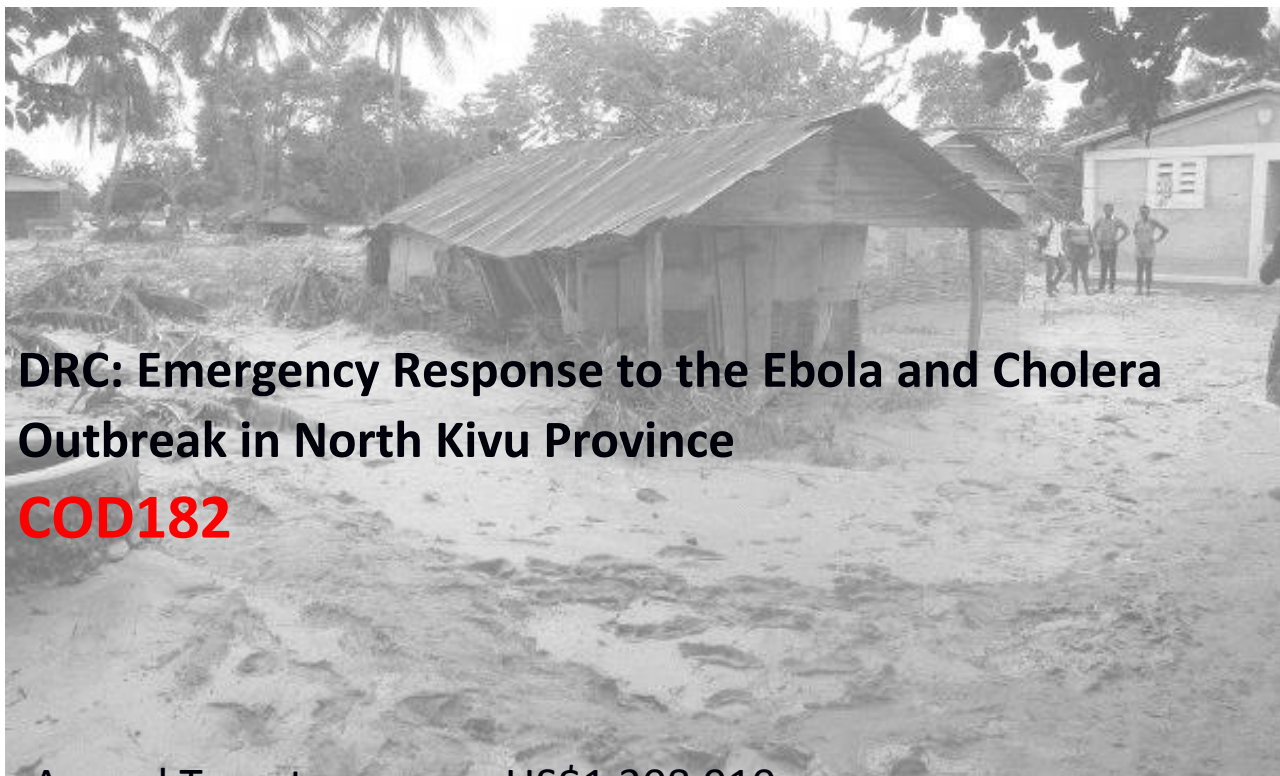


actalliance

APPEAL



DRC: Emergency Response to the Ebola and Cholera Outbreak in North Kivu Province

COD182

Appeal Target: US\$1,308,910
Balance requested: US\$1,308,910

“influencing policy makers to address the underlying cause of the epidemic”



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Core Humanitarian STANDARD The ACT Alliance Secretariat's continuous improvement in the application of the Core Humanitarian Standard is independently verified by HQAI

Project Summary Sheet																										
Project Title	Emergency Response to the Ebola and Cholera Outbreak in North Kivu Province																									
Project ID	COD182																									
Location	DRC: North Kivu Province (Beni, Rutshuru and Masisi territories)																									
Project Period	From 1 December 2018 to 30 November 2019. Total duration: 12(months)																									
Modality of project delivery	<input checked="" type="checkbox"/> self-implemented <input type="checkbox"/> CBOs <input type="checkbox"/> Public sector <input checked="" type="checkbox"/> local partners <input type="checkbox"/> Private sector <input type="checkbox"/> Other																									
Forum	ACT DRC FORUM																									
Requesting members	1. Lutheran World Federation (LWF) 2. Church of Christ in Congo (ECC) 3. Bureau Œcuménique d'Appui au Développement (BOAD)																									
Local partners	Evangelical Lutheran Church in Congo.																									
Thematic Area(s)	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> <td><input type="checkbox"/></td> <td>Early recovery / livelihoods</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Education</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Health / Nutrition</td> <td><input type="checkbox"/></td> <td>Unconditional cash</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>DRR/Climate change</td> <td></td> <td></td> </tr> </table>										<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Early recovery / livelihoods	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Health / Nutrition	<input type="checkbox"/>	Unconditional cash	<input checked="" type="checkbox"/>	DRR/Climate change		
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<input checked="" type="checkbox"/>	DRR/Climate change																									
Project Impact	Reduced morbidity and mortality rates resulting from Ebola Virus Disease (EVD) and other epidemics in North Kivu Province in the Democratic Republic of Congo.																									
Project Outcome(s)	1. Improved access to WASH facilities 2. Improved HH food security for vulnerable groups, (Recovery of community life and livelihoods) 3. Improved capacity for community DRR and resilience. 4. Improved psychosocial wellbeing of the communities in the areas of intervention																									
Target beneficiaries																										
	0-5 yrs		6-18 yrs		19-65 yrs		Above 65 Yrs		Total																	
	M	F	M	F	M	F	M	F	M	F																
Shelter / NFIs	-	-	18	22	15	25	8	12	41	59																
Food security	1,400	1,800	2,476	3,020	2,496	3,892	677	1,030	7,049	9,742																
WASH	3,978	5,041	7,507	8,401	6,981	9,577	2,012	2,668	20,478	25,687																
Protection / Psychosocial support	2	3	4,238	5,658	4,380	8,812	508	799	9,128	15,272																
Early recovery & livelihood restoration	-	-	-	-	95	45	-	-	95	45																
Emergency Prep/ Resilience	-	-	-	-	95	45	-	-	95	45																
Unconditional CASH grants	540	600	1,020	1,140	900	1,140	300	360	2,760	3,240																

TOTAL	5,920	7,444	15,259	18,241	14,962	23,536	3,505	4,869	39,646	54,090
<p>DRC ACT Forum will work at community grassroots level and involve development committees from churches, schools, Health centres and villages who are potential actors who can mobilize communities to reinstate systems to prevent EVD from spreading to other parts of North Kivu and Ituri.</p>										
Project Cost (USD)	1,308,910 (USD)									

Reporting Schedule

Type of Report	Due date
Situation report	30 March 2019 quarterly
Final narrative and financial report (60 days after the ending date)	31 January 2020
Audit report (90 days after the ending date)	29 February 2020

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Head of Finance and Administration Line Hempel (Line.Hempel@actalliance.org) and Senior Finance Officer, Lorenzo Correa (Lorenzo.Correa@actalliance.org) with a copy to the Interim Regional Representative for Africa Isaiah Toroitich (Isaiah.toroitich@actalliance.org) and Humanitarian Program Officer for Africa Caroline Njogu (caroline.njogu@actalliance.org). of all pledges/contributions and transfers, including funds sent direct to the requesting members.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:

ACT Regional Interim Representative, Isaiah Toroitich (Isaiah.toroitich@actalliance.org).
ACT Humanitarian Program Officer Africa, Caroline Njogu (Caroline.njogu@actalliance.org)
DRC ACT Forum Convener Nestor Musumba (musumba.ne@gmail.com)

ACT Website: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance Secretariat

1. BACKGROUND

1.1. *Context*

Ebola virus

Since 1976, the date of the first cases of viral haemorrhagic fever, the DRC has been facing several episodes of Ebola virus epidemic¹. The Ministry of Public Health declared the 10th Ebola outbreak in August 2018. Its first confirmation was found in Mabalako health zone, Mangina locality, northwest of Beni. Within a few days, the disease spread to Beni and Butembo cities. So far, suspected cases have been reported in Musienene (N-Kivu), Mandima (Ituri) and Komanda (Ituri) health zones. At the pace by which Ebola is spreading, it is estimated that there is a great risk of Ebola spreading to other provinces of North Kivu, Ituri province and even beyond the Rwanda and Uganda borders.

Since the Ebola epidemic was declared by the Democratic Republic Congo (DRC) Ministry of Health, a response was launched to respond to Ebola Virus Disease (EVD) in collaboration with the World Health Organization (WHO) in partnership with other humanitarian agencies. As of 28-10-2018², a total of 274 confirmed and probable EVD cases have been established (239 confirmed, 35 probable). At least 174 deaths have been reported giving a case fatality ratio (CFR) of 63.5%. According to a WHO report, the confirmed cases were reported within six health zones in North Kivu Province namely Beni (124), Mabalako (71), Butembo (24), Masereka (4), Kalunguta (2), and Oicha (2); and three health zones in Ituri Province: Mandima (9), Tchomia (2) and Komanda (1). Beni has surpassed Mabalako (the origin) in cumulative numbers of confirmed cases.

Two of the biggest hindrances to responding to EVD outbreak are insecurity, and reliance of the community on traditional healers, according to the discussions of the IASC Emergency Directors Group. Other challenges include a very poor surveillance system, a poor system for community members to regularly contact health care centres, unsolved transmission chains, late arrival of patients in Ebola Treatment Centres (ETCs), and low notification of community alerts and deaths, among others. Other factors also include internal displacement of populations, displacement of Congolese refugees to neighbouring countries, and easy movement and contact links between affected areas and the rest of the country. The easy contact link means that there is a lot of human traffic between (a) Beni and Goma (via Kirumba, Kiwanja, Kibirizi, Bambo, Birambizo Health zones - within Rutshuru territory - and Mweso health Zone – within Masisi Territory) and between (b) Beni and Komanda- in Irumu territory - as well as in Mandima- in Mambasa territory (Ituri Province).

DRC ACT forum seeks to target about 93,000 persons to be protected against contacting the EVD.

Cholera:

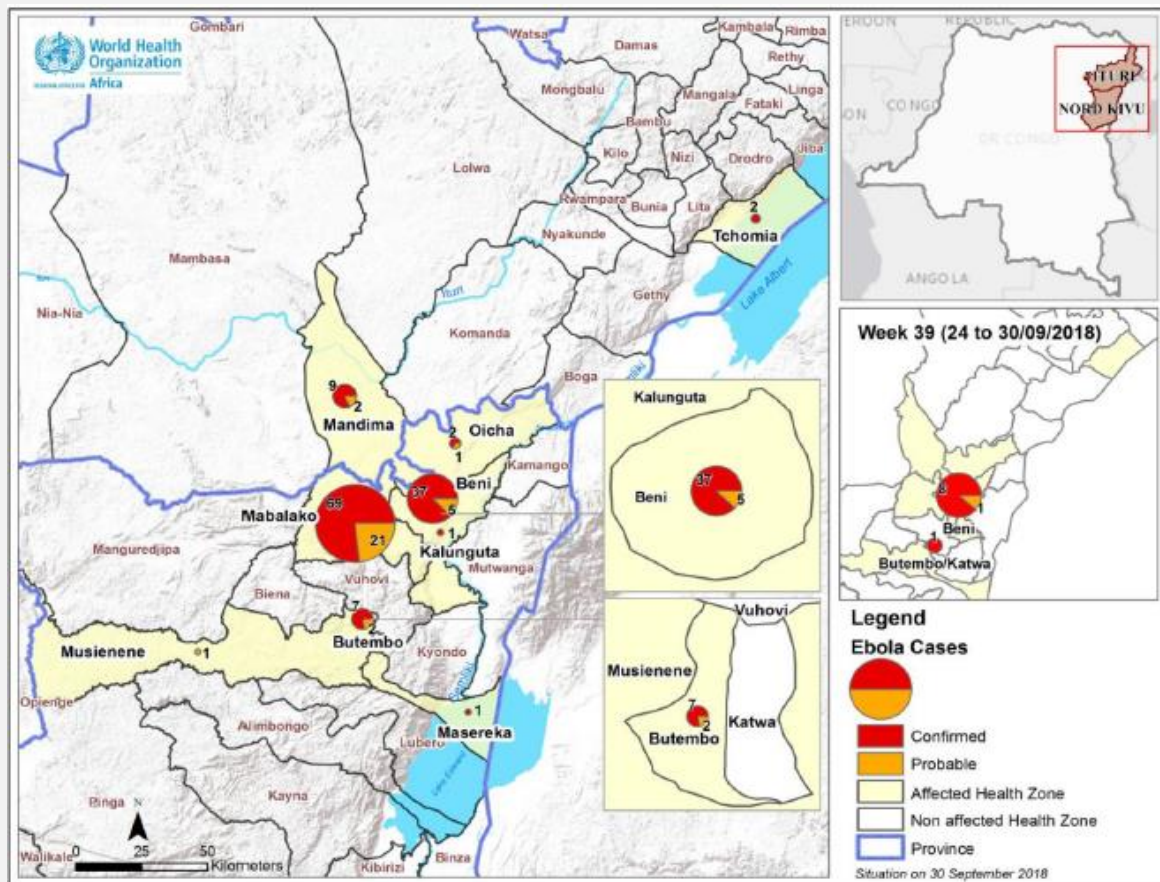
In 2017, a total of 55,000 cholera cases including 1,190 deaths were reported in the DRC making the year 2017 one of the years with the highest Cholera cases.

¹ See on this web page : <https://www.jeuneafrique.com/439893/societe/ebola-rdc-longue-histoire>; consulted on 01-11-2018

² WHO, SITREP 13 on Ebola

According to WHO, the DRC has the largest endemic cholera outbreak in the world. Monthly rates throughout the year demonstrate an endemic and epidemic presence of the disease as compared to other countries affected by the cholera bacteria. Since 1978, cholera deaths have been recorded in the eastern provinces of Tanganyika, Haut Lomami, South Kivu, North Kivu, Ituri and Tshopo (these provinces register cholera cases each year). Some of the causes of cholera in DRC could be attributed to poor access to water and sanitation with only 31% rural population having access to safe water. In addition, only 29 % have access to improved sanitation facilities (JMP 2015) and 11.6% have access to hand-washing devices with soap (EDS 2013-2014). In addition to EVD and Cholera, malaria outbreak is also a major public health concern in DRC.

Map of areas most affected by Ebola Virus Disease



1.2. Needs

Prevalent food insecurity and malnutrition

The large influx of IDPs in Beni City fleeing Allied Defence Forces attack and Ebola virus disease has provoked a significant increase in the prices of market goods over the past few months. The significant devaluation of the national currency (estimated at 50%) has seen consumer prices growing at a faster pace than household income, limiting family purchasing power and general access to food.

To add to this, the increasing levels of insecurity worsened by the clashes between Forces Armées de la République de la République Démocratique du Congo (FARDC) and Allied Defense Forces (ADF) rebels are limiting the population’s ability to access their farms during this critical harvesting period. As most of the population survive on subsistence agriculture, this limited access is leading to further poverty which exposes the communities especially children, pregnant and breastfeeding women to malnutrition. The vast majority of Ebola IDPs as well as those fleeing insecurity in the areas of origin are not able to afford

the seeds and tools that would allow them to better their economic condition, having lost everything during the displacement and / or pillaging of villages.

Reviving the production capacity is a crucial step in rehabilitating the agricultural sector and improving the living conditions of the target population. The food security of the population is far from being assured due to the rudimentary cultural practices and the systematic pillaging of all livestock in the area by armed groups.

1.3. Capacity to respond

ACT Alliance DRC forum, which has been operational since 2008, is made up of international and national faith-based organisations who work closely with churches. Several ACT DRC members work at the grassroots and involve communities, churches, schools, Health centres and Village Development Committees who are potential actors to successfully disseminate information and mobilize action to curb the spread of Ebola Virus.

DRC ACT Forum member believes that different community groups can make a difference in responding to the fear that EVD may or is already spreading beyond Beni. Currently the Salvation Army, one of DRC ACT forum members, in collaboration with local churches, is planning to implement an EVD prevention-based project in Goma town. Other Forum members like LWF, BOAD, Church of Christ in Congo (ECC) and Christian Aid are intending to extend the prevention response to other territories within North Kivu and Ituri province.

Similar emergency response programmes have previously successfully been implemented by DRC Forum members, the most recent one being Kasai Crisis response by BOAD, Christian Aid, ECC and LWF who are still operating in Beni, Ituri and South part of North Kivu Province in DRC. Additionally, DRC Forum Member Salvation Army is intending to launch Ebola Virus Disease prevention in Goma town. LWF is currently implementing a nutrition-based project supporting health systems in the integrated treatment of Severe Acute Malnutrition in Mweso, Bambo, and Birambizo Health Zone. All these responses were undertaken in partnership with government line ministries including Ministry of Health, Education, Gender and Social Affairs and Rural development among others

1.4. Core Faith values

The proposed response is based on core faith values that aims at alleviating the suffering of communities. The core values are inspired by the spirit of compassion, solidarity and commitment. DRC ACT Forum commits to partner with affected communities to address the needs of the most vulnerable in these insecure settings.

2. PROJECT RATIONALE

2.1. Intervention strategy and theory of change

The following are the project strategies that ACT DRC Forum members will use:

Integrated approach

ACT DRC Forum members will apply an integrated approach bringing together various stakeholders such as communities, government line ministries, Business community, Religious leaders, UN Agencies, INGO's, NGO's, Civil society, youth and women groups, schools among others. ACT DRC Forum Members will work within WASH, Community Based Psychosocial Support and Nutrition sectors in order to address underlying causes of EVD. Nutrition is really critical in this response as under nutrition increases the risk of death from infectious diseases in childhood (Pelletier et al., 1995; Caulfield et al., 2004; Black et al., 2013; Olofin et al., 2013) and is responsible for an estimated 3.1 million deaths of children under the age of five annually and accounted for 45% of the global child mortality burden in 2011 (Black et al. 2013).

Target Transmission highways
 These include major roads and waterways which are busy transport routes connecting major trading centers, making it easier for people from affected areas to transmit the diseases. The plan is to target places with high population density such as IDP centres, major town centres, schools, churches etc., as people living in such places are at higher risk because disease transmission rate is much faster.

Identify the most vulnerable part of the population
 This includes malnourished children, the elderly, women, persons living with disability, among others. The project will give women primary consideration in all interventions because they bear the burden of nursing and caring for the sick.

Train communities on community managed disaster risk reduction interventions
 ACT DRC Forum members will not only focus on saving lives during this critical time but also instil the mechanisms of empowerment by ensuring investment is made to prevent further spread and future outbreaks. Community members and local institutions like schools will be empowered to strengthening early warning systems and preparedness strategies to prevent future outbreaks and mitigate the effects when the disease and other disasters occur. DRC forum members will give priority to improving access to safe water, sanitation facilities and strengthening hygiene practices.

2.2. Impact

Overall, the project aims at ensuring reduced morbidity and mortality resulting from EVD and other epidemics in affected regions in DRC.
 The project also seeks to empower communities with the capacity to identify risks and come up with mitigation mechanisms without or with little support from outside the community for the protection and safety of their members.

2.3. Outcomes

ACT DRC Forum members intend to achieve the following outcomes:
 Improved access to WASH facilities
 Improved HH food security for vulnerable groups, (Recovery of community life and livelihoods)
 Improved capacity for community DRR and resilience.
 Improved psychosocial wellbeing of the communities in the areas of intervention

2.4. Outputs

WASH

1.1 750 HHs have improved access to safe water.
 1.1.1 Conduct KAP surveys
 1.1.2 Identify and construct/rehabilitate water sources in the community/schools/ health Centre
 1.1.3 Form and train community WASH committees on effective operation and maintenance of water systems

1.2 50,000 Community members have increased awareness and involvement in EVD and other disease prevention and management
 1.2.1 Carry out community awareness campaign on EVD, cholera and other epidemics
 1.2.2 Train community health volunteers on improved hygiene practices
 1.2.3 Develop and disseminate EVD prevention and hygiene messages through Information Education Communication (IEC) materials

1.3 400 HHs have HH water treatment chemicals

1.3.1 Provide water purification tablet to 2500 people among them Ebola-affected people, IDPs and returnees as well as host families.

1.4 21 Institutions have access to improved sanitation facilities and access to safe water sources

1.4.1 Purchase and set up hand washing facilities in public places and institutions

1.4.2 Construct latrines in 4 Health Centers and Health posts

1.4.3 Construction blocks of latrines in schools.

1.4.4 Promote HH latrine construction through CLTS approach

1.4.5 Train institutional hygiene brigades on operation and maintenance of sanitation facilities.

Food Security

2.1 Vulnerable households are trained in improved agronomic techniques

2.1.1 Support community to identify and establish demonstration plots

2.1.2 Train group members on improved agronomic practices

2.2 Vulnerable HHs have improved livelihoods

2.2.1 Conduct vulnerability survey

2.2.2 Identify beneficiary HHs

2.2.3 Identify community/field sites

2.2.4 Support the community with subsidized farm inputs such as seeds, and implements

2.2.5 Distribute food to beneficiary households (cash approach)

2.2.6 Monitor and support beneficiaries in community and individual fields

2.2.7 Sensitization on nutrition education

2.2.8 Sensitize beneficiaries on conflict resolution and peaceful cohabitation

2.2.9 Organize post distribution monitoring

DRR

3.1 Five (5) community groups empowered to identify and come up with mitigation measures

3.1.1 Sensitize and establish community disaster reduction committees

3.1.2 Train the community committees on risk analysis, identification of early warning and strengthen response systems in the community

3.1.3 Support the community DRR committees with income generating activities

Psychosocial Support/Protection

4.1 Ten (10) community groups formed/activated to support community members to manage trauma.

4.1.1 Mobilize and sensitize the whole community through focus groups on the prevention of Ebola virus disease, reduction and response to sexual violence against women and girls and HIV/AIDS through recreational activities.

4.1.2 Train community structures on Community Based Psychosocial Support initiatives

4.1.3 Train community representatives on SGBV prevention and care for victims

4.1.4 Train leaders on the rights of the child, ability to identify child abuse cases and how to ensure child friendly communities.

4.1.5 Organize stakeholders meeting to sensitize and develop a referral pathway

4.1.6 Hold training workshops on psychosocial support and counseling for people affected by EVD, HIV-AIDS

4.1.7 Training of local leaders, health care staff as well as ECC staff on the basic principles of integrated psychosocial support, marital and family mediation.

4.1.8 Organize community forums of people affected by EVD and other epidemics

- 4.1.9 Hold workshops on human rights, humanitarian principles and protection mechanisms.
- 4.1.10 Train ACT Forum members on Community Based Psychosocial Support
- 4.1.11 Listening and counselling severely traumatized people through individual and group therapy approach.
- 4.1.12 Referral of post rape cases as well as suspected persons of Ebola to medical structures
- 4.2 Vulnerable HHs receive financial support
 - 4.2.1 Identify/form supports groups
 - 4.2.2 Train women and youth groups on basic business skill, marketing and financial management
 - 4.2.3 Support trained women and youth groups with startup capital for small businesses.
 - 4.2.4 Train and support two women’s groups with briquette making inputs
 - 4.2.5 Identify the beneficiaries of the NFI-AME standard kit
 - 4.2.6 Provide a social reintegration kit to target beneficiaries of EVD, GBV, HIV / AIDS
 - 4.2.7 Follow-up of the management of the kit C.1.1. Hold / organize an activity launch workshop (definition of identification criteria)
 - 4.2.8 Economical reintegration of 100 trauma survivors, among them Ebola-affected people in terms of income generating activities and skills training

2.5. Preconditions / Assumptions

- Some project assumptions include:
1. The community will remain united during and after the forthcoming general election in order to provide conducive environment for implementation of the project.
 2. Security situation remains stable during the project period.
 3. Communities will cooperate with humanitarian actors during the project
 4. The government will support the project

2.6. Risk Analysis

- The likely risks include:
1. Negative attitudes and retrogressive practices. Many community members still hold on to the idea that EVD and other epidemics are caused by supernatural elements. This has affected their health seeking behaviour leading to reduced impact on most interventions.
 2. Inadequate local human resources. Lack of qualified local human resources as there are chances that qualified human resources may have moved to other territories where there is less prevalence of epidemic and insecurity incidents.
 3. Need to manage community expectations. There are areas which have been receiving humanitarian intervention for a long period which have created dependency syndrome. This may impede the achievement of sustainable community self-reliance.
 4. Unclear selection criteria leading to frustration among population. Clarify selection criteria to avoid causing harm.

2.7. Sustainability / Exit strategy

This Appeal focuses on both emergency relief and long-term livelihood support for IDPs, returnees as well as host communities.

ACT DRC Forum will endeavour to bridge emergency relief activities and livelihood support within the food security component of this Appeal depending to a large extent on peace within the areas of intervention. Bridging the gap will contribute to ensure vulnerable affected person’s long-term self-reliance.

The Forum members will train specifically selected project local staff from targeted areas to build local skills and capacities beyond the lifetime of the project. By working alongside and building the capacity of local communities through Community Based Organizations and by recruiting local staff, DRC ACT Forum requesting members will ensure greater sustainability of the project. Once the project ends or should international funding decline, these organizations will be well positioned to continue supporting vulnerable peoples in the areas of implementation.

Moreover, in order to ensure sustainability of the intervention, coordination will be done with states agencies like IPAPEL (Provincial Agency for Agriculture, Breeding and fisheries), SNHR (National Service of Water and Sanitation), Division Provincial Femmes et Families, health zones and other local stakeholders. This will be done throughout the project period and when needed a Memorandum of Understanding (MoU) will be signed with a specific stakeholder to clarify responsibilities and develop an agreed common exit strategy or handover.

2.8. Building capacity of national members

ACT DRC Forum requesting members will strengthen the capacity of their local partners; for example Christian Aid is already working with COPROMOR in Kasai region while other members (BOAD, ECC, and LWF) will ensure capacity development for their local partners in the sectors of intervention. Up to now, the Forum has involved their local partners in needs assessment and involvement will continue throughout the project to ensure members remain accountable and that each local/national partner or stakeholder mainstreams all contractual requirements in their implementation.

3. PROJECT IMPLEMENTATION

Does the proposed response honour ACT's commitment to Child Safeguarding? Yes No

This appeal is child safeguarding sensitive. All activities will be implemented with emphasis on protecting the best interest of the child during the entire project cycle. Children are among the major beneficiaries; U-5 children for example will benefit from nutrition support. In addition, children will be 49.9% of the total targeted beneficiaries. There is due diligence by each member to ensure that child protection policy is fully adhered to by their staffs, contractors, suppliers and other stakeholders. Members will ensure that national and international instruments guaranteeing the well-being of the child are adhered to, and 'zero tolerance' is linked to any violations of the provisions. For instance, children will not be engaged as labourers in construction works like excavation of latrine pits, construction of WASH facilities, among other activities. Additionally, all facilities constructed will be designed in a way as to be child friendly. Safety measures will be taken especially in schools to ensure that adequate safety precautions are taken during construction to safe guard children.

3.1. ACT Code of Conduct

The ACT implementing members will observe ACT Alliance Code of Conduct during all stages of the project cycle. All ACT DRC Forum implementing member's personnel will sign the ACT Alliance Code of Conduct covering issues such as sexual exploitation, abuse of power, fraud and corruption. In addition, ACT DRC Forum members will undergo sessions on the ACT Alliance anti-fraud and corruption policies during two workshops for ACT DRC members in the appeal. Member staff will be organized to ensure that these principles are well understood and applied throughout project implementation and this information will also be passed to the beneficiaries. At their implementation sites, trained staff will inform their respective stakeholder's (including beneficiaries) of key provisions of ACT Alliance Code of conduct. In case of sexual harassment and exploitation, the complaints will be carefully and promptly investigated. The contact details (phone and email) of the focal points appointed to gather complaints will be distributed to different stakeholders operating in the areas of project implementation.

3.2. Implementation Approach

Community participation:

Targeted beneficiaries and other stakeholders will be involved to participate, and this will be aimed at achieving an inclusive and holistic approach towards appreciating the contribution of all and considering diverse dimensions of human capacity. This will help the ACT DRC Forum members to develop a high level of accountability while at the same time allowing community beneficiaries to develop trust and ownership of the project.

Given this context this approach is preferred as the complexity of needs cannot be addressed by a one-year project; because the crisis is related to societal break down and government lack of full capacity to ensure citizens are well protected. If the project could secure the contributions of all actors and community members as it intends, social cohesion will quietly be regained. Forming and/or training the community structures is an overarching pillar of this project to ensure the created and trained structures will continue after project has ended.

The Forum hopes that other agencies will complement the support proposed by this project, either integrating other sectors or ensuring geographical coverage of territories and villages that are not reached by this action. Finally, before pulling out, the Forum will extensively discuss with governmental institutions supposed to provide the basic services and technical support for sustained gain by the community.

3.3. Project Stakeholders

ACT requesting members will apply ACT Alliance approach and strategy of:

1. Enabling beneficiaries i.e. IDPs, returnees and host communities and their representatives to participate in project decision making and to seek their informed consent. The forum members will be working through church and local networks to identify needs and prioritize assistance for the largely 'invisible' displaced families and the increasingly vulnerable communities who are hosting them.
2. Local authorities and state agencies: the activities will be implemented in close partnership with local authorities and the specialized states agencies (National Program for Nutrition (Pronanut), Inspection of Agriculture (IPAPPEL), Health Zones, state social department and National Water Service (SNHR) in the areas of implementation acting as a government counterpart in all projects.
3. Community Based Organizations (CBOs): ACT requesting members will be assessing the capacity and the needs of partner CBOs both to increase acceptance by local population also to engage them further in the response and build potential sustainability enabling them to continue beyond the lifespan of the project.
4. Community leaders: the ACT requesting members will be closely working with the local leaders representing the beneficiaries. They will be involved in the identification of priority needs, the system of distribution, identification of the specific forms of inputs to be delivered to the beneficiaries throughout the project implementation.
5. Civil-military coordination: ACT requesting members will maintain neutrality in all projects when possible also a clear distinction from military/combatant actors in our identities and actions as per our recognized roles and mandates. Considering that the project will be implemented in unsafe area and considerably hindering access to vulnerable and/or remote populations in conflict settings, the forum will reach the beneficiaries through applying community acceptance strategy. The ACT members will work closely with UN agencies like OCHA and other INGO's like INSO which have their security structures on the ground.

3.4. Field Coordination

The response has been designed based on the expertise and capacity of each and every member, in respect to identified gaps in the field. UNOCHA shares the 4Ws matrix to enable the members to position themselves according to needs and operational capacity. UNOCHA is established in the area and is playing coordination role with all UN agencies (UNICEF, UNHCR, WFP, and FAO) and other International and National NGOs. Several clusters have been set up (WASH, protection, Food Security, Nutrition). All ACT Alliance Members will be part of these coordination mechanisms.

3.5. Project Management

Internally, the forum is coordinated by BOAD in the DRC. For this specific response, coordination will be set up in Goma which is the capital of North Kivu, depending on the response coordination capacity. Weekly meetings are currently organised among members who are part of this appeal process in Goma, and that will be replicated when the appeal is funded, and implementation of activities has commenced. It is anticipated that, the coordinator of the forum is the spokesperson for Media

representation, for this ACT response. However, for individual responses, the Country Director/Representative of each organisation plays that role in coordination with the ACT Coordinator.

3.6. Implementing Partners

Throughout the project members will work with implementing partners, of which some are already consulted at the current application development stage. The implementing members will be LWF, ECC and BOAD. Others will be involved locally when the project starts. EELCo under LWF and Salvation Army under BOAD are already considered. These are all members of ACT Alliance.

3.7. Project Advocacy

The ACT Forum members will continue to participate in advocacy forums aimed at contributing to influence policy makers to address the underlying cause of the epidemics and the root causes of conflict, and to promote peace among the population. At national level, the members will influence INGOs as well as national organizations to support initiatives aimed at resolving the political crisis in the eastern part and other parts of the country.

At local level, ACT requesting members will work closely with community-based organizations like women and youth groups operating in the areas of implementation in order for them to locally speak up when human rights and other various abuses are committed against the population. In this context, ACT members shall provide technical support through dialogue with local organizations and civil society members in order to encourage various forms of advocacy initiatives. Rights holders' issues in sectors targeting special groups (vulnerable women and children) will be presented as key agendas in stakeholder meetings. The duty bearers like community leaders, government line ministries, local Government and the police/army will be sensitized on their role to serve the rights holders. All coordination meetings will seek to include duty bearers.

3.8. Private/Public sector cooperation

The DRC Forum will partner with government agencies in carrying out the interventions. The Ministries of Health, Water, Education, Division of Gender or the Department of Social Affairs and other departments will also be involved to support various activities. Collaboration with private enterprises like the transport and business communities will be considered. Furthermore, business community and contractors will be considered in procurement of materials and services and construction of facilities. The Forum will communicate the details and criteria for a transparent bidding process. The project will cooperate with all sectors to capitalize on each existent resources and capacities.

3.9. Engaging faith leaders

The project will engage faith leaders for mass sensitization of their respective congregations. Faith leaders will play a critical role to contribute to community outreaches and awareness campaigns. The religious leaders will play a key role in promoting change in attitude to enhance disease prevention. The pastors, priests, imams, etc. will also support interactions aimed at reconciliation for sustained peaceful coexistence in the region. Lack of peace has been blamed for slow implementation and/or suspension of interventions in most affected areas.

3.10 Simple Work Plan:

No	Activities	18-Dec	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
1	Needs assessments (Feasibility studies, WASH Needs assessment, nutrition survey, risk assessments, stakeholders mapping)	X											
2	Project launching - sharing project plans with stakeholders, agreement on project locations, definition of beneficiary selection criteria	X											
3	Beneficiary selection per sector		X	X									
4	Supply chains for commodities and other items	X	X	X	X	X	X	X	X	X	X		
5	Quick response impact activities		X	X	X	X	X	X	X	X	X	X	
6	WASH package activities		X	X	X	X	X	X	X	X	X	X	
7	Food security package activities		X	X	X	X	X	X	X	X	X	X	
8	Protection and Psychosocial support activities		X	X	X	X	X	X	X	X	X	X	
9	Early recovery & livelihood restoration		X	X	X	X	X	X	X	X	X	X	
10	Unconditional CASH grants		X	X	X	X	X	X	X	X	X	X	
11	Emergency Preparedness / Resilience		X	X	X	X	X	X	X	X	X	X	
12	Shelter and settlement / Non-food items		X	X	X	X	X	X	X	X			
13	Monitoring of activities	X	X	X	X	X	X	X	X	X	X	X	X
14	Evaluation and learning						X					X	

4. PROJECT MONITORING

4.1. Project Monitoring

This appeal is a joint effort of four ACT DRC Forum members. For the purpose of this Appeal, the DRC Forum members will conduct two joint monitoring/evaluation missions during the implementation period of the Appeal (12 months). The DRC Forum monthly meetings will provide an opportunity for regular information sharing for different members about the progress of activities in their respective areas, while the day to day monitoring will be executed by local implementing partners and DRC Forum members.

The project will also design and set up a monitoring system. This will define monitoring tools, actors, period, and monitoring activities that will be implemented. Prior to any intervention per sector, an in-depth assessment and baseline will be carried out. These preliminary works will help to design activities according to specific needs and feasibility and will help at defining baselines for outcome indicators.

A Planning, Monitoring, Evaluation and Reporting Officer (PMER) in charge of monitoring, evaluation, accountability and learning (MEAL) will be supporting other staff to monitor their activities. This PMER will ensure that all our intervention is accountable by providing support to other relating mechanisms for transparency, feedback and complaints. After every distribution activity, a Post Distribution Monitoring (PDM) will take place.

4.2. Safety and Security plans

North Kivu in the Eastern Region of DRC is still vastly insecure. Recent security incidences include killing, abduction, kidnapping of community members and humanitarian workers. Comprehensive security arrangement is therefore very necessary to ensure safety of DRC Forum member staffs especially in the field. The forum implementing members will continue to make use of the government security apparatus, UNDSS, INSO and the communities for security updates and advice. The ACT members will also use their own internal mechanisms to carry out regular security assessments. Additionally, staff will be trained on identification and avoidance of risks through security trainings, and additional security measures including guards at offices, first aid kits, and adherence to local standard operating procedures. Furthermore, coordination linkages will be established between LWF, ECC and BOAD and the state agencies involved in the implementation of the project to assess on monthly basis the gap in the security sector.

Staff members should implement the project in a transparent manner both to increase their acceptance by the local population, also enabling them to be in touch with sources on the ground that alert them to any security risks which may be posed by clashes or threats by army group operating in the area. A security focal person will be appointed whose main task will be to advice and disseminate through mobile phones and radio, security information to our staffs operating in the area. Before launching Appeal activities, a contingency plan for every site where staff is present with concrete

recommendations for what to do in the possible scenarios of an armed incursion, looting, rape, and evacuation will be set up.

4.3. Knowledge Management

Best practices and lessons learnt will be shared among the members in their various areas of operation and considered for improvement. Need stories and success stories and periodic reports will also be shared with the donors.

Committees in the different sectors of intervention will be meeting to discuss progress and troubleshoot challenges based on each other's experience. Day-to-day monitoring of activities is the task of each DRC Forum member depending on their sites and sectors. Meetings are planned on a regular basis to share information as a forum. However, ad hoc meetings will be held to deal with any matters that fall out of the normal schedules. Stakeholders will be informed of the common channels to contact the members to provide project related information or submit a request.

5. PROJECT ACCOUNTABILITY

5.1. Mainstreaming Cross-Cutting Issues

The requesting Forum members will mainstream cross cutting issues in their planned response as they are crucial towards success of the appeal and targeted populations. ACT Forum members will mainstream gender in project activities including recruitment. Women will be included in community committees that will work with Forum members and where necessary, they will be capacitated to be able to voice the needs of fellow women. They will also be capacitated on hygiene, sanitation and the general well-being of the children and especially ensuring protection of girls, children child and themselves from SGBV.

5.1.1. Gender Marker / GBV

The project is designed to be able to identify and address unique needs, ability and opportunities for women, boys, girls and men. According to MSF (Nov 2015) it was noted that women had 70% more infection than men during Ebola response in West Africa. The role women play in nursing and caring for the sick put them at a higher risk. Women will therefore be targeted through training, awareness campaigns and support in income generating activities. Sanitation facilities like latrines will be gender sensitive and child friendly. Children below five years are also at more risk of getting infection. The project will target them through HH food security for improved nutrition. There are also youths who are at risk of being influenced to join armed groups in the region. There are income-generating activities that target improved economic wellbeing of the youth so as to avoid negative coping mechanisms such as drug abuse or joining armed groups.

<https://www.humanitarianresponse.info/en/topics/gender/page/iasc-gender-marker>

http://dgecho-partners-helpdesk.eu/action_proposal/fill_in_the_sf/section5

5.1.2. Resilience Marker

The appeal seeks to enhance resilience of communities in the North Kivu, especially through the food security component that seeks to enhance agricultural production whereby communities will be recovering from the crisis and be able to continue with their lives as before. Throughout the different activities and sectors of this intervention, capacities of communities will be enhanced in order to decrease their vulnerability and become more resilient to future shocks. Community managed disaster reduction and response will be a key component in community empowerment. This will ensure that the project not only responds to the current crisis but also puts in place adequate measures to prevent future occurrence and mitigate their impact on the lives of the community

http://dgecho-partners-helpdesk.eu/action_proposal/fill_in_the_sf/section5

5.1.3. Environmental Marker

The proposed activities and construction works will use locally available materials. The environmental regulations will be adhered to in order to preserve the environment. Appropriate precautions will be taken in the extraction and use of local materials such as sticks, gravel, sand and stones. Latrines will be constructed at safe distances away from water sources to avoid pollution. Communities in general and construction teams as well as food inputs distributors in particular will be guided to properly dispose empty bags of cement and other packages. WASH sensitization campaigns will insist on prohibition of open defecation as is the practice in many rural villages in the North Kivu province with a twofold advantage: avoidance of diarrheal diseases and anticipation of environmental pollution. Food security teams will hold sessions on adequate conservation of foods and appropriate disposal of household/cooking wastes. Recipients of agricultural inputs will sit for coaching by IPAPEL agents and Forum member staff on improved farming techniques; including avoiding cultivation on slopes and use of anti-erosive methods to protect the land. In all their activities under the project, ACT Forum organisations will take all the necessary steps to prevent or mitigate adverse environmental impacts. [http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Policy2/\\$file/ENV-nophotos-E.pdf](http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Policy2/$file/ENV-nophotos-E.pdf)

5.1.4. Participation

ACT forum members will engage the beneficiaries from the start of the project. Their participation in decision making, identification of most vulnerable groups, selection of project sites among other areas will ensure that they are adequately involved in the project activities. The assisted groups will participate in each of the five intervention sectors. For example, the local leaders and other tenure owners will contribute plots for farming demonstrations, women will volunteer their time and skills to teach effective dietary practices, men will allocate their time and energy on collective construction of latrines under the guidance of ACT Forum technicians, etc. Information sharing will be ensured through quarterly meetings to assess project objectives, and decision making will involve key stakeholders representing the community at territorial and provincial levels. This participatory approach will enhance ownership of the intervention by the communities.

5.1.5. Social inclusion / Target groups

Violence has intensified tensions between local communities, as evidenced by the rift between so called indigenous groups or those communities whose presence is most entrenched, and the Hutu and Tutsi populations, many of whom arrived as immigrants during the colonial and post-colonial periods. Local elites also have developed stakes in armed groups, which they believe maintain their interests either directly, by providing protection to businesses and their personal security, or indirectly, by bolstering their influence and giving them political leverage. This potent blend of ethnic discrimination, state weakness and elite interest has rendered the conflict protracted. The project considers the various social interest groups and will carry out interventions aimed at none discrimination against any group. Focus will be given to the most vulnerable in the community. The interventions will also target different groups including the elderly, child headed HHs, SGBV survivors and persons living with disability. Because of the dire situation exacerbated by the crisis, the first step to alleviate suffering is provision of aid to address urgent needs. Then will follow the second step of facilitating to build resilience. At this level, diversifying parameters will be considered based on the capacity of each village to develop self-reliance mechanisms.

5.1.6. Anti-terrorism / Corruption

The province of North Kivu has been the epicenter of war in the DRC. It has generated a multitude of armed groups, with over two dozen emerging over the past two decades. It was here that the precursors to the Congo wars began with ethnic violence in 1993, and it is here that the most formidable challenges to stability in the country persist today. It hosts an important number of armed groups, basically recruited among the youth. Forum Staffs may fall victims of attacks or/and abductions orchestrated by armed groups for ransoms. Resources may be diverted by militia if community acceptance is not secured at project inception because many of the groups are a community emanation. However, LWF, ECC, Salvation Army and BOAD and other ACT Alliance members are already implementing activities in the region.

ACT DRC Forum members will work to ensure that they do not conduct business with any entities involved in atrocities or with the armed groups. Within this framework, the forum will undertake all reasonable steps for proper due diligence during recruitment, procurement and other service provision processes. ACT Forum Members will always liaise with the MONUSCO and UNOCHA to keep abreast of security development before any field missions. As regards corruption, each consortium member has a formal policy against corruption and fraud, and it will refer to it before getting into business with an individual or a group of individuals.

5.2. Conflict sensitivity / do no harm

The implementing ACT Forum members will hold stakeholders' meetings and launch meetings with local authorities and stakeholders to make sure that appropriate measures are taken not to expose beneficiaries to physical dangers, acts of violence or any violation of their rights. In this respect, a fair targeting system will be put in place to ensure that beneficiaries are selected in an open and transparent manner.

Project activities will be carried out according to international standards to avoid any harm to the beneficiaries. For instance, disease prevention activities like construction of water sources will be carried out in way that does not lead to environmental degradation. Sensitivity to conflict in terms of reconciliation among different ethnic group will be embedded into the program. Strong emphasis will be put on the community aspect through organizing the beneficiaries in associations. This will help to bring together beneficiaries from different gender as well as ethnic backgrounds in order to encourage mutual acceptance in this region of high ethnic tension. Multi-ethnicity will be a prerequisite for any association to be accepted among the beneficiaries of the project. Each project site will form a committee that will represent the community and take the responsibility for smooth implementation of the project. Women and men shall participate at an equal level in the committee.

5.3. Complaints mechanism + feedback

With the aim of creating a safe environment, ACT forum requesting members will ensure that beneficiaries can make complaints about the implementation of activities, respect of policies and sensitive issues. All complaints will be handled by an appointed complaint response officer; following the internal procedure of the four organizations, complaints will be investigated and addressed. As such, a complaint mechanism will be set up to ensure that the people of concern are aware of the channels for lodging or handling complaints so that if a concern is raised by a staff or member of the community, they know what to do.

ACT requesting members will set up complaints handling mechanisms that are effective, accessible and safe for beneficiaries, disaster-affected communities, staff members as well as the local partners or stakeholders. Received complaints will be carefully and promptly investigated and acted upon within 48 hours. Before launching ACT Appeal activities and workshops, staff will be organized to ensure that these principles are well understood and applied throughout the project. A zero-tolerance policy will be applied, and personnel will be informed of the risks they take in case of breach of the code of conduct which will lead to breach of contract. For serious violations, legal steps will be taken.

5.4. Communication and visibility

For transparency with beneficiaries and the general public, the proposed project will ensure visibility of the ACT Alliance donors. During public meetings, including with local authorities and in inter-agency coordination fora, and at project sites, the project will be presented as funded by ACT Alliance donors.

The ACT Alliance logo will be displayed at the requesting ACT member's offices and on equipment, in awareness raising and training sessions and, on any clothing, and equipment's produced or purchased for the project implementation. Global communication platform includes regular blogs and posts on ACT requesting member's websites, Facebook and Twitter profiles. These platforms will support information sharing on the emergency response in the areas of implementation.

6. PROJECT FINANCE

6.1. Consolidated Budget

ACT APPEAL BUDGET FORMAT				
Requesting ACT member:		ECC, BOADSalvationArmy,LWF.		
Appeal Number:		COD181		
Appeal Title:		Dec 2018 - Nov 2019.		
Implementing Period:				
EXPENDITURE				
			Appeal Budget	Appeal Budget
			local currency	USD
DIRECT COSTS				
1	PROGRAM STAFF			
	Appeal Lead		9,000	9,000.00
	Total national program staff		269,100	257,196.00
	TOTAL PROGRAM STAFF		266,196	266,196
2	PROGRAM ACTIVITIES			
2.1.	Shelter and settlement / Non-food items		14,000	14,000.00
2.2.	Food security		145,814	145,814.00
2.3.	Water, sanitation & hygiene (WASH)		183,510	183,510.00
2.4.	Protection / Psychosocial support		109,100	109,100.00
2.5.	Emergency Preparedness / Resilience		16,500	16,500.00
2.6.	Unconditional CASH grants		64,400	64,400.00
	TOTAL PROGRAM ACTIVITIES		533,324	533,324
3	PROGRAM IMPLEMENTATION			
	TOTAL PROGRAM IMPLEMENTATION		74,900	74,900
4	PROGRAM LOGISTICS			
	Transport (of relief materials)		28,800	28,800.00
	Warehousing		102,030	102,030.00
	Handling		76,160	76,160.00
	TOTAL PROGRAM LOGISTICS		206,990	206,990
5	PROGRAM ASSETS & EQUIPMENT			
	TOTAL PROGRAM ASSETS & EQUIPMENT		30,310	30,310
6	OTHER PROGRAM COSTS			
6.1.	SECURITY			
	TOTAL SECURITY		7,500	7,500
6.2.	FORUM COORDINATION			
	TOTAL FORUM COORDINATION		6,000	6,000
6.3.	STRENGTHENING CAPACITIES			
	TOTAL STRENGTHENING CAPACITIES		17,500	17,500
	TOTAL DIRECT COST		1,142,720	1,142,720
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT				
e.g.	<u>Staff salaries</u>			
	Salaries e. g % for Programme Director)		43,222	43,222.20
	Salaries e. g % for Finance Director)		16,402	16,402.20
	Salaries for accountant /other admin staff)		9,637	9,636.60
	<u>Office Operations</u>			
	Office rent		8,508	8,508.48
	Office Utilities		19,271	19,271.18
	Office stationery		2,400	2,400.00
	<u>Communications</u>			
	Telephone and fax		16,476	16,476.00
	<u>Other</u>			
	Insurance		9,900	9,900.00
	Bank Charges		2,250	2,250.00
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT		128,067	128,067
			10%	10%
	TOTAL EXPENDITURE exclusive International Coordination Fee		1,270,787	1,270,787
	INTERNATIONAL COORDINATION FEE (ICF) - 3%		38,123.60	38,123.60
	TOTAL EXPENDITURE inclusive International Coordination Fee		1,308,910.26	1,308,910.26
	BALANCE REQUESTED (minus available income)		1,308,910.26	1,308,910.26
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date				
	<u>ITEM - (List each over US\$500)</u>		<u>Actual cost</u>	<u>Disposition</u>