



Democratic Republic of Congo

**DRC
Humanitarian Fund**

**Annual Report
2015**

Displaced and host community children attending
school in Komanda, supported by a
DRC HF-funded Save the Children
project in Ituri province
@OCHA/Charlotte MacDermid

Organisations receiving DRC HF funding in 2015:

ACP, ACTED, Action d'Espoir, ADRA, ADSSE, AIDES, AIRD, ALDI, ALIMA, Armée du Salut Kalémie, AVSI, Caritas Bunia, Caritas Congo, Caritas International Belgique, Caritas Kalemie, Caritas Kindu, Caritas Uvira, Christian Aid, Collectif Alpha Ujuvi, CISP, COOPI, CRS, FAO, HEAL Africa, Hope in Action, IEDA Relief, Intersos, IRC, LIZADEEL, NRC, OCHA, OXFAM UK, PIN, PPSSP, PU-AMI, RHA, Save the Children, Samaritan Purse, Solidarités International, TEARFUND, UNDP, UNFPA, UNHAS, UNHCR, UNICEF, War Child Holland, WFP, World Vision International.

The Joint Humanitarian Financing Unit wishes to acknowledge the contributions made in the preparation of this document, particularly by the DRC HF implementing partners, Cluster leads, OCHA and UNDP colleagues.

For additional information:

<https://www.humanitarianresponse.info/en/operations/democratic-republic-congo/pooled-fund-0>

Clarifications on the report:

Donor contributions: Data refers to donor contributions to the DRC HF received in 2015, including contributions received from DFID in December 2015 for 2016.

Allocations: Refers to funding allocations approved by the HC in 2015. For the purposes of tracking funding, the sectoral components of multi-sector project budgets have been reported by cluster.

Financial Tracking Service (FTS): Data obtained from the FTS is used in this report to indicate the overall level of financial contributions to the 2015 Humanitarian Response Plan (HRP), and to explain the relative contribution of the DRC HF to the HRP. However, as one third of the total funding received to the 2015 HRP is not attributed by cluster, it is not possible to say accurately how much each cluster received in 2015, nor the percentage contribution made by the DRC HF. Therefore data refers to the DRC HF's contribution compared to original Cluster requirements.

Beneficiary numbers: To minimise the possibility of double counting, total beneficiary numbers per sector exclude beneficiaries reached through awareness-raising and sensitization sessions. For multi-year projects which started prior to 2015, beneficiary numbers are estimated on a pro rata basis for the number of months the project was implemented in 2015.

Provinces: In July 2015, the DRC's 11 provinces were broken up administratively into 26 new provinces. Data has been collected and reported according to the former provinces. 2016 data will be collected on the basis of the new provinces.

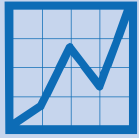
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DRC HF 2015 Dashboard



1.9 million
People assisted in 2015

Women : 0.17
Men: 0.24
Girl: 0.74
Boys: 0.69
Households: 0.04



\$65.5 million
Total allocated in 2015¹



\$40.8 million
Total received in 2015²



11%
of contributions received for the Humanitarian Response Plan 2015³



48
Partners funded directly in 2015



84
Projects funded in 2015

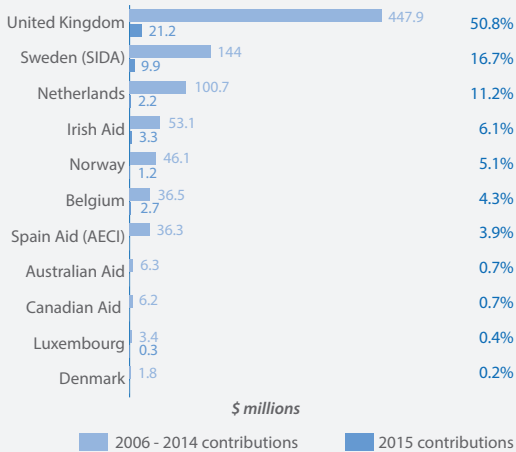


72
Projects received a field site monitoring visit

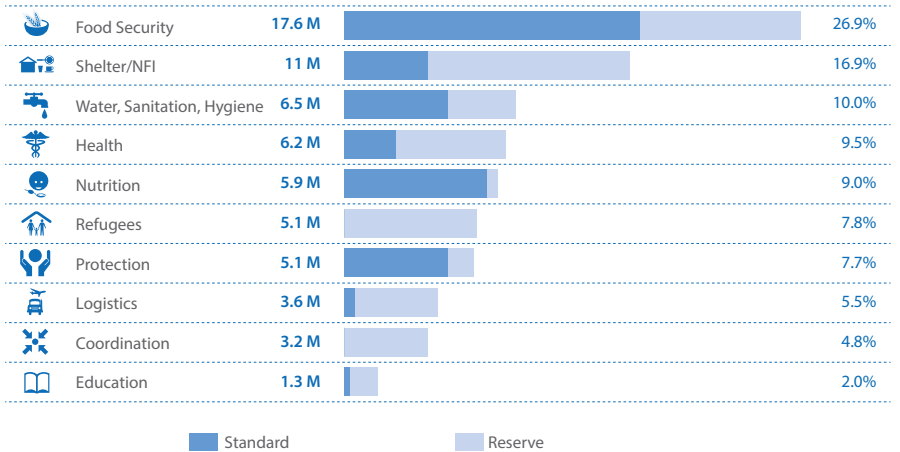


50
Financial spot check missions, supporting 36 partners

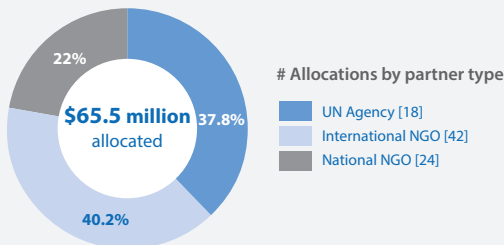
DRC HF donor contributions



DRC HF allocations by sector (in US\$ million)

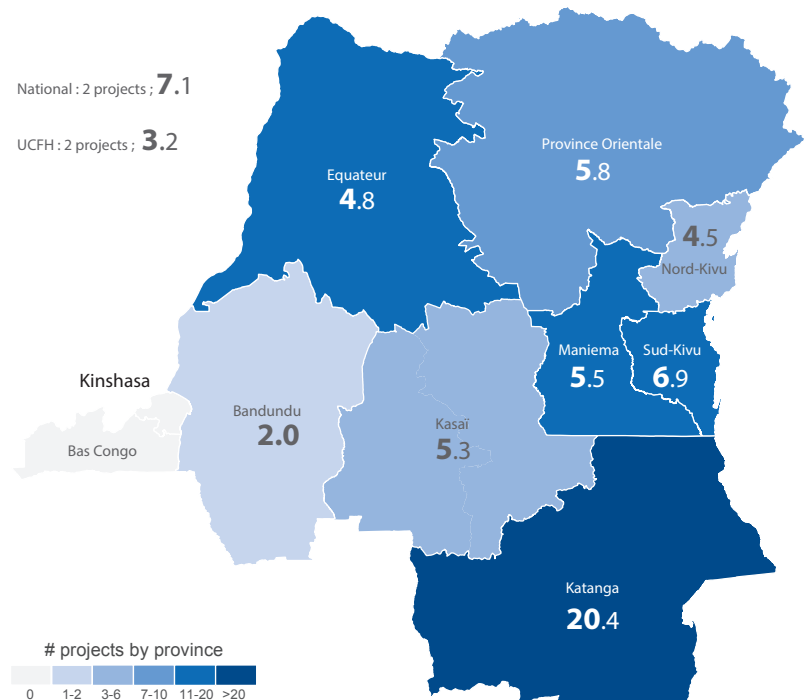


DRC HF allocations by partner type

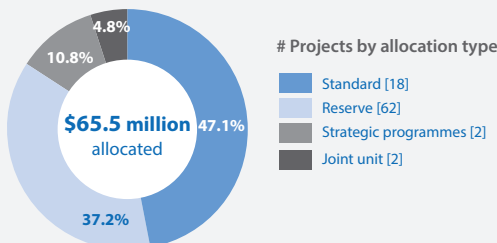


Partners	2006-2014	2015	Total	Percent
International NGO	306 075 454	26 345 919	332 421 373	37,2%
National NGO	77 140 281	14 388 080	91 528 361	10,2%
UN Agencies	444 903 936	24 803 516	469 707 452	52,6%
Total	828 119 672	65 537 515	893 657 187	100,0%

DRC HF allocations by province (in US\$ million)



Amount allocated in 2015 by allocation type



of projects financed since 2006, by partner type

Year	International NGO	National NGO	UN Agency	Total
2006	60	22	46	128
2007	61	19	39	119
2008	97	44	38	179
2009	101	47	42	190
2010	75	48	28	151
2011	75	43	30	148
2012	64	38	22	124
2013	51	29	17	97
2014	11	6	13	30
2015	41	25	18	84
Total	636	321	293	1 250

¹Including \$30.8 million for the 2014 Standard Allocation disbursed in 2015
²To which is added \$46.2 million of « carry over » from 2014
³Sources – « Financial Tracking Service : DRC 2015 » - <https://fts.unocha.org>



The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the United Nations.

FOREWORD

By the Humanitarian Coordinator



For nearly two decades, the Democratic Republic of the Congo (DRC) has faced a complex and prolonged humanitarian crisis, which sadly did not ease in 2015.

The humanitarian situation in the country remained difficult, despite the DRC's significant jump on the Human Development Index from 186th to 176th place in 2015. The year was characterized by armed violence, both in the east of the country and on its external borders, giving rise to new waves of displacement and refugee influxes. Instability further aggravated acute malnutrition and disease outbreaks, and restricted access to the most vulnerable. 2015 was also marked by increased violence against humanitarians, with a number of attacks against humanitarian premises and hostage-taking.

The DRC Humanitarian Fund helped the humanitarian community to achieve its goals in responding to this complex and prolonged crisis, by financing priority humanitarian needs identified in the Humanitarian Response Plan (HRP). The main objectives of the Humanitarian Fund were to: (i) strengthen the protection of civilians, (ii) reduce the morbidity and mortality of vulnerable persons and host communities, and (iii) improve living conditions by restoring livelihoods and preserving human dignity.

To achieve this, the DRC Humanitarian Fund supported its humanitarian partners, NGOs and UN agencies, by providing flexible and predictable funding for life-saving humanitarian projects and programmes. In the face of fresh waves of displacement in Ituri, an influx of Burundian refugees in South Kivu, and a measles outbreak in Katanga, the Fund proved a valuable tool for partners to respond flexibly and in a timely manner to new emergencies. The \$65.5 million allocated in 2015 for 84 projects brought relief to almost 2 million people.

Through Humanitarian Fund allocation processes, national and sub-national coordination mechanisms have been strengthened. Humanitarian actors work together to identify priority needs, and select projects that best respond to those needs. The engagement of all stakeholders - implementing partners, clusters, national and international NGOs, UN agencies, donors, members of the Advisory Board, Provincial Inter-Agency Standing Committees and the Humanitarian Country Team - is key to the Humanitarian Fund's success. Their support is greatly appreciated.

I would like to take this opportunity to thank our donors, who generously contributed \$40.8 million in 2015. These member states - Belgium, Ireland, Luxembourg, Netherlands, Norway, Sweden and the UK - have been with the Humanitarian Fund since the beginning and continue to be proactive partners. Despite this sustained support, contributions have been declining since 2010, even in the face of unrelenting demand for humanitarian assistance. Contributions for 2015 were the lowest since the Fund's inception in 2006.

Nevertheless, the DRC Humanitarian Fund remains a major source of humanitarian funding in the country and continues to represent approximately 11% of contributions to the HRP. The Fund is also often the only source of direct funding available to national NGOs, our front-line responders. I therefore invite new partners to participate in our humanitarian action in the DRC and make a commitment to seek durable solutions to end the humanitarian crisis.

The 2016 HRP foresees no decrease in humanitarian needs. In fact, the number of people in need has risen slightly to 7.5 million. The political and security situation in the DRC and the holding of general elections in five of the nine neighbouring countries between 2016 and 2017 could create new humanitarian needs in the country, including an influx of new refugees in the sub-region. Increased donor support is crucial if the Humanitarian Fund is to continue to provide life-saving assistance to vulnerable populations.

Finally, to the Joint Humanitarian Financing Unit, I would like to express my gratitude for the team spirit and professionalism shown. 2015 saw good progress in the Unit's work, as well as lessons to draw on for the coming year. We must continually strive to do better, to ensure we can respond to the most critical humanitarian needs in a way that is timely, accountable and effective. In doing so, we hope to bring some comfort to the people we serve and to all our humanitarian partners whose goal it is to save lives.

A handwritten signature in blue ink that reads "Mamadou Diallo". The signature is fluid and cursive, written over a faint background of the United Nations logo.

Dr. Mamadou Diallo
Humanitarian Coordinator

Executive summary



Since its inception ten years ago, the DRC Humanitarian Fund (DRC HF) has mobilized nearly \$925 million and allocated more than \$893¹ million through 1,250 projects.

In 2015, the DRC HF continued to play an important role as a timely and flexible financing mechanism, supporting the humanitarian community to achieve its goals by funding the most critical needs identified in the HRP and responding to new needs and unforeseen emergencies throughout the year. The DRC HF received nearly \$41 million from seven donors and allocated more than \$65.5 million to 84 projects, of which almost 80% were implemented by NGOs.

Contributions were received from the United Kingdom, Sweden, Norway, Belgium, Ireland, the Netherlands and Luxembourg for a total of \$40.8 million, the lowest level of funding received since the Fund started in 2006. This represents 58% of the DRC HF's target for the year, which was \$70 million (10% of the HRP's requirements of \$692 million). With the introduction of the new Operational Manual and Grant Management System (GMS), the DRC HF hopes to raise the level of contributions. Resource mobilisation remains a key priority for the Fund in 2016 to ensure it can continue to play a strategic role.

During the year, the DRC HF financed 84 new projects implemented by 48 partners in 10 sectors for a total of \$65.5 million. Of these, 17 projects were implemented by national NGOs, 24 by international NGOs and 7 by UN agencies. One standard allocation accounted for 18 projects, for a total of \$30.8 million. The remainder was composed of nine reserve "First Emergency" allocations (62 projects for \$24.5 million), two strategic programmes for \$7.1 million and the operation of the Joint Humanitarian Financing Unit (JHFU) for \$3.1 million². The average allocation time for the reserve was 55 working days, while the standard allocation took 124 working days.

1. All \$ signs in the report refer to US dollars, unless otherwise indicated

2. The JHFU is funded as two projects - one to cover the budget of the UNDP entity and one to cover the budget of the OCHA entity.

Altogether, 136 HF-funded projects and programmes were active during the year, for a total of \$52.7 million. The total number of beneficiaries reached by the DRC HF in 2015 amounted to 1.95 million, 38% of the HRP's target. The average cost per beneficiary was \$34.

DRC also received two CERF grants in 2015, under the rapid response window for \$6.8 million and the underfunded emergencies window for \$8 million. Each grant was complemented by a DRC HF allocation. The "Underfunded" grant focusing on education and protection needs was supported by the DRC HF standard allocation while the "Rapid Response" grant to assist an influx of Burundian refugees was supported by a reserve "First Emergency" allocation. In both cases, the DRC HF aimed to ensure complementarity between the two sources of funding and maximize impact.

The Advisory Board met three times in 2015. Composed of 12 members (NGO, UN and donor representatives), the Board's role is to provide strategic direction on DRC HF allocations and priorities. In October 2015, the Board approved the new Operational Manual, thus aligning the DRC HF with global Country-Based Pooled Fund (CBPF) guidelines.

Under its accountability framework, the JHFU carried out 72 project monitoring missions and 50 financial spot checks during the year.

As in previous years, the highest priority for the DRC HF remains resource mobilisation. A mobilisation strategy has been prepared, and will be operationalised in the coming months under the leadership of the Humanitarian Coordinator. In 2016, the JHFU will continue to put particular focus on risk management and accountability, both to beneficiaries and donors, while seeking greater efficiency and to accelerate disbursements. Special attention will be given to reinforcing the use of the new Operational Manual and the GMS, and ensuring continuous communication with implementing partners, the clusters and other coordination platforms.

How does the DRC HF work?

What is the DRC HF?

The DRC Humanitarian Fund is a multi-donor pooled fund managed under the direction of the Humanitarian Coordinator (HC). The Fund is used to support the timely allocation of donor resources to the most urgent humanitarian needs and critical gaps in DRC.

When was the HF established?

The DRC HF was the first common humanitarian fund. Established in 2005 as a pilot project by DFID and Sweden, it was officially launched in 2006. It was born out of the Humanitarian Reform initiative of 2005, which called for improved accountability and predictability in financing for humanitarian emergencies. With its 10 years of operations, the DRC HF has well-established partnerships and tried and tested procedures.

What organizations and projects does the DRC HF fund?

DRC HF grants are allocated to national NGOs, international NGOs, and UN humanitarian agencies in the DRC. It is one of the few sources of funding directly available to local and national organizations. The DRC HF funds activities that have been identified as the most urgent and critical humanitarian needs in the DRC Humanitarian Response Plan (HRP).

Who decides what are the most urgent and critical humanitarian needs?

The Humanitarian Coordinator decides on the most critical needs to be funded, in consultation with the Advisory Board and the Humanitarian Country Team (HCT), informed by the recommendations of the clusters and the Provincial Interagency Standing Committees (CPIA). The CPIA identify priority needs within their geographic area, and the cluster coordinators work with partners to define priority activities in each area, in line with the highest priority needs articulated in the HRP.

How are individual projects chosen for funding?

The DRC HF has two allocation mechanisms:

The standard allocation allocates the majority of funds received from donors to make a strategic contribution to priorities identified in the HRP. Project proposals are vetted and prioritized by the clusters, CPIA and the Joint Humanitarian Financing Unit (JHFU) through the strategic and technical review committees. The projects are then recommended to the Advisory Board for endorsement and finally approved by the Humanitarian Coordinator.

The reserve is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen circumstances, emergencies, or strategic needs. Reserve allocation disbursement times are significantly quicker than for the standard allocation. The Humanitarian Coordinator decides to trigger a reserve allocation for a specific response, in consultation with the DRC HF Advisory Board.

Who provides the funding?

The DRC HF is funded with contributions from UN member states. Since its inception in 2006, the fund has disbursed a total of \$894 million for over 1,250 projects through its standard and reserve allocation windows with funds contributed by 11 member states. Any UN member state can become a donor to the DRC HF.

Who manages the HF?

The Humanitarian Coordinator is responsible for the overall management of the DRC HF and accountable for the use of funds.

The JHFU, led by OCHA, manages the fund on behalf of the HC and monitors project implementation. Within the JHFU, the UNDP entity serves as the 'Managing Agent' for the fund and is responsible for contracting and disbursing funds to NGO implementing partners. The UNDP Multi-Donor Trust Fund Office (MPTF) serves as the Fund's 'Administrative Agent' and receives, administers and manages contributions from donors, and disburses funds to UN agencies.

How is the DRC HF governed?

A local Advisory Board, under the chairmanship of the Humanitarian Coordinator and comprised of three UN agencies, three NGOs, and three donor representatives, advises on the use of the Fund and its strategic direction. The DRC HF is governed according to the DRC Operational Manual, in line with the global Country-Based Pooled Fund (CBPF) Operational Handbook and policy instruction.

2015 Humanitarian context

Despite its abundant natural resources and the socio-economic and political progress made over the past decade, the Democratic Republic of the Congo remains one of the poorest countries in the world and occupies the 176th place out of 187 countries on the Human Development Index. Over the past 20 years, it has faced a complex, multi-faceted and prolonged humanitarian crisis characterized by: (i) armed conflicts of inter-communal and/or ethnic dimensions; (ii) repeated displacement; (iii) frequent outbreaks of epidemics and animal diseases; and (iv) recurrent natural disasters. The year 2015 was no exception.

Fierce fighting opposed various armed groups in the provinces of Ituri (FRPI against FARDC), North Kivu (ADF/Nalu against FARDC; Nandé against Hutus), South Kivu (Raya Mutomboki against FARDC) and Tanganyika (Luba against Twa). These conflicts are rooted in the desire to control access to land and natural resources, or attempts to gain political and customary power. They are systematically accompanied by significant population displacement.

At the end of 2015, of the DRC's 77 million citizens, an estimated 1.5 million were internally displaced and over 495,700 had taken refuge in neighbouring countries¹. In 2015 alone, over 930,000 people were newly-displaced. As a consequence of conflict and displacement, 132,930 protection incidents were reported during the year, including attacks on civilians, sexual and gender-based violence, forced recruitment of children into armed groups, and destruction of property.

The year also saw the DRC receive new waves of refugees from the Central African Republic (CAR), Burundi and South Sudan, fleeing fighting and human rights violations. In December, the DRC was hosting an estimated 247,033 refugees of more than six nationalities.

A measles epidemic affected over 50,000 victims in the former Katanga province, and claimed the lives of 565 people, mainly children under five. Cholera claimed 19,125 victims, particularly in the provinces of Maniema and Tshopo but also in cholera-endemic regions, such as the lake areas of Ituri, North and South Kivu and Haut Lomani.

The last quarter of 2015 saw significant rainfall and flooding across the country, an indirect consequence of El Niño. 381,000 people have been affected, particularly in the territories along the Congo River Basin, namely Upper Lomami, Maniema, Tshopo, Mongala, Kinshasa, Kongo Central. 48,000 homes were destroyed.

Malnutrition continues to be a silent killer of children. UNICEF estimates that in the DRC, nearly 2.5 million children under five suffer

from acute malnutrition. Basic structural causes of malnutrition have been aggravated by conflict and displacement. The latest Integrated Food Security Phase Classification (IPC)² of the DRC found that partners' actions had resulted in a slight overall improvement in the global situation compared to the previous cycle. Nevertheless, the total number of people in acute food and livelihood crisis is estimated at 4.5 million people, due mainly to armed conflicts and violence causing major population displacement and serious disruption of livelihoods.

Humanitarian action in 2015 was constrained by lack of access, due to poor road infrastructure and insecurity. A worrying trend observed was the rise in security incidents targeting aid workers, with 141 reported incidents against humanitarian workers or premises, including physical aggression, armed robbery and 5 incidents of hostage-taking.

In June, a further step in the decentralisation process came into effect, with the administrative division of 11 provinces into 26 new ones, known as "découpage". This poses a challenge to humanitarian coordination, as the number of administrative centres and local authorities with which to coordinate has more than doubled.

Despite the funds invested in humanitarian response, transition and development, the situation remains fragile, due to indiscriminate violence, poor access to basic services and food insecurity. Of the \$692 million required to respond in 2015, \$448 million³ (65%) was received in contributions to the HRP, illustrative of the overall declining trend in funding for the DRC. In an international context in which humanitarian needs are growing faster than available resources, the DRC must "compete" with more high profile crises for funding.

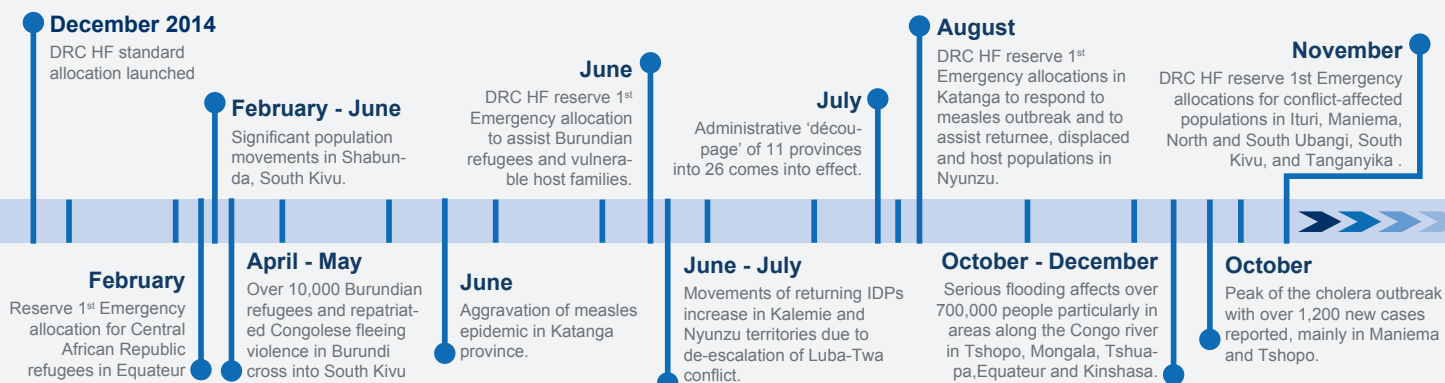
The HRP 2016 calls for \$690 million to support the estimated 7.5 million people who will need humanitarian assistance, an increase of 7% compared to 2015. The strategy will specifically target 6 million people.

To meet the numerous and complex needs, the humanitarian community has decided in 2016 to pay particular attention to the "how" of humanitarian action. Through the HRP's fourth strategic objective - "a rapid, efficient, adequate humanitarian response in accordance with humanitarian principles and standards" - the humanitarian actors in DRC seek to be more effective with limited resources and to put special emphasis on building a bridge between humanitarian and development action.

2. September 2015 – March 2016

3. \$378.8 million within the HRP and \$69.2 million outside the HRP

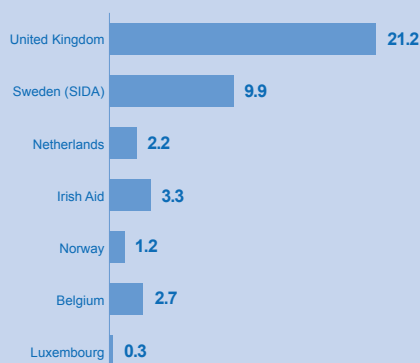
1. Sources : UNHCR Factsheet 12/2015



Humanitarian financing



Donor contributions to the DRC HF in 2015 (US\$ million)



Contributions

By the end of 2015, the DRC HF had received \$40.8 million in contributions from seven donors. That is \$18 million less than received in 2014. In addition, \$46.2 million remained as carry-over from 2014, giving a total programmable amount of \$86.6 million¹.

As in 2013 and 2014, contributions were slow to materialize during the first half of the year (by the end of June only \$2.5 million had been received) but picked up in the second half. Two contributions received in December - a DFID contribution of \$18 million for 2016 and an Irish Aid contribution of around \$3 million - meant that the DRC HF carried over \$21 million into 2016.

The level of contributions in 2015 was the lowest since the Fund's inception in 2006, and highlights the downward funding trend since the 2010 peak of \$139 million. However, overall contributions to the HRP remained reasonably high, with over \$448 million received of the \$692 million requirements, representing 65% coverage. With \$40.8 million, the DRC HF covered 9% of the total amount requested and 10.8% of the total amount received for the HRP 2015.

Allocation and disbursement of funds

The DRC HF allocated just over \$65.5 million in 2015 through one standard allocation (18 projects and one cost-extension for \$30.8 million), nine reserve "First Emergency" allocations (62 projects for \$24.4 million), two strategic programmes for \$7.1 million and the operation of the JHFU for \$3.1 million. These grants funded 84 projects and supported 48 partners.

At the cluster level, the DRC HF has allocated more than 50% of its funding to the sectors of food security (26%), shelter and non-food items (16%) and water, sanitation and hygiene (10%).

A standard allocation was launched at the end of 2014 and projects approved by the Advisory Board and the Humanitarian Coordinator in May 2015. The allocation was nationwide and identified two priorities: (i) support to IDPs and vulnerable host communities through a multi-sectoral and multi-year approach to providing an integrated package of basic services; and

(ii) management of malnutrition. Through the standard allocation, the DRC HF aims to reinforce the resilience of communities by ensuring that they are well-integrated in all stages of the project cycle, and to strengthen the capacity of national partners. The average time from the publication of the allocation paper to the first disbursement was 124 working days. The length of the process was due to its participative nature, and the need to involve the CPIA and clusters at provincial and national level in the project selection and technical review process.

The nine reserve "First Emergency" allocations aimed to meet needs arising from new crises throughout the year, such as inter-communal conflict in north Katanga, fresh waves of displacement in Ituri, a measles outbreak in Katanga, and the arrival of CAR and Burundian refugees into already vulnerable host communities.

For reserve "First Emergency" allocations, the average time from the publication of the allocation paper to the first disbursement was 55 working days. The reserve allocations launched in December 2015 took longer, due to the end of year account closing period. Nevertheless, the majority of projects in the December allocations started before the first payment, with a requirement for partners to pre-finance 20% of activities for more rapid implementation. The average time for project activities to start was 17 days. Lessons learned from the reserve allocations in 2015 have fed into reflections on how to improve the timeliness of the "First Emergency" modality and its complementarity with other funding mechanisms, including with the standard and reserve "Emergency" modalities. In consultation with the clusters, a number of innovations have been introduced for 2016, including a more targeted use of the "First Emergency" modality for epidemic outbreaks and natural disasters, pre-positioning of contingency stocks and streamlining the project submission process.

In addition, the DRC HF financed 10% of the budgets of two strategic programmes: the UN Humanitarian Air Service (UNHAS) and the Rapid Response to Population Movements (RRMP) mechanism.

1. Total programmable amount excludes 1% AA fees.

Summary of standard allocation process and target timelines

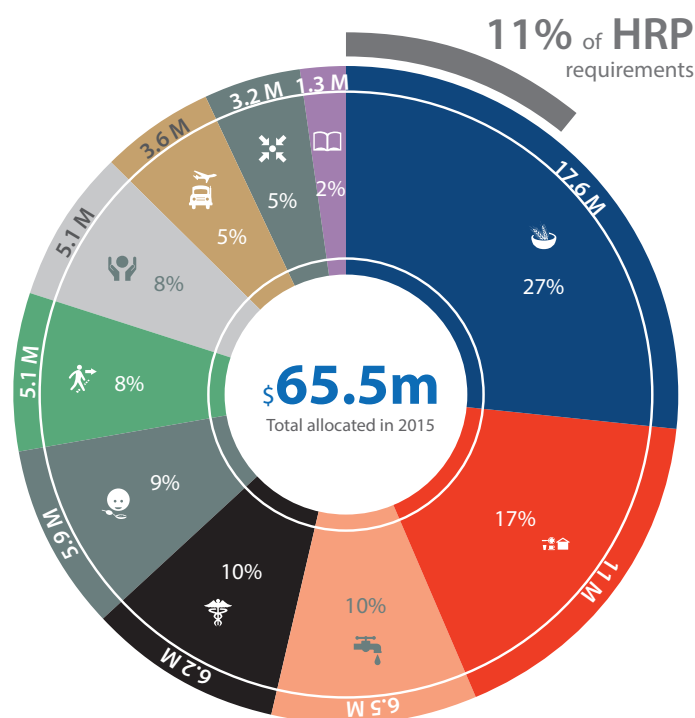
Step	Standard allocation process key steps	Target timeline (# of working days)
I	Identification and prioritisation of needs, and preparation of allocation paper	N/A
II	Publication of allocation paper	7
III	Submission of concept notes by partner	28
IV	Strategic review by CPIA, Clusters and JHFU and project selection	14
V	Submission of full project documents by partner	14
VI	Technical and financial revision by Clusters and JHFU	14
VII	Final approval by Advisory Board and HC	7
VIII	Contracting and disbursement of funds	6 / 11*
Total number of days		93/98

* Number of days for contracting and disbursement varies according to whether the implementing partner is a UN Agency (6 days) or NGO (11 days). For UN Agencies, disbursements are made directly by MPTF. For NGOs, disbursements are made by MPTF to UNDP DRC, which then disburses to NGO implementing partners in its role as Managing Agent (MA).

CERF and HF complementarity

In 2015, the CERF provided two grants totalling \$14.8 million for humanitarian response in DRC. Both were supported by DRC HF allocations. In February, the CERF allocated \$8 million through its “Underfunded Emergencies” window for needs in the sectors of education and protection, in North Kivu and Katanga. While this grant focused on responding to more immediate needs in these sectors, a DRC HF standard allocation financed longer-term (up to two years) multi-sectoral projects with protection and education components in the same areas, with the aim of building community resilience and addressing needs not covered by the CERF “life-saving” criteria. In June, the CERF allocated \$6.8 million through its “Rapid Response” window to support the influx of Burundian refugees in South Kivu. This grant was supplemented by a DRC HF reserve “First Emergency” allocation of \$3 million. In this case, CERF funding covered the priority areas of health, food security, nutrition, multi-sector refugee assistance and protection, while the DRC HF allocation focused on WASH, education, shelter/NFI, and nutrition. The CERF and DRC HF strategies were developed at the same time on the basis of multi-sectoral assessments carried out by the provincial clusters and the South Kivu CPIA, and sought to be complementary both in terms of sectors of intervention and target populations. While the CERF grant concentrated more on needs inside the Lusenda refugee camp, the DRC HF addressed needs in the surrounding host communities, and provided direct funding to NGO partners. In this way, the impact of both funding sources was maximised.

2015 DRC HF allocations by cluster (in US\$ million)



Overview of DRC HF allocations 2015

Type of allocation	Allocation Name	Allocation Amount	Projects/ Partners funded	Average number of working days to disbursement ¹
Standard	Standard Allocation 2014	\$30.8 million	18/15	124
Reserve “Emergency”	Strategic Programmes 2015	\$7.1 million	2/2	N/A ²
Reserve “First Emergency”	Humanitarian assistance to Central African Republic refugee populations newly-arrived in Equateur province	\$1.5 million	3/2	16
	Humanitarian assistance to Burundian refugee populations newly-arrived in South Kivu	\$3 million	6/6	33
	Humanitarian assistance to populations affected by the Pygmy-Luba conflict in the territory of Nyunzu, Katanga	\$2 million	5/5	30
	Humanitarian assistance to populations affected by the measles outbreak in the territory of Nyunzu, Katanga	\$2.4 million	6/6	42
	Humanitarian assistance to displaced populations, flood-affected households and cholera-affected populations in Maniema	\$4.4 million	10/9	57*
	Humanitarian assistance to displaced populations in Shabunda territory, South Kivu	\$3.7 million	9/8	57*
	Humanitarian assistance to displaced populations on the Komanda-Luna axis, Ituri province	\$2.3 million	6/6	57*
	Humanitarian assistance to returnee populations on the Nyunzu – Mitwaba - Manono axis, Tanganyika	\$2.2 million	5/5	57*
	Humanitarian assistance to Central African Republic refugee populations and host communities in the provinces of North and South Ubangi	\$2.6 million	12/7	57*

* Average number of working days from the publication of the allocation paper to the disbursement of the first payment to implementing partners. However, the projects in these allocations started before the first payment, under pre-financing by the implementing partner. The average time from the publication of the allocation paper to project activities starting was 17 days.

1. Average number of working days from the publication of the allocation paper to the disbursement of the first payment to implementing partners

2. Strategic programme projects (RRMP and UNHAS) are funded every year, and start on a fixed date with own or other donor funding. Project start date is not dependent on the disbursement of the DRC HF contribution.

Overview of Cluster progress 2015

The DRC Humanitarian Fund funded 84 new projects across eight clusters. Also, 52 projects financed in previous years were ongoing or concluded in 2015. The following pages summarise the results achieved and beneficiaries reached by all these projects during the year. In addition, in the coordination sector the DRC HF financed the functioning of the Joint Humanitarian Financing Unit.

The DRC HF attaches particular importance to the multi-sectoral, multi-year aspects of projects funded under the standard allocation. Such an approach is in response to the nature of the humanitarian crisis in the DRC, defined in the 2016 HRP as one “complex, multi-faceted and protracted crisis”. As such, the DRC HF seeks to support holistic responses to the needs of beneficiaries, in which the different sectoral components are complementary and contribute to building the resilience of households and communities. Many humanitarian problems cannot be effectively tackled with a single approach. For example, seven projects funded in the standard allocation 2015 aim to address the issue of acute malnutrition through a cohesive package of activities in different sectors, including WASH, nutrition, food security, health and protection. Partners combine the life-saving treatment of severe acute undernutrition with multi-sectoral approaches to tackle the underlying causes of undernutrition, such as ensuring access to clean drinking water, sanitation and health services, and supporting adequate maternal and child-care practices.

As well as funding projects within and across the eight established clusters, the DRC HF responded to UNHCR’s appeal to provide assistance in two specific refugee crises – the influx of CAR refugees in the former Equateur province in February and November, and the arrival of over 10,000 Burundian refugees in South Kivu in May. The DRC HF contributed \$5.1 million in total to these operations, which was complemented in the case of Burundian refugees by a \$3 million CERF grant.



Cluster/Sector	HF amount allocated (US\$ M)	% of HRP total requirements	Projects/ Partners	People targeted	People reached	CERF allocation	Total HRP requirement
Education	1.3	2.6	5/5	16,815	38,608	2.7	50
Food security	17.6	9.6	28/13	173,929	240,185	2.0	183
Health	6.2	14	13/10	966,255	1,229,337	0.9	43.8
Logistics	3.6	7	4/3	28,017	31,865	-	51.5
Nutrition	5.9	7.8	9/6	31,577	60,237	0.2	75
Protection	5.1	12.1	8/7	4,516	3,915	6.0	42
Refugees	5.1	8.1	11/7	-	-	3.0	63
Shelter/NFI	11	13	17/15	69,487	68,144	-	83.9
WASH	6.5	8	15/12	322,327	281,895	-	79.2



April 2015, DRC North Kivu,
Nzole IDP site
© OCHA/Wedia Berger

ACHIEVEMENTS BY CLUSTER



Education



Food Security



Health



Logistics



Nutrition



Protection



Non Food Items &
Shelter



Water, Sanitation
& Hygiene



EDUCATION

Lead Agency : UNICEF

NGO Co-Facilitator: Save the Children International

Objectives

DRC HF projects responded to two Education Cluster objectives in the 2015 HRP:

1. Ensure inclusive access to safe and protective learning environments that contribute to the protection and developmental and psychosocial well-being of all girls and boys affected by disaster or conflict.
2. Improve the quality and relevance of education and learning conditions in emergency contexts.

Allocation

The DRC HF allocated a total of \$1.3 million to five projects implemented by five partners. One project was funded under the standard allocation (a multi-sectoral project with an education component), and four under reserve “First Emergency” allocations. Overall, the DRC HF covered 2.6% of the Education Cluster requirements in the HRP (\$1.3 million/\$50 million).

Four reserve “First Emergency” allocations to assist conflict-affected communities in South Kivu, Ituri, Tanganyika and Maniema provinces prioritized providing access to education for displaced, returnee and host community children, to restore a semblance of normalcy for children in traumatic situations. These allocations aimed to ensure access to quality education in a protective environment for over 22,000 children, through the distribution of educational materials, teacher training, peace education, remedial classes and the rehabilitation of damaged school infrastructure.

Achievements and challenges

DRC HF funding enabled 37,294 children to have access to education, 6.2% of the Cluster’s target population in 2015. In line with the cluster’s objectives to provide access to safe, protective learning spaces to vulnerable children, DRC HF-funded projects rehabilitated and furnished 91 classrooms, provided learning materials for 24,370 children, and supported teacher incentives to foster retention. To support school reintegration, partners provided remedial courses, and helped to cover school fees for displaced families. Capacity-building for teachers and principals was carried out to sustain the quality of education, and promote peace education.

In the former Katanga province, ongoing DRC HF standard allocation projects complemented a CERF “Underfunded Emergencies” grant for education. DRC HF projects sought to build community resilience and strengthen community protection and school reintegration mechanisms for boys and girls affected by violence and armed conflict. As a result, 9,611 children had access to quality education, the pedagogical capacities of 306 teachers were strengthened, and 7,127 children received learning and recreational supplies. At the same time, CERF interventions targeted more immediate educational needs for children and adolescents in difficult situations. As such, 4,400 out-of-school children benefitted from remedial classes, while 50 schools enrolling IDP/returnees and vulnerable host children were supported to develop and implement school improvement plans.

Following an influx of roughly 10,000 Burundian refugees into South Kivu province, DRC HF-funded activities supported the integration of refugee children into the local school system. Partners provided

Key indicators	Planned	Achieved	%
# of teachers trained	1,219	1,314	108%
# of people who participated in awareness-raising sessions (fathers, mothers, teachers, authorities)	30,231	61,079	202%
# of awareness-raising sessions conducted in communities	378	721	191%
# of children who had access to education	15,596	37,294	239%
# of children provided with learning materials	12,483	24,370	195%
# of learning spaces rehabilitated/constructed and equipped	45	91	202%



Children participating in a drawing competition. UNICEF child protection and education project in Pweto, former Katanga province
@UNICEF / Hechu Hwang



\$50.1 million

2015 Cluster requirements



\$1.3 million (2.5% of \$50.1M)

DRC HF Funding allocated



5

Partners funded



5

Projects funded



38,608 (229.6% of target)

Beneficiaries reached with HF funding

Women : 1,115

Girls : 19,340

Men : 779

Boys : 17,374

remedial courses and Swahili classes, trained Congolese and Burundian teachers, and worked with the communities to overcome the resistance of some refugee parents to send their children to local schools.

Ongoing conflict and insecurity in the eastern provinces is a challenge for actors in the education sector, and has led to the destruction of school infrastructure and the occupation of schools by armed groups. In the period March 2015 – February 2016, the Education Cluster estimated 343 schools to be out of use due to attacks or conflict¹. Repeated and unpredictable conflict-induced displacement makes it hard for schools to plan or for children to benefit from continuous education. The ability of displaced families to cover school fees is often limited. Some partners have tried to overcome this by supporting income-generating activities and micro-projects for schools enrolling displaced children; however, ensuring their success after the lifetime of the project has proved difficult.

1. Data is provided by the Education Cluster and received from its members or via the Humanitarian Advocacy Group. Some information related to schools occupied/destroyed because of conflict may be missing, as often these schools are located in areas not accessible to humanitarian actors



FOOD SECURITY

Lead Agencies: FAO and WFP

NGO Co-Facilitator: PU-AMI

Objectives

DRC HF projects responded to the general objective of the Food Security Cluster, which is to provide food and agricultural assistance to save lives, and protect and restore livelihoods in humanitarian emergencies including situations of displacement and transition.

Allocation

The DRC HF allocated a total of \$17.6 million to 28 projects implemented by 13 partners. Fourteen projects were funded under the standard allocation (multi-sectoral projects with a food security component), and fourteen under the reserve “First Emergency” window. In total, the DRC HF covered 9.6% of the needs initially identified by the Food Security Cluster (\$17.6 million /\$183 million).

Food security was identified as a priority sector in five reserve “First Emergency” allocations, targeting populations affected by violence and armed conflict in the provinces of Ituri, Maniema, South Kivu, Tanganyika, and North and South Ubangi.

For newly-arrived CAR refugees in North and South Ubangi, a reserve allocation prioritized providing hot meals in transit centres. Given the low level of agricultural production in refugee-hosting areas, it was also necessary to support agricultural recovery and diversification of livelihoods both for refugee and host populations, to avoid a rapid deterioration of the food security situation.

In the provinces of Maniema, South Kivu, and Tanganyika, DRC HF allocations aimed to provide direct food assistance to over 9,000 displaced and returnee households, and for people affected by severe flooding in Maniema. In these areas, recurrent displacement and the presence of armed groups have reduced agricultural production, restricted access to land and destroyed means of subsistence. DRC HF allocations prioritized agricultural assistance alongside food assistance, with support to farmers’ cooperatives and the diversification of livelihoods.

Achievements and challenges

To respond to immediate food needs and save lives, 275 tons of food were distributed, and 38,525 households received a food ration according to identified needs. To protect and restore livelihoods, strengthen food production capacities and build the capacity of households to cope with shocks, DRC HF-funded projects provided seasonal livelihood inputs for farmers, and promoted community-level seed multiplication mechanisms to improve seed availability and quality. 40,332 farming households received agricultural inputs including seeds, tools and fishing equipment. Additionally, 6,624 heads of cattle were distributed, and training provided on animal husbandry techniques. Overall, 20,121 local farmers, agronomists and community leaders were trained on improved agricultural production and fishing practices. With this support, beneficiary households cultivated 6,011 hectares of crops.

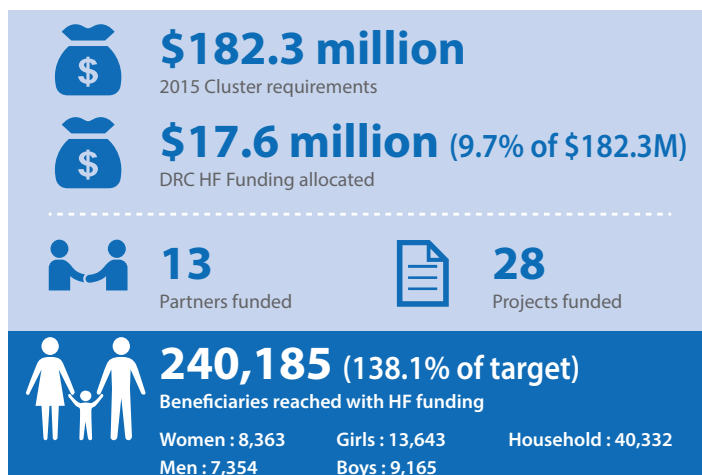
To maximise production and ensure sustainability of project results, projects supported the formation or strengthening of farmers’ cooperatives, and reinforced the capacities of the territorial and provincial inspectorates of agriculture, fisheries and livestock.

Food security actors are increasingly taking a “cash or voucher” approach, where feasible. Cash transfers or vouchers were used in

Key indicators	Planned	Achieved	%
# of individuals trained on enhanced agricultural production techniques	35,183	20,121	57%
# of households who received agricultural assistance in the form of farming, livestock or fishing inputs	31,233	40,332	129%
# of hectares of land cultivated	4,600	6,011	131%
# of heads of cattle distributed	5,306	6,624	125%
# of tons of food distributed	95	275	289%
# of food rations distributed	17,764	38,525	217%



Displaced women harvesting peanuts near Mushaba village in former Katanga province @OCHA/Gemma Cortes



10 projects, targeting over 140,000 people. Cash transfers helped beneficiaries buy food of their preference in local markets, thus stimulating the local economy, and at times cover other pressing needs, such as doctor’s bills and school fees. Cash transfer projects were accompanied by robust monitoring mechanisms to prevent fraud, and had the advantage of overcoming logistical constraints inherent in the DRC context.

In line with the Food Security Cluster strategy, DRC HF-funded interventions were designed to ensure synergy between direct food assistance and support to agricultural recovery, and with nutrition and WASH interventions to prevent acute malnutrition.

Access to land remains a major challenge in the implementation of food security projects. To ensure access to arable land for displaced people, partners have undertaken advocacy with state technical services and customary authorities. An approach used by many partners is to support indigenous farmer cooperatives to include internally displaced people, and allow them use of local plots of land.

In addition, delays in project implementation were caused by armed group activity, inter-communal tensions and insecurity, particularly in Ituri and the former Katanga province, as well as access constraints due to poor road infrastructure in these areas.



Lead Agency: WHO

NGO Co-Facilitators: ADRA and MDA

Objectives

DRC HF projects responded to two Health Cluster objectives in the 2015 HRP:

1. To improve access to basic essential goods and services in areas affected by violence, conflict and natural disasters.
2. To reduce morbidity and mortality in populations affected by epidemic diseases.

Allocation

The DRC HF allocated a total of \$6.2 million to 13 health projects implemented by 10 partners. Three projects were funded through the standard allocation and ten projects through the reserve “First Emergency” window. In total, the DRC HF covered 14% of the needs initially identified by the Health Cluster (\$6.2 million/\$43.8 million).

Under the standard allocation, a particular emphasis was placed on improving access to health services, including primary health care and maternal and child care, as well as surveillance of epidemic diseases, such as measles and cholera.

Six reserve “First Emergency” allocations identified health as a priority sector. One focused on responding to a measles epidemic in the former Katanga province, for which close to \$2.5 million was allocated for a mass vaccination campaign. In Maniema province, \$800,000 was provided for the fight against cholera in the city of Kindu. At the same time, the DRC HF financed activities to support primary health care and maternal and child health services for victims of conflict, and support for victims of sexual violence. Given access difficulties due to logistical and security constraints, implementing partners focused on building the capacity of local partners and health workers, especially in disease prevention and case management.

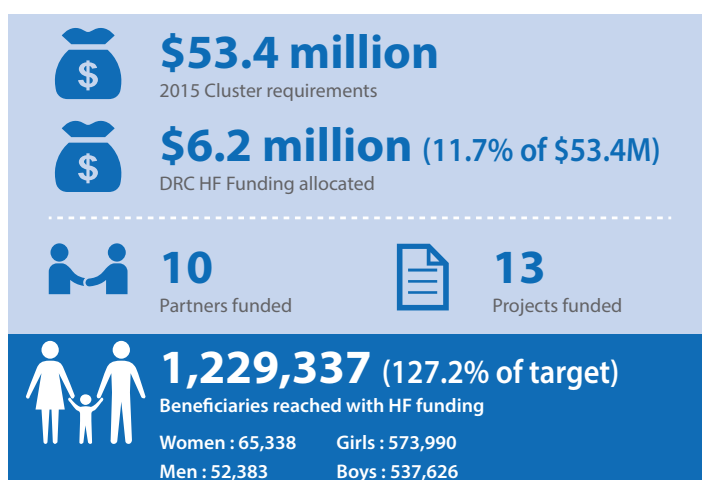
Refugee populations from CAR and Burundi also received health care support through the DRC HF. In the case of Burundian refugees in South Kivu, funding was allocated to mitigate the impact of the refugee influx on access to basic services for local host communities. This complimented a CERF grant for ensuring access to primary health care for refugees in Lusenda camp.

Achievements and challenges

The 13 DRC HF-funded projects reached more than one million people largely through support to health facilities. In response to a measles epidemic, the DRC HF supported treatment of infected children aged 6 months to 15 years in 21 health zones in the former Katanga province, where more than 22,500 measles cases including 344 deaths were reported. HF funding also enabled the vaccination of more than 860,000 children by 450 vaccination teams.

In order to improve access to basic health services, DRC HF-funded projects provided medicines and equipment to primary health care structures, as well as emergency reproductive health kits. Furthermore, 59 health facilities were rehabilitated, nearly 5,000 health workers were trained and health structures in more than 38 health zones were provided with supplies. Support to operating and staff costs have enabled curative care for nearly 100,000 new cases and more than 1,280 deliveries.

Key indicators	Planned	Achieved	%
# of people who participated in training/awareness-raising sessions	40,000	62,720	157%
# of community health worker networks created/supported	432	559	129%
# of health personnel trained	649	4,919	758%
# of people receiving direct health care	127,874	112,802	88%
# of assisted deliveries	1,500	1,281	85%
# of children vaccinated against measles	837,732	862,211	103%
# of pregnant women vaccinated against tetanus	1,500	1,820	121%
# of health facilities rehabilitated and equipped	53	45	85%



Alongside insecurity, the weak state health care system and difficulties in recruiting/motivating qualified health workers resulted in delays in project implementation. Furthermore, given the insufficient capacity of health workers, refresher training is commonly needed, as well as additional supervision to maintain a minimum level of service. For example, the lack of motivation on the part of medical staff in the management of the measles epidemic resulted in delays in the transmission of reports leading to a rapid deterioration of the situation and a delay in officially declaring the outbreak. Other significant challenges include difficulties and delays in the importation of supplies, including vaccines, and administrative harassment of NGOs.

More broadly, the strategic financing in the medium and long term for referral health facilities remains a huge challenge. The DRC HF focuses essentially on the primary level and is not intended to finance secondary health care/referrals.



LOGISTICS

Lead Agency: WFP

NGO Co-Facilitator: IEDA Relief

Objectives

Projects funded by the DRC Humanitarian Fund responded to the general objective of the Logistics Cluster, which is to “ensure access logistically to populations affected by humanitarian crises in order to provide humanitarian aid adequately and on time”.

Allocation

The DRC HF allocated a total of \$3.6 million to four logistics projects implemented by three partners. One project was funded through the standard allocation (multi-sectoral project with a logistics component) for \$300,000, two projects through reserve allocations for \$350,000, and one strategic programme, UNHAS, was funded for \$2.8 million. In total, the DRC HF covered 7% of requirements initially identified by the Logistics Cluster (\$3.6 million/\$51.5 million)

The goal of the strategic programme UNHAS is to offer a safe and diverse humanitarian air service in order to access the most isolated populations. The DRC HF covered 10% of the total budget for this programme, as in previous years. The reserve allocations aimed to address trouble spots or bottlenecks, such as mud quagmires on roads and river crossings, to allow the delivery of aid and movement of humanitarian personnel. In the standard allocation, logistics was funded as a support activity, rather than an end in itself.

Achievements and challenges

Some projects started in 2013 and 2014 were closed in 2015, for example, the rehabilitation of the ferry on the river Api in Bas Uélé province (former province Orientale) which helped open up the territories of Ango, Bondo and Bambesa thus enabling assistance to be provided to nearly 55,000 victims of the Ugandan rebel group the Lord’s Resistance Army (LRA) and to CAR refugees.

The rehabilitation of road trouble spots also made it possible to facilitate trade between areas of agricultural production and commercial centres. This is particularly the case in Tanganyika province (former Katanga), where the organization of fairs for food, crop seeds and essential non-food items helped revive trade between producers and traders.

However, logistics remains the “poor cousin” of humanitarian assistance. The drop in funding contributed to the HRP and the DRC HF has limited the logistic response capacity, in particular for the rehabilitation/redevelopment of road sections.

Key indicators	Planned	Achieved	%
# of people transported by air	25,200	29,776	118%
# of tons of freight transported by air	540	1,047	194%
# of flying hours	1,726	1,936	112%
# of tons transported by river or road	42	37	88%
# of km of road rehabilitated or constructed	77	45	58%
# of infrastructure rehabilitated	6	10	167%
# of temporary labour-intensive jobs created	1,047	1,889	180%



Vehicle-transporting barge across the river Api, rehabilitated thanks to DRC HF funding, in former Orientale province @OCHA/Richard Muchema

\$51.5 million

2015 Cluster requirements

\$3.6 million (7% of \$51.5M)

DRC HF Funding allocated

3

Partners funded

4

Projects funded

31,865 (113.7% of target)

Beneficiaries reached with HF funding



Lead Agency: UNICEF

NGO Co-Facilitator: COOPI

Objectives

Projects funded by the DRC Humanitarian Fund responded to the general objective of the Nutrition Cluster, which is to “reduce morbidity and mortality due to acute malnutrition in areas affected by food crisis, by ensuring the nutritional management of malnourished children under five, pregnant and lactating women and people living with TB or HIV”.

Allocation

The DRC HF allocated a total of \$5.9 million for nine projects implemented by six partners. Seven projects were funded under the standard allocation (multi-sectoral projects with a nutrition component) for \$5.3 million, and three were funded under reserve “First Emergency” allocations for \$600,000. Overall, the DRC HF covered 7.8% of the Nutrition Cluster requirements in the HRP (\$5.9 million/\$75 million).

Under the standard allocation, a particular emphasis was placed on improving the nutritional status of children, pregnant and lactating women and the most vulnerable groups, particularly in the provinces of Kasai, Kasai Central, Bandundu, Maniema, and the former Orientale and Katanga. In line with the Nutrition Cluster strategy, particular emphasis was placed on ensuring joint responses, addressing malnutrition alongside the strengthening of food security (six projects) and access to water, sanitation and hygiene (four projects). While nutritional problems are rooted in armed conflict in the former Province Orientale, Maniema and Katanga, their origin is often socio-economic in the Kasais and Bandundu, where the majority of the workforce prefers to work in the diamond mines in Angola and DRC rather than in agriculture. A particularity of the standard allocation was the requirement for projects to contribute to building the resilience of beneficiary communities, by ensuring that they are involved at every stage of the project cycle, and by seeking behaviour change, particularly in regards to eating habits and weaning.

Two reserve “First Emergency” allocations prioritized nutritional assistance to victims of armed conflicts and massive displacement in Tanganyika and South Kivu, through mobile therapeutic nutritional facilities and the referral of cases requiring hospitalization or longer term treatment.

Achievements and challenges

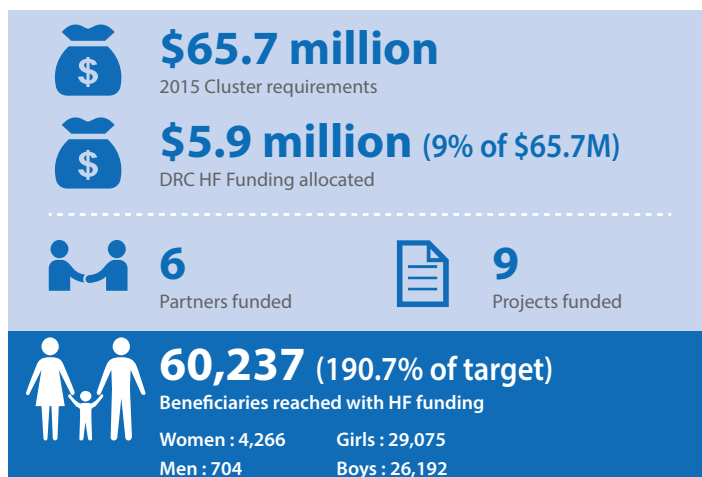
DRC HF-funded interventions for the nutrition response reached over 60,000 people, 6.7% of the Nutrition Cluster's target in the HRP. In line with the national protocol for managing acute malnutrition, partners took a holistic approach integrating both treatment and prevention activities and strengthening the technical and operational capacity of providers. Over the year, 58,126 children or pregnant/lactating women received treatment for malnutrition in either a mobile or residential facility. In general, DRC HF-funded nutrition projects had a recovery rate above 85% and a mortality rate lower than 1% (national rates are 75% and 5% respectively).

Given the difficulties of access due to logistical and security constraints, implementing partners emphasised building the capacity of local partners and staff of the National Nutrition Programme (PRONANUT), and the training and supervision of community

Key indicators	Planned	Achieved	%
# of people who participated in awareness-raising sessions	7,370	14,862	202%
# of beneficiaries admitted to nutritional treatment facilities	30,242	58,126	192%
# of personnel of nutritional centres trained	1,335	2,111	158%
# of nutritional treatment facilities constructed or rehabilitated	192	294	150%



Screening of a malnourished baby in South Kivu province @OCHA/ Gemma Cortes



health-care workers. During the year, 2,111 personnel in nutritional treatment facilities were trained on infant nutrition and the national protocol on integrated treatment of acute malnutrition.

Lack of funding remains a key challenge for the sector, limiting the ability of partners to acquire, pre-position and provide nutritional supplies, and to ensure the sustainability of project results after the disengagement of implementing partners. This is particularly important given that behaviour change cannot be brought about in only a few months but requires working with communities over a longer term. As an illustration, the good results obtained by the DRC HF partner COOPI in the management of acute malnutrition among children under five and pregnant and lactating women in the health zones of Boga and Gety in the former Orientale province could not be sustained following the withdrawal of the NGO and a lack of financial, human and technical resources that prevented the PRONANUT from maintaining a nutrition supervisor in the health zone.



PROTECTION

Lead Agency: UNHCR

Objectives

DRC HF projects responded to three of the Protection Cluster objectives in the 2015 HRP:

1. Ensure a humanitarian protection response of proximity that adequately and effectively meets urgent needs through a multi-sectoral approach.
2. Strengthen the protective environment for individuals and communities to minimize the risk of displacement and violations of international humanitarian law and human rights in sites of displacement, origin, return or resettlement, through a multi-sectoral approach.
3. Promote the implementation of humanitarian principles and the centrality of protection in all humanitarian activities in the DRC, across and within sectors.

Allocation

The DRC HF allocated a total of \$5.1 million to eight projects implemented by seven partners. Five projects were funded under the standard allocation (multi-sectoral projects with a protection component) for \$4 million, and four under the reserve "First Emergency" window, for \$1.3 million. In total, the DRC HF covered 12% of the needs initially identified by the Protection Cluster (\$5.1 million/\$42 million).

Three reserve "First Emergency" allocations in the provinces of Tanganyika, Maniema, and North and South Ubangi identified protection as a priority sector. Following a flare-up in conflict between Luba and Twa in Nyunzu, Tanganyika province, a DRC HF allocation focused on providing protection by presence, strengthening protection monitoring and supporting a community reconciliation process.

The activism of armed groups in Maniema and neighbouring South Kivu province led to fresh waves of displacement linked to numerous protection concerns, including the recruitment and exploitation of children for the sex trade, mining or other illicit trafficking. The DRC HF allocation aimed to reinforce community protection mechanisms to prevent child rights violations, and ensure the release and family reunification of children associated with armed groups or working in mine sites.

Following the influx of 12,000 CAR refugees in the space of three months, a DRC HF reserve allocation identified as a priority action the protection and registration of new arrivals in refugee camps, transit centres and host families. The standard allocation focused primarily on the prevention of and response to sexual and gender-based violence (SGBV), and building community protection mechanisms, particularly for child protection, in the former Katanga, Ituri and North Kivu provinces.

Achievements and challenges

In order to strengthen the protective environment for individuals and communities, DRC HF projects responded to protection violations, and undertook protection monitoring and activities to prevent violations against vulnerable populations.

For victims of violence, DRC HF-funded services included psychosocial and mental health support, medical care and referral

Key indicators	Planned	Achieved	%
# of people reached through protection awareness-raising sessions	35,549	57,323	161%
# of awareness-raising sessions organised	219	237	108%
# of children in situations of difficulty who received assistance	901	1,111	123%
# of trauma victims who received medical, psychosocial or economic assistance	3,615	2,804	78%
# of protection incidents recorded	9,085	4,440	49%
# of unexploded ordinance cleared and destroyed	50	141	282%
# of people who attended mine risk education sessions	4,000	6,675	167%



\$42 million

2015 Cluster requirements



\$5.1 million (12.1% of \$42M)

DRC HF Funding allocated



7

Partners funded



8

Projects funded



3,915* (86.7% of target)

Beneficiaries reached with HF funding

Women : 1,455

Girls : 519

Men : 1,458

Boys : 484

* Total beneficiary numbers per sector exclude beneficiaries reached through awareness-raising and sensitization sessions, to avoid double counting.

services for over 2,800 people. SGBV survivors received timely and appropriate support through case management according to the survivor's needs including psycho-social support, first aid, counselling and provision of Post-Exposure Prophylaxis (PEP) and dignity kits.

For child protection, partners contributed to strengthening community protection mechanisms to raise awareness of abuses and exploitation against children in conflict-affected zones, prevent child enrolment in armed groups and gender-based violence against women and children, and support the release, reintegration and family reunification of children associated with armed groups.

With a view to building the capacity of local communities to recognize, prevent and mitigate human rights violations and protection incidents, 57,963 people were reached through

awareness-raising and training sessions. In Katanga and North Kivu, 79 community groups were formed and supported to develop and implement community protection plans.

Ongoing DRC HF standard allocation projects in North Kivu and Katanga provinces were complemented by a CERF “Underfunded Emergencies” grant in March of \$5.4 million for protection activities. For example, DRC HF-funded mine action resulted in the clearance and destruction of 141 unexploded remnants of war, and education sessions on the risks and reporting of mines/explosive remnants of war for 6,675 people. CERF-funded activities built on and extended these results, reaching a further 121,644 people through mine risk education. In addition, the CERF grant enabled protection profiling of 187,079 IDPs, sensitization sessions on IDP rights for 967,508 displaced people, and the identification and referral of 1,633 SGBV survivors.

The main challenge to the implementation of protection activities stemmed from insecurity and limited access. For example, protection monitoring and response activities in North Kivu were constrained due to armed group activity in the area, and the military operations by the FARDC against the FDLR in particular. It is important to note that such insecurity further exposes individuals to the risk of violence and sexual assault, and in such insecure locations, survivors often do not file reports due to fear of retaliation. Recommendations to strengthen DRC HF-funded projects included better formulation of theories of change for conflict transformation projects to support lasting individual, relational, and structural change, and a stronger focus on safeguards and community advocacy to prevent sexual violence.



An NGO vehicle stuck in a mud mire on a road in former Katanga province, a common access constraint facing humanitarian actors in DRC @OCHA/Soutymane Beye



SHELTER/NFI

Lead Agency: UNICEF

NGO Co-Facilitator: Catholic Relief Services (CRS)

Objectives

DRC HF projects responded to two Shelter/NFI Cluster objectives in the 2015 HRP:

1. Ensure protection, food security and access to essential goods and basic services for vulnerable long-term displaced people and host communities for their own empowerment.
2. Strengthen the protection of the civilian population, and improve food security, access to essential goods and basic services in areas affected by natural disasters.

Allocation

The DRC HF allocated a total of \$11 million to 17 projects implemented by 15 partners. Five projects were funded under the standard allocation window (multi-sectoral projects with a Shelter/NFI component), eleven under the reserve “First Emergency” window, and one strategic programme – the RRMP. In total, the DRC HF covered 13% of the needs initially identified by the Shelter/NFI Cluster (\$11 million/\$83.9 million).

Six reserve “First Emergency” window allocations prioritized the provision of partial or full shelter and NFI assistance to conflict-affected displaced and host communities, through direct distributions, cash voucher fairs, or a mix of both.

For Burundian refugees in South Kivu, a reserve allocation aimed to provide NFIs to over 3,100 refugee households in the Lusenda refugee camp and to vulnerable host families, as well as the construction of 550 emergency shelters.

Two reserve allocations in Tanganyika province in response to inter-communal conflict between the Luba and Twa focused on the distribution of tarpaulins, construction materials and NFIs, and the construction of emergency shelters for 2,900 vulnerable households, including newly-displaced, returnees and host families.

In Maniema province, following new waves of conflict-induced displacement and severe flooding, a reserve allocation identified as a priority action the provision of emergency shelter and essential household items for 3,500 displaced and returnee households, and up to 1,000 flood-affected households in Kindu city.

Responding to fresh displacement in Ituri after exactions committed against civilian populations by armed groups, a reserve allocation prioritized the provision of NFIs to 4,700 households through a cash voucher fair approach, and emergency shelter kits to 2,400 displaced households. Meanwhile, in North and South Ubangi, the arrival of over 10,000 CAR refugees led to a reserve allocation to cover the construction of 600 emergency family shelters in the Inke refugee camp near Gbadolite, and the distribution of essential household items to 1,200 families.

Achievements and challenges

To ensure access to essential personal, household and hygiene items for vulnerable displaced people, host families and families affected by natural disasters, DRC HF projects provided access to essential non-food items to 51,189 households and 17 health care facilities. For over 5,600 households, assistance was provided by direct distribution, enabling each family to receive a standard kit

Key indicators	Planned	Achieved	%
# of households who received NFI assistance through a fair or voucher programme	40,021	45,536	114%
# of households who received NFI assistance through a distribution	9,439	5,653	60%
# of households assisted with emergency shelter kits	7,262	7,003	96%
# of social institutions who received NFI assistance	23	17	74%



\$83.9 million

2015 Cluster requirements



\$11 million (13.1% of \$83.9M)

DRC HF Funding allocated



15

Partners funded



17

Projects funded



68,144 (98.1% of target)

Beneficiaries reached with HF funding

Women : 14,918

Girls : 20,963

Men : 11,980

Boys : 20,283

composed of items such as blankets, jerry cans, kitchen utensils, soap, and mosquito nets. The needs of the remaining 45,500 households were covered through a cash voucher fair approach.

For a rapid response, the DRC HF strategy was to prioritize cash voucher fair approaches where possible. Fairs can be a quicker way to get essential items to people in need than classic distributions, are cost-effective and boost the local economy through the use of local traders, while offering beneficiaries greater dignity and freedom of choice.

In contexts of displacement due to conflict or flooding, DRC HF-funded interventions helped ensure protection of vulnerable households through the provision of emergency shelter kits. Beneficiaries were provided with standard kits including nails, stakes, timber, tarpaulin and tools, as well as technical assistance for construction.

DRC HF-funded projects taking a cash voucher fair approach faced challenges ensuring that local markets were sufficiently able to meet demand, and that prices did not rise on fair days. Such interventions require careful market analysis and negotiation with traders beforehand to keep prices stable. When shelter construction materials were not available locally and partners had to transport them to the area, the poor state of road infrastructure often led to delays in project implementation.



Lead Agency: UNICEF

NGO Co-Facilitator: Solidarités International

Objectives

DRC HF projects responded to three WASH Cluster objectives in the 2015 HRP:

1. Ensure access to drinking water and sanitation within established norms and standards, and promote hygiene for people in displacement sites and host communities;
2. Ensure the proper management of cases of cholera, measles and viral haemorrhagic fevers;
3. Prevent the vicious cycle of acute malnutrition caused by lack of clean drinking water, in the context of nutritional crises.

Allocation

The DRC HF allocated a total of \$6.5 million to 15 WASH projects implemented by 12 partners. Eight projects were funded under the standard allocation (multi-sectoral projects with a WASH component) and six were funded under reserve “First Emergency” allocations. In total, the DRC HF covered 8% of the needs initially identified by the WASH Cluster (\$6.5 million/\$79.2 million).

Under the first reserve allocation of the year providing assistance to Burundian refugees in South Kivu, ensuring access to clean drinking water, hygiene and basic sanitation in the Lusenda refugee camp and in host communities was prioritized.

Reserve allocations in November for newly-displaced and returnee populations in South Kivu, Ituri, and Maniema provinces focused on reducing the incidence of water-borne diseases through the provision of a comprehensive package of activities, including the development of water sources, provision or rehabilitation of basic sanitation infrastructure and hygiene promotion. In addition, a reserve allocation in favour of newly-arrived CAR refugees prioritized improving access to drinking water and sanitation for refugees and host communities in North and South Ubangi, and the construction of emergency latrines in the refugee camps.

Achievements and challenges

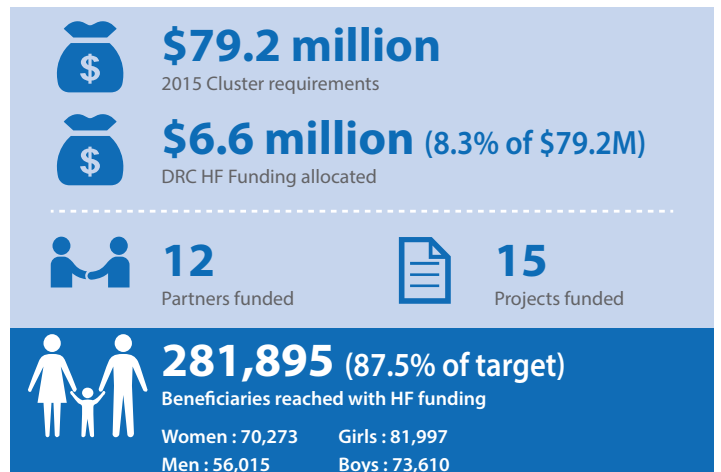
Achievements included the construction/ rehabilitation of wells, boreholes and drinking fountains, enabling 260,913 people to have access to safe drinking water, and the construction of over 6,000 public and household latrines, thus ensuring access to sanitation for approximately 300,000 people. DRC HF interventions also promoted good hygiene practices, with 152,321 people reached through awareness-raising campaigns on the prevention of the spread of water-borne diseases, and the distribution of hygiene kits. Support was provided to community-based water management structures through capacity building of 140 water user committees. In line with the 2015 HRP strategy and to ensure greater sustainability of interventions, where possible WASH interventions were designed to link up with the national programme “Villages et Ecoles Assainis”, a development programme to ensure adequate hygiene and sanitation in rural areas.

In South Kivu, DRC HF funding supported a rapid WASH response for over 10,000 Burundian refugees newly-arrived in Lusenda camp. Thanks to emergency and semi-durable water supply systems set up in the camp and in the surrounding host communities, over 63,000

Key indicators	Planned	Achieved	%
# of people who have participated in hygiene promotion activities	78,482	152,321	194%
# of community-based water management structures created or supported	87	140	160%
# of people with access to safe drinking water	310,979	260,913	84%
# of people with access to a minimum WASH package	11,348	20,982	185%
# of water sources constructed or rehabilitated	165	135	82%
# of latrines constructed	6,194	6,027	97%



Semi-durable water supply system set up by DRC HF in the Lusenda refugee camp South Kivu with DRC HF funding @OCHA/Charlotte MacDiarmid



people had access to safe drinking water. As well as promotion of good hygiene practices in this cholera-endemic area, 408 latrines and showers were built in schools and health centres in the Ruzizi plain and local committees trained in their maintenance, leading to an observed reduction in diarrheal diseases in the area.

To prevent and respond to cholera outbreaks in endemic areas in Ituri and the former Katanga province, DRC HF funding enabled partners to establish chlorination points, construct latrines, rehabilitate wells, and use community mobilisation to overcome local resistance to using chlorine-treated water and raise awareness about cholera prevention. With a view to strengthening community resilience, DRC HF-funded projects included capacity-building of local health workers on the treatment and prevention of cholera, and the promotion of local chlorine production. In the territory of Malemba Nkulu, the reported number of cholera cases per week dropped from 27 cases with one death in September 2014, to 6 cases with no deaths by April 2015.

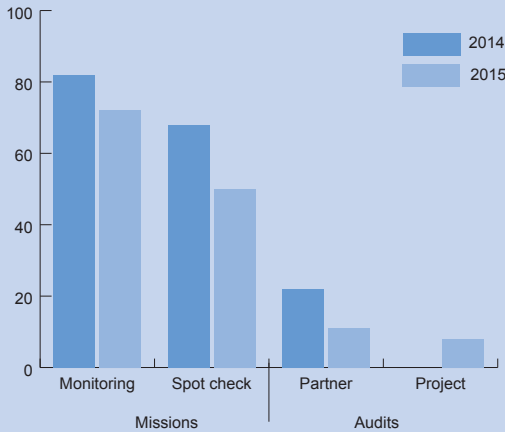
The inaccessibility of many areas due to poor roads and insecurity remains a major challenge, particularly during the rainy season, leading to some delays in project implementation. Structural conditions favouring the outbreak of cholera remain in place, and

combined with persistent population movements, lead to the frequent recurrence of cholera epidemics. Such structural factors are out of the scope of humanitarian actors to tackle. The difficulty of finding sustainable solutions for medium to long term internally displaced people is felt in the WASH sector, as in many others. WASH interventions in IDP sites are not built for the long term. However, many IDP sites have been in existence for five years or more, with the likelihood of continuing, and humanitarian partners are called upon to repeat interventions which is not cost-effective.

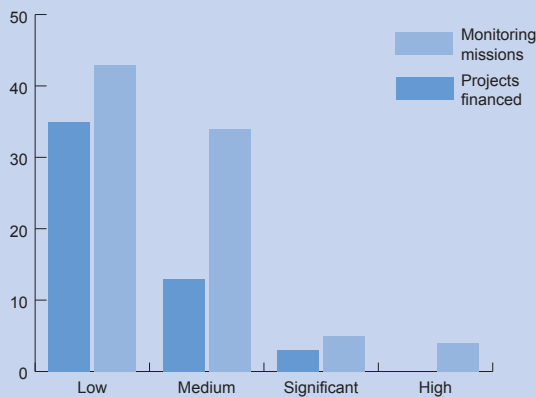


HF management and accountability

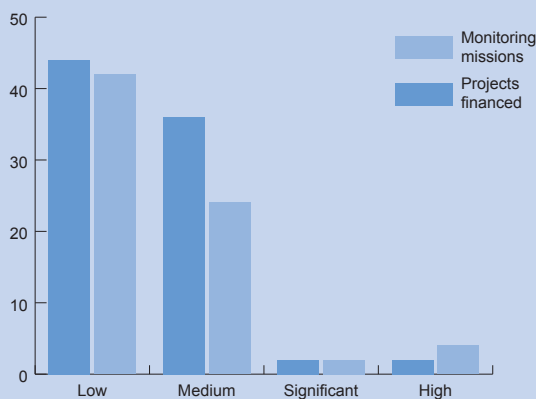
Number of monitoring and spot check missions and audits completed in 2014 and 2015



Number of projects financed and number of monitoring missions carried out, by partner risk level* in 2014



Number of projects financed and number of monitoring missions carried out, by partner risk level* in 2015



* Risk level "low" includes projects implemented by UN Agencies. UN Agency implementing partners are automatically considered to have a risk level of "low"; however, with the regular analysis of past performance in place since 2014, UN Agency risk ratings can change depending on performance.

Country-Based Pooled Fund guidelines and Grant Management System

2015 was a year of change for the DRC HF, as it transitioned to the CBPF model in line with global guidelines published by OCHA headquarters. Thanks to this harmonisation effort, the DRC HF is operating according to the same processes and procedures as the 18 other CBPFs, ensuring respect for minimum standards in all countries.

A DRC Operational Manual was developed, bringing coherence with global policy while adapting requirements to the local context. The Operational Manual sets out the objectives, governance arrangements, and technical guidance for the management of the Fund, with an enhanced focus on risk management at both fund and partner level. Between October and December, the draft Manual was presented to the Advisory Board, clusters and implementing partners, and revised several times based on discussions and feedback. A final version is to be presented to the Advisory Board in the first quarter of 2016.

Alongside the CBPF changes introduced, the online Grant Management System (GMS) was launched in December 2015. From now on, this interactive database will be used to manage all DRC HF allocation processes and grants to partners throughout the project life cycle. GMS offers real-time access to data, more efficient and transparent processes, and better quality control of data.

The launch was preceded by significant efforts to configure the system to local realities, including the translation of instructions from English into French. Trainings for a pilot group of partners were held in Kinshasa, Goma, Bukavu, Bunia and Kalemie in Q4. Over 80 people from 41 partner organizations were trained on user and organization registration, and the creation and submission of project proposals. Further training on financial and narrative reporting followed in January 2016, and more is planned throughout the year. A data entry consultant was hired and all 2015 projects have now been entered into the system.

Risk management

Since 2014, the DRC HF has developed a framework to mitigate the risks associated with fund management, and to monitor and report on activities and their impact and evaluation. Risk management aims to identify, assess and prioritize risks and to use resources in a coordinated and effective way to reduce risks, while monitoring and controlling the probability and/or impact of threats and maximising opportunities. In 2015 the Advisory Board validated an updated risk matrix with the 20 highest risks identified, assessed and prioritized by the JHFU. Five categories of risk are considered: strategic and programmatic; governance and fund management related; financial and operational; coordination and partnerships related; and external hazards. Each risk has a corresponding mitigation strategy with agreed actions and those responsible for implementing them, whether it be the JHFU, OCHA Head of Office, HC or clusters. The risk matrix and action plan is updated every year, and approved by the Advisory Board.

Partner risk level is also managed through pre-defined operational modalities. While all partners are eligible for the standard allocation, only partners with a low or moderate risk rating are eligible for funding under a reserve "First Emergency" allocation. This is due to the fact that in a multi-year standard allocation project, it is possible to support and build the capacity of a partner; however, this is not feasible in the context of a reserve allocation project of three months. The allocation type also determines the maximum amount that can be allocated to a partner based on their level of risk.

Alongside the partner risk level dashboard, in 2016 the JHFU will develop a project prioritization dashboard to determine, for each allocation, the risk of a project based on the level of risk of the partner, location and activity. This will enable the JHFU to set the maximum level of funding to the project and any specific control mechanisms required.

Accountability framework

The new DRC Operational Manual brings together several existing elements under a strengthened 'Accountability Framework'. It aims to increase the accountability of the DRC HF vis-à-vis its donors and beneficiaries, mitigate risks arising from the management of funds, and monitor and report on project activities and outputs. The Framework has five pillars including risk management, partner capacity and performance assessments, field site

monitoring of projects and financial spot checks, reporting and audits.

Partner capacity and performance assessments

In December 2015, a capacity assessment exercise was launched by an independent audit firm for 45 NGO partners, of which 9 were previously eligible to the DRC HF and 36 are new. DRC HF capacity assessments are carried out according to the Harmonized Approach to Cash Transfers (HACT) methodology, which assesses the partner's financial management capacity in the areas of accounting, procurement, reporting, and internal controls to determine the overall risk rating. To become eligible to the DRC HF, a partner must obtain a score of at least 70%. Currently, 70 national and 59 international NGOs are eligible. With the launch of the GMS, partners have provided detailed due diligence information which complements the HACT assessment and is stored and updated directly in the system.

An evaluation exercise of the past performance of DRC HF partners was carried out from March to June 2015. The performance of 97 partners – 8 UN Agencies and 89 NGOs – who had received DRC HF funding over the past five years was analysed, and weaknesses identified. On this basis, the JHFU organised bilateral meetings with partners to share findings and make recommendations to strengthen performance. At the same time, a series of workshops were held in Kinshasa, Bukavu, Goma, Bunia and Kalemie from October to November 2015, reaching over 120 people from 58 partner organizations. With a view to building the capacity of partners to correctly use and manage DRC HF funds, workshops sessions focused on accountability, financial and narrative reporting, and risk management, with an emphasis on preventing fraud.










Monitoring and spot checks

In 2015, 72 projects received a field site monitoring visit. Of these, 54 projects (75%) were judged as satisfactory and 18 (25%) as at risk of not achieving the planned results. A "traffic light" system is used to score the projects: "green" or "orange/green" indicates the project will or probably will achieve its results, while "orange/red" or "red" indicates the project will probably not or will not achieve its results. The main reasons for projects being categorised as at risk were: (i) delays in implementation; (ii) lack of monitoring of activities (especially in areas difficult to access); (iii) lack of community involvement in implementation; (iv) results only partially achieved; and (v) unreliable methods of counting beneficiaries. Recommendations made to partners were followed up by additional field visits, or included in partner interim reporting.

The JHFU includes four full-time Monitoring & Reporting (M&R) analysts, dedicated to field site monitoring. Missions require a significant amount of travel time given the size of the country and the inaccessibility of many project sites. The average duration of each project visit was four days. During their visit, the M&R analysts hold focus groups with beneficiaries and meet with local authorities and other stakeholders to check that the project is being implemented as planned and that all parties are well informed about the project and its expected results.












In collaboration with the other HACT-compliant UN Agencies, the JHFU carried out 50 financial spot check missions of 36 partners (11 national NGOs and 25 international NGOs) implementing 62 projects. The spot checks aimed to assess the accuracy of financial documents and reports on the use of funds by partners. An analysis of findings shows a clear improvement from partners since 2014, but also the need for sustained accompaniment. The average duration of each spot check visit was two days. However, it was determined that this is not long enough to include a capacity-building component for partners. Therefore, in

Number of projects financed and monitoring missions carried out, by province

	2014		2015	
	# of Projects financed	# of Monitoring missions	# of Projects financed	# of Monitoring missions
 BANDUNDU	0	2	1	0
 EQUATEUR	3	2	15	2
 KASAI	0	5	3	2
 KATANGA	14	20	23	27
 MANIEMA	0	3	11	2
 NORD-KIVU	19	22	4	14
 ORIENTALE	8	16	8	16
 SUD-KIVU	1	12	15	9
 NATIONAL	6	4	2	0
TOTAL	51	86	84	72

* For the 41 projects financed under reserve allocations in December 2015, the monitoring missions will be carried out in 2016.

Number of projects financed and monitoring missions carried out, by cluster/sector

	2014		2015	
	# of Projects financed	# of Monitoring missions	# of Projects financed	# of Monitoring missions
 COORDINATION	3	0	2	0
 EDUCATION	1	5	4	6
 FOOD SECURITY	5	12	14	12
 HEALTH	5	15	10	10
 LOGISTICS	5	6	3	2
 MULTI-SECTOR	7	8	19	10
 NUTRITION	5	3	2	5
 PROTECTION	9	14	3	11
 REFUGEES	0	0	11	2
 SHELTER/NFI	3	8	11	7
 WASH	8	15	5	7
TOTAL	51	86	84	72

2016 the JHFU will increase spot checks to three days to allow time to work with the partner on implementing recommendations resulting from the visit to strengthen financial and administrative management.

In some cases and depending on spot check or field monitoring findings, a joint mission including both components may be arranged, to allow for cross-checking financial and programmatic reporting with results on the ground. This was done in 2015 for a multi-sectoral standard allocation project being implemented in the former Orientale province by a national NGO with a low risk rating. As the findings of the joint mission did not assuage the Fund's concerns, a special audit was commissioned (see below).

In 2016, the JHFU plans to organise joint missions with cluster coordinators to monitor and improve the technical quality of project implementation.

Audit

A scheduled internal control audit for 11 partners was launched in late 2015 and will be completed in February 2016. Project audits for eight partners with a risk level of "significant" or "high" were also started. In addition, a special audit was triggered in June after anomalies were found during a routine field site monitoring visit of a standard allocation project, and confirmed by a joint financial and programmatic quality control mission. While the audit report gave an unqualified opinion (without significant reservations), the management letter accompanying it noted major faults including in the procurement and management of equipment and materials. Based on this, the Advisory Board approved concrete follow-up measures and stricter control mechanisms for the partner, including raising the risk level to 'High'. These measures aimed to minimise the risk of fraud or misuse of funds while ensuring that the vulnerable people targeted by the project still received the assistance they need. The audit exercise also brought to light areas for improvement in the internal management of audits, leading to further clarification and documentation of the JHFU standard operating procedure for special audits, and the roles and responsibilities of the OCHA and UNDP entities.

Prevention of fraud

In 2015, the JHFU updated its policy on the prevention and fight against fraud, which was shared widely with implementing partners. A Standard Operating Procedure (SOP) for how to manage suspected cases of fraud and misuse of funds by third parties is under development, and will be aligned with the CBPF standard SOPs.

Improvements for 2016

The DRC HF is committed to continue strengthening risk mitigation measures to further improve accountability to donors and to people in need. To do so, special emphasis is being placed on implementing the new Operational Manual and GMS. In particular, in future allocations the DRC HF will take into account an analysis of risks linked to activities and locations, as well as partner risk. Also planned is the revision of the MoU between the JHFU and implementing partners, and further improving the monitoring and evaluation system, specifically evaluation, measuring impact, and joint "quality control" missions with clusters.

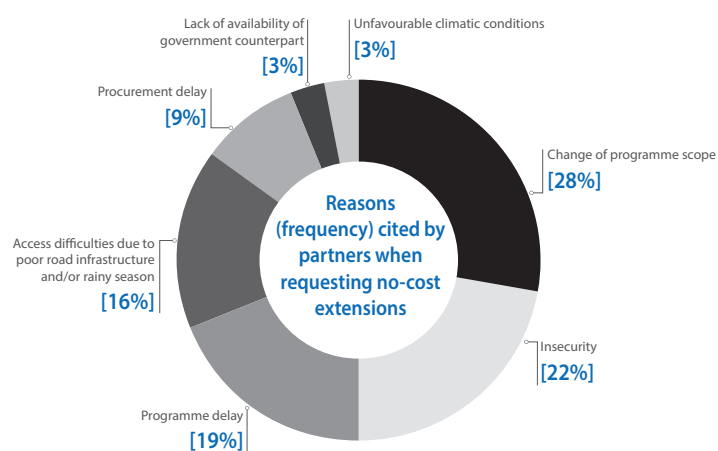
External assessment

An external assessment was commissioned by Sweden in October 2014 to assess the adequacy of the DRC HF's risk management and monitoring systems. The findings were shared at the end of 2014, and concluded that the systems in place were adequate to ensure responsible and effective management of funds. Nevertheless, the report recommended

a series of accompanying measures, such as the roll-out of the GMS, strengthening communication within the JHFU, and the establishment of a complaints and feedback mechanism. Of these, 25 out of 29 recommendations were implemented or addressed in 2015. The remaining four are in process, including the implementation of a resource mobilisation strategy and the development of criteria to assess the programmatic capacity of potential implementing partners as well as the financial management capacity (which is already assessed).

No-cost extensions and revisions

During 2015, the DRC HF managed a total of 136 contracts with 86 partners including 84 new contracts and 52 contracts from previous years. During the year, 35 no-cost extensions (NCE) or revisions were granted, concerning 22 partners. Twenty-seven concerned NGO partners, of which 26 were NCE and one cost extension. For UN Agencies, six NCEs and two cost extensions were granted.



The most common reason for requesting a NCE was changes in project scope (activities, target beneficiaries or location) linked to evolutions in the context leading the partner to cover an underserved area, avoid duplication with another project, or respond to new/unforeseen needs. Insecurity was the next most frequently cited reason, particularly for projects being implemented in North Kivu, Ituri and Tanganyika provinces. Cost extensions were granted to enable partners to respond to increased needs in their area of intervention related to new population displacements or a cholera outbreak.

Gender mainstreaming

The IASC Gender Marker was used to mark all projects submitted under the standard and reserve allocations. Almost all projects funded by the DRC HF were rated as "2a" and "2b" (98%). This is partly thanks to the efforts undertaken by the clusters to develop clear sectoral guidelines on gender mainstreaming, as well as the commitment of the JHFU to strengthen internal capacities in this regard.

Monitoring visits during the year found that men, women, boys and girls are usually consulted appropriately by partners during needs assessments and that beneficiary committees often include a good gender balance. However, more could be done to adapt response strategies to women's specific conditions and workload in the household.

In 2016, the DRC HF plans to incorporate gender considerations more systematically into allocation decisions, and will put a particular focus on working with implementing partners to improve gender mainstreaming in project implementation and reporting.



Accountability to affected people

Being accountable to those affected by the humanitarian crisis ensures the DRC HF finances quality projects that meet peoples' priority needs, and reduces the risk of mistakes, abuses and corruption.

To make this accountability a reality, the DRC HF ensures that:

- Project beneficiaries are involved in the implementation of the project and are well-informed of the role and responsibilities of the implementing partner;
- Affected communities are made aware of, and accept, the mechanisms/criteria for the selection of project beneficiaries;
- The partner has a transparent and anonymous complaints and feedback mechanism in place, and project beneficiaries are aware of its existence and how to use it.

To achieve this, the JHFU has developed:

- A monitoring and evaluation mechanism based on monitoring and reporting analysts who hold focus groups with beneficiaries the other project stakeholders in the field to ensure the project is delivering as planned, and any feedback or problems are addressed.
- A complaints management mechanism via a dedicated email address (CBPF-DRC-Request@un.org) managed by the Head of the JHFU.
- A policy on preventing, detecting and dealing with fraud and corruption.

In 2016, the JHFU plans to develop a DRC HF-specific accountability to affected people (AAP) framework, to lay out AAP guiding principles and what these mean in practice for the JHFU staff and implementing partners, identify gaps and prioritize actions to improve AAP in the future.

DRC HF support to strategic programmes

As in previous years, the DRC HF funded two strategic programmes - the Rapid Response to Population Movements (RRMP) mechanism managed by UNICEF and the United Nations Humanitarian Air Service (UNHAS) operated by WFP – to the tune of 10% of their overall budgets. Considered backbone programmes of humanitarian action in DRC, they enable the humanitarian community to respond rapidly to urgent needs.

DRC HF support to RRMP contributed to the rapid deployment of needs assessments and multi-sectoral emergency assistance to vulnerable people affected by population movements (displacements and returns) linked to conflict or natural disaster. The \$4.3 million provided by the DRC HF in 2015 enabled the mechanism to reach 184,493 people. As a result, 29,802 had access to clean drinking water, 2,493 children had access to education, 47,571 children were vaccinated and 6,542 households received essential non-food items.

DRC HF funding of \$2.8 million to UNHAS contributed to the provision of safe, flexible and reliable air transportation for 29,776 air passengers and 922,760 kg of freight. Access remains a major challenge for humanitarian workers due to ongoing conflict, particularly in the east of the country, and poor or non-existent infrastructure. UNHAS is critical in enabling humanitarians to reach the most vulnerable people. In 2015, 37 destinations were served on the regular schedule and 25 additional destinations were covered through special flights, making it possible for around 265 organizations to effectively implement, monitor and supervise humanitarian interventions throughout the country. UNHAS demonstrated its capacity to respond rapidly to the changing humanitarian situation in February, when it quickly established additional regular scheduled flights to the former Equateur province to support agencies responding to the CAR refugee influx.



Conclusions and way forward



The past year has again proved the DRC Humanitarian Fund to be a flexible, inclusive funding mechanism that provides vital funds for life-saving humanitarian action in the DRC and supports a wide range of partners. The DRC HF supported the leadership of the Humanitarian Coordinator and the Humanitarian Country Team, allowing them to allocate resources to critical needs. The \$65 million allocated by the DRC HF in 2015 amounts to 11% of funding received for the HRP. At the same time, DRC HF projects reached 1.95 million people, 38% of the number target by the HRP. Over 20% of funds allocated went directly to national NGOs, a record high for the Fund. The DRC HF is particularly appreciated by national partners for being one of the few sources of funding directly available to them, and for the efforts of the JHFU to accompany partners during the lifecycle of their projects.

2015 was an important year for strengthening the DRC HF's risk management and accountability framework through the roll-out of the CBPF guidelines and the online GMS. While objectives for the timeliness of allocations and disbursements were not always met, significant communications efforts in the second half of the year paid off by improving the perceived transparency of the DRC HF amongst many stakeholders.

Looking forward, 2016 is a pivotal year for the humanitarian community in DRC, bringing new hope and risks. Elections are due to be held in DRC and in five neighbouring countries between 2016 and 2017, creating the potential for instability and new humanitarian needs. But equally there are possibilities for building better links between humanitarian and development action and planning.

Of the 2016 HRP's strategic objectives, the DRC HF has a particular contribution to make to the fourth, which aims for "rapid humanitarian action, effective, adequate and consistent with the principles and humanitarian standards". In the coming year, the DRC HF seeks to continue to improve the quality and accountability of its performance, through the following priority actions:

- Further refine the reserve "First Emergency" allocation modality, to ensure a truly rapid response mechanism that is complementary to existing mechanisms and funding sources.
- Improve the speed of allocations and disbursements, striking the right balance between inclusiveness/participation and timeliness.
- Make full use of the newly rolled-out GMS to improve the transparency and efficiency of allocation processes, and the quality and analysis of data on project and partner performance.
- Ensure the changes introduced by the new Operational Manual are widely communicated and applied, for enhanced accountability.
- Place renewed focus on the monitoring, reporting and evaluation system, to improve the quality of project implementation, and be able to better measure and communicate the impact of HF allocations.
- Continue to reinforce communication with all stakeholders, but particularly with implementing partners alongside building their capacity.

In addition, resource mobilisation remains a top priority. The DRC HF's strategy for 2016 seeks \$70 million, 10% of the HRP's requirements, to ensure that vulnerable populations affected by the complex crisis in the DRC receive a timely and appropriate response to their most critical needs. Crucial to maintaining the strategic role played by the Fund will be resource mobilisation efforts and the predictability of donor contributions. With the declining funding trend, it is harder to make a strategic standard allocation of sufficient size at the outset of the year. The DRC HF is likely to launch smaller multi-sector standard allocation rounds spread over the year, targeted geographically or thematically to maximise impact. An active reserve will be maintained, to be used to address critical gaps as they emerge as well as sudden onset emergency needs. With the number of people in need of assistance estimated as slightly higher than in 2015, the effective and targeted use of DRC HF funds will be critical in helping the humanitarian community reach its objectives in 2016.

Acronyms



AAP	Accountability to Affected People
ADF-Nalu	Allied Democratic Forces-Nalu
CAR	Central African Republic
CBPF	Country-Based Pooled Fund
CERF	Central Emergency Response Fund
CNR	National Refugee Commission (Commission National des Réfugiés)
CPIA	Provincial Inter-Agency Standing Committee (Comité Provinciaux Inter-Agences)
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
FARDC	Armed Forces of the Democratic Republic of Congo (Forces Armées de la République Démocratique du Congo)
FDLR	Democratic Forces for the Liberation of Rwanda (Forces Démocratiques pour la Liberation du Rwanda)
FRPI	Front for Patriotic Resistance in Ituri (Forces de Résistance Patriotique d'Ituri)
GMS	Grant Management System
HACT	Harmonised Approach to Cash Transfers
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HF	Humanitarian Fund
HIV	Human Immunodeficiency Virus
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
JHFU	Joint Humanitarian Financing Unit
LRA	Lord's Resistance Army
MoU	Memorandum of Understanding
NCE	No-cost Extension
NFI	Non-Food Items
NGO	Non-governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PEP	Post-Exposure Prophylaxis
PRONANUT	National Nutrition Programme (Programme National pour la Nutrition)
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
TB	Tuberculosis
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations Office of the High Commissioner for Refugees
UNICEF	United Nations Fund for Children
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme



ANNEXES

Annex 1 : Summary of partner satisfaction survey results

How would you rate your collaboration with the Humanitarian Fund in 2015?

The collaboration between the DRC Humanitarian Fund and its partners (donors, implementing partners and dialogue platforms) is generally regarded as constructive, direct and based on trust. Strategic and operational issues are addressed openly and without interference. Partners are given a central role through their participation in DRC HF discussions and decision-making, including in the development or review of Fund policies.

What do you think of the vision and mission of the DRC Humanitarian Fund?

The DRC Humanitarian Fund is an essential instrument for the implementation of the Humanitarian Response Plan in DRC and must do everything to remain so. Resource mobilization for the Humanitarian Fund should go beyond the current donors. It is important that the Fund diversifies its funding sources.

Moreover, the DRC Humanitarian Fund must remain innovative, a promotor of best practices and humanitarian standards. In addition, it should continue to set an example in terms of accountability, participation and the integration of cross-cutting approaches, in particular, gender, accountability to vulnerable populations and protection.

What do you think of the different allocation windows?

The two allocation windows (standard and reserve) are relevant and bring the necessary attention to the specificities of the DRC context and the humanitarian response. However, the DRC Humanitarian Fund needs to spend more time to present and explain to its partners the following:

- The reserve “Emergency” allocations fund responses of up to 12 months. It is important that the Humanitarian Fund maintains transparency in the choice of priorities for this type of allocation to keep its flexibility, which is vital to respond to new emergencies.
- The standard allocation seeks to strengthen community resilience. It should be more predictable in the year.
- Grants to the strategic programmes RRMP and UNHAS are fundamental.

Particular emphasis should be placed on:

- Cash transfer initiatives in response to situations that allow it
- The implementation of the Grant Management System to ensure better monitoring of projects

What improvements would you like to see implemented by the Joint Humanitarian Financing Unit?

Establish an annual audit of the DRC Humanitarian Fund and the Joint Humanitarian Financing Unit and annex it to the annual narrative and financial reports. Managing and reducing the risks of corruption and fraud must remain crucial.

It is also important to lighten the decision-making process and reduce the time between project selection, approval and disbursement.

In addition, the Joint Humanitarian Financing Unit needs to ensure a better link between the performance of partners, their risk rating and the selection of projects.

Finally, the Joint Humanitarian Financing Unit should continue to organize a partner satisfaction survey to identify and respond to the opinions, assessments and expectations of its stakeholders. It is also recommended that the DRC Humanitarian Fund Advisory Board meet more regularly (currently it meets three times per year).

In your opinion, what are the prospects for the DRC Humanitarian Fund up to 2018 (next 3 years)?

The DRC Humanitarian Fund must continue to place special emphasis on the capacity-building of partners including Congolese implementing partners to prepare the next generation of international organizations.

A reflection on the “ideal dimensions” of the Fund should be conducted with all humanitarian actors to ensure it remains effective, efficient, and with the desired impact, and to adapt the resource mobilisation strategy.

How would you rate the Fund’s complementarity with other donors/ mechanisms of humanitarian funding?

The coordination with other donors has been good, with DRC Humanitarian Fund contributions seen as bringing synergy and not as “obstacles”.

The connection between emergency response and development action is probably the missing link. Although the context calls for the search for durable solutions to break the cycle of protracted crisis, links are not made, in particular, because the fields of stabilization and development have less clarity.

Annex 2 : DRC Humanitarian Fund projects funded in 2015

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
UN Agency	Strategic Programmes	OCHA	DRC Humanitarian Financing Unit OCHA/ UNDP - OCHA Financing for 2014	National	Coordination	1,667,654
UN Agency	Strategic Programmes	UNICEF	Réponse rapide aux mouvements de Population (RRMP) 2015	National	Multi-Cluster	4,300,000
UN Agency	Strategic Programmes	UNDP	DRC Humanitarian Financing Unit OCHA/ UNDP - UNDP Financing for 2014	National	Coordination	1,500,036
UN Agency	Strategic Programmes	WFP / UNHAS	Provision of Humanitarian Access Flights (UNHAS) SO 200789	National	Logistics	2,800,000
National NGO	Standard 2014	AIDES	Appuis multiples aux communautés pour l'autonomisation des ménages face aux conséquences des crises	Katanga	Food Security + Health + WASH	2,373,929
International NGO	Standard 2014	Adventist Development and Relief Agency (ADRA)	Renforcement de la résilience des menages affectés par la crise nutritionnelle à Punia, Province du Maniema	Maniema	Food Security + Nutrition + WASH	1,505,777
National NGO	Standard 2014	Association Locale pour le Développement Intégral (ALDI)	Projet intégré de renforcement des stratégies d'autosuffisance en sécurité alimentaire et articles ménagers essentiels et Abris en faveur des ménages vulnérables (déplacés, retournés et familles hôtes) sur l'axe Mpopfi et l'axe Kembe – Luvungi / Bunyampuri-Kibua-Kalonge – Kashebere dans le territoire de Walikale en Province du Nord Kivu.	Nord Kivu	Food Security + NFI/Shelter	1,887,959
National NGO	Standard 2014	Caritas Goma	Appui Multisectoriel aux ménages affectés par les conflits armés à Itebero , localité BANISAMASI (Walikale)	Nord Kivu	Food Security + NFI/Shelter + Logistics	906,728
National NGO	Standard 2014	Caritas Kananga	Réhabilitation nutritionnelle, renforcement de la sécurité alimentaire et amélioration de l'accès à l'eau en faveur des ménages affectés par la malnutrition dans le territoire de Dibaya, Province du Kasai Occidental	Kasai Occidental	Food Security + Nutrition + WASH	1,855,160
International NGO	Standard 2014	Catholic Relief Services (CRS)	Renforcer la résilience des populations hôtes et affectées par les conflits à travers une réponse intégrée en EHA et Abris	Katanga	NFI/Shelter + WASH	1,406,399
International NGO	Standard 2014	Comitato Internazionale per lo Sviluppo dei Popoli (CISP)	Réhabilitation nutritionnelle et amélioration d'accès à l'eau, hygiène et assainissement des communautés affectées par la malnutrition dans la Zone de Santé de Luiza	Kasai Occidental	Nutrition + WASH	1,562,209
International NGO	Standard 2014	Cooperazione Internazionale - COOPI	Lutte contre l'insécurité alimentaire, la malnutrition, abus 1612/SGBV dans les zones affectées par les conflits armés	Katanga	Food Security + Nutrition + Protection	1,476,615
International NGO	Standard 2014	Cooperazione Internazionale - COOPI	Lutte contre l'insécurité alimentaire, la malnutrition, les SGBV/abus 1612 dans les communautés affectées par les conflits armés au Sud Irumu	Orientale	Food Security + Nutrition + Protection	1,529,351
UN Agency	Standard 2014	FAO	Réponse agricole, en AME et abris et en protection pour la résilience de 5000 ménages déplacés et hôtes, affectés par les conflits armés sur l'axe Mambasa-Wamba-Bafwasende (Opienge), province Orientale	Orientale	Food Security + NFI/Shelter	2,201,002
UN Agency	Standard 2014	FAO	Renforcement de la Résilience et contribution à l'amélioration de la sécurité alimentaire de 4500 ménages affectés par la malnutrition dans les zones de Santé de Kisanji et de Kimbao, province de Bandundu	Bandundu	Food Security + Nutrition + WASH	2,040,000
International NGO	Standard 2014	Hope in Action	Prevention and Response to GBV, a strategy based on communitarian resilience.	Nord Kivu	Health + Protection	545,822

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
International NGO	Standard 2014	International Emergency and Development Aid (IEDA) Relief	Amélioration des conditions socio économiques et renforcement de la résilience des personnes déplacées et/ou retournées et familles d'accueil avec cas de malnutrition dans les zones de santé de Mukanga et Mulongo dans le territoire de Malemba nkulu	Katanga	Food Security + Health	2,135,818
International NGO	Standard 2014	Save the Children	Reponses aux crises nutritionnelles par la Prise en Charge des cas de MAS (PCIMA) et l'amélioration de la Sécurité Alimentaire et Nutritionnelle des ménages affectés par la malnutrition et l'insécurité alimentaire dans les Territoires Lupatapata et de Miabi au Kasai	Kasai Oriental	Food Security & Nutrition	1,903,309
International NGO	Standard 2014	Solidarités International	Aide humanitaire multisectorielle aux populations vulnérables du territoire de Pweto	Katanga	Food Security + WASH	1,575,000
International NGO	Standard 2014	TEARFUND	Projet intégré Eau-hygiène-Assainissement, sécurité alimentaire et prévention de violences basées sur le genre dans la zone de santé de Masisi, Territoire de Masisi, Province du Nord Kivu en RD Congo	Nord Kivu	Food Security + WASH	1,144,155
UN Agency	Standard 2014	UNICEF	Appui à la prise en charge, réinsertion scolaire et économique des populations affectées par les violences et les conflits armés tout en renforçant les capacités du personnel permettant d'améliorer les mécanismes communautaires de protection de l'enfance et d'assistance aux survivants de violences sexuelles dans les territoires de Manono, Mitwaba, Moba, Pweto, Malemba Nkulu et Kabalo dans la province du Katanga.	Katanga	Education + Protection	2,178,423
UN Agency	Standard 2014	UNHCR	Appui multisectoriel en vue du renforcement de la résilience des communautés affectées par la crise et de la pérennisation des retours par des interventions en protection, abris, NFIs et Sécurité alimentaire dans les territoires de Manono, Pweto, Mitwaba et Nyunzu.	Katanga	Food Security + Protection + NFI/Shelter	2,472,161
International NGO	Standard 2013	People In Need	Cost Extension : Meilleures pratiques nutritionnelles, d'assainissement et d'hygiène	Sud Kivu	Multi-cluster	158,918
UN Agency	Reserve 1st Emergency I	UNHCR	Protection et assistance d'urgence des réfugiés centrafricains nouvellement arrivés dans la Province de l'Équateur (territoire de Bosobolo)	Equateur	Multisectoral response to the needs of refugees	790,650
UN Agency	Reserve 1st Emergency I	WFP	Assistance nutritionnelle d'urgence en faveur des femmes et des enfants malnutris parmi les réfugiés centrafricains, et services logistiques à la communauté humanitaire dans la Province de l'Equateur, en République Démocratique du Congo.	Equateur	Multisectoral response to the needs of refugees	319,068
UN Agency	Reserve 1st Emergency I	WFP	Service aérien humanitaire en réponse à l'afflux de réfugiés centrafricains dans la province de l'Équateur en RDC (UNHAS et Aviation Sans Frontières-France [ASF-F])	Equateur	Multisectoral response to the needs of refugees	389,902
National NGO	Reserve 1st Emergency II	CARITAS Uvira	Appui humanitaire d'urgence à 1,167 ménages réfugiés burundais dans le camp de Lusenda	Sud Kivu	Multisectoral response to the needs of refugees	285,470
International NGO	Reserve 1st Emergency II	OXFAM UK	Emergency response for Burundian refugees in Uvira Territory	Sud Kivu	Multisectoral response to the needs of refugees	1,421,181

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
International NGO	Reserve 1st Emergency II	People in Need (PIN)	Emergency nutrition response to the Burundi Refugees crisis	Sud Kivu	Multisectoral response to the needs of refugees	132,583
National NGO	Reserve 1st Emergency II	Rebuild Hope for Africa (RHA)	Contribution à la réduction de la vulnérabilité par les foires et/ou les distributions directes des AME & Abris en faveur des ménages réfugiés burundais et de leurs familles d'accueil	Sud Kivu	Multisectoral response to the needs of refugees	761,267
UN Agency	Reserve 1st Emergency II	UNHCR	Coordination et gestion du camp de Lusenda pour l'installation des nouveaux réfugiés burundais	Sud Kivu	Multisectoral response to the needs of refugees	350,000
International NGO	Reserve 1st Emergency II	War Child Holland	Children in Fizi territory, including children that recently fled Burundi, have increased access to psychosocial support and relevant and inclusive primary education in a more secure and protective environment	Sud Kivu	Multisectoral response to the needs of refugees	117,640
National NGO	Reserve 1st Emergency III	Actions et Interventions pour le Développement et l'Encadrement Social (AIDES)	Interventions d'urgence pour améliorer la qualité des soins de santé en faveur des populations affectées par le conflit Twa-Luba » dans les Zones de santé de Nyunzu et Nyemba, District de Tanganyika, Province du Katanga	Katanga	Health	349,619
International NGO	Reserve 1st Emergency III	AVSI	Intervention d'urgence pour le support à la scolarisation des enfants des communautés affectées par le conflit à Nyunzu	Katanga	Education	351,223
National NGO	Reserve 1st Emergency III	CDJP Katanga	Appui aux mécanismes de pacification, autonomisation des SVS et la prise en charge des enfants vulnérables affectés par le conflit intercommunautaire dans le territoire de Nyunzu	Katanga	Protection	349,619
International NGO	Reserve 1st Emergency III	IEDA Relief	Amélioration des mécanismes communautaires de protection et de stabilisation des populations affectées par les conflits à Nyunzu dans l'ex district du Tanganyika	Katanga	Protection	349,619
International NGO	Reserve 1st Emergency III	PU AMI	Réponse d'urgence aux besoins en nutrition des populations victimes des affrontements entre Twa et Luba dans la Province du Tanganyika, RDC.	Katanga	Nutrition	243,674
International NGO	Reserve 1st Emergency III	AIRD	Appui à la construction d'abris en faveur des IDPs retournés spécifiquement des extrêmes vulnérables dans les territoires de NYUNZU	Katanga	NFI/Shelter	347,641
UN Agency	Reserve 1st Emergency IV	UNICEF	Riposte contre l'»epidemie de rougeole dans les zones de sante suivantes (butumba, kalemie, kitenge, songa, kinda, kaniama, lubudi, mitwaba, kashobwe, kisanga Munbunda et kenya) dans la province du katanga	Katanga	Health	1,544,620
International NGO	Reserve 1st Emergency IV	COOPI	Lutte contre l'épidémie de rougeole dans la Zone de Santé de Mitwaba	Katanga	Health	95,819
International NGO	Reserve 1st Emergency IV	ADRA	Appui d'urgence à la riposte contre l'épidémie de rougeole dans les Zones de santé de Dilala et Lubudi au Katanga.	Katanga	Health	244,700
National NGO	Reserve 1st Emergency IV	AIDES	Riposte d'urgence contre l'épidémie de rougeole dans les Zones de santé de Kitenge, Kisanga et Kanyama	Katanga	Health	267,882
International NGO	Reserve 1st Emergency IV	ALIMA	Riposte à l'épidémie de rougeole dans les zones de santé de Butumba, Kinda et Kashobwe (Province du Katanga)	Katanga	Health	322,147
National NGO	Reserve 1st Emergency IX	ADSSE	Assistance alimentaires (repas chauds) aux réfugiés centrafricains dans les centres de transit de Bili, Pangoma, Boyabo et Zongo	Equateur	Food Security	158,209

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
International NGO	Reserve 1st Emergency IX	Caritas International Belgique (CI.BE)	Projet d'aide alimentaire aux communautés hôtes des réfugiés centrafricains dans le Sud-Ubangui	Equateur	Food Security	316,388
International NGO	Reserve 1st Emergency IX	PU AMI	Réponse d'urgence aux besoins en santé et nutrition pour la population réfugiée et hôte dans la Province du Sud Oubangui	Equateur	Health	316,418
International NGO	Reserve 1st Emergency IX	ACTED	Réhabilitation de points routiers stratégiques via l'approche argent contre travail dans le Territoire de Libenge, Sud-Ubangui	Equateur	Logistics	288,750
National NGO	Reserve 1st Emergency IX	ADSSE	Assistance en Articles ménagers Essentiels aux réfugiés centrafricains vulnérables dans les camps de: Bili, Inke dans la provinces de Nord Ubangi.	Equateur	NFI/Shelter	210,925
International NGO	Reserve 1st Emergency IX	AIRD	Assistance en abris d'urgence en faveur des réfugiés centrafricains vivant dans les camps dans les provinces du Nord et Sud Ubangi	Equateur	NFI/Shelter	189,851
International NGO	Reserve 1st Emergency IX	CI.BE	Projet d'aide en AME aux communautés hôtes des réfugiés centrafricains	Equateur	NFI/Shelter	263,676
International NGO	Reserve 1st Emergency IX	ACTED	Assistance humanitaire d'urgence en Eau, Hygiène et Assainissement aux population réfugiées centrafricaines et communauté d'accueil du Nord Ubangi, République Démocratique du Congo	Equateur	WASH	210,000
International NGO	Reserve 1st Emergency IX	AIRD	Assistance en abris d'urgence en faveur des réfugiés centrafricains vivant dans les camps dans les provinces du Nord et Sud Ubangi	Equateur	WASH	232,040
UN Agency	Reserve 1st Emergency IX	UNHCR	Projet de Santé en faveur des réfugiés localisés dans les 4 camps et les populations hôtes autour des camps	Equateur	Multisectoral response to the needs of refugees	200,000
UN Agency	Reserve 1st Emergency IX	WFP	Assistance d'urgence aux réfugiés centrafricains du Nord & Sud Ubangi (ex-Equateur)	Equateur	Food Security	600,000
UN Agency	Reserve 1st Emergency IX	UNHCR	Protection, coordination et gestion des camps et centres de transit des réfugiés centrafricains dans le Nord et Sud Ubangi	Equateur	Multisectoral response to the needs of refugees	300,000
National NGO	Reserve 1st Emergency V	Collectif Alpha Ujuvi	Réponse rapide d' une éducation inclusive et de qualité adaptée à tous les enfants déplacés,retournés et autochtones affectés par les conflits internes et les désastres naturelles en province du Maniema sur l'axe Kambambare(Kalonda,Kibuyu et Mutupeke- 4 coins) - Kasongo et la ville de Kindu	Maniema	Education	263,681
International NGO	Reserve 1st Emergency V	Christian Aid	Appui d'urgence à la sécurité alimentaire de déplacés et communautés d'accueil dans le Territoire de Kabambare en Province du Maniema.	Maniema	Food Security	738,308
International NGO	Reserve 1st Emergency V	ADRA	Assistance d'urgence pour l'amélioration de la sécurité alimentaire au sein de 600 ménages des IDPs dans le territoire de Kasongo	Maniema	Food Security	210,945
National NGO	Reserve 1st Emergency V	Caritas Kindu	Assistance alimentaire d'urgence aux ménages sinistrés de la ville de Kindu, province du Maniema en R.D. Congo.	Maniema	Food Security	158,209
National NGO	Reserve 1st Emergency V	HEAL	Assistance médicale aux personnes affectées par les conflits armés dans le territoire de KABAMBARE	Maniema	Health	290,049
National NGO	Reserve 1st Emergency V	LIZADEEL	Appui au renforcement des mécanismes de protection et réinsertion familiale en faveur des ESFGA et ceux exploités dans les carrés miniers dans l'axe Kabambare-Kasongo et à Kindu, Province de Maniema.	Maniema	Protection	253,134

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
National NGO	Reserve 1st Emergency V	RHA	Contribution à la réduction de la vulnérabilité par les distributions directes et/ou foires des articles ménagers essentiels et abris en faveur des ménages déplacés, retournés et leurs familles d'accueil sur l'axe Kalonda kibuyu – Mutupeke - 4 coins en territoire de Kabambare, Province du Maniema.	Maniema	NFI/Shelter	746,717
National NGO	Reserve 1st Emergency V	Caritas Kindu	Assistance Humanitaire d'urgence aux ménages déplacés et sinistrés du territoire de Kasongo et de la ville de Kindu, province du Maniema en R.D.Congo.	Maniema	NFI/Shelter	474,626
International NGO	Reserve 1st Emergency V	TEARFUND	Accès à l'eau potable et l'hygiène de base pour les populations déplacées et la communauté hôte dans les villages de Kabambare dans la province du Maniema, en RDC suite aux conflits armés.	Maniema	WASH	474,626
UN Agency	Reserve 1st Emergency V	UNFPA	Amélioration de l'accès aux soins de santé primaires et reproductive d'urgence pour les populations déplacées et hôtes sur l'axe Komanda - Luna dans la zone de santé de Komanda	Maniema	Health	350,000
International NGO	Reserve 1st Emergency VI	AVSI	Appui aux enfants et familles déplacés et retournés afin d'améliorer l'accès à une éducation de qualité dans un environnement protecteur	Sud Kivu	Education	342,786
International NGO	Reserve 1st Emergency VI	NRC	Assistance alimentaire d'urgence	Sud Kivu	Food Security	527,363
International NGO	Reserve 1st Emergency VI	ACTED	Assistance alimentaire d'urgence aux populations déplacées, retournées et hôtes affectés par les conflits dans le territoire de Shabunda , Sud Kivu, RDC	Sud Kivu	Food Security	420,000
International NGO	Reserve 1st Emergency VI	IRC	Réponse d'urgence en santé dans l'axe Katchungu - Kigulube	Sud Kivu	Health	527,363
International NGO	Reserve 1st Emergency VI	ACTED	Réhabilitation de points routiers stratégiques via l'approche argent contre travail dans le territoire de Shabunda, Sud Kivu	Sud Kivu	Logistics	84,000
International NGO	Reserve 1st Emergency VI	PIN	Réponse rapide et intensive à la situation de la crise nutritionnelle sur l'axe Katchungu-Kigulube	Sud Kivu	Nutrition	131,055
National NGO	Reserve 1st Emergency VI	Action d'Espoir (ADE)	Assistance en articles ménagers essentiels aux ménages retournés et d'accueil sur l'axe Kigulube- kiseku en territoire de shabunda au Sud-Kivu	Sud Kivu	NFI/Shelter	421,890
National NGO	Reserve 1st Emergency VI	Caritas Congo	Projet d'intervention d'urgence en eau, hygiène et assainissement au bénéfice des populations vulnérabilisées par les mouvements des populations sur l'axe Kachungu-Byangama-Kigulube en territoire de Shabunda, province du Sud-Kivu.	Sud Kivu	WASH	442,985
UN Agency	Reserve 1st Emergency VI	WFP	Assistance alimentaire d'urgence à 2000 ménages déplacés et retournés en insécurité alimentaire et affecté par les conflits à Shabunda (axe Kigulube-Kiseku-Byangama-Katchungu)	Sud Kivu	Food Security	800,000
International NGO	Reserve 1st Emergency VII	COOPI	Projet d'aide alimentaire et de relance agricole d'urgence aux populations affectées par les conflits armés sur l'axe Komanda-Ngombe Nyama, sud d'Irumu	Orientale	Food Security	474,626
International NGO	Reserve 1st Emergency VII	INTERSOS	Assistance d'urgence en sécurité alimentaire aux personnes déplacés et membres des familles d'accueils sur l'axe Komanda-Luna, en Province d'Ituri	Orientale	Food Security	474,626
International NGO	Reserve 1st Emergency VII	Samaritan Purse	Emergency NFI Response to IDPs on Komanda- Luna Axis	Orientale	NFI/Shelter	472,500

Partner type	Allocation	Organization	Project Name	Province	Cluster	Funding \$US (Brut)
National NGO	Reserve 1st Emergency VII	Caritas Bunia	Appui au renouvellement et Construction d'Abris d'urgence dans les sites des déplacés de l'axe Komanda-Luna .	Orientale	NFI/Shelter	158,209
National NGO	Reserve 1st Emergency VII	PPSSP	Assistance en Eau, Hygiène et Assainissement en faveur des personnes déplacées, famille d'accueil et la population hôte sur l'axe Komanda-Luna en territoire d'Irumu Province de l'Ituri à l'EST de la RD Congo	Orientale	WASH	400,796
International NGO	Reserve 1st Emergency VII	Save the Children International	Rétablissement du système éducatif et promotion d'un environnement protecteur pour les enfants affectés par les conflits dans la zone de Komanda, l'axe Komanda-Luna	Orientale	Education	105,473
National NGO	Reserve 1st Emergency VIII	Action Contre la Pauvreté (ACP)	Réponse d'urgence aux besoins en sécurité alimentaire des populations les plus vulnérables affectées par les conflits intercommunautaires qui touchent la Province du Tanganyika	Katanga	Food Security	421,890
National NGO	Reserve 1st Emergency VIII	Caritas Kalemie	Assistance alimentaire et agricole d'Urgence aux populations retournées vulnérables de l'axe Sange - Senga - Kabeke sur l'axe Nyunzu - Manono dans la Province du Tanganyika.	Katanga	Food Security	421,774
International NGO	Reserve 1st Emergency VIII	World Vision International	Mitwaba Cash & Voucher Project	Katanga	Food Security	474,626
National NGO	Reserve 1st Emergency VIII	Armée du Salut Kalémie (ADS)	Assistance en Abris d'Urgence aux retournés de l'axe Manono - Nyunzu/ Tanganyika	Katanga	NFI/Shelter	527,355
International NGO	Reserve 1st Emergency VIII	AIRD	Assistance en Abris d'urgence à 2000 ménages vulnérables dans les villages de retour de l' ex province du Katanga.	Katanga	NFI/Shelter	500,904
TOTAL						65,537,515

Annex 3 : Useful links

DRC Humanitarian Fund	https://www.humanitarianresponse.info/en/operations/democratic-republic-congo/pooled-fund-0
CERF	http://www.unocha.org/cerf
Financial Tracking System	http://fts.unocha.org
OCHA DRC	http://www.unocha.org/drc

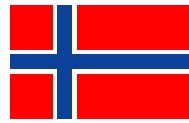
Annex 4 : List of donors 2015



Belgium



The Netherlands



Norway



UKaid
from the British people
UK Department
For International
Development (DFID)



Irish AID



Luxembourg



Swedish International
Development
Cooperation (SIDA)





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Country: République Démocratique du Congo
 PDD: CBOC
ALLOCATION PREMIERE URGENCE SUR L'AXE KOMANDA LUNA
 PPSPSP
PROJET: ASSISTANCE EN EAU, HYGIENE ET ASSAINISSEMENT EN FAVEUR DES PERSONNES DEPLACES, FAMILLES D'ACCUEIL ET LA POPULATION HOTE SUR L'AXE KOMANDA & OFAYI EN TERRITOIRE D'IRUMU, PROVINCE DE L'ITURI A L'EST DE LA RD CONGO.
 DUREE 3 MOIS (DU 15/12/2015 AU 15/03/2016)
SITE CBCA
ACTIVITES REALISEES
 * CONSTRUIRE 29 PORTES DE LATRINES ET 29 PORTES DE DOUCHES;
 * AMENAGER LA SOURCE D'EAU POTABLE;
 * DISTRIBUER 1 KIT DE MAINTENANCES DE POINT D'EAU;
 * DISTRIBUER 14 KITS DE MAINTENANCES DE LATRINES;
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