

actalliance

APPEAL



DRC: Emergency Response to Kasai Conflict - COD 181 (Revised Appeal)

Appeal Target: US\$ 3,628,974.00
Balance requested: US\$ 3,448,696.00



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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

Note to ACT Members and Donors:

This revised appeal seeks to deliver assistance and support to more than 360,000 Congolese IDPs in Kasai Region. The IDPs expelled from Angola following a government directive are facing a dire humanitarian situation. The revised context and activities are highlighted in **blue colour text**. As a result of the increased need, the budget has increased from the initial amount of 2,875,770 USD to **USD 3,628,974**, or a difference of USD 753,204.

Project Summary Sheet																	
Project Title	DRC: Emergency Response to Conflict in Kasai Provinces – COD181																
Project ID	COD 181																
Location	Democratic Republic of Congo, Kasai & Kasai Central Provinces, Territories of Kamonia, Demba and Dibaya.																
Project Period	From 12 April 2018 to 12 October 2019 Total duration: 18 (months)																
Modality of project delivery (If applicable)	<table border="0"> <tr> <td>X</td> <td>self-implemented</td> <td>CBOs</td> <td>Public sector</td> </tr> <tr> <td>X</td> <td>local partners</td> <td>Private sector</td> <td>Other</td> </tr> </table>	X	self-implemented	CBOs	Public sector	X	local partners	Private sector	Other								
X	self-implemented	CBOs	Public sector														
X	local partners	Private sector	Other														
Forum	ACT DRC Forum																
Requesting members	1. Christian Aid (CA), 2.Lutheran World Federation (LWF), 3. Church of Christ in Congo (ECC), 4. Bureau Oecumeniqued'Appui au Developpement (BOAD)																
Local partners	1. Evangelical Lutheran Church in Congo (EELCo), 2. Ecumenical Centre for Rural Promotion (COPROMOR), 3. Salvation Army																
Thematic Area(s)	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Shelter / NFIs</td> <td><input checked="" type="checkbox"/></td> <td>Protection / Psychosocial</td> </tr> <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 checked="" type="checkbox"/></td> <td>Education</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Health / Nutrition</td> <td><input checked="" type="checkbox"/></td> <td>Unconditional cash</td> </tr> </table>	<input checked="" type="checkbox"/>	Shelter / NFIs	<input checked="" type="checkbox"/>	Protection / Psychosocial	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Early recovery / livelihoods	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Health / Nutrition	<input checked="" type="checkbox"/>	Unconditional cash
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Project Impact	To save lives and alleviate suffering of conflict affected populations in Kasai Provinces in the Democratic Republic of Congo.																
Project Outcome	<p>A. Improved living conditions for targeted households through provision of Shelter and NFI.</p> <p>B. Reduced Severe acute malnutrition prevalence among under five from 4.5% to below 2%.</p> <p>C. Improved psychosocial well-being of children and persons most affected by the conflict;</p> <p>D. Improved hygiene/sanitation, knowledge & practices among families with malnourished children;</p> <p>E. Improved food security among targeted households.</p>																
Target beneficiaries	<p>The overall response will target 58,279 beneficiaries including 30,434 female and 27,845 men. Please note that these figures include double counting of people who will benefit from assistance in more than one sector of intervention when we are providing several sectorial services in the same area. Excluding double counting, we have a total number of 48,900 persons. The table below presents the details of age groups for each sector. As an indication, for the nutrition program, we will target 4,115 children affected by malnutrition, as well as 495 lactating mothers and pregnant women.</p> <p>Vulnerable households that lost household items and clothes as their houses were burnt or as result of fleeing their homes to escape the conflict will also be supported. To enable communities to be able to cope with food insecurity, vulnerable households will be supported with food and</p>																

livelihood activities that they will participate to identify. Vulnerable children including abandoned children, orphans and those in conflict with the law will be provided with psychosocial support to facilitate their reintegration in their communities. Peaceful coexistence will be mainstreamed within targeted communities in general. Water, Sanitation and Hygiene will also be considered in areas where nutrition activities are being implemented.

Table of Beneficiaries

Sector of Intervention	Beneficiaries										Global Total
	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	1,050	740	155	145	185	165	-	-	1,390	1,050	2,440
Health/Nutrition	1,426	1,544	14	16		-	-	-	1,440	1,560	3,000
Protection / Psychosocial support	-	-	2,543	2,844	2,509	3,106	794	948	5,846	6,898	12,744
WASH	2,798	3,300	5,546	6,197	5,450	7,102	1,660	1,988	15,454	18,587	34,041
Food security	541	612	1,017	1,143	912	1,134	287	354	2,757	3,243	6,000
Early recovery & livelihood restoration	540	600	1,020	1,140	900	1,140	300	360	2,760	3,240	6,000
Education	0	0	654	676	0	0	0	0	654	676	1,330
	6,355	6,796	10,949	12,161	9,956	12,647	3,041	3,650	30,301	35,254	65,555

Project Cost (USD) **3,628,974 (USD)**

1. BACKGROUND

1.1. *Context*

The Kasai Provinces in the Democratic Republic of Congo are experiencing one of the most severe crisis in their history. Violent ethnic/tribal conflicts, fueled by the violent death of the local tribal chief, Kamuina Nsapu and the subsequent calls amongst his followers to avenge his death have caused unrest among the population. As a result, an unprecedented massive population displacement has been reported within and outside 5 provinces of Great Kasai which encompass Kasai, Kasai central, Kasai Oriental, Sankuru and Lomami. In June 2017, it was reported that 1.4 million people have been forced to flee from their homes, escaping violence. About 33,132 people reportedly crossed the border to Angola.

According to the last OCHA report, the situation in the Kasai region has remained relatively stable since March 2017 when recorded population movements peaked at more than 400,000 displaced and 800,000 returnees. 65% of those who fled were hosted mainly in Kasai-Central. With respect to the burden of IDPs relative to the pre-conflict population, the territories with the highest proportion of displaced included those of Kasai-Central, particularly Dimbelenge (84%), Dibaya (49%), and Kazumba. (42%).

In addition, according to multi-sectorial needs assessments reports released by a number of humanitarian actors, including Christian Aid, UNICEF, OCHA, DKH, LWF, RESCUE, WAR Child UK and PRONANUT, the situation in Kasai provinces is a complex emergency, classified as IASC L3 emergency and has been escalating since October 2017. Reports from assessments show that Kasai region has had the largest population of returnees (605,000) within the last 18 months.

Almost all sectors are severely affected, needing substantial emergency and recovery interventions. The population is lacking food with food insecurity scores as high as 4(IPC emergency) or 3 (IPC crisis).

Agricultural inputs for early recovery are also required. This situation is affecting the nutritional status of children, pregnant and lactating women, who are most vulnerable reporting alarming malnutrition rates of 16% Global Acute Malnutrition and 4.5% of severe acute malnutrition. Thus requiring urgent emergency nutrition response (therapeutic, supplementary and community nutrition services).

In addition, displaced populations are in dire need of basic NFI kits and shelter, as most of those who fled, lost everything while fleeing for safety, and their villages were completely or partially destroyed. Existing ethnic and tribal tensions have worsened, thus communities are in need of support for peaceful cohabitation and cohesion building including some targeted advocacy work.

There is a crucial need to provide protection (including psychosocial support) to children associated with armed forces. Many children have lost their parents, often many have watched their parents killed in front of them. The dire situation is further compounded for unaccompanied children who are often forcibly recruited by armed groups and cut from their families and communities. Without a proper demobilization and reintegration process, these children are consequently rejected by their families and communities after they are released by armed groups forces. There is a pressing necessity to provide immediate assistance to minimize loss of life and to ensure that the needs of the most vulnerable are taken care of urgently.

Update

[There is an emerging humanitarian crisis in the Southern Kasai region of the Democratic Republic of Congo, where Congolese have sought safety after being expelled from Angola in a violent clampdown on refugees](#)

and migrants¹. The mass population movement follows the Angolan Government's decision to expel Congolese migrants, many of whom were working in the informal mining sector in the Northeastern part of the country. Most of those forced to return to DRC were in Angola as economic migrants, often working in the diamond mines while others are refugees forcibly displaced for a second time, having previously fled the conflict in DRC. The oil-rich Angola attracts many Congolese as it is relatively more stable and offers better employment prospects unlike DR Congo which has more abundant mineral wealth but is largely rocked by unrest and violence from different rebel groups and militias. According to UNICEF, more than 300,000 Congolese citizens have returned since 1 October 2018, raising concerns of another crisis for a country already dealing with multiple conflicts and an Ebola outbreak.

Those who are returning are coming back to a desperate situation in Kasai, where a militia conflict in 2016 and 2017 forced 1.5 million people to flee their homes leaving ethnic tensions simmering. This poses a threat of resurgence of violence as the region is still extremely fragile following the previous conflicts. According to Oxfam, the Kasai region is one of the poorest in DRC and is already struggling with malnutrition, cholera and a threat of resurgence in conflict. With the influx of people stretching the already limited resources, there is a danger that inter-communal tensions may resurface. The mass influx of people in the middle of the rainy season poses major health risks, in a region already suffering from a cholera epidemic and where clean water and decent sanitation are scarce, making matters worse for returning children and families. The price of basic food stuffs has risen sharply in some areas, which could lead to inadequate food supply. The arrival of returnees in recent weeks has occurred mostly in the Province of Kasai, although some children and families have returned to neighboring provinces, including Kasai Central and Kwango².

As at 16th October 2018, more than 73 % of those who have returned were hosted in Kamonia Territory in Kasai Province, their main entry point being Kamako border post in Kamonia Health Zone. The rest are in Kasai Central Provinces mainly Luambo ZS in Luiza Territory. Upon arrival, majority are hosted in churches, schools and unfinished houses. Food, emergency shelter and NFIs, WASH, emergency health care and transport are identified as urgent. The young people who are frustrated after losing their sources of income coupled with the abuses they suffered during expulsion has intensified ethnic tensions in the host communities. There are reports of conflicts between returnees and host communities over resources³.

1.2. Needs

Since October 2017, the Kasai region has been declared an L3 (highest level) emergency. The findings of a rapid needs assessment conducted by LWF, supported by LWF Emergency Hub Office in Nairobi (1st-9th October 2017), and the multi-sectoral needs assessments (MSA) by Christian Aid (August -December 2017) and another assessment MSA conducted by DiakonieKatastrophenhilfe in July 2017 show that multiple sectors are heavily affected.

The current capacities of humanitarian and development actors in Kasai region are still insufficient to respond to needs, despite the fact that according to OCHA (October 2017), 32 emergency projects were being implemented notably in Kasai Central, Kasai and Kasai Oriental provinces. If a durable solution is not

¹OXFAM, *Hundreds of thousands of Congolese forced to flee Angola in need of aid*, media release 30 October 2018, <<https://reliefweb.int/report/angola/oxfam-hundreds-thousands-congolese-forced-flee-angola-need-aid>>

²UNICEF 2018, *More than 80,000 children returned from Angola to DR Congo in urgent need of humanitarian assistance*, media release 30 October 2018, <<https://reliefweb.int/report/democratic-republic-congo/more-80000-children-returned-angola-dr-congo-urgent-need>>

³ OCHA situation report 16th October 2018

found for the crisis, the situation is expected to deteriorate with increased displacement and increased need for multi-sectoral assistance and protection.

LWF targets to reach an additional 3,000 beneficiaries in the same health Zone of Mikalia. They are Kadiata, Kambundi, Malandji, Mikalai, Dinanga, Kabwe, Tshitabu, Mbulambula, Nsanga Bantu and Kabandu Health Centres. LWF also is planning to intervene in Food Security in addition to the ongoing Nutrition, WASH and Psychosocial Support.

BOAD will extend their interventions to include one more Health Zone (Tshikapa). This is beside the Kitangua Health Zone where they are currently operating. They will also introduce Education sector activities (implemented by Salvation Army) which will be implemented in Health area of Katende Health Zone Kazumba territory, Kasai Central province.

ECC will change from Ndesha Health Zone which is in Kasai Central Province to Kamako Health Zone which is located in Kasai Province. The new project area will cover HCs Kamako 1 and Kamako 2 Health Centers.

Given this situation, DRC ACT Forum members will propose to address the following sectors to enhance ongoing responses and respond to many needs of the population in Kasai:

- 1) Shelter for 200 vulnerable households whose houses were burnt;
- 2) NFI for 6,901 persons whose houses were burnt or vandalized;
- 3) Nutrition for 4,910 malnourished children.
- 4) WASH to raise awareness of good drinking water production practices and the development of healthy environment in overcrowded sites for 13,000 persons;
- 5) Psychosocial assistance for 4,067 children and persons most affected by the conflicts;
- 6) Food assistance to rehabilitate the capacity to produce food for 29,401 people threatened by malnutrition
- 7) Education- For 1,330 children between the ages of 6 and 18, of parents who have recently been turned away from Angola and who should find space in what is left of the local schools to which 12 additional classrooms will have to be added in order to increase their host capacity. 59% of these children are girls

1.3. Capacity to respond

DRC ACT Forum members have sufficient capacity to respond. All members of this appeal have been responding to emergencies in Eastern part of DRC in the sectors of nutrition, food security, livelihood/early recovery, WASH, protection and psychosocial support. The coordination offices based in Goma and Kinshasa will support programs as this is being done in the Eastern part of the country.

Christian Aid is already on the ground in the Kasai province working in food security, protection and NFI sectors with implementing partner and ACT member COPROMOR. Christian Aid also carried out two multisector needs assessments in August and December 2017. LWF conducted a RNA (Rapid Need Assessment) in October 2017. Results show a moral obligation of ACT members to respond. Church of Christ in Congo (ECC) and Ecumenical Office for Support to Development (BOAD) Bureau oecumenique d'Appui au Développement were intensively involved in previous appeals in DRC.

In addition to the requesting members other ACT Alliance members of the DRC Forum are on the ground in Kasai. Diakonie Katastrophenhilfe is implementing projects in Kasai Central province since August 2017 and

just started another 12 months' project in January 2018. Where possible, synergies will be pursued with this proposed ACT Appeal and already ongoing projects and other ACT members already on the ground.

The experiences of each of the abovementioned ACT Alliance members in different sectors of intervention give the opportunity to provide a multisector and holistic response to the crisis and identified needs in the Kasai region.

1.4. Core Faith values

The proposed response is based on core faith values in that it aims at alleviating the suffering of fellow human beings. With a feeling of compassion, solidarity, charity and dedication, ACT Alliance commits to address the needs of the most vulnerable in such an insecure setting.

2. PROJECT RATIONALE

2.1. Intervention strategy and theory of change

The proposed intervention is multisector and holistic, responding to the diverse identified needs in the sectors of NFI/Shelter, nutrition, psychosocial support, WASH and Food Security.

The project strategy is the following:

1. Identification, contact and commitments with the stakeholders of each sector of intervention: Public Partners for NFI/Shelter (Provincial Division of Humanitarian Actions and National Solidarity, Environment Division); Nutrition (the Provincial Inspectorate of Health and PRONANUT = National Nutrition Program); Psychosocial Support (Provincial Health Division and Division of gender and family); WASH (Provincial Inspection of Health and Health Zones); Food Security (Provincial Inspectorate of Agriculture, Fisheries and Livestock).
2. Collaboration with private partners such as: structures of local churches, structures of civil society, structures of economic operators. Define or integrate the frameworks of collaboration with them.
3. Establish and install operational bases humanitarian field teams. Carry out a quick evaluation to update the data and identify beneficiaries meeting the criteria and making sure to do no harm.
4. Deliver the assistance in coordination with other humanitarian actors operating in the community and with other members of the ACT-DRC Forum.
5. Monitor the achievement of indicators and contribution to changes in practices with assistance delivered, and share project information with all stakeholders, including beneficiaries.

The improvements targeted in each project area will only be possible if the security situation remains stable or improves further; the beneficiaries apply the good practices to which they are trained through the aid; local markets have the capacity to provide goods and services; the different partners offer a satisfactory collaboration and the communities take ownership of the new good practices introduced by the project.

2.2. Impact

Overall, the project is meant to contribute to the alleviation of suffering of target populations as an aftermath of the conflict in the territories of Demba, Dibaya, and Kamonia.

There is high risk of conflict resurgence if life-saving assistance is not provided immediately. Although short for its timeframe, this project is circumscribed within the framework of national and international efforts seeking stability and prosperity in the Kasai provinces.

2.3. Outcomes

The project intends to achieve the following outcomes:

- (A) Improved living conditions consecutive to improved housing and distributed NFI: 80% of the beneficiaries have their score cards kept to below rate 3.7. (The NFI score card, a tool developed by the United Nations Children’s Fund in 2007, assesses house hold material vulnerability by measuring the quantity and quality of NFIs owned by a household—such as jerry cans, casseroles, basins, work tools, mattresses, covers and clothing).
- (B) Reduced prevalence of malnutrition: SAM prevalence inflected as low as below 2%.
- (C) Improved psychosocial status of children and the most affected: 70% of the targeted cases.
- (D) Improved permanent access to foods: 70% of the projected beneficiaries have their food consumption score cards kept to above rate 28.(Consumption Score and Alternative Indicators of Household Food Security

2.4. Outputs

NFI/Shelter: Total budget =USD 476,900

A.1. 6,900 people (1,150 households) have received NFI, while 400 HHs among them are also supported to build their shelter. To achieve this result, following activities will be implemented:

A.1.1. Distribute NFI to 1,150 households;

A.1.2. Distribute material and provide technical support for 400 shelter construction.

Nutrition: Total budget: USD 375,110

B.1. 4910 severe acute malnutrition cases are identified, treated and supported in the nutritional Units; Following activities will be achieved:

B.1.1. Conduct 2 rapid anthropometric surveys (combined with light KAP surveys-see activity D.1.1) per site;

B.1.2. Supply 11 therapeutic units with essential drugs for malnutrition, therapeutic feeding inputs and Non Food Items/non drug items for case management;

B.1.3. Recruit malnourished children and treat them in 3 Intensive therapeutic Unity and 8 Ambulatory therapeutic Unity (ATU);

B.1.4. Sensitize communities on best nutritional practices and conduct demonstrations of appropriate culinary techniques for infant and young children nutrition.

Psychosocial support: Total budget: USD 219,020

C.1. 1283 targeted vulnerable children and 2784 affected adults (a total of 4067 persons) have access to psychosocial services including counselling, support to cope with trauma, and socio-economic reintegration. Following activities will be implemented:

C.1.1. Identification of traumatized persons due to conflict;

C.1.2. Implement activities to cope with trauma;

C.1.3. Provide socio economic support for reintegration;

C.1.4. Referral of complicated cases to appropriate service providers;

C.2. 15 psychosocial support groups and 30 counsellors are selected and trained to carry out sensitizations, case identification, and support and follow up. Activities to be implemented:

C.2.1. Identify and Train and equip 30 counsellors and 15 support groups;

WASH: Total budget: USD 132,444

D.1. Users of 4 nutritional Units have access to clean and safe sanitation facilities; To achieve this result, following activities will be implemented:

D.1.1. Construct latrines: 3x4 doors for Intensive Nutritional Units, 8x2 doors for Ambulatory Nutritional Units, 10 hand washing facilities;
 D.2. 13000 affected people in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices; Activities to be implemented:
 D.2.1. Conduct 2 light knowledge, Attitudes and Practices (KAP) surveys in each targeted location;
 D.2.2. Train local Community Workers to enable them conduct sensitization campaigns on best nutritional and hygiene practices; D.2.3. Sensitize communities on diarrheal diseases prevention;
 D.2.4. Promote household's latrines construction; D.2.5. Promote water treatment techniques at household level.

Food security: Total budget: **USD 402,160**

E.1. 29 401 people, representing 4900 households have received agricultural inputs, among them 2000 HHs most vulnerable received unconditional cash for seeds protection; Activities to be achieved: E.1.1. Distribute tools and seeds to 4900 vulnerable households for agricultural activities; E.1.2. Provide food to 2000 most vulnerable among the 4900 targeted households through the most appropriate method (cash, vouchers); E.1.3. Train and mentor beneficiaries for their livelihood activities;

Education: Total Budget: **USD 96,536**

F.1. 1330 children (664boys and 676girls) will be target with construction 12 classrooms, distribution of school kits, and other school related activities. (*within BOAD budget*)

Unconditional cash grant: **USD 50,000**

250 very vulnerable HHs (1,500 persons) will be targeted with unconditional cash for support to purchase food and other essential items.

Coordination fees: USD 13,400 (within BOAD budget)

These are the coordination costs of the appeal to support office supplies, communication, monitoring and data collection, training of field agents, development and sharing of project reports.

2.5. Preconditions / Assumptions

Amongst other preconditions/assumptions, the following are considered major ones: 1. Stability is progressively recovered so that there is no resurgence of violent conflict; 2. Communities are not hostile to see humanitarian actors usually implementing activities in Eastern DRC coming to operate in the Kasai; 3. The weather conditions are conducive for good harvest (for farming activities); 4. Monetary inflation/price fluctuation is under control to not negatively interfere with requested budget.

2.6 Logical Framework

Logical Framework			
IMPACT			
To save lives and alleviate suffering of conflict affected populations in Kasai Province in DRC			
OUTCOME(S)	Objectively Verifiable Indicators	Source of verification	Assumptions
<p>A. Targeted households have improved their living conditions through provision of Shelter and NFI;</p> <p>B. Severe acute malnutrition prevalence in the selected areas of intervention is reduced from 4.5% to below 2% among children under five years</p> <p>C. Improved psychosocial wellbeing of children and persons most affected by the conflict;</p> <p>D. Improved hygiene and sanitation knowledge and practices among targeted communities with malnourished children;</p> <p>E. Targeted households are food secure;</p>	<p>A.a. % NFI/Shelter score card below 3.7(target: 80%)</p> <p>B.a. Prevalence rate of Severe Acute Malnutrition (Target: <2%)</p> <p>C.a. % of targeted affected persons who improved their psychosocial status (target: 70%)</p> <p>D.a. % of people that know 5 key moment of hand washing (target: 80%) and who practice them (target: 70%)</p> <p>E.a. % of households that have improved their food consumption score above 28 (target: 70%)</p>	<p>A.a.1. Household score card survey</p> <p>B.a.i. Nutrition survey report B.a.ii. Health centers, nutrition units/centers quarterly reports;</p> <p>C.a.i. Beneficiaries interviews C.a.ii. Registers of psychosocial services;</p> <p>D.a.i. KAP surveys reports</p> <p>E.a.i. Food consumption survey at household level</p>	<p>Security situation remains calm and allow continuous access to beneficiaries;</p> <p>Project ownership: Beneficiaries apply principles received through wash, food security and nutrition trainings;</p> <p>Market prices remains stable</p> <p>Collaboration with local authorities remains productive for project implementation;</p> <p>Majority of logistics operations can be accessed from local market;</p> <p>No major outbreak of natural disaster occurs in the region</p>

<p>G. Improved access to education</p>	<p>G.a % of children of children of school going age who are attending school</p>	<p>G.a.i School attendance register</p>	<p>Security situation will remain stable to allow learning to continue uninterrupted.</p>
<p>Outputs</p> <p>A. 6,900 people (1,150 households) have received NFI, while 400 HHs among them are also supported to build their shelter</p> <p>B.1. 4,910 severe acute malnutrition cases are identified, treated and supported in the nutritional Units;</p> <p>C.1. 1,283 targeted vulnerable children and 2,784 affected adults (a total of 4,067 persons) have access to psychosocial services including counselling, support to cope with trauma, and socio-economic reintegration;</p> <p>C.2. 15 psychosocial support groups and 30 counsellors are selected and trained to carry out sensitizations, case identification, support and follow up;</p> <p>D.1. Users of 4 nutritional Units have access to clean and safe sanitation facilities</p>	<p>Objectively Verifiable Indicators</p> <p>A.1.a. # of household that received NFI Kit (Target: 1,150) A.1.b. # of Household supported for Shelter (Targets: 400)</p> <p>B.1.a. Healing rate: gender disaggregated % of admitted children who are successfully discharged (target >75%)</p> <p>C.1.a. # of girls, boys, women and men reached by psychosocial direct services (Target: 4,067 persons)</p> <p>C.2.a. # of psychosocial support groups formed and trained, and counsellors trained (Target: 15 and 30)</p> <p>D.1.1. Number of latrines (segregated by sex) available for Nutritional Unit (28 doors)</p>	<p>Source of verification</p> <p>A.1.a. (i) Distribution reports;</p> <p>B.1.a. (i) Monthly reports, with statistics from supported nutritional units B.1.a. (ii) Personal case management forms</p> <p>C.1.a. (i) Records from registers of psychosocial counsellors</p> <p>C.2.a. (i) Training reports</p> <p>D.1.1. (i) Construction report/direct observation</p>	<p>Assumptions</p> <p>Supply chain is maintained. Availability of health infrastructure in the targeted communities</p> <p>Households apply the nutritional best practices acquired;</p> <p>Community willingness to accept vulnerable children/in conflict with law; and understanding of their psychosocial issues;</p> <p>Project ownership by the communities;</p>

<p>D.2. 13,000 affected people in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices</p> <p>E.1. 29 ,401 people, representing 4,900 households have received agricultural inputs, among them 2,000 HHs most vulnerable received unconditional cash for seeds protection</p> <p>G.1. Learning facilities and services improved</p>	<p>D.2.1. % of villages covered by sensitization (20)</p> <p>D.3.1. Number of new latrines constructed (1000)</p> <p>E.1.a. # of households that benefited from food, and/or agricultural inputs (Target: 2,000, 4,900)</p> <p>G.1.a 1,330 get are enrolled in schools</p>	<p>D.2.1. (i) Sensitization reports</p> <p>D.2.1. (ii) KAP surveys reports;</p> <p>E.1.a. (i) Distribution reports and PDM (Post Distribution Monitoring) Reports</p> <p>School registers Project monitoring reports</p>	
<p>Activities</p> <p>A.1.1. Distribute NFI to 1,150 households, A.1.2. Distribute material and provide technical support for 400 shelter construction. A.1.3 NFI Kit - Clothes and bedding for abandoned children and young girls</p> <p>B.1.1. Conduct 2 rapid anthropometric surveys (combined with light KAP surveys-see activity D.1.1) per site B.1.2. Supply 10 therapeutic units with essential drugs for malnutrition, therapeutic feeding inputs and Non Food Items/non drug items for case management B.1.3. Recruit malnourished children and treat them in 3 Intensive therapeutic Unity and 8 Ambulatory therapeutic Unity (ATU) B.1.4. Sensitize communities on best nutritional practices and conduct B.1.5 demonstration of appropriate culinary techniques for infant and young children nutrition B.1.6 Incentives to support health/nutrition care providers for the malnourished B.1.7 Provision of NFI to NTUs: cups, jugs, plates, sleeping sheets, etc. B.1.8 Food in-cash for accompaniers of malnourished children within INTU B.1.9 Cooking equipment and other inputs (local stoves, sauce pans, etc.) B.1.20 Provision of consumables to HGR: stationery, water, etc.</p> <p>C.1.1. Identification of traumatized persons due to conflict</p>		<p>Pre-conditions</p> <p>Security condition should remain stable in the area of project implementation;</p> <p>Timely funding;</p> <p>Act Alliance members need to keep their authorization to operate in DRC and Kasai provinces especially</p>	

<p>C.1.2. Implement activities to cope with trauma</p> <p>C.1.3. Provide socio economic support for reintegration</p> <p>C.1.4. Referral of complicated cases to appropriate service providers</p> <p>C.2.1. Identify and Train and equip 30 counsellors and 15 support groups</p> <p>C.2.2 Organize a participatory diagnostic of talent with unemployed youths to identify their talents and trades preferences to learn.</p> <p>C.2.3 Professional training kits</p> <p>C.2.4 Training on IGA Management</p> <p>C.2.5 Food kits during professional training.</p> <p>C.2.6 Advocate for public services in support of local youth activities</p> <p>D.1.1. Construct latrines: 3x4 doors for Intensive Nutritional Units, 8x2 doors for Ambulatory Nutritional Units, 10 hand washing facilities,</p> <p>D.2.1. Conduct 2 light knowledge, Attitudes and Practices (KAP) surveys in each targeted location</p> <p>D.2.2. Train local Community Workers to enable them conduct sensitization campaigns on best nutritional and hygiene practices.</p> <p>D.2.3. Sensitize communities on diarrheal diseases prevention</p> <p>D.2.4. Promote households' latrines construction</p> <p>D.2.5. Promote water treatment techniques at household level</p> <p>E.1.1. Distribute tools and seeds to 4900 vulnerable households for agricultural activities</p> <p>E.1.2. Provide food to 2000 most vulnerable among the 4900 targeted households through the most appropriate method (cash, vouchers)</p> <p>E.1.3. Train and mentor beneficiaries for their livelihood activities</p> <p>C.1.2. Distribute material and provide technical support for shelter construction,</p> <p>D.1.1. Distribute cash to 2000 most vulnerable households</p> <p>D.1.2. Distribute tools and seeds to 4900 households for agricultural activities</p> <p>D.1.3. Train and mentor beneficiaries for their livelihood activities</p> <p>D.1.4 Kit of small breeding; guinea pigs</p> <p>D.1.5 Kits Culinary demonstration</p> <p>D.1.6 Training on nutritional practical, gender</p> <p>G.1.1 Construction of school infrastructures (classrooms)</p> <p>G.1.2 Classroom equipment in fixed desks</p> <p>G.1.3 Inspection of teachers during training</p> <p>G.1.4 Teacher training</p> <p>G.1.5 Organize recovery courses at all levels of primary school for children and youth</p> <p>G.1.5 Training of Management Committees (COGES) and Parents' Committee (COPAs) of schools on good governance and transparent management of the school.</p> <p>G.1.6 Training of teachers and directors on Education, peace building and peaceful cohabitation</p> <p>G.1.7 Teachers' bonus during the recovery classes for children who are out of school</p> <p>G.1.8 Costs of reintegration costs of children recovered</p>	
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<p>G.1.9 Distribution of school kits (students) to improve the quality of learning for students in schools.</p> <p>G.1.10 Distribution of school kits (teachers, directors) to improve the quality of learning in targeted schools</p> <p>G.1.11 Distribution of didactic kits to targeted schools.</p> <p>G.1.12 Training of children, youth and adolescents on peace building strategies and life skills</p> <p>G.1.13 Multiplication of modules on recovery courses, education and peace building, good governance, CVCs, participatory peace committees and theaters</p> <p>G.1.14 Purchase of materials for the various formations as well as those of the peace committees and sensitization of the communities</p> <p>G.1.15 Visibilities of the project</p>	
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2.7 Risk Analysis

<p>The following are the likely risks. 1. Expectations of beneficiaries. As the population in the Kasai provinces are generally poor and not used to receiving humanitarian assistance, there is a risk of extremely high expectations of beneficiaries towards humanitarian actors. Management of their expectations is therefore essential to avoid frustration and acceptance problems. The different formed/trained community committees and support groups in each sector accept to involve in the project on a benevolent basis. It will be clearly communicated to the committees that they collaborate with the project without awaiting any financial returns. 2. Unclear selection criteria leading to frustration among population. Clear criteria to identify beneficiaries of the assistance will be developed and communicated; in particular, the unconditional cash. In a context of crisis that plunged almost all populations in a state of death where everybody is in need of aid, it becomes difficult to identify whom to assist. The staff will work to transparently stick to the criteria. Otherwise, the project risks to do more harm than good by fuelling the conflict.</p> <p>3. Local human resources with required expertise are not available in the communities to work as staff within organizations member of the Forum. Lack of qualified local human resources may expose the project at risk. It may happen that in many territories the qualified human resources that existed before the conflict were killed, ran away for their safety, or they no longer have the academic titles evidence of their qualifications due to looting and burning down of their houses. The same explanation on criteria should apply here again.</p> <p>4. Resources diversion due to fraud and corruption. It may happen that a portion of the resources ends up in malpractice, fraud, corruption and bribery instead of</p>	
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<p>reaching the beneficiaries it was directed to. All DRC Forum members are committed to doing business with integrity and honesty. Every member will assure that their staff, partners, suppliers, and all stakeholders it is involved with during this project comply with and implements a 'zero tolerance' policy regarding fraud/corruption; including mandatory reporting/whistleblowing. It implies that all allegations will be investigated, processed and appropriate measures taken. All Memorandum of Understanding and partner agreements will insert a clause on this policy along with 'child protection' provisions.</p>	
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2.8 Sustainability / Exit strategy

<p>This Appeal focusses on both emergency relief and long term livelihood support for IDPs, returnees as well as host community mostly affected by this crisis. It is worth mentioning that smooth rehabilitation and credible exit strategy largely depends on the establishment of the lasting peace in the areas of implementation. Once peace is re-established in the area, we will endeavor to bridge emergency relief activities to livelihood and support human development activities, as proposed in the Food security component of this Appeal.</p> <p>This initiative is a key factor that will contribute to ensure vulnerable affected person’s long term self-reliance. ACT requesting members specifically select project local staff from the targeted areas and build their capacities through trainings so that targeted communities will have local skills and knowledge beyond the lifetime of the project. By working alongside and building the capacity of local communities through their CBOs and by recruiting local staff, ACT requesting members ensure greater sustainability in their projects. Once the projects end or should international funding decline, these organizations are 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 (PRONANUT, IPAPEL, SNHR, Division Provinciale Femmes et Familles), health zones and other local stakeholders is done throughout the project and when needed a MoU is signed with a specific stakeholder to clarify responsibility and develop an agreed common exit strategy or handover.</p> <p>Note: PRONANUT (national program of nutrition); IPAPEL (provincial agency of agriculture, breeding and fishing); SNHR (national service of water and sanitation), Division of gender and family.</p>

2.9 Building capacity of national members

<p>ACT requesting members will each strengthen the capacity of their related local partners. While Christian Aid is already working with COPROMOR in the Kasai, other members (BOAD, ECC, and LWF) will ensure refreshment to their local partners in the sectors of intervention. Up to now, the Forum has involved the local partners in designing the Appeal from needs assessment. This will remain a practice until project end to make sure members remain accountable and that each local/national partner or stakeholder mainstreams all contractual requirements in their implementation.</p>
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3 PROJECT IMPLEMENTATION

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

This appeal is child protection sensitive. All activities will be implemented with emphasis on protecting the best interest of the child during the project cycle. Children are one of the major beneficiaries of the action; in particular U-5 children. The template itself provided the disaggregation of the beneficiaries per age/gender: Nearly 31,475 beneficiaries out of the targeted 58,251 are children (approximately 53%). As delineated in Section 2.6., members will double check the insertion of provisions on child safeguarding in all staff contracts, agreements, and MoUs with partners.

Members will ensure that national and international instruments guaranteeing CS are adhered to, and 'zero tolerance' is linked to any violations of the provisions. For instance, digging of latrines, construction of WASH facilities, casual labor, etc. will not involve children's work. During the construction, the engineer will ensure that no harm is caused to children. The builders will check that using the facilities does not jeopardize the safety of children.

3.7 ACT Code of Conduct

The ACT implementing members will observe ACT Alliance Code of Conduct at all stages of the project cycle. All ACT implementing members personnel will sign the ACT Alliance Code of Conduct covering issues such as sexual exploitation, power abuse, corruption, ACT anti-fraud and corruption policies. Two workshops for ACT Appeal staff will be organized in Kananga and Tshikapa cities to ensure that these principles are well understood and applied throughout the project implementation and to the beneficiaries. In their implementation sites, the trained staff will inform their respective stakeholder's even beneficiaries of the key provisions of ACT Code of conduct. In case of sexual harassment and exploitation, the complaints will be carefully and promptly investigated, meeting privately with the offender and the offended party and the first action should be taken within 48 hours. The contact details (phone and mail) of the focal points appointed to gather complaints will be communicated throughout the distributions sites to the local authorities, local NGOs operating in the area of implementation and to the beneficiaries.

3.8 Implementation Approach

The proposed approach is participatory: involving beneficiaries and stakeholders at each stage of project cycle. It is meant to be holistic to consider the different dimensions of human dignity. It will help to address urgent needs of the targeted vulnerable while standing as a contribution to prepare them to break the cycle of vulnerability confronting them; hence capacity building.

This approach is the best in this context because the complexity of the needs cannot be addressed by a one-year project; in particular, because the crisis is related to society breakup. Infrastructure is more easily to reconstruct than community. If the project could secure the contribution of all actors and community members as it intends, social cohesion will quietly be regained. The youth that played a primary role in clashes and open violence will contribute to rehabilitation and communities will rejoice on recovered bonds. 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 geographic 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 to the populations. If these are

unable to do so, they may at least contribute to safeguard the legacy of this intervention by assuring security and having an oversight on the facilities.

3.9 Project Stakeholders

ACT requesting members will apply ACT Alliance approach and strategy enabling beneficiaries i.e. IDPs, returnees and host communities and their representatives to participate in program decisions and seek their informed consent. ACT requesting 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. 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 (IPAPEL), Health Zones, state social department and National Water Service (SNHR) in the areas of implementation acting as a government counterpart in all projects. 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. 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. 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, we will mitigate to reach our beneficiaries using other ways instead of using of armed escorts in the humanitarian action. OCHA and WFP have CMCoord Officer deployed in Kananga in order to coordination this. The ACT members will be close contact with them.

3.10 Field Coordination

The response has been designed based on the expertise and capacity of each and every member, in coordination with identified gaps in the field. UNOCHA shared the matrix of “Who does what and where” to enable the members to position themselves according to needs and operational capacity. UNOCHA is established in Kananga and Tshikpa, and is playing a coordination with all UN agencies (UNICEF, UNHCR, WFP, and FAO) and other International and National NGOs. Several clusters have been set up (Food Security, Nutrition). All ACT Alliance Members will also be part of that coordination.

3.11 Project Management

Internally, the forum is coordinated by BOAD in the DRC. For this specific response however, coordination will be set up in the field, 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 on the ground. Christian Aid whose main office is based in Kinshasa will play the representation role in the capital in terms of coordination, visibility and advocacy. It is anticipated that, the coordinator of 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.

3.12 Implementing Partners

Throughout the project members will work with implementing partners; of which some are already consulted at the current application development stage. Others will be involved locally when the

Support community resilience Mechanism DRR component					x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Livelihood activities		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Nutrition activities			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Education activities																			
Protection/ psychosocial activities		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Food security activities		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Peaceful cohabitation activities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Monitoring activities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Evaluation and learning						x												x	

4 PROJECT MONITORING

4.7 Project Monitoring

The project will design and set up a monitoring system. This defines tools, actors, period, and monitoring activities that will be implemented. Prior to any intervention per sector, an in-depth assessment and baseline is being carried out and for infrastructures constructions, feasibility studies are going to be conducted by then. 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.

4.8 Safety and Security plans

As Appeal activities will be implemented in unstable region that is still politically sensitive, assessments should take place on a regular basis. As such, ACT requesting members will fully apply ACT alliance security regulations. But to be more practical and even thorough members have their own security plans, the coordination of the security action will be executed by Christian Aid that is already connected to many stakeholders due to its presence in the region since February 2017.

Christian Aid is member of the security forum set up by the OCHA CMCoord Officer in Kananga. The latter will maintain regular contact with the NGO Security tree providing timely, relevant and updated security information, as well as with other security actors (UNDSS, others). Additionally, to these measures, 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. Christian Aid who has an expertise in this field will be the lead agency for empowering other members in order to cover this gap. 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.

Finally, staff members should implement the project in a transparent manner both to increase their acceptance by 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 of one of army group operating in the area. A security focal point will be appointed and their main task is to advice and disseminate through mobile phone and radio security information to our staff 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.

4.9 Knowledge Management

A learning component is attached to the PMER role. Knowledge acquired from the project will be captured through reports and success stories submitted to donor. Lessons learned progressively may be disseminated by each member pending their Representative/Country Director's appreciation. Information sharing is part of accountability principle. If members are unable to reach the community in general, then any relevant information will be conveyed through the different local committees and feedback received by the same means.

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 consortium member depending on their sites and sectors. Meetings are planned on a regular basis to share information as a consortium. 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

5.7 Mainstreaming Cross-Cutting Issues

The requesting members of the appeal will mainstream below cross cutting issues in their planned response as they are crucial towards success of the appeal and targeted populations.

5.7.1 Gender Marker / GBV

In the needs assessment of LWF and Christian Aid and the intervention design of this Appeal, specific attention has been given differentiated needs of men and women. The RNA pointed out the harsh conditions of women and girls as opposed to men and boys. The project has relied on the assessment's findings to align gender responsive activities in all the five selected thematic areas.

The project will work to ensure that wherever it operates communities will move from gender unawareness to tackle a set of elements meant to raise sensitivity on the specific needs of women and girls. In fact the project is mounted in such a way that it comprises a couple of activities related to gender equality and/or which identify and address some of the different and unique needs, abilities and opportunities of girls, boys, women and men.

5.7.2 Resilience Marker

The appeal seeks to enhance resilience of communities in the Kasai region. Especially through the food security component that seeks to enhance agricultural production whereby communities will be recovering from the crisis and be able to respond to future shocks. 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.

5.7.3 Environmental Marker

The proposed activities and construction of facilities and shelter will consist of light works which will not jeopardize the environment. Appropriate precautions will be taken in the extraction and use of local materials such as sticks, gravel, sand and stones. 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 Kasais 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 IPAPPEL agents and consortium 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 Alliance organisations will take all the necessary steps to prevent or mitigate adverse environmental impacts.

5.7.4 Participation

The RNA consulted the different target groups through interviews and FGDs. Even though the assessment could not gather all potential beneficiaries, it reached all the categories, inclusive of the most vulnerable such as women and girls, the elderly, people with disabilities, teenage mothers, women heads of households, etc. The populations therefore expressed their priority needs, and these are considered in the design despite anticipated limited resources to cover them all.

The Forum will strategize to accompany the community to address their basic needs; meaning the beneficiaries will receive support to complement their own efforts. 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 in particular will volunteer their time and skills to teach successful dietary, men will sacrifice their time and energy on collective construction of shelters and latrines under the guidance of ACT Consortium 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 participative approach will enhance ownership of the intervention by the communities.

5.7.5 Social inclusion / Target groups

Populations in the Kasai Provinces are not homogenous as they have different languages and traditions. The project may at least take into account the way the different villagers survived the crises and it will adapt the interventions accordingly. Because of the dire situation exacerbated by the crisis, the first step to alleviate the suffering is provision of aid to address urgent needs. Then will follow the second step of facilitating to construct resilience. At this level, diversifying parameters will be considered based on the capacity of each village to develop self-reliance mechanisms.

The project is well aware of the fact that early recovery will not be achieved during a ten months' project; but the action can establish the foundation to transition from emergency. The intervention and support will be tailored on the capabilities of different groups (the elderly, SGBV survivors, the disabled; peasants, civil servants, private businessmen, etc.) are able to cope with the aftermath of the crisis.

5.7.6 Anti-terrorism / Corruption

The Kasai Provinces is a volatile security prone context. It hosts an important number of armed groups, basically recruited among the youth. Staff may fall victims of attacks or/and abductions orchestrated by armed groups against 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. As said, partnering with COPROMOR, Christian Aid is already implementing sample sectors in the area; and there are no security incidents specifically targeting this member organization.

ACT Alliance members of the appeal will work to ensure that it does not conduct business with any entities involved in atrocities with the armed groups. Within this framework, the consortium will undertake all reasonable steps for proper due diligence during recruitment, procurement and other service provision processes. ACT 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 stick to it before getting into business with an individual or a group of individuals.

5.8 Conflict sensitivity / do no harm

Although the context in this particular intervention is challenging, it is planned that all the activities in this project will use “Do No Harm” and “Rights-based” approaches, in relation to IDPs, host communities, gender, ethnicity and vulnerability. Sensitivity to conflict in terms of reconciliation among different ethnic group is, therefore, embedded into the program. To deal this issue, a 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. Before the project starts, ACT implementing members will exchange 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.

5.9 Complaints mechanism + feedback

With the aim of creating a safe environment, ACT 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, grievance 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 person or member of the community, they know what to do.

ACT requesting members will set up complaints-handling procedures 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 workshops for ACT requesting personnel 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 would take in case of breach of the code of conduct which will lead to the breach of contract. For serious violations possibly the legal proceedings will be taken.

5.10 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 website, Facebook and Twitter profiles; this media platform will support information sharing on the emergency response in the areas of implementation.

Revised Budget COD 181.

			Appeal Budget <i>local currency</i>	Appeal Budget USD	
DIRECT COSTS					
1	PROGRAM STAFF				
	Appeal Lead		9'000	9'000	15'000.00
	Total international program staff		103'560	103'560	103'560.00
	Total national program staff		492'904	492'904	687'350.00
	TOTAL PROGRAM STAFF		605'464	605'464	805'910
2	PROGRAM ACTIVITIES				
2.1.	Shelter and settlement / Non-food items		455'900	455'900	476'900.00
2.2.	Food security		422'020	422'020	402'160.00
2.3.	Water, sanitation & hygiene (WASH)		92'200	92'200	132'444.00
2.4.	Health / Nutrition		203'650	203'650	375'110.00
2.5.	Protection / Psychosocial support		126'234	126'235	219'020.00
2.6.	Early recovery & livelihood restoration		0	0	
2.7.	Education				96'536.00
2.8.	Emergency Preparedness / Resilience		0	0	
2.9.	Unconditional CASH grants		0	0	50'000.00
2.10.	Camp Management		0	0	
	TOTAL PROGRAM ACTIVITIES		1'300'004	1'300'005	1'752'170
3	PROGRAM IMPLEMENTATION				
	TOTAL PROGRAM IMPLEMENTATION		119'490	119'490	123'400
4	PROGRAM LOGISTICS				
	Transport (of relief materials)		123'470	123'470	149'188.00
	Warehousing		61'580	61'580	112'550.00
	Handling		87'998	87'998	107'290.00
	TOTAL PROGRAM LOGISTICS		273'048	273'048	369'028
	TOTAL PROGRAM ASSETS & EQUIPMENT		82'921	82'921	95'831
6	OTHER PROGRAM COSTS				
6.1.	SECURITY				
	TOTAL SECURITY		21'430	21'430	23'430
6.2.	FORUM COORDINATION				
	TOTAL FORUM COORDINATION		58'200	58'200	29'500
6.3.	STRENGTHENING CAPACITIES				
	TOTAL STRENGTHENING CAPACITIES		13'500	13'500	20'650
	TOTAL DIRECT COST		2'474'057	2'474'058	3'219'919
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT					
e.g.	<u>Staff salaries</u>				
	Salaries e. g % for Programme Director, National		34'435	34'435	86'809.00
	Salaries e. g % for Finance Director, FM, Nat Acc.		35'555	35'555	69'613.00
	Salaries for accountant and other admin or		76'857	76'857	34'144.00
			146'847	146'847	190'566
	<u>Office Operations</u>				
	Office rent		24'050	24'050	32'949.00
	Office Utilities		9'040	9'040	7'200.00
	Office stationery		10'590	10'590	11'990.00
	Office other costs (Bank charges, maintenance, meetings, vehicle)		13'100	13'100	5'600.00
			56'780	56'780	57'739
	<u>Communications</u>				
	Telephone and fax		8'700	8'700	10'250.00
	Internet		5'600	5'600	6'620.00
			14'300	14'300	16'870
	<u>Other</u>				
	Insurance		6'000	6'000	14'100
	Bank charges		19'500	19'500	19'821
			25'500	25'500	33'921
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT		243'427	243'427	303'356
	TOTAL EXPENDITURE exclusive International Coordination Fee		2'717'484	2'717'485	3'523'275
	INTERNATIONAL COORDINATION FEE (ICF) - 3%		81'525	81'525	105'698
	TOTAL EXPENDITURE inclusive International Coordination Fee		2'799'009	2'799'010	3'628'974
	BALANCE REQUESTED (minus available income)		2'799'009	2'799'010	3'628'974
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date					
	ITEM - (List each over US\$500)		Actual cos	Disposition	

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 Humanitarian Programme Officer 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, Africa Isaiah Toroitich (Isaiah.toroitich@actalliance.org)
Humanitarian Officer, Africa Caroline Njogu (caroline.njogu@actalliance.org)
DRC Convener Nestor Musumba (ne.musumba@gmail.com)

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

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance

SECRETARIAT: 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switz. **TEL.:** +4122 791 6434 – **FAX:** +4122 791

6506 – www.actalliance.org

**Core Humanitarian
STANDARD**

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