particularly prevalent in the Likouala Department. Public health structures are found only at district level, namely in the towns of Impfondo, Bétou and Dongou. No governmental health posts exist in the rural sites. Eight health centres that had been set up by UNHCR for the previous refugee inflow are still operational; they do not have the capacity to cater to the needs of the much larger newly-arrived refugee population, however.

The epidemiological situation is under control, thanks to the health interventions to date and the strengthening of epidemiological surveillance. The most recurrent diseases are malaria, diarrhoea, acute respiratory infections, and sexually transmitted infections. The risk of HIV/AIDS is high, given the circumstances in which refugees live, the absence of condoms, and the lack of awareness of the risk of transmission. The massive influx of refugees could give rise to epidemics, the risk of which is already high in the department.

Refugee children do not attend either primary or secondary school, as they are too numerous to enroll in local schools; their parents want them to study according to the DRC curriculum instead of the RoC one; and until recently the RoC Government had not authorized the opening of schools for refugees based on the DRC curriculum. Yet the majority of refugees indicate that education is among their priority needs. In some sites, refugee communities have built school huts but lack books and school supplies. While the availability of teachers is not an issue, as they are plentiful among the refugees, their remuneration is problematic, as the Government does not intend to take responsibility for it.

UNHCR protection monitoring has shown that security problems confronting refugees may arise from the proximity with Equateur Province, the presence of insurgents in refugee-hosting areas as well as tensions among the refugee communities and with the host population. The lack of documentation can expose refugees to harsh law enforcement, arbitrary detention and restriction to their freedom of movement. Moreover, refugees are at times subject to illegal taxation. The breakdown of the social safety network and the separation from or loss of family members renders refugees, particularly refugee women and children, more vulnerable to abuse. A limited number of non-accompanied minors and some cases of SGBV have been identified. No cases of refoulement have been reported.

The presence of the refugee population increases the risk of environmental degradation in the area, especially with regard to the collection of firewood and wood for construction of temporary shelter.

Vulnerability is greater in smaller sites, where no health points have been established; and in urban areas, where refugees have greater difficulties in procuring food. The specific needs, risks and vulnerabilities of women heads of household, the elderly, and people with disabilities have not yet been fully identified or met. No participatory assessment has been conducted as yet.

4. THE 2010 COMMON HUMANITARIAN ACTION PLAN

4.1 Scenarios

Under the most likely scenario, the security situation would slowly and gradually stabilize in the Equateur Province of the DRC, and refugees would remain in the RoC for the remainder of the year.

Under a best-case scenario, the security situation would quickly stabilize in Equateur, and refugees would return quickly and spontaneously, or with UNHCR assistance.

Under a worst-case scenario, fighting would intensify in Equateur, leading to a further influx of refugees into the Likouala Department and an increase in the caseload, up to 150,000 persons.

4.2 Strategic objectives for humanitarian action in 2010

The humanitarian response plan focuses squarely on the urgent needs of the refugee population in the Likouala Department. As refugees and host communities live side by side and are often intermingled, assistance in the WASH and health sectors as well as community sensitization and education campaigns will by their very nature also benefit host communities. In the context of this appeal, programmes in the above-mentioned sectors will target some 58,000 local people living in the sites where refugees have settled. The food sector will target 10,000 vulnerable people from the host communities.

The overall objective of the response plan is to save lives and protect the livelihoods of refugees. The strategic objectives are to:

- Ensure that the rights of refugees as set out in international conventions are respected;
- Stabilize the nutritional situation, by improving food consumption and supporting agriculture and fishery;
- Stabilize the health situation, by providing predictable PHC, increasing access to safe drinking water, reducing the risk of transmission of water-borne diseases, and providing essential shelter and NFIs;
- Ensure that refugee children have access to primary education and pre-school activities, by supporting the establishment and functioning of primary schools and pre-schools.

These objectives will be reached by implementing actions in the following sectors: protection, food, shelter & NFIs, livelihoods, WASH, health, and education.

Refugees will be encouraged to manage their communities with the effective participation of women, and to participate in the delivery of services.

4.3 Strategic monitoring plan

A. Strategic indicators and data collection system

The indicators that will measure achievement of the strategic objectives are:

- Percentage of individual protection cases that receive adequate response;
- Prevalence of acute malnutrition among children under five below 10% (weight for height as %);
- Crude mortality rate under 1/10,000/day;
- Percentage of refugee children aged 5-11 enrolled in primary school and young children in pre-school

Percentage of individual protection cases that receive adequate response

- Baseline: 100%.
- Source: UNHCR Protection Monitoring.

Prevalence of acute malnutrition among children under five below 10%

- Baseline: Data not available from local government structures and currently being established.
- Source: Bulletin *Hebdomadaire de Surveillance Intégrée des Maladies & Réponse*, produced by the *Direction Départementale de la Santé* of the Likouala Department weekly and systematically shared with humanitarian partners.

Crude mortality rate under 1/10,000/day

- Baseline: Data not available from local government structures and currently being established.
- Source: Bulletin *Hebdomadaire de Surveillance Intégrée des Maladies & Réponse*.

Percentage of refugee children aged 5-11 enrolled in primary school and young children in pre-school

- Baseline: 0
- Source: UNHCR and UNICEF.

In the context of coordination arrangements, UNHCR will regularly share information on the indicators with all humanitarian partners, who will review it and if necessary adjust their strategies accordingly.

Planning scenarios will be collectively monitored continually by the coordination mechanisms at field and capital level; decisions on major shifts in strategy will be taken in those fora, if and as necessary.

B. Logical Framework for the Humanitarian Response

Strategic Objective	Key indicators	Corresponding Sector Response Plan Objectives	
1. Ensure that the rights of refugees as set out in international conventions are respected	Percentage of individual protection cases that receive adequate response	Protection	<ul style="list-style-type: none"> • All refugees are registered and receive adequate documentation • A system for protection monitoring, reporting and response is established covering all refugee-hosting areas • All refugees with special needs are identified and assisted • A SGBV prevention and response strategy is developed and implemented • A comprehensive child protection strategy is developed and implemented • Ensure overall coordination of all assistance and protection activities on behalf of DRC refugees in Likouala
2. Stabilize the nutritional situation	Prevalence of acute malnutrition among children under five below 10%	Food security	<ul style="list-style-type: none"> • Improve the food consumption of the refugees and targeted host families • Stabilize acute malnutrition among children under five
		Livelihoods	<ul style="list-style-type: none"> • Refugee groups are provided with seeds, tools and animals • Refugee groups are supported in processing and selling agricultural, fishing, breeding and non-timber products
		Surveillance system	<ul style="list-style-type: none"> • Regular monitoring of malnutrition through a surveillance system

Strategic Objective	Key indicators	Corresponding Sector Response Plan Objectives	
3. Stabilize the health situation	Crude mortality rate under 1/10,000/day	Health	<ul style="list-style-type: none"> A total of 16 health posts are established, equipped, staffed and functional Three mobile clinics are established and functional Referral system for hospital treatment established and functional including emergency obstetric care Health information System established and functional All children under five vaccinated against polio and measles and pregnant women vaccinated against tetanus At least 90% of severe malnourished children receive treatment following the national protocol
		WASH	<ul style="list-style-type: none"> Refugees and host population trained on safe hygiene practices 90 shallow water wells built, and 27 existing wells rehabilitated Each refugee family (21,625 in total) builds its own latrine 220 temporary latrines and 50 shallow wells built in refugee schools
		Shelter & NFIs	<ul style="list-style-type: none"> A new site for up to 6,000 refugees is built in Bétou All refugee households in the newly established site in Bétou are provided with shelter construction kits All refugee households are provided with essential NFIs All refugee women of reproductive age receive hygiene kits every three months
4. Ensure that refugee children have access to primary education and early learning opportunities	Percentage of refugee children aged 5-11 enrolled in primary school and younger children in pre-school	Education	<ul style="list-style-type: none"> 50 temporary community-based primary schools for refugee children are established and equipped with basic supplies and educational materials 50 pre-schools for refugee children are established and equipped with recreational material 50 primary school principals, 300 primary school teachers and 50 pre-school teachers are recruited, trained and provided with financial incentives

4.4 Criteria for selection and prioritization of projects

A. SELECTION

Projects were selected according to the following criteria:

- The project is consistent with the sectoral strategy;
- The project does not duplicate activities implemented by other organizations;
- The implementing agency and/or its implementing partners have a recognized capacity to implement the project;
- The project takes into account logistical needs;
- The project is cost-effective, in light of the costliness of logistics.

B. PRIORITIZATION

Since the projects submitted for each sector were few in number and complementary, no prioritization exercise was considered necessary.

4.5 Sector response plans

NB: for sectoral needs analysis, see section 3.

4.5.1 Food

Appealing Agency	WFP
Number of Projects	1
Beneficiaries	120,000 people. General food distributions will target 110,000 refugees and 10,000 vulnerable people from the host communities. The supplementary feeding programme (SFP) will benefit 3,500 malnourished children (also included in the general food distribution)
Funds Requested	\$30,503,327
Contact Information	WFP Representative, Mr. Alix Loriston alix.loriston@wfp.org / +242 6665157, +242 5050707

Objectives

Food assistance will be provided through general food distributions and SFP targeting moderately malnourished children between 6 and 59 months. The overall objectives are to:

- i) Improve the food consumption of refugees and targeted host families;
- ii) Stabilize acute malnutrition among children under five.

Response strategy

General food distributions will be targeted at the refugees registered by UNHCR. The poorest households among the host population will be identified through community-based targeting. The following targeting criteria have been determined on the basis of the emergency food security assessment findings: no food stocks available, lack of access to health care and use of distress coping strategies. About 6.5% of the local population will receive WFP assistance. General food distribution will be implemented in collaboration with local authorities, UNHCR and AARREC. Food assistance will be required at least until the end of the year, which is the earliest refugees can harvest provided they receive land, seeds and tools without delay.

The SFP will be targeted at children 6-59 months suffering from moderate acute malnutrition. Criteria for admission and discharge will be based on weight for height. Children discharged from the therapeutic feeding programme supported by UNICEF will also be assisted through the SFP.

Indicators

- Prevalence of acute malnutrition among children under five below 10% (weight for height as %).
- Household food consumption score.

Sectoral monitoring plan

WFP field staff based in Bétou and Impfondo will verify beneficiary lists and monitor the transportation of food. WFP staff will be directly involved in the distribution process and will conduct post-distribution monitoring to ensure that the food rations reach the intended beneficiaries. Field offices will issue weekly situation reports. At the operational level, the Commodity Movement Processing and Analysis System (COMPAS) will be established in both field offices to track commodity movement.

Data will be captured by WFP partners ARREC and Agency for Technical Cooperation and Development (ACTED) through post-distribution monitoring exercises. AARREC and WFP field staff will ensure the accountability of operations and reporting on output indicators. With the support of the WFP Regional Bureau, baseline information collected in November 2009 will be used for the in-depth security assessment to be carried out in March 2010..

WFP and UNICEF plan to undertake a nutritional survey in the coming months to measure outcome indicators such as global acute malnutrition (GAM) and mortality rates.

4.5.2 SHELTER AND NON-FOOD ITEMS

Appealing Agency	UNHCR
Number of Project	1
Beneficiaries	110,000 refugees (including 30% women of reproductive age)
Funds Requested	\$12,193,943
Contact Information	UNHCR Associate Protection Officer, Ms. Barbara Colzi (colzi@unhcr.org / +242 281 11 69)

Objectives

The overall objective is to reduce the vulnerability of the refugees and prevent deterioration of their living conditions. The specific objectives are:

- A new site for up to 6,000 refugees is established in Bétou;
- All refugee households in the newly established site in Bétou are provided with shelter construction kits;
- All refugee households are provided with essential NFIs;
- All refugee women of reproductive age (approximately 30%) receive hygiene kits every three months.

Strategy

The vast majority of the refugees who fled violent conflict in Equateur Province did not have the time and means to bring their kitchen utensils, sleeping mats, hygiene articles or shelter material. Access to adequate temporary shelter is likely to be one of the most important determinants of general living conditions. Adequate shelter is life-saving and alleviates hardship while it provides security and dignity to refugees. Many of the refugees from DRC sought shelter in public buildings and sites such as schools, churches public buildings (which, in most cases, are needed by the authorities). Others live under the open sky where they are exposed to the equatorial sun and heavy rains or in improvised makeshift shelters constructed from local material. Others again are sharing accommodation with local population, creating overcrowded shelters and sub-standard living conditions.

The co-existence between the local population and the refugees has so far been peaceful and without great tensions despite the fact that some sites are congested. The provision of additional shelter would release the pressure on the local communities and help avoid potential tensions.

In Bétou centre, the local authorities have allocated a plot that can accommodate around 6,000 refugees. On this plot, a site is being developed by UNHCR and its partner AARREC taking into account the provision of the full range of basic services such as water and sanitation facilities and the construction of shelter for vulnerable refugee families. The refugee families who opt for relocation from their current temporary shelter, especially those currently sheltering in the overcrowded Falco match factory and Mondzombo school ground, will be assisted in building shelter on the newly constructed site. To this end, UNHCR will distribute shelter construction kits to the refugee committees on site to construct shelter of about 18 m² (3.5 m² per person) according to international standards. UNHCR will sensitize and mobilize the community to ensure its active participation in the construction process.

Refugees will be consulted on their shelter preference in view of their cultural habits and available local construction materials.

Environmental protection issues have been taken into consideration throughout the site planning in Bétou in order to minimize environmental hazards and reduce potential for conflict over access to environmental assets and services. The shelter strategy for the site aims at preventing environmental damage, particularly excessive wood collection or logging in the protected forest.

In all other sites, UNHCR will distribute NFIs and plastic sheeting to refugee households, allowing them to improve and construct their temporary shelters for the rainy season. Hygiene kits will be

distributed to women in reproductive age in all sites every three months. The distributions in the sites are carried out by UNHCR implementing partners IFRC and AARREC.

Most of the sites are only accessible by river. To ensure the timely and effective distribution of NFI kits and access to all beneficiaries, UNHCR will reinforce transport and warehouse capacity. To this end, existing transport boats will be rehabilitated and additional transport boats will be constructed in the area. Moreover, two trucks, some light vehicles, boat motors, spare parts and fuel will be purchased. It should be noted that the provision of fuel in large quantities is needed to effectively protect and assist beneficiaries in this “river operation” and is key in achieving set objectives.

Indicators

- Minimum standards regarding, living space, sanitation, water, shelter, security, etc. are upheld at the new site in Bétou.
- Percentage of refugee households in the newly established site in Bétou who have received a shelter construction kit.
- Percentage of refugee households who have received essential NFIs.
- Percentage of refugee women of reproductive age who receive hygiene kits every three months.

Monitoring mechanism

A monitoring and evaluation framework has been established to track and measure all indicators. Moreover, UNHCR has a well-established monitoring and evaluation mechanism that functions through the verification of financial and narrative reports from partners and field based staff, frequent field visits, regular meetings with the beneficiaries and partners as well as mid-term reviews and annual reports.

4.5.3 WATER, SANITATION & HYGIENE

Appealing Agencies	UNHCR, UNICEF, WHO
Number of Projects	3
Beneficiaries	110,000 refugees and 58,000 members of surrounding host communities
Funds Requested	\$4,941,531
Contact Information	Salvator Nibitanga (snibitanga@unicef.org , +242 950 55 59)

Objectives

The overall objective is to increase access to safe drinking water and reduce the risk of transmission of water-borne diseases. The specific objectives are:

- Refugees and host population trained on safe hygiene practices;
- 90 shallow water wells built, and 27 existing wells rehabilitated;
- Each refugee family (21,625 in total) builds its own latrine;
- 220 temporary latrines and 50 protected shallow wells built in refugee schools and pre-schools.

Response strategy

The response strategy was developed taking into account three main constraints: first, refugees are scattered over some 100 sites; second, logistics are very costly; third, water turbidity is high. As a result, increasing refugees' access to safe drinking water cannot be achieved through water treatment facilities or household water treatment, but will have to rely to a large extent on refugees boiling the water. This will require a heavy investment in hygiene promotion campaigns. Two complementary sensitization approaches are put in place.

Firstly, UNHCR through its partner the Congolese Red Cross and IFRC targets the refugee communities, while UNICEF with the help of religious associations focuses on schools, churches including surrounding host communities. Water purification tablets will only be distributed to health posts for out-patient treatment of diarrhoea. Secondly, a pilot project will be launched for household water treatment, so as to explore alternative means of increasing access to safe drinking water.

Refugees will be encouraged to build household latrines, garbage pits and showers, with agencies supporting them by distributing the necessary tools and materials, providing guidance on construction, use and maintenance, and monitoring implementation. Vulnerable refugees will be assisted in the construction of their latrines. UNHCR will support refugees to construct a total of 19,625 household latrines (one per family), whilst UNICEF will support an additional 2,000 households. Furthermore, the refugee communities will be sensitized regarding the proper use and maintenance of the family sanitary facilities.

In many areas of Likouala Department, the arrival of refugees from RoC has essentially doubled the population. In certain sites the population has even increased ten-fold. This increase in the population has considerably increased the risk of water contamination, e.g. from faeces. A UNHCR water and sanitation assessment found a need for at least 144 wells for the whole refugee-hosting area. So far, 11 wells are functioning and 27 have to be rehabilitated in refugee-hosting areas. In addition, UNHCR has planned to built .some 90 wells and other partners 13 in order to meet the needs.

Wells will be built or rehabilitated directly by agencies' implementing partners, as this requires technical expertise. Water and sanitation committees will be established to ensure proper use and maintenance of infrastructure. In schools and health posts, both boys' and girls' latrines and wells will be built by UNICEF implementing partners. The quality of drinking water will be monitored though the provision of testing kits to the water management committees in the refugee sites. All staff involved in the monitoring project will be trained.

Indicators

- Percentage of refugees and host population demonstrating good hygiene practices.

- Number of wells built or rehabilitated and used.
- Percentage of refugee families having built its own latrine.
- Number of temporary latrines and wells built in schools.

Sectoral monitoring plan

The WASH sectoral coordination mechanism, led by UNICEF including UN agencies, the Government, international and local NGOs, will be responsible for planning, monitoring and evaluation of WASH actions as well as for sharing information and lessons learnt by different organizations. In addition, it will also serve as a platform for reviewing and testing water, environment, and sanitation technologies as well as standardizing monitoring and evaluation tools and information, education, and communication (IEC) materials.

A Knowledge-Attitudes-Practices survey will be carried out to monitor progress and impact.

4.5.4 HEALTH AND NUTRITION

Appealing Agencies	UNHCR, WHO, UNICEF, UNFPA
Number of Projects	6
Beneficiaries	110,000 refugees and 58,000 members of surrounding local population
Funds Requested	\$4,658,959
Contact Information	UNHCR National Community Services Officer, Dr. Charles Zoueke zoueke@unhcr.org / +242 281 11 69

Objectives

- A total of 16 health posts are established, equipped, staffed and functional.
- Three mobile clinics are established and functional.
- Referral system for hospital treatment established and functional.
- Health information system established and functional.
- All children under five and pregnant women vaccinated against expanded programme on immunization priority diseases.
- At least 90% of severely malnourished children receive treatment following the national protocol.

Sector response strategy

In a context marked by major weaknesses in the health system of the Likouala Department, including the crucial lack of human resources, humanitarian assistance for refugees cannot be considered without including targeted support to the public health system. Efforts should focus on:

- (i) the provision of a package of services essential to the survival of refugees and vulnerable local population;
- (ii) the provision of commensurate support to the public health system, particularly in the area of human resources.

Activities in this sector will be designed around refugees' needs but will benefit the entire population living in refugee sites, as access to health care services will be free of charge for all.

In rural sites, agencies will work through the MDA-run health posts. In urban areas, particular attention will be paid to avoiding duplication between public health facilities and MDA-run health posts. Public health facilities will be supported and strengthened. UNHCR has planned to cover 16 sites which have more than 2,000 refugees with health posts and other sites with mobile clinics.

The health posts will offer primary health services, including preventive and basic curative health care, priority RH services (Minimum Initial Services Package including emergency obstetric, obstetric care and clinical management of rape), and child health care, immunization against major infectious diseases, sensitization on disease prevention, and health education.

Given the logistical constraints of the operation, the major challenges will be ensuring the availability of essential drugs and supplies in all health posts and transferring patients requiring hospital treatment. To this end, a supply chain will be established and a referral system for complex and emergency treatment in the Impfondo or Bétou hospitals will be put in place.

Qualified health workers will be recruited among the refugee and local population and will receive targeted training, including on RH, child diseases, nutrition, HIV/AIDS, etc.

The Health and Nutrition Sector will benefit from close inter-agency cooperation and related contributions from UN sister agencies and NGOs. A geographical and functional division of labour will be developed to avoid gaps and duplications. UNHCR will coordinate the overall activities in this sector. MDA and MSF-F are complementing each other in the management of health posts in the various sites.

Agencies will work with national NGOs in the area of health education. Targeted and harmonized messages and approaches are being commonly elaborated by all stakeholders.

Indicators

- Percentage of refugees who have access to PHC services through either a health post or a mobile clinic.
- Crude mortality rate under 1/10,000/day.
- Percentage of children under five and pregnant women vaccinated against EPI priorities diseases.
- Prevalence of acute malnutrition among children under five below 10%.

Monitoring mechanism

A health information system will be established in all health posts under the overall coordination of UNHCR. Health information data will be gathered weekly through MDA and MSF-F health posts as well as public health structures, and analysed by WHO and the Departmental Directorate for Health. Health Sector coordination meetings led by UNHCR and involving all stakeholders will take place each week in Bétou and Impfondo. Joint monitoring and evaluation missions will be undertaken to assess progress achieved, possible gaps, and constraints.

4.5.5 EDUCATION

Appealing Agencies	UNHCR, UNICEF, UNESCO, FAO
Number of Projects	4
Beneficiaries	15,000 children in primary school age 2,500 pre-school children 100,000 refugees and people in local populations (Radio and environment)
Funds Requested	\$2,558,218
Contact Information	UNHCR National Community Services Officer, Dr. Charles Zoueke zoueke@unhcr.org / +242 281 1169

Strategic objectives

The overall objective is to support the establishment and functioning of primary schools and pre-schools for refugee children. The specific objectives are:

- 50 temporary community-based primary schools for refugee children are established and equipped with basic supplies and educational materials;
- 50 pre-schools for refugee children are established and equipped with age-appropriate recreational material;
- 50 primary school principals, 300 primary school teachers and 50 pre-school teachers are recruited, trained and provided with financial incentives.

Sector response strategy

The existing local schools, often strained in human, financial and material resources, cannot absorb the numbers of newly arrived refugee children. The majority of registered refugees within the refugee hosting area on the banks of the Oubangui River indicate that the education of children is among their priority needs. Furthermore, assessment missions undertaken by the appealing agencies have shown that it is of utmost importance to refugee communities that their children can follow the curriculum of the DRC. The appealing agencies have already secured the approval of the RoC MoE to allow refugee schools to use DRC curriculum. Monitoring missions by DRC education officials will ensure that children will receive a valid school certificate if minimum standards are met.

In some sites, refugees have started themselves to set up temporary primary schools as well as pre-schools. Teachers are being recruited from within the refugee community with the help of UNHCR. Interventions will build upon and support community-based approaches to provide primary education on the refugee sites. Assistance will include material support to construct temporary primary and pre-schools, the distribution of educational material, school kits, and the recruitment, compensation and training of teachers. All education activities are age- and gender-sensitive and are designed, implemented and monitored with the full participation of the refugee community. This sectoral strategy dovetails with that of the WASH Sector, which envisages building latrines and wells for the schools so as to provide children with a decent learning environment.

Indicators

- Number of preschools and primary schools established.
- Number of school kits and recreational material distributed to children in primary school age and pre-school age, respectively.
- Number and percentage of children regularly attending primary school and pre-school classes.
- Number and percentage of teachers recruited, compensated and trained.

Monitoring mechanism

A sector coordination mechanism will be put in place under the leadership of UNHCR and co-chaired by the Departmental Directorate for Primary and Secondary Education and for Alphabetization to coordinate and monitor the activities. In addition, five monitors from within the refugee community will help to ensure overall quality of the primary education programme. Activities will be also monitored by staff of the appealing agencies.

4.5.6 PROTECTION

Appealing Agencies	UNHCR, UNFPA
Number of Projects	5
Beneficiaries	110,000 refugees
Funds Requested	\$2,455,435
Contact Information	UNHCR Protection Officer, Ms. Saoudatou Bah-Mansare bahs@unhcr.org / +242 281 11 69

Objectives

- All refugees are registered and receive adequate documentation.
- A system for protection monitoring, reporting and response is established covering all refugee-hosting areas.
- All refugees with special needs are identified and assisted.
- A SGBV prevention and response strategy is developed and implemented.
- A comprehensive child protection strategy is developed and implemented.
- Ensure overall coordination of all assistance and protection activities for refugees from the DRC in Likouala Department.

Sector Response strategy

UNHCR will support the RoC Government in its efforts to address protection-related problems in a timely and effective manner and preserve the civilian character of asylum. It will continue to monitor the overall protection situation and document human rights violations. It will strengthen Government capacity for the protection of refugees and undertake registration and issuance of documents to refugees in close cooperation with the Government.

Efforts will continue to be made by all protection partners to strengthen the prevention and response to SGBV. Agencies will also endeavour to promote and encourage gender awareness and strengthen women’s participation and decision-making in all relevant refugee committees. Every effort will be made to empower communities to develop their own protection responses.

A key priority of UNHCR is to protect the rights of refugee children. To achieve this, UNHCR will work with its partners to strengthen the child protection system to ensure special care and protection, with particular attention to unaccompanied minors and separated children.

Lastly, UNHCR will continue to explore appropriate durable solutions for the refugees.

Protection is relevant to all sectors of intervention. UNHCR will work together with relevant actors in a planned and coordinated way, to provide an effective response to protection concerns, while helping to ensure that there are no gaps or duplications of efforts. In this context, UNHCR will ensure the overall coordination of protection and assistance activities implemented under the various sectors.

Indicators

- Percentage of registered refugees who have received an identity card.
- Number of refugees registered.
- Number of arbitrary arrests and of illegal taxation of refugees reduced by 70%.
- Percentage of refugees with special needs assisted.
- Percentage of victims of SGBV assisted.
- Percentage of non-accompanied minors assisted.

Monitoring mechanism

A monitoring and evaluation framework has been established to track and measure all indicators. Tools have been designed to monitor the protection situation (monitoring forms, weekly/monthly reports, and incident reports) and analyse trends. Moreover, UNHCR has a well-established monitoring and evaluation mechanism that functions through the verification of financial and narrative

reports from partners and field-based staff, regular meetings with the beneficiaries and partners as well as mid-term reviews and annual reports. Performance and impact indicators are utilized in project implementation.

4.5.7 LIVELIHOODS

Appealing Agencies	FAO, United Nations Development Programme (UNDP)
Number of Projects	2
Beneficiaries	110,000 refugees and surrounding host communities
Funds Requested	\$1,674,424
Contact Information	FAO Representative, Mr. Dieudonné Koguiyagda dieudonne.koguiyagda@fao.org / 00 242 622 89 29

Objectives

- Refugee groups are provided with seeds and tools to enable them to engage in farming, fishing, and non-timber activities.
- Refugee groups are supported in processing and selling agricultural, fishing, breeding and non-timber products.

Response strategy

Inputs will be bought through the *Direction Départementale de l'Agriculture* and as much as possible locally, to avoid shipping costs and to ensure that they are adapted to local weather, soil and customs.

FAO national consultants will identify beneficiaries, with the support of CARITAS and the *Direction Départementale de l'Agriculture*. These will be groups of 10-20 households with a demonstrated capacity to engage in the given activity (farming, fishing or breeding), and a minimum of social cohesion. CARITAS will distribute inputs to beneficiaries.

The implementation of income-generating activities will prioritize the establishment of cooperatives, community-based organizations, and the creation of integrated production spaces. This will be conducted through a participatory approach which will seek the participation of the beneficiaries in the identification of their priorities. Prior to this a rapid survey will be conducted to assess the economic opportunities available in the area. Particular attention will be paid to the use of the national expertise of the *Direction Départementale de l'Agriculture*.

Indicators

- Percentage of households having received seeds and tools.
- Percentage of households supported in processing and selling agricultural, fishing, breeding and non-timber products.

Sectoral monitoring plan

FAO national consultants will carry out regular missions to the refugee sites to monitor achievement of objectives.

5. ROLES AND RESPONSIBILITIES

Local authorities will continue to convene weekly meetings of the “*Cellule de Crise*”, including humanitarian agencies and local authorities, chaired by the *Préfet* in Impfondo and the *Sous-Préfet* in Bétou, and co-chaired by UNHCR. In light of its mandated responsibilities *vis-à-vis* refugees, UNHCR will coordinate response efforts in Brazzaville, Bétou and Impfondo by organizing regular meetings with humanitarian partners.

The RC, as the leader of the UN system in country, will ensure that the response to the refugee crisis is harmoniously integrated within the UN system ongoing efforts. The RC will ensure that the issue continues to be on the agenda of UNCT meetings.

The RC will also ensure smooth coordination with government counterparts and national and international NGOs by ensuring that the issue also remains on the agenda of the *Cadre de Concertation entre les agences du Système des Nations Unies et les Partenaires Humanitaires*.

Lastly, in order to ensure donor coordination the RC, in close coordination with the UNHCR representative, will regularly convene the *Cadre de Concertation des Partenaires Techniques et Financiers*.

6. CONCLUSION

A robust response is needed to prevent a full-blown crisis. In effect, the significant increase in the population of the Likouala region will at some point exhaust local resources, so that the situation could deteriorate quickly with for example malnutrition and cholera outbreaks. In this respect, the nutrition and sanitation situation will need to be monitored closely.

Refugees will most likely stay in the Republic of Congo for at least the remainder of this year, as they are not ready to return due to fear of persisting insecurity. More generally, it is clear that until the situation in the Equateur Province stabilizes for good, there will regularly be inflows and outflows of riverbank populations in and out of Republic of Congo.

ANNEX I. LIST OF PROJECTS

Project Code	Appealing Agency	Project title	Original Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)
(click on code to open full project sheet)						
EDUCATION						
ROC-10/E/32050/120	UNHCR	Strengthen access of refugee children to community-based primary education	1,316,368	-	0%	1,316,368
ROC-10/E/32058/123	FAO	Prevention of the degradation the environment in the Likouala. Raising awareness for the protection of the environment in the Likouala	83,460	-	0%	83,460
ROC-10/E/32058/5103	UNESCO	Prevention of the degradation the environment in the Likouala. Raising awareness for the protection of the environment in the Likouala	97,370	-	0%	97,370
ROC-10/E/32069/5103	UNESCO	Support to learners and teachers to access vital information through Community Learning and Resource Centres in Likouala	329,560	50,000	15%	279,560
ROC-10/E/32070/124	UNICEF	Support refugee children education in the Likouala Department	599,202	77,982	13%	521,220
ROC-10/E/32070/5103	UNESCO	Support refugee children education in the Likouala Department	132,258	55,640	42%	76,618
Sub total for EDUCATION			2,558,218	183,622	7%	2,374,596
FOOD						
ROC-10/F/32068/561	WFP	Food Assistance to Congolese refugees in the Likouala Province	30,503,327	8,940,006	29%	21,563,321
Sub total for FOOD			30,503,327	8,940,006	29%	21,563,321
HEALTH						
ROC-10/H/32051/120	UNHCR	Ensure access to and strengthen existing emergency primary health care for refugees in Likouala Department	2,334,225	-	0%	2,334,225
ROC-10/H/32061/1171	UNFPA	Ensure access to and strengthen existing emergency obstetric care and newborn care for refugees in Likouala Department	480,216	416,782	87%	63,434
ROC-10/H/32062/124	UNICEF	Nutritional assistance for refugee families in the Likouala	790,431	358,240	45%	432,191
ROC-10/H/32063/122	WHO	Improving access and quality of the essential package of health services offered to refugees by the public health centres of Impfondo and Bétou.	670,890	353,122	53%	317,768
ROC-10/H/32064/122	WHO	Integrated disease surveillance and outbreak among refugees from the DRC in the province of al Likouala Republic of Congo.	344,626	-	0%	344,626
ROC-10/H/32095/124	UNICEF	Ensure acces to health supplies and services for vulnerable IDPs in Liouala Department	38,571	38,581	100%	- 10
Sub total for HEALTH			4,658,959	1,166,725	25%	3,492,234
LIVELIHOODS						
ROC-10/A/32060/123	FAO	Support to refugees' food security	924,424	561,750	61%	362,674
ROC-10/ER/32059/776	UNDP	Support to income generating activities for refugees and host communities	750,000	-	0%	750,000
Sub total for LIVELIHOODS			1,674,424	561,750	34%	1,112,674
PROTECTION						
ROC-10/P-HR-RL/32047/120	UNHCR	Ensure protection of refugee women, children and refugees with special needs	409,471	355,813	87%	53,658
ROC-10/P-HR-RL/32048/120	UNHCR	Enhance protection of refugees in Likouala Department from exploitation and violence	418,624	363,766	87%	54,858

REPUBLIC OF CONGO 2010

Project Code	Appealing Agency	Project title	Original Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)
ROC-10/P-HR-RL/32049/120	UNHCR	Provide International protection to refugees in Likouala Department who fled inter-ethnic violence in Equateur Province in DRC	1,247,672	1,084,173	87%	163,499
ROC-10/P-HR-RL/32067/1171	UNFPA	Ensure protection against sexual and gender-based violence of refugee women with special needs	214,000	37,450	18%	176,550
ROC-10/P-HR-RL/32096/124	UNICEF	Protection support to the most vulnerable refugees in the Likouala Department	165,668	165,668	100%	-
Sub total for PROTECTION			2,455,435	2,006,870	82%	448,565
SHELTER AND NFIs						
ROC-10/S-NF/32052/120	UNHCR	Provision of life saving temporary shelter and Non Food Items (NFIs) to refugees in Likouala Department	12,193,943	721,501	6%	11,472,442
Sub total for SHELTER AND NFIs			12,193,943	721,501	6%	11,472,442
WASH						
ROC-10/WS/32053/120	UNHCR	Improve access to potable water and sanitation to refugees	2,506,245	-	0%	2,506,245
ROC-10/WS/32065/122	WHO	Improving access to safe water by strengthening surveillance and control of the quality of drinking water in the sites of DRC refugees in the department of Likouala	437,373	282,881	65%	154,492
ROC-10/WS/32066/124	UNICEF	Increase access to safe water, sanitation and hygiene of refugee and host populations in the Likouala.	1,997,913	428,481	21%	1,569,432
Sub total for WASH			4,941,531	711,362	14%	4,230,169
Grand Total			58,985,837	14,291,836	24%	44,694,001

Table IV: Total funding per donor (to projects listed in the Appeal)

Consolidated Appeal for Republic of Congo 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Central Emergency Response Fund (CERF)	5,274,969	36.9 %	-
United States	4,500,000	31.5 %	-
European Commission (ECHO)	2,886,003	20.2 %	-
Germany	721,501	5.0 %	-
Allocations of unearmarked funds by UN agencies	451,963	3.2 %	-
France	340,000	2.4 %	-
United Kingdom	117,400	0.8 %	-
Grand Total	14,291,836	100.0 %	-

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 2 March 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table V: Total humanitarian assistance per donor (Appeal plus other*)

Republic of Congo 2010
as of 2 March 2010
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Central Emergency Response Fund (CERF)	5,274,969	36.9 %	-
United States	4,500,000	31.5 %	-
European Commission (ECHO)	2,886,003	20.2 %	-
Germany	721,501	5.0 %	-
Allocations of unearmarked funds by UN agencies	451,963	3.2 %	-
France	340,000	2.4 %	-
United Kingdom	117,400	0.8 %	-
Grand Total	14,291,836	100 %	-

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 2 March 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VI: Summary of requirements, commitments/contributions and pledges (grouped by IASC standard sector)

Consolidated Appeal for Republic of Congo 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Sector	Original Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	B/A	A-B	C
AGRICULTURE	924,424	561,750	61%	362,674	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	750,000	-	0%	750,000	-
EDUCATION	2,558,218	183,622	7%	2,374,596	-
FOOD	30,503,327	8,940,006	29%	21,563,321	-
HEALTH	4,658,959	1,166,725	25%	3,492,234	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	2,455,435	2,006,870	82%	448,565	-
SHELTER AND NON-FOOD ITEMS	12,193,943	721,501	6%	11,472,442	-
WATER AND SANITATION	4,941,531	711,362	14%	4,230,169	-
GRAND TOTAL	58,985,837	14,291,836	24%	44,694,001	-

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 2 March 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX II. ACRONYMS AND ABBREVIATIONS

AARREC	<i>Agence d'Assistance aux Rapatriés et Réfugiés au Congo</i>
ACBEF	<i>Association Congolaise de Bien-être Familial</i>
ACTED	Agency for Technical Cooperation and Development
CAR	Central African Republic
CERF	Central Emergency Response Fund
COMPAS	Commodity Movement Processing and Analysis System
DDEPSA	Regional Departments of Education
DRC	Democratic Republic of the Congo
FAO	Food and Agriculture Organization of the United Nations
FARDC	Armed Forces of the Democratic Republic of Congo
GAM	global acute malnutrition
IEC	information, education, and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
MDA	<i>Médecins d'Afrique</i>
MoE	Ministry of Education
MoH	Ministry of Health
MONUC	United Nations Mission in the Democratic Republic of the Congo
MSF	<i>Médecins Sans Frontières</i>
MT	metric ton
NFI	non-food item
NGO	non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	outpatient department
PEP	post-exposure prophylaxis
PHC	primary health care
RH	reproductive health
RoC	Republic of Congo
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- Resource mobilization leading to a Consolidated Appeal or a Flash Appeal;
- Coordinated programme implementation;
- Joint monitoring and evaluation;
- Revision, if necessary;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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