

Action Plan 2006

Mid Year Review

DEMOCRATIC REPUBLIC OF CONGO



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ACTION PLAN MID YEAR REVIEW

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ACTION PLAN

MID YEAR REVIEW

1 CONTEXT

1.1 Changes and humanitarian consequences

Humanitarian access to vulnerable people in the Kivus remains difficult, following military operations against renegade armed groups and other related attacks on civilians. This is particularly an issue in the central and northern areas of South Kivu, where access, even for emergency distributions to IDPs, remains limited.

The situation further north in Ituri is of special concern, with militia groups now operating in much of the border area, and undisciplined FARDC (Forces Armées de la République Démocratique du Congo) troops harassing, attacking, raping and killing civilians. The humanitarian community in Ituri is preparing a response plan to cope with the deteriorating situation.

IDPs: As many as 1.6 million remain displaced in the DRC, primarily in the eastern part of the country. The fact that 95 percent of IDPs are located in host communities rather than in camps makes it difficult to compile viable statistics. Humanitarian organisations work together to track IDP movements in order to better target protection, assistance and reintegration activities. One of the challenges is finding the most vulnerable, who are frequently on the move or hiding out in forests. Military operations in the first three months of 2006 resulted in significant displacement. The UNICEF/OCHA Rapid Response Mechanism has assisted more than 500,000 newly displaced persons since January. OCHA is working with MONUC to analyse the impact of these operations on civilian populations, and to ensure adequate consideration of humanitarian concerns in the planning of military operations.

Protection: Protection continues to be a major priority for the humanitarian community in the DRC. The rights of Congolese civilians, including IDPs and returnees, are constantly threatened by armed militias, government forces, and even elements in their own communities. The pervasive prevalence of sexual and gender based violence (SGBV), amidst a general climate of impunity, called for joint efforts to address this problem. As a result, a joint initiative to fight SGBV was called into life. Under UNFPA as administrative agent, a joint programme provides a multi-sectoral and holistic approach to fight SGBV through the provision of medical, psycho-social, legal and economic services including reinsertion of victims into their communities. Protecting Congolese civilians, by focusing on the most vulnerable (victims of SGBV, children and minority groups), is key to security sector reform. This provides a good monitoring and advocacy strategy for rapid protection response activities, which also includes tracing missing children, demobilization and reintegration of child soldiers. The protection cluster has been one of the most active in the DRC. Protection clusters at the national and local level have allowed the development of a common advocacy policy on protection issues. Working with the MONUC military, they have managed to reverse FARDC decisions to force IDPs to return home, launch investigations of FARDC troops accused of violating the human rights of civilians, and facilitate the establishment of thematic sub-groups to deal with issues such as SGBV and child protection. Agencies have begun to intensify training of integrated FARDC brigades on the Guiding Principles, humanitarian principles and SGBV. A positive development in this regard was the adoption by the DRC's National Assembly on June 21 of a bill on sexual and gender based violence that was drafted in large part by human rights and women's organizations, with the assistance of OHCHR's Office in the DRC. The bill considerably strengthens the legal protection available to victims of sexual violence, and reflects the growing awareness amongst Congolese decision-makers of the need to adopt concrete measures to address the tremendous problem of sexual and gender based violence in the DRC.

Return and reintegration: There is a real gap in terms of addressing return and reintegration needs of IDPs in DRC. IDPs have been returning home in areas throughout eastern DRC, but they continue to be confronted with problems related to insecurity and lack of basic services. Without adequate reintegration support, they could soon be forced to leave their homes yet again. Returnees need help with reconstructing homes, rehabilitating health and education infrastructure, and resuming agricultural activities.

1.2 Introducing New Tools

GHD Initiative: USA and Belgium were identified as donor coordinators for the DRC Good Humanitarian Donorship Initiative (for which the DRC is a pilot country). From the donor point of view, achievements of the GHD include: 1) announcements of contributions by some donors have been made earlier than in previous years; 2) support for a full NGO participation in the Action Plan process; 3) major efforts to strengthen coordination at provincial levels amongst UN agencies and between the UN and NGOs in order to set priorities, reduce duplication and to improve the effectiveness of programs for beneficiaries; 4) intensified coordination through the Humanitarian Advocacy Group at national level, and the provincial Inter-Agency Steering Committees/inter-cluster mechanisms, all involving the UN, NGOs and donors; 5) decision of some donors to contribute to a new Pooled Fund as a mechanism which incorporates the Rapid Response Fund and the Pooled Fund; 6) improved quality of dialogue and the capacity of donors to assess crisis needs. Unfortunately, with the exception of three donors, additional support for humanitarian needs has not been forthcoming.

Pooled Fund: The DRC Pooled Fund (PF) was created as a pilot initiative in 2005, and is consistent with the principles of the GHD initiative as well as being an integral part of the Humanitarian Reform package to strengthen the role of the Humanitarian Coordinator. It was fully established within the framework of the comprehensive 2006 DRC Action Plan. Under the authority of the Humanitarian Coordinator, the Pooled Fund aims to strengthen coordination and increase the extent to which funding is allocated to priority humanitarian needs. In 2005, the pilot Pooled Fund received US\$ 5.2 million from two donors (UK and Sweden).

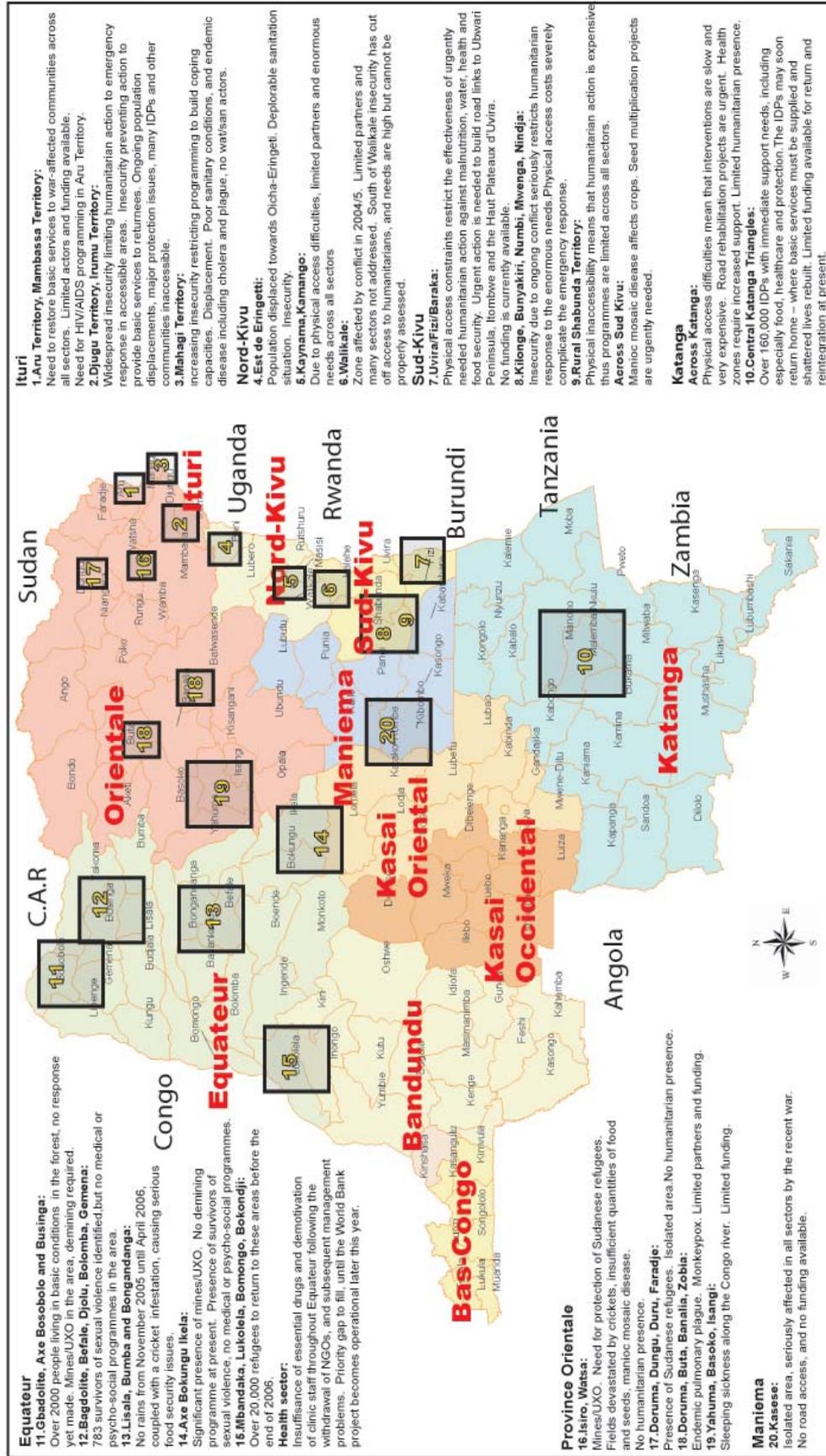
Clusters: The rollout of the cluster approach in the DRC began in January 2006. As of today, ten clusters are in place including water and sanitation, health, NFI/shelter, logistics, nutrition, food security, return and reintegration, education, emergency telecommunications and protection. Cluster groups meet at the national and local level and involve a wide variety of UN, NGO and government actors in setting priorities, identifying and filling gaps and securing resources for cluster activities. Most clusters have developed DRC-specific Terms of Reference, drawing on the generic TOR for clusters at the country-level developed by the IASC. With support from OCHA, inter-cluster coordination mechanisms are being strengthened at all levels. In areas where a cluster lead agency is not represented, the cluster leads have, in the true spirit of the approach, been looking to other UN agencies or NGOs to serve as cluster focal points.

1.3 Financial table – overview requirements and funding status per cluster

Cluster	PF+CERF	Other HAP funding	Total	Action Plan 2006	%
Coordination/RRM	7,550,000	14,845,282	22,395,282	34,929,810	64.12%
Water and Sanitation	6,231,000	3,495,272	9,726,272	20,592,929	47.23%
Education	1,594,840	4,700,275	6,295,115	23,461,008	26.83%
Logistics	5,001,983	0	5,001,983	19,839,090	25.21%
Nutrition	3,643,000	0	3,643,000	28,032,269	13.00%
Protection/Gender	4,219,000	15,274,906	19,493,906	58,128,472	33.54%
Return and Reintegration	3,000,000	14,807,544	17,807,544	126,871,721	14.04%
Health/HIV	9,169,860	20,116,612	29,286,472	152,744,109	19.17%
Food Security	12,185,275	41,610,979	53,796,254	225,727,680	23.83%
Shelter and NFI	0	0	0	14,285,800	0.00%
Paid contribution awaiting allocation to specific projects	12,809,940	4,123,313	16,933,253		
Total	65,404,898	118,974,183	184,379,081	705,322,770	26.14%

2. HUMANITARIAN CONTEXT: GAPS, ACCOMPLISHMENTS AND STRATEGIC PRIORITIES

2.1 Humanitarian Gaps Map



Democratic Republic of Congo

Humanitarian Situation

DRC: Priority Gaps in Humanitarian Action at 30 June 2006

PRELUCE PART:
 OCHA RDC - Bureau de Coordination des Affaires Humanitaires des Nations Unies
 Croisement Blvd du 30 Juin et Av. des Hurlottes Kinshasa
 République Démocratique du Congo
 Site Web : <http://www.rdc-humanitaire.net>

Source des données: Communauté humanitaire de la RDC compilé par OCHA RDC dans le cadre du Working Group GIS RDC

Carte N° OCHA_CT_SH_004/30 Jun 2006 Datum: WGS84 Projection de Mercator

2.2 Cluster Accomplishments and Priorities

Education

The education cluster is operational in all provinces. UNICEF is the cluster lead and serves as the focal point for the cluster in almost all provinces. In some areas, NGOs have agreed to serve as focal points, or a co-chairing mechanism has been put in place. Cluster co-chairing is ensured by an international NGO that also serves as provincial focal point and is chosen by the cluster members taking into account the technical expertise, the emergency response capacity and the geographical coverage. In some provinces, it was deemed necessary to put in place clusters at other administrative levels, which report to the provincial cluster. Terms of reference and action plans have been developed for almost all provinces. Cluster objectives are set up yearly and revised every 3 months taking into account the changes occurring in the political and security situation, especially for the eastern provinces (Ituri and the Kivus). Early indications suggest that the cluster approach helps and strengthens UN and NGO capacities to respond to crises and to coordinate interventions with respect to emergency education response and preparedness.

Major accomplishments

- The different cluster groups have developed (or are in the process of developing) provincial mapping indicating priority areas of interventions, risk areas, covered areas, transitional areas etc, to be able to respond to emergencies and to identify gaps and needs in the education sector.
- Field emergency needs assessment visits have been carried out following the recommendations of the HAG/CPIA. (e.g. schools looted or occupied by militias/militaries)
- Systematic emergency education response is ensured by RRM or by the co-chair INGO. In total, an average of 50, 245 displaced, vulnerable and out of school children and 1, 054 teachers have received access to emergency formal and non formal education through the rehabilitation of classrooms or schools affected by war (looted or occupied by armed forces or groups), distribution of education supplies for children and teachers, community and parents-teachers associations sensitization, increase of number of sanitation facilities for displaced children in hosting schools.

Immediate Priorities

- The sector will continue to focus on emergency response and preparedness as well as building the capacity of local education authorities and cluster members through an initial training session on "minimum standard of education in emergency".
- The education response to any emergency will continue to be ensured by RRM together with the NGO cluster co-leads with particular focus on access to basic education for IDP children, children released from armed groups, war affected children and child victims of natural disasters.
- Other major activities will include the development of school sanitation standards for the DRC (latrines and water points), sensitization of communities and teachers in areas at risk of recruitment of children and the finalization of rapid evaluation checklists.

Nutrition

As of this mid-year review 2006, more than 15,157 children in 94 nutritional centers were supported by UNICEF and partner NGOs such as, ACF, BDOM and SCF. The overall recovery rate was 92.1% and the death rate was 5%, while abandon rates were 2.9%. These results are satisfactory and meet the performance objectives that were set up in the national protocol for the management of acute malnutrition that reflects internationally accepted norms. The indicators for quality care provided in the nutritional centers are good. The average length of a child's stay within a center was 27.4 days and weight gain of 12.4gr/kg/day, indicators that are well within international norms. From January 2006 to May, WFP availed 1708 MT of food in support of therapeutic and supplementary feeding programmes in 10 provinces of the DRC. The number of beneficiaries totaled 134,000 persons of whom 5% were lactating/pregnant women, 7% severely malnourished children and 88% moderately malnourished children. Actual food distributions represented, reached only 24 % of the annual target food distributions in support to therapeutic and supplementary feeding programmes.

Major Accomplishments

- The major innovation in 2006 is the Cluster Leadership Approach, which has strengthened the coordination framework and response capacity by mobilizing UN agencies, NGOs and the government to respond quickly to gaps. UNICEF, as cluster lead, seeks to work closely in collaboration with cluster members including other UN agencies, NGOs, religious organisations and in close collaboration with the National Programme for Nutrition (PRONANUT) to strengthen partner capacity and to provide leadership wherever possible.
- UNICEF has put in place an emergency response mechanism - the "Renforcement du Programme Nutrition" (RPN) - coordinated and managed jointly by UNICEF, ACF and PRONANUT. This pilot project plays a significant role in reducing the morbidity, mortality and vulnerability of populations affected by acute malnutrition by reinforcing local and institutional capacities to ensure the incorporation of emergency nutritional rehabilitation in health activities according to lines defined by the national nutrition policy in the DRC. The RPN will also be able to respond to acute emergencies when no other actor can intervene.
- During the past year, UN agencies (UNICEF, FAO, WFP), together with implementing partners in close collaboration with PRONANUT, have been able to not only develop and integrate a national nutritional protocol for the treatment of acute malnutrition throughout the territory, but have also successfully trained authorities and their counterparts, including health staff and implementing partners.
- The implementation of the national policy for nutrition has improved the situation, and so has the development of detailed technical directives to harmonize interventions and improve the quality of services.
- The following framework of standards has been adopted in a national consensus co-managed by PRONANUT and UNICEF: 1) National rules governing the opening and closing of nutritional centers, 2) National protocol on the implementation of nutritional surveys and evaluations, 3) Operations guide for the National Nutrition Commissions in charge of acute malnutrition, and 4) Common Action Plan on Nutrition and Food Security for 2006. This approach seeks to complement and strengthen the state's responsibility, and not to duplicate existing, effective delivery of basic services.

Immediate Priorities

- For the next six months, the sector will continue to support previously established feeding centres for severely malnourished children by providing the necessary therapeutic food, equipment and medical supplies.
- UNICEF, together with WFP and FAO, will support training in nutrition responses with local NGOs and religious organisations involved in food distributions, nutritional treatment, and food security programmes.
- An integrated approach will be utilised to ensure complementarity and cohesion of UNICEF supported nutritional activities. An example is the link between UNICEF's community based nutrition programme and the emergency nutrition programme, where community based women's groups are trained not only in nutritional education, such as breast feeding and balanced meals, but also in the identification and referral of acutely malnourished individuals to appropriate nutritional centres.
- The continued improvement of the co-ordination and standardisation of the treatment of acute malnutrition and prevention programmes as well as establishing a system of nutritional surveillance in DRC will be a priority.
- The cluster lead, in close collaboration with all key actors, will be able to provide pertinent information and analysis of the acute malnutrition situation faced by the most vulnerable populations of DRC while also ensuring that there is a common approach to the acute malnutrition problem currently affecting Congo.

NFI / Emergency Shelter

To date, about 500,000 vulnerable people have been assisted by UNICEF and partners in the field of NFI/Emergency Shelter with funds received against the Action Plan 2006. More than 90% of beneficiaries have been victims of ongoing armed conflicts and are new or newly accessible IDPs. A large majority of the beneficiaries are children and women. The main mechanism to respond to the emergencies and address the NFI/Emergency Shelter needs is the Rapid Response Mechanism. It is the key mechanism for providing life-saving emergency assistance to conflict-affected and internally displaced populations in the DRC. It is co-managed by UNICEF and OCHA, and implemented by NGO partners in North Kivu (Solidarites), South Kivu (IRC), Ituri (Solidarites, CESVI until end June 2006) and Katanga (CRS). Based on the rapid assessment

capacity of the implementing partners, the entire DRC humanitarian community benefits from the evaluations of needs in all key sectors, in particular NFI/Emergency Shelter.

Major Accomplishments

- Unfortunately, in the current pre-election period, the humanitarian situation in the DRC has dramatically deteriorated. In the first quarter of 2006, there was an increase of 250% of IDP assisted by the RRM compared to the average in 2005. The humanitarian community believes that this negative trend is most likely to continue in the coming months, linked to the pre-and post-election period. The Rapid Response Mechanism and other NFI/Emergency Shelter interventions are more needed than ever to efficiently and adequately respond to life-saving emergency needs for the most vulnerable populations in the DRC.

Immediate Priorities

- Returns are expected to take place in North Kivu, South Kivu, Katanga and Ituri. Operational partners will focus on the NFI/Emergency Shelter needs of the returnees and will work towards ensuring the adequate and appropriate response to the emergencies.
- The NFI/Emergency Shelter Cluster has been established at national level, as well as in the most conflict-affected Provinces of Katanga, North Kivu, South Kivu and Ituri. Action Plans have been developed in order to strengthen the collaboration amongst operational partners and ensure the most adequate response to NFI/Emergency Shelter needs in emergency situations.
- A funding gap in the field of NFI/Emergency Shelter to new and newly accessible IDPs, as well as assistance to internally displaced populations returning to their places of origins, is estimated at about 21 million USD to cover the NFI/Emergency Shelter needs of 450,000 IDPs and 600,000 IDP returnees.

Protection

The protection cluster was established in January 2006 and is led by UNHCR (MONUC co-chairs the working groups). Considering the size of the country and the province-particular protection challenges a "bottom-up approach" starting at the provincial level has been adopted. Provincial protection working groups have been established in Ituri, North Kivu (Goma and Beni), South Kivu (Bukavu and Uvira) and Katanga (Kalemie and Lubumbashi). To support, guide, and provide the necessary liaison at the national level a protection working group in Kinshasa has also been established. The Kinshasa working group has developed terms of reference, guiding principles, national protection priorities, and is providing technical advice on all protection projects submitted to the Pooled Fund. In addition, the provincial working groups have established protection strategies for their regions.

Major Accomplishments

- The Protection Cluster has generally focused on the protection of civilians against violence. The entire population in the eastern conflict area is susceptible to violations of their rights and forced displacement at any given time. Approximately 95% of the actual IDP population is sheltered in host families and cannot be easily accessed and monitored. As a result, the cluster has quickly become the forum in which to discuss all civilian protection issues, which has served to strengthen the overall voice for protection in the country. Ultimately, this forum has put greater attention on prevalent issues such as human rights violations by armed groups, including the FARDC, and sexual violence. Questions related to the specific impacts of this violence on children have also been a major concern.
- The UNFPA led joint initiative to prevent and respond to SGBV started in 3 provinces (Maniema, Equateur and Province Orientale) with Belgian funding. Additional funds from New Zealand, Germany and Canada will allow UNFPA to scale up the multi-sectoral and holistic SGBV response in North Katanga (Mitwaba), Oriental Kasai (Sankuru, Mbuji-Mayi), and Province Orientale (Aru and Mahagi) as well as the provinces of North and South Kivu.
- Participants in the Protection Cluster include UN agencies, MONUC, NGOs, and the ICRC (as an observer). Due to the sensitive nature of many protection issues local NGOs and government officials have not been

invited to take part in the meetings. They are, however, convoked in separate meetings especially in the provinces.

- Notable results of the cluster thus far include improved coordination between the humanitarian community and the MONUC military (resulting in targeted MONUC deployments in some provinces), the identification of FARDC officers accused of human rights violations, release of prisoners who have been arbitrarily arrested, and the identification of certain gaps such as civilian protection training to the FARDC and the strengthening of the judicial system.
- The cluster has also addressed the protection of children separated from their families, children associated with armed groups and forces, and victims of sexual violence. Areas to improve are, due to the cross-cutting nature of protection the cluster, increased participation in other clusters as well as better association with national NGOs and government officials.
- Awareness was created among the armed forces and the police on security, protection needs of civilians, SGBV survivors and services providers, through training / sensitization of 350 officers in 7 provinces.
- Further accomplishments include: (1) Training/empowerment of judiciary and legislative to use existing national and international tools and frameworks to fight impunity and to efficiently address SGBV, protection and security; (2) Needs assessments in the province of Bas Congo; (3) The DRC constitution declares SGBV as crime against humanity (article 15); (4) Laws revising and completing the DRC penal code and penal procedure code adopted by Parliament; These laws also take into account the new types of SGBV that occurred during the conflict and persist until now (5) High-level commitment (President, Vice-President) in public statements against SGBV and impunity; (4) Rehabilitation of premises, delivery of essential drugs, equipment and PEP KITS; (5) Mainstreaming of SGBV issues in the PRSP; (6) Development of FARDC/PNC draft action plan to fight SGBV and impunity; (7) Production of media documentation on SGBV; and (8) on-going development of a comprehensive database on SGBV issues.

Immediate Priorities

- Develop and implement comprehensive and continuous civilian protection training to the FARDC and other authorities in an effort to reduce their violations against the population.
- Increase pressure (advocacy) and support of the judicial system so that the rule of law is upheld and violations of the law are punished.
- Launch protection mapping and monitoring projects at the provincial level.
- Commence the launching of a mass information campaign to sensitize the public on their inalienable rights and the rule of law.
- Increase contact with national NGOs and the government through regular meetings and briefings on priority issues.
- Increase participation in other clusters.
- Increase the coverage and efficiency of protection activities related to sexual violence.
- Support creation of a National Police Unit against SGBV at provincial level.
- Support for the implementation of the FARDC/PNC action plan to fight against SGBV and impunity.

Health

Assisted by a network of dedicated and competent emergency health coordinators at the country level, the cluster lead (WHO) rolled out the health cluster approach in the DRC in 2006. In its capacity as health cluster lead, country specific actions and resources are required to support the following areas of work outlined in the TOR.

- Coordination of programme implementation,
- Planning and strategy development,
- Training and capacity building of national authorities and civil society,
- Application of standards,
- Advocacy and resource mobilization,
- Monitoring and reporting,
- Provision of last resort,

The common goal of the health cluster is to save lives and reduce morbidity through coordinated public health interventions at national and provincial /district levels, better targeted and cost effective actions, information management, and strengthened disease surveillance and response.

Due to violent conflict and lack of governmental resources in the DRC, NGOs are providing basic services in the country. In North Kivu alone, the 73 NGOs and 11 UN agencies and programmes that are providing health services also constitute a major coordination challenge. In the health sector, the network of experts working for polio eradication and diseases surveillance will be strengthened by WHO and other partners in order to be able to deliver broad public health coordination in all provinces of the country. The Action Plan for 2006 appeals for more than \$150 million for the health sector including for health coordination and implementation of various national and provincial health projects

The main priority in the health cluster in the overall framework of the UN Action Plan for 2006 has been the provision of a Minimum Package of Health Activities in emergency situations for the reduction of mortality and morbidity rates among vulnerable populations affected by conflict, disasters and epidemics. Other priorities for the health sector include reduction of maternal and child morbidity and mortality, control of malaria, and access to secondary health care for victims of violence, as well as care of victims of sexual violence and HIV/AIDS. In June Tuberculosis was declared a health crisis by the Ministry of Health and should thus be added to the list of priorities.

In contrast to the situation in 2005, the Health cluster will receive a significant contribution for the implementation of the projects in the Action Plan. In fact, the sector has received firm pledges for an amount of 6 368 860 USD including contributions from the Pooled Fund and the CERF.

Major Accomplishments

- In the area of response to epidemics, several epidemic warnings or confirmed epidemics were investigated and controlled thanks to the technical and financial support of WHO and other agencies and health NGOs. Several epidemics were controlled including; measles (Mbuji Mayi); Whooping Cough (North Kivu); Cholera (South Kivu, North Kivu, and Ituri district); and suspected epidemics such as Viral Hemorrhagic Fever (Equateur) and Pulmonary Plague in the health zones of Linga and Rethy (Orientale Province).
- After five years of a polio free situation in the DRC, two cases of Wild Polio Virus were diagnosed in Bas Congo and one in Kasai Occidental. Riposte plans are underway. WHO, UNICEF, ROTARY International, USAID, Japan and other organizations are supporting the Ministry of Health for the organisation of supplementary vaccination campaigns against polio in the provinces of Bas Congo, Kinshasa, and Kasai Occidental.
- Other activities were undertaken such as the organisation of a training session, for provincial health officials and officials working on the Expanded Vaccination Program in Equateur Province, for the surveillance of acute paralysis, measles control and the implementation of the "Reach Every Health Zone" approach.
- Concerning HIV/AIDS WHO supported the official launch on 11 April 2006 by senior government officials of the campaign to accelerate HIV prevention efforts in DRC and the organisation of meetings of technical working groups on training, procurement and monitoring and evaluation to accelerate Anti-Retro Viral treatment in health centers targeted in 2006.
- UNFPA supported the procurement of essential drugs, equipment, PEP and STI Kits and contraceptives for 62 health units (20 hospitals, 42 health centers and maternities) in 7 provinces (Equator, Maniema, Province Oriental, North and South Kivu, Kasai Oriental and Kasai-Occidental) to reduce maternal and child mortality. 10 doctors and 10 nurses from the provinces of Equator, Maniema and Orientale received training in fistula repair, and management and health structures were rehabilitated in Maniema and Province Orientale.
- In order to be prepared for an eventual Avian Flu pandemic in the DRC a contingency plan was developed with technical and financial support provided by WHO and UNICEF.
- WHO has also elaborated a health contingency plan for eventual social unrest during the general elections period, at the end of July, and is seeking funding for the plan. This plan has the support of all the health stakeholders and covers the entire country.

Immediate Priorities

- Improvement of cluster functions through; technical assistance; public health partnership; the initiation of mortality tracking to measure the general health situation and the impact of humanitarian health assistance.
- Provision of the Minimum Activities Package in certain health zones, with emphasis on activities to accelerate vaccination coverage and recovery centres.
- Control of Malaria in areas of high vulnerability.
- Implementation of polio riposte plans.
- Strengthening preparedness for Avian Flu.
- Fighting epidemics.
- Better address links between SGBV and HIV/AIDS in prevention strategies.
- Increase coverage of quality reproductive health services in health districts.
- Support development of a national condom programming policy.

Return and Reintegration

At the beginning of 2006 there were still some 1.5 million Internally Displaced Persons in the DRC, and at least 400.000 Refugees scattered in 9 neighbouring countries.

The Early Recovery Cluster was established in May 2006. Participants include UN Agencies, INGOs, local NGOs, MONUC, donors and Government ministries. From mid-2005 a "Thematic Group" on Early Recovery, co-chaired by UNDP and UNHCR, was meeting quite regularly but it included the UN Agencies only. Draft ToRs for the Thematic Group were developed, as well as a draft country strategy. These need further review to represent the views of the new participants into the Cluster. The cluster meetings are chaired by, either, the UNHCR Country Representative or the UNDP Country Director. It was agreed to have a bimonthly meeting at UNHCR office with UNDP in charge of the secretariat.

Major Accomplishments

- The North Kivu, South Kivu, Katanga, Province Orientale and Equateur have been identified as priority provinces for implementation of recovery programmes, based on a vulnerability mapping exercise. UNHCR and ACTED have carried out a VAMP (Village Assessment and Mapping) exercise in two territories in South Kivu and one in Katanga. Based on the results of the VAMP in South Kivu, a pilot Joint Programme UNDP/UNHCR was conceived and will start soon to rehabilitate health infrastructures and more than 150 kms of secondary roads.
- Three provincial clusters were recently launched in Goma, Bukavu, and Lubumbashi.
- Through the national cluster two funding allocations (one from the Pooled Fund and one from the CERF) were distributed among several humanitarian actors to respond to acute needs.

Immediate Priorities

- The cluster will start mainstreaming return and reintegration priorities into existing and planned reconstruction and development processes at national, provincial and territorial levels (PRSP, UNDAF, Stabilization Programmes).
- A main task for this cluster will be to elaborate a country strategy and a mapping of the population displaced by the war, including IDPs, returnees and dependents of ex-combatant.
- Another important function of the cluster will be to identify gaps, and to propose and validate projects aiming at supporting the return and reintegration of vulnerable populations, to be funded through the Pooled Fund, the CERF or through any other bilateral funding mechanism.
- Additional Provincial Clusters will be set up in, Bunia and Mbandaka.

Water and Sanitation

In the first half of 2006 agencies working in the water and sanitation sector have continued to respond to the emergency needs of the internally displaced, communities hosting the displaced and returning refugees. Country-wide, emphasis continues to be placed on the regions of Katanga, South Kivu, North Kivu, and Ituri.

Major Accomplishments

- Since the beginning of the year RRM has responded to the emergency water and sanitation needs of more than 500,000 Congolese. These responses have included water treatment, water trucking, bladder installations, jerry can distributions, temporary latrine construction and hygiene education.
- In addition to the RRM interventions, which target mostly IDPs, the wat/san cluster has also responded to the chronic lack of adequate water and sanitation infrastructure for over 300,000 Congolese.
- Priority responses in 2006 have included permanent infrastructure improvements to support communities hosting IDPs, areas targeted for refugee returns, and other regions affected by the war. These interventions typically include spring protections, well protections, borehole drilling, VIP latrine construction, and hygiene education.

Immediate Priorities

- Water and sanitation clusters are active in 8 of the 11 Congolese provinces including the four most conflict affected provinces. The clusters in these four provinces (Katanga, South Kivu, North Kivu, and Ituri) have conducted assessments on the priority gaps and developed response strategies to cover these needs.
- Specific regions have been targeted in these provinces as requiring immediate urgent responses. UNICEF and its partners are planning to respond in Ituri, North Kivu and South Kivu with funds expected from the CERF.
- In addition to the CERF allotment, the second distribution of the Pooled Fund is expected to target the water and sanitation emergencies that are not currently being covered. This distribution will be technically coordinated by the water and sanitation cluster and will directly support both national and international NGOs working in the sector.
- Additional priorities for the second half of 2006 include effective response to cholera outbreaks, including hygiene education, the continued roll-out of the cluster mechanism, and attempting to improve the overall deplorable coverage rates of the sector.

Food Security

In the area of food security, assistance in previous years had been given to individuals and households vulnerable as a result of a limited food basket were targeted as beneficiaries of emergency agricultural programs. This involved providing agricultural inputs and seeds to IDPs and returnees, following armed conflict, to families of malnourished children, to widows and female-headed households, to orphans and other vulnerable families. Unlike to the CAP 2005, the Humanitarian Action Plan 2006 is composed of regional action plans with projects proposed and endorsed by the humanitarian community at the regional and national level. This new approach has allowed a more realistic identification of the most critical humanitarian needs in the food security sector.

Major Accomplishments

- Food Security represents 33% of the funding requirements in the Action Plan 2006. The funding allocated through the Pooled Fund for food security totals \$5,888,275 or 16.82 % of the first Pooled Fund allocation, and through the CERF an amount of \$3,300,000 or 19.41% of the total CERF envelope. Funding to date represents a mere 4% of the total food security requirements in the Action Plan.
- These funds will benefit 242,000 households in 9 provinces (North Kivu, South-Kivu, Orientale, Equateur, Kasai Oriental, Kasai Occidental, Katanga, Bas Congo, Maniema). The funded projects will help reinforce survival rates, creating food self-reliance on the part of households affected by war and violent conflicts. Activities will include the provision of agricultural and fisheries inputs for recent IDPs to returnees in their place of origin, to vulnerable host families, families of malnourished children, women victims of sexual violence and to persons affected by HIV/AIDS.

- CERF funds will also be used to support a campaign to vaccinate livestock against PPCB/ CBPP (Contagious Bovine Peri-Pneumonia) in Ituri.

Immediate Priorities

- Respond to urgent needs of farming communities in Central Katanga who intend to return to their places of origin in order to begin planting for the next growing season in September 2006 (Mitwaba, Malemba Nkulu, Manono, Pweto, Bukama)
- Establish and/or reinforce activities intended to reduce malnutrition in IDP and refugee returnee areas.
- Reinforce the system to collect, analyse and disseminate information on food security.
- Agricultural needs assessment missions in areas that have not been adequately covered by the Humanitarian Action Plan 2006 due to a lack of information. Among these areas are the northern parts of both Kasai provinces on the former front-lines, Orientale Province, North Equateur and Bandundu Province.
- Re-energize agricultural production activities in these underserved areas and the preparation of agricultural supply routes in order to open up those previously inaccessible.
- Reproduction of agricultural seeds and manioc cuttings resistant to mosaïque and bacteria.
- Support campaign to vaccinate livestock against diseases in other areas.

Logistics

Under WFP leadership, the Logistics Cluster in the DRC has worked to ensure more effective and efficient humanitarian aid delivery and to map out the logistical capacities of participating humanitarian aid organizations against priority needs. The objective has been to do a better job of planning and coordinating the matching of needs to capacities, with an intended result of fewer duplications and gaps. The logistics cluster is also providing a forum to facilitate the exchange of ideas, information and knowledge, and to allow members to pool common resources and achieve better results.

Major Accomplishments

- Identification of key cluster participants in the work and ensuring the complementarity of the various stakeholders' actions.
- Timely and effective coordination during all stages of evaluation, planning, implementation, and evaluation of interventions.
- Standard-setting and promotion of best practices.
- Establishment of monitoring and reporting mechanisms to review the impact and progress of responses.
- Advocacy and identification of key messages for the protection and assistance of vulnerable civilians.
- An achievement Matrix to document the logistical issues that arose as well as their adopted responses. This Matrix will be reviewed by the Logistics Cluster on a regular basis to ensure progress monitoring.
- Following a review of logistical needs by priority areas, the Logistics Cluster identified three Logistics Coordination "Hubs", the establishment of which would greatly help facilitate a more effect and efficient coordination of logistical operations, while taking into consideration the specific requirements of those regions. The three "hubs" identified are: (1) Kinshasa, covering the western part of the country, (2) Lubumbashi and (3) Goma in the East.

Immediate Priorities

- Funding is currently sought for all three Hubs. This will enable the staffing required of four international professional staff to support the DRC Logistics Cluster. They include; 1 Project Manager in Kinshasa, 1 Logistics Coordination Officer for the Eastern DRC and Lubumbashi (Katanga), 1 Information Management Officer in Kinshasa, and 1 Consultant/Expert in Customs.

Emergency Telecommunications

In July 2005, an Information and Communication Technology working group was established in Kinshasa to facilitate inter-agency dialogue on common technical issues like harmonization of VHF frequencies and channels in all UN locations within the country. In January 2006, this working group became the Emergency Telecommunications (ET) Cluster. Within the cluster, WFP and UNICEF have leading roles in the areas of radio communications and data communications respectively. OCHA is the process owner, responsible for bringing radiocomms and datacomms into one common emergency Telecommunications strategy with a single budget. UN members of the cluster include, in addition to OCHA, WFP and UNICEF, UNDP, MONUC and UNHCR. International NGOs like OXFAM, CRS and World Vision have been serving as cluster members since May 2006.

Major Accomplishments

A work plan has been developed and the corresponding budget has been prepared. The main activities of the plan are:

- Develop processes and procedures for responding to ET needs.
- Situation analysis of the existing infrastructures and human resources in UN agencies and NGOs in order to highlight the gaps.
- Prepare an emergency telecommunication stock that can be deployed to respond to possible emergency situations.
- Develop a communication strategy to better explain the Emergency Telecommunication cluster role and organization.
- With support from UNICEF Regional Office in Dakar, the cluster is finalizing the processes and procedures for ET responses, and a funding request of 100,000\$ for pre-stock has been prepared. Situation analysis and development of communication strategies are ongoing.

Immediate Priorities

- Speed development of communication strategy in order to get more interaction with other clusters and to involve provincial structures wherever possible
- Strong communication with regional offices and headquarters to clarify role

3. Validation of the Common Humanitarian Strategy

The most likely scenario, used as the basis for the development of the 2006 DRC Action Plan, has proved to be realistic, with the exception of the unforeseen increase in displacement.

The 2006 DRC Action Plan recognises that in situations like the DRC, where there are episodes of acute crisis set against a backdrop of chronic neglect, humanitarian actions, recovery activities and development activities need to take place concurrently. The Action Plan includes three Lines of Action: (1) saving lives, (2) building a protective environment for communities, (3) promote stability. These Lines of Action contribute to the commonly shared overall goal of relieving and preventing human suffering and accelerating stabilisation by helping people to live with dignity. Traditionally, relief and development programmes have been compartmentalised as two separate and distinct activities. The DRC Action Plan, however, tries to reverse this trend by presenting a unified strategic framework designed to reinforce linkages between emergency and recovery rather than exacerbate the gap.

Implementation of the third Line of Action aimed at promoting stability is due to begin immediately after the elections, when the expectations of the population for peace dividends will be at their highest and the capacity of the new Government at its weakest. The stabilisation package, which originally included six joint UN programmes in approximately 200 of the country's highest-risk areas, is still being reviewed and adjusted, in accordance with a rapidly changing situation.

The overall approach of providing “quick wins” by fast-tracking key elements of the country's Poverty Reduction Strategy will remain the same. With the highest priority now being given to livelihoods, social services and security sector reform at the community-level, however, the original programmes are being consolidated.

Using human security criteria, 50-60 communities in both rural and urban areas have been identified as high-risk areas, where local tensions may derail the peace process. Agencies plan on launching their joint initiatives in these areas during the second half of the year. In addition, several donors have also agreed to target these high-risk communities through their own bi-lateral initiatives, helping to boost the international community's overall impact.

4. Financial Monitoring of the Action Plan

One of the key challenges identified in the on-going Humanitarian Response Review and the Good Humanitarian Donorship Initiative, is to ensure that funding of humanitarian activities is timely and delivered strictly in accordance with the needs of the affected population. Initiatives such as the Central Emergency Response Fund (CERF) and the locally managed Pooled Fund are direct results of these on-going initiatives. Monitoring of the Action Plan is thus fundamental to enable analysis of priorities, gaps and results. National level tracking and analysis has been intensified this year. It follows the provincial approach of the Action Plan and includes funding status and monitoring of results on project and sector level.

Five months after the launch of the Action Plan, 18 donors have committed funding, adding up to a modest total of 26% of the revised total requirements of 705 million USD. The current situation leaves the significant amount of 520 million USD to be raised.

To date, almost USD 36 million has been allocated through the Pooled Fund, to 113 projects. In addition, 15 projects have been selected for funding through the CERF chronically under-funded emergencies grant” for a total amount of USD 17 Millions. Taken together, this gives a total of 128 projects financed via these two funding mechanisms. Rapid Response Mechanism (RRM) projects represent nearly 17% of the Pooled Fund allocations to date. These projects were considered a strategic priority in view of the urgent need to respond to the surge in IDPs, particularly in Katanga and in the Kivus. This allocation has ensured that OCHA, UNICEF and partners in the field (Solidarités, CRS, IRC) and can support interventions that provide access to potable water and sanitation, emergency food aid and basic health care to some 585,000 beneficiaries. A Pooled Fund Board has been set up (membership includes donors, UN agencies and NGOs) to advise the Humanitarian Coordinator in defining strategies and approving projects. Projects from UN agencies account for 56% of the Pooled Fund funding allocations, while NGOs have received 27%.

Due to a shortage of funding from donors, implementing partners have viewed the Pooled Fund as their main and, in many cases, only source of funding so far this year. Unfortunately, this has meant that resources have had to be very thinly spread. Making the tough choices associated with strategically allocating scarce resources in the face of high demand has presented a significant challenge to the peer review and decision-making process.

5. Conclusion

The 2006 DRC Action Plan is thus a tool that allows us to see clearly the strategic framework that will respond to the vast priority needs in the DRC, using both humanitarian and transition programmes, and outlining the linkages between the two. It also shows how this Plan can be translated into action, and how this action will be supported.

What is needed now are the resources to make the 2006 DRC Action Plan a reality: to save lives where they are threatened by conflict or other emergency situations, to build a protective environment for communities and to hasten national recovery efforts to promote stability.

Every vulnerable person has the right to life, livelihood and dignity. Working together, we can help ensure a better future for the Congolese people.

A N N E X I

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
ACTED	Agence d'aide à la coopération technique et au développement
BDOM	Bureau diocésain des Oeuvres médicales
CERF	Central Emergency Response Fund
CESVI	Cooperazione e sviluppo
CRS	Catholic Relief Services
FARDC	Forces Armées de la République Démocratique du Congo
GHD	Good Humanitarian Donorship
HAG	Humanitarian Advisory Group
IDP	Internally Displaced Persons
IRC	International Rescue Committee
PF	Pooled Fund
PRONANUT	Programme national de nutrition
RRM	Rapid Response Mechanism
SGBV	Sexual and Gender Based Vi