



COMMISSION OF THE EUROPEAN COMMUNITIES

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**COMMISSION DECISION**

**of**

**on the approval and financing of a Global Plan for humanitarian Actions from the  
budget of the European Communities in the Democratic Republic of Congo**

(ECHO/COD/BUD/2009/01000)

## **COMMISSION DECISION**

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**on the approval and financing of a Global Plan for humanitarian Actions from the budget of the European Communities in the Democratic Republic of Congo**

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THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC, Euratom) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Articles 2 and Article 15(2) thereof,

Whereas:

- (1) The Democratic Republic of Congo (DRC) is emerging from a period of conflict that has lasted since 1996 which has left many parts of the country in a very fragile humanitarian situation. The Kivu provinces are still not emerging from conflict and since the end of August 2008 the fighting in North Kivu has intensified.
- (2) This on-going conflict in the Kivu provinces has resulted in the displacement of more than 800 000 people, of which at least 350 000 people are in need of humanitarian assistance including food aid;
- (3) The stabilisation of some parts of the country is allowing the return of hundreds of thousands of displaced people and refugees that require assistance to re-establish their livelihoods;
- (4) There is a need to strengthen the weakened surveillance and response capacity of the nation's emergency services which have left the population particularly vulnerable to on-going and emerging threats from epidemics, nutritional crises and conflict-based humanitarian emergencies;
- (5) As the scale and complexity of the humanitarian crisis is such and likely to continue, it is necessary to adopt a Global Plan providing a coherent framework for the implementation of humanitarian actions;

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<sup>1</sup> 1- OJ L 163, 2.7.1996, p. 1.

- (6) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field,
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid actions should be financed by the Community for a period of 18 months,
- (8) It is estimated that an amount of EUR 30 000 000 from budget article 23.02.01 and EUR 15 000 000 from budget article 23.02.02 of the general budget of the European Communities is necessary to provide humanitarian assistance to more than 1 500 000 people taking into account the available budget, other donors interventions and other factors. Therefore the activities covered by this Decision may be financed in full accordance with Article 253 of the Implementing Rules of the Financial Regulation;
- (9) Due to the rapidly evolving situation in the field and the nature of the actions to be funded under this Global Plan, it is necessary to establish a contingency reserve in order to meet unforeseen events.
- (10) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the Internal Rules on the Implementation of the general budget of the European Communities<sup>4</sup>.
- (11) To reach populations in need, aid may be channelled through Non-Governmental Organisations (NGOs), International Organisations or United Nations (UN) agencies. Therefore the European Commission may implement the budget by direct centralized management or by joint management;
- (12) In accordance with Article 17 (3) of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 11/12/2008.

HAS DECIDED AS FOLLOWS:

#### *Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a Global Plan for "Humanitarian and food assistance for vulnerable populations in Democratic Republic of Congo" for an amount of EUR 45 000 000 from budget articles 23.02.01 (EUR 30 000 000) and 23.02.02 (EUR 15 000 000) of the 2009 general budget of the European Communities.

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<sup>2</sup> 2- OJ L 248, 16.9.2002, p.1.

<sup>3</sup> 3- OJ L 357, 31.12.2002, p.1

<sup>4</sup> 4- Commission Decision of 5.3.2008, C/2008/773

2. In accordance with Articles 2 of Council Regulation No.1257/96, the humanitarian actions under this Global Plan shall be implemented in the pursuance of the following specific objectives:

- To provide displaced people, returnees and targeted vulnerable host communities with an integrated multi-sectored package of assistance in order to reduce mortality and to promote stabilisation, resettlement and the re-establishment of basic livelihoods.

An amount of EUR 27 000 000 from budget article 23.02.01 has been allocated to this specific objective.

- To provide appropriate and adequate food assistance to safeguard and improve the availability of, and access to food for vulnerable populations affected by the crisis, and to stabilise and improve their nutritional status.

An amount of EUR 15 000 000 from budget article 23.02.02 has been allocated to this specific objective.

- To strengthen early-warning and rapid intervention systems to respond to humanitarian crises.

An amount of EUR 3 000 000 from budget article 23.02.01 has been allocated to this specific objective.

#### *Article 2*

As regards specific objectives nos. 1 and 3 set out in Article 1(2) and financed from budget article 23.02.01, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one specific objective to the other specific objective, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2 000 000.

#### *Article 3*

1. The duration of the implementation of this Global Plan shall be for a period of 18 months, starting on 1 January 2009.

2. Expenditure under this Global Plan shall be eligible from 1 January 2009.

3. If the actions envisaged in this Global Plan are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this Global Plan.

#### *Article 4*

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.

2. Actions supported by this Global Plan will be implemented either by:

- Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96;

or International organisations.

3. Taking account of the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Global Plan may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

#### *Article 5*

1. The amount of EUR 45 000 000 shall be conditional upon the necessary funds being available under the 2009 general budget of the European Communities.

2. This Decision shall take effect on the date of its adoption.

Done at Brussels

*For the Commission*  
*Member of the Commission*



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Supporting Document to the Commission Decision on the  
approval and financing of a**

**GLOBAL PLAN 2009**

**For Humanitarian actions from the budget of the European  
Communities for Vulnerable populations in  
the Democratic Republic of Congo**

ECHO/COD/BUD/2009/01000

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## **1. EXECUTIVE SUMMARY**

The Democratic Republic of Congo (DRC) has been subject to starkly contrasting circumstances over the course of 2008. Whereas much of the country has continued to stabilise and enjoy some modest growth, the eastern provinces of North and South Kivu have relapsed into conflict. As a consequence what was an improving humanitarian situation now shows signs of renewed deterioration and increasing needs.

The immediate consequence of the conflict in the Kivus has been an increase in displacement of civilians. Up to 800 000 people have been directly affected by the conflict and some 350 000 are in need of humanitarian assistance. Coping mechanisms, are becoming overwhelmed, which together with reduced access to land, has made food security a problem. Problems of access have made the delivery of assistance ever more difficult and where food assistance is concerned, increased prices and limited availability have compounded shortages. The displaced are becoming increasingly vulnerable and are being obliged to seek sanctuary in displaced camps, where they have become progressively more dependent on outside assistance. Aid agencies are being harassed by civilian populations displeased by the international community's perceived inability to stop the violence.

In contrast to the situation in the Kivus there have been significant improvements in parts of Ituri, south Kivu and Kantanga. Many humanitarian aid programmes have now been handed over to development donors and activities now concentrate on the re-integration of refugees and IDPs. Some 140 000 refugees remain to be repatriated from Tanzania and Zambia.

Activities to be funded in 2009 will reflect the contrasting situation in DRC. There will be need for a full humanitarian assistance programme in the Kivus to support the provision of a package of assistance to displaced people and vulnerable host communities affected by the conflict. However in other more peaceful areas where return is under way funding will be aimed at supporting community based re-integration activities.

DG ECHO will direct a considerable portion of its funds to programmes, particularly food security programmes that assist both internally displaced people (IDP) and host families to remain self sufficient. Despite these measures a significant number of people will still require assistance in camps including short-term free food assistance in kind.

Finally, as the whole of DRC remains fragile, in order to monitor and respond to the frequent outbreaks of epidemic and malnutrition DG ECHO will continue to support a national capacity for nutritional and epidemic surveillance and response.

DG ECHO will maintain an office in Kinshasa and Goma in order to monitor the humanitarian situation and evaluate the actions it funds.

The envelope proposed for the DG ECHO DRC Global Plan for 2009 is EUR 45 000 000 of which EUR 15 000 000 will be food assistance. In addition to this, EUR 8 500 000 is foreseen to be allocated in a separate decision to ECHO Flight for humanitarian air transport covering mainly Democratic Republic of Congo, subject to the availability of the necessary funds in the EU budget 2009.



## 2. CONTEXT AND SITUATION

### 2.1. General Context

DRC is the third largest country in Africa, with a population of some sixty million people, of which 48% are under the age of 15. Despite its well documented riches, DRC ranks amongst the poorest countries in the world and is ranked 168<sup>th</sup> (out of 177) in UNDP Human Development Index (2007) and is consistently amongst the worst five of the GNA vulnerability index rating<sup>1</sup>. The GDP per capita with purchasing power parity is USD 714. Much of the formal sector of the economy (mining, cash crops) collapsed during the war, as has much of the transport infrastructure. No road links one side of the country to the other, leaving the Congo River and air transport as the only means of getting across a country, the width of which stretches a distance equivalent to that between Brussels and Moscow.

Elections in 2006 brought to an end three years of transitional administration, which had followed the formal cessation of the second Congo war. Joseph Kabila was inaugurated as President in December 2006. His main rival Jean Claude Bemba was involved in brief armed revolt in March 2007 but this was quickly put down and Bemba was forced into exile and eventually arrested to face charges of war crimes before the International Criminal Court at The Hague.

Hope of a full and final peace vanished abruptly at the end of 2007 when ethnic issues in the east, some of which were inherited from the Rwandan genocide, flared into renewed conflict. Fearing attacks from the remnants of the mainly Hutu former Rwandan army *Forces démocratiques de libération du Rwanda* (FDLR), now in exile in eastern DRC, the mainly Tutsi Congolese armed faction of General Nkunda *Congrès National pour la Défense du Peuple* (CNDP) refused to disarm. The Congolese army's attempt to disarm them forcibly ended in utter defeat for the government and only the intervention of the United Nations Mission in Congo (MONUC) prevented the CNDP taking the main towns of the east.

MONUC, with approximately 17 000 troops, is the largest UN peacekeeping operation in the world. At the moment it is in a difficult situation, trying to juggle its mandate in the east, between protecting civilians, assisting the democratically elected government and ensuring that renegade armed factions are coaxed into the demobilization process without the undue use of force.

In response to the conflict the international community brokered the Goma accords in January 2008. These secured the rights and protection of all ethnic groups and called for a resumption of the disarmament process. The parallel Nairobi process foresees the concomitant disarming of the FDLR.

In order to add a certain peace dividend to the peace process the Government established a multisector rehabilitation programme, the AMANI plan, to which MONUC and the international community added their own stabilisation plans (including a contribution from the EU stability instrument of EUR 10 000 000). In total some USD 1.3 billion have been pledged for the stabilisation and rehabilitation of the east.

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<sup>1</sup> Global needs assessment index (GNA) -see annex,

Despite the above one must not lose sight of the fact that in other parts of the country the humanitarian situation has, in fact, greatly improved. Death rates and malnutrition rates have come down and although still not low enough, they are a vast improvement from those of the war years. Economically there has been modest improvement but it is far short of what the people expected and indeed in September 2008 the Prime Minister resigned, largely due to the poor progress on the economic front. Needless to say DRC has not been spared the effects of the world economic down-turn and increasing price food and fuel prices but in that much of the population survives on subsistence farming, the effects are maybe less than might have been expected.

## **2.2. Current Situation**

On the 28<sup>th</sup> August 2008, fighting flared up again between the CNDP and the FARDC. The fighting is mainly in the two territories of North Kivu i.e. Masisi and Rutshuru. At the time of writing, attempts to rescue the peace agreement have so far not been successful and the fighting continues.

The nature of the current fighting and its humanitarian consequences are closely linked. The CNDP defend the pastoral highlands and in particular the east-west access corridors that link them and their natural supply sources to the east. This focus on access routes affects commerce and hampers logistic support for humanitarian activities. The CNDP are vastly outnumbered, which encourages them to forcibly recruit civilians and even children to increase numbers and to use terror tactics (including destruction of crops and villages and rape) to multiply their impact. It is these tactics that cause so many people to flee and become displaced. The army is poorly trained, undisciplined and badly paid. Morale is low and so far it has been unable to defeat the rebels. As a result its presence is prolonged and unpopular with the troops, leading to increasing predation on the local population (including looting and rape). This leads to more displacement and the erosion of coping mechanisms. Both sides see commerce and humanitarian supplies if not as legitimate loot at least as sources of illegal taxation.

MONUC's unwillingness to commit fully in supporting FARDC offensives has attracted it the dissatisfaction of the population. More recently, this anger is increasingly targeting the whole international community, including humanitarian partners (sometimes violently).

In Ituri, the robust stance of MONUC and the FARDC in 2007 had paid dividends, as the various armed factions had been largely neutralised. Normal life was returning and this extremely fertile region was picking up fast. Most IDPs have now returned and are largely self-sufficient. Unfortunately the insecurity to the south has recently triggered renewed conflict in Ituri, which could jeopardize all the gains.

In the last months there have been confirmed reports of the presence in large numbers of the Ugandan rebel group the Lord's Resistance Army (LRA) in the area of Dungu in Province orientale (North-East DRC). Already they are accused of looting and predation on civilians.

The northern part of South Kivu remains embroiled in the same conflict as North Kivu. The FDLR still control large areas, which are effectively no-go zones for the government

and MONUC and which are only rarely and fleetingly accessed by humanitarian partners. Some of these areas still suffer from emergency levels of malnutrition and mortality.

In southern South Kivu, refugees are now returning in a steady stream of up to a 1 000 per week from Tanzania and are re-establishing their livelihoods effectively thanks to the considerable assistance that has been provided by DG ECHO over the last few years. In the areas of Pweto and Moba in southern Tanganyika conditions have now been met to allow for the return of the 50 000 refugees from Zambia but more work needs to be done to accomplish their successful re-integration.

In central Katanga there has been good progress following the 2005/2006 conflict and the subsequent floods. The armed factions have been neutralized and all the 130 000 IDPs have gone home and are resuming their former lives. Humanitarian assistance in these zones can now cease in favour of development.

### **3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS**

Official figures put the number of displaced in the Kivus at some 800 000 but all agree that this figure has to be nuanced and categorised. People are constantly on the move in response to the shifting nature of the conflict, some have gone home and not all the displaced are necessarily in need of urgent assistance. It is thus more worthwhile to try to assess the numbers according to their vulnerability. At present it is estimated that some 350 000 people need some form of humanitarian assistance either because they have been made vulnerable due to the conflict.

After some disappointing lack of coordination in the beginning of 2008, agencies are now making very good progress in assessing numbers and analysing needs. Different mechanisms are in place to assess IDPs whether in official sites under the auspices of UNHCR or in the community through designated partners. Verifications are now more systematic and thorough and have brought down the number of bogus beneficiaries and eliminated some abuses and wastages. Above all there is a drive to tailor assistance more accurately to need.

Needless to say the greatest need is protection. Presence and dialogue with the armed factions remains the key to protection but this is the most difficult to secure. The unit of predilection of MONUC is the 'MOB' where the M stands for 'Mobile' (in Mobile Operating Base), which by definition does not provide secure and permanent protection (apart from in Goma). This is partly the reason why IDPs have been reluctant for so long to gather in sites and camps in DRC.

Most displaced seem to have decided that seeking shelter with host communities affords the best solution. Studies have shown that it represents the equivalent of USD 3 million of outside assistance a month. However it is not an inexhaustible resource and has eroded considerably as the fighting persists, forcing people reluctantly into camps.

Food is often in short supply. Stocks have been looted or have had to be shared with troops or displaced people. Crops have been looted or access to harvest them has been prevented. Cash to buy food has been consumed and the means to earn it have been lost, markets destroyed or roads are impassable. Unfortunately providing food assistance remains one of the greatest challenges in eastern DRC. Difficult logistics and insecurity

were well known risks but in the last year fuel and commodity price rises have compounded the problems of delivering adequate food supplies in a timely manner. Often the primary problem is a lack of funding but recently it has been the sheer unavailability of food for WFP to buy on local and regional markets that has created dramatic shortages. This only goes to confirm the need to strengthen food self-sufficiency.

According to WFP's initial Protracted Relief and Recovery Operation (PRRO 10608) running from July 2008 to December 2009, food assistance requirements for DRC were 210 084 mts for a total cost of USD 277.5 million. This was to cover relief to internally displaced persons, returnees, host families and vulnerable groups through general, food distributions, nutritional programmes, emergency school feeding and HIV/AIDS programmes (2.7 million people in total). A revision of the PRRO was approved in September based on increased needs due to the renewed conflict and increased costs, which augmented the food requirements by 110 149 mts and the budget by USD 149.3 million. This works out at a monthly need of 17 000 mts at a cost of USD 23.7 million.

So far malnutrition figures have remained under control but if the fighting persists and food assistance remains scarce these will worsen unless mechanisms are in place to monitor food needs and thus at least secure the requirements of the most vulnerable.

Mortality surveys are almost impossible to conduct in the current atmosphere in North Kivu. Nonetheless logic would dictate that the population is likely to be more fragile and more vulnerable to illness. As such it is essential to secure access to a minimum package of health care. Water and sanitation activities are obviously needed in areas of high concentration of displaced people. Indeed in some camps water trucking remains the only viable option to provide safe drinking water.

Despite the fighting some people in North Kivu have been able to return and eventually it is hoped that a negotiated peace will allow many more to return. The UNICEF PEAR mechanism is an ever evolving tool to assess the needs of potential returnees. PEAR is directly linked to the provision to a multi-sectoral package of assistance. However it is not linked to a structured food security package. In that food self-sufficiency is probably the most important requirement of agrarian returnees this will be addressed by DG ECHO in 2009.

In Ituri, southern South Kivu and Katanga where people have been returning for some time most of the first phase activities to assist their durable return have been accomplished. The next phase is now largely in the hands of rehabilitation and development programmes. In Tanganyika province and other parts of south Kivu there are still some newly returning refugees and IDPs that need first phase re-integration assistance. UNHCR, the PEAR programme and the clusters will establish the priorities that need to be met by humanitarian funding and those that can be left to more long-term funding.

In a country in a situation such as DRC's it is certain that there will be further set-backs on the gradual road to recovery. Local surveillance and response programmes are being established by the Ministry of Health and that of Humanitarian affairs but they remain ineffective and in need of urgent external support while they are being further developed.

## **4. PROPOSED DG ECHO STRATEGY**

### **4.1. Coherence with DG ECHO's overall strategic priorities**

In a country that is amongst the neediest in the world, be it measured by GNA score, or in avoidable mortality, DG ECHO's assistance is necessarily needs based. DG ECHO has focused its resources on the most vulnerable groups in the worst affected areas. Assistance to women will be a particular concern of this programme, with continued support to specialised obstetric care and special programmes to assist victims of sexual violence in conflict areas.

A feature of the Commissions work over the last few years has been tackling the problem of LRRD (Linking Relief to Rehabilitation and Development). Health programmes that were supported by DG ECHO have already been largely handed over to development donors. In the more stable regions of the East it will now be the turn of programmes in other sectors such as food security and infrastructure rehabilitation even if the persistent insecurity will continue to delay the process.

### **4.2. Impact of previous humanitarian response**

In 2008 – DG ECHO funded programmes:

- Supported 25 health zones that provided coverage for 2.5 million people and actual curative care to 925 720 patients.
- Provided care for 9 800 victims of sexual violence.
- Provided improved access to clean water for 110,000 people
- Provided survival kits to 83 000 displaced families.
- Provided seeds and tools support to 56 000 households.
- Contributed to the reestablishment of education for 86 000 children.
- Vaccinated 455 000 children against measles
- Produced 120 000 Mts of agricultural product
- Rehabilitated 205 Km of vital access roads.
- Repatriated 20 000 refugees from neighboring countries.
- Provided food assistance to 1.2 million beneficiaries (through the food assistance decision allocation of EUR 15 050 000 of which EUR 9 000 000 to WFP )

In terms of impact an increasing number of partners have shown by local surveys that malnutrition levels and mortality rates have decreased. In most areas they are now below emergency levels (10% Global acute malnutrition and Crude mortality rates of < 1.5/10 000/month for adults and 2.5/1000/month for children < 5 years). They remain directly linked to the security environment and poverty levels.

### **4.3. Coordination with activities of other donors and institutions**

Coordination and needs assessment are an on-going processes but once a year the UN Humanitarian Coordinator brings together the humanitarian community to formulate a new humanitarian strategy and a new humanitarian action plan. The main donors, including DG ECHO, participate in this exercise. One of the products is the Humanitarian Action Plan annual appeal document. The 2009 document will establish more reliable scenarios and further refine objectives and indicators. In particular it will distinguish between what are emergency humanitarian objectives and what are more transitional-type objectives. The argument for keeping the latter in is that some donors

(including MS) have a much broader definition humanitarian aid that can include transition.

DG ECHO has consulted partners in the field and conducted a meeting in Brussels (7 Oct 2008) in order to establish a more complete picture of the needs and the possible response strategies.

The Good Humanitarian Donorship initiative in DRC continues to generate very active donor co-operation. This is especially pertinent in view of the increasing number of funding instruments and programmes that are being deployed in the East. It is to be noted that DG ECHO has and will continue coordinate very closely with the Pooled Fund and Cerf funding mechanisms but will not be contributing to them.

Obviously, even though DG ECHO has a very specific mandate its programmes take heed of the wider European Union strategy in DRC. The Commission has a broad portfolio in DRC covering several sectors. From 2003 until 2007 over EUR 530 000 000 have been committed to DRC.

The 10<sup>th</sup> EDF (2008-2013) has been prepared and an amount of EUR 561 700 000 has been proposed. The principal sectors of intervention will be: good governance, health and infrastructure. The non programmable aid of the 9<sup>th</sup> EDF (B-envelope) has concentrated EUR 75 000 000 in a LRRD programme to provide rehabilitation assistance in the East, which is still on-going. This multi-sectoral programme, whose second phase came on-line in July 2006, has been specifically conceived to dovetail with DG ECHO programmes to the extent of contracting existing DG ECHO partners to carry on their programmes. Another significant budget lines for LRRD is the Food Security Thematic Programme of EUR 23 000 000, which will take over from DG ECHO for longer-term food security initiatives. The Stability instrument has allocated EUR 10 000 000 essentially for Security sector reform and stabilisation activities which do not overlap with ECHO.

#### **4.4. Risk assessment and assumptions**

The main risks associated with the proposed programme are primarily linked to the security environment. The current situation in the Kivus is already hampering some humanitarian activities and making access for humanitarian workers more difficult, including security constraints. However this global plan is based on the assumption that although the security environment may get temporarily worse in the East the politico-ethnic origins of the conflict should imply that it remains contained in that area. Nonetheless, a further breakdown of the peace process or an escalation of the conflict would result in most LRRD programming being revised substantially downwards with the possibility for increased needs for DG ECHO funding. Since this document was drafted, the conflict has indeed escalated in North Kivu, making it necessary to increase the amount originally planned for this Global Plan in order to take account of an estimated additional caseload of 250.000 displaced persons.

#### **4.5. DG ECHO Strategy**

DG ECHO's principal objective in DRC remains linked to the phenomenon of conflict and displacement. It will support humanitarian assistance to those who are the immediate

victims of conflict, sustain those who are displaced, including the host communities and finally support those who can and wish to go home.

**Principal objective:**

To provide assistance to the vulnerable populations affected by the complex crisis in the Democratic Republic of Congo.

**Specific objectives:**

Specific Objective 1: To provide displaced people, returnees and targeted vulnerable host communities with an integrated multi-sectored package of assistance in order to reduce mortality and to promote stabilisation, resettlement and the re-establishment of basic livelihoods.

As seen from the needs assessment, displaced populations and host communities often require a broad range of assistance, the exact nature of which depends on their particular circumstances, in particular whether they are newly displaced victims of conflict or returning to stabilized zones. DG ECHO and its partners have a broad outline of the overall needs (see above), but the final mix of ingredients (see below) will be an on-going process that must be defined close to the ground and that takes into consideration priorities, capacities, community participation and, increasingly, government and other donor strategies.

The following outlines the menu of goods and services that DG ECHO will be prepared to fund in order to allow partners to respond to the needs of newly the displaced and returning populations:

- a) Health care. DG ECHO will continue to provide support to the Ministry of Health in those Health Zones (HZ) in the east either where there is a need to supplement existing programmes (e.g. EDF funded) or where DG ECHO is already supporting HZ and is in the process of handing them over to development donors. Partners will assure access to a minimum package of curative and preventive primary health care, which will be provided free of charge to the most vulnerable.  
Cross-cutting components: treatment of acute malnutrition, sexual and reproductive health and prevention activities will be integrated vertically into all healthcare programmes supported by DG ECHO. In HZ with a high incidence of sexual violence (notably the Greater Kivu area) DG ECHO will support partners with the necessary skills and capacities. Approximately 2.5 million beneficiaries will be targeted.
- b) Essential relief items: family kits of non-food items (blankets, cooking sets, seeds and tools, etc) depending on circumstances and assessed needs. Approximately 30 000 beneficiary families will be targeted.
- c) Community-based rehabilitation and livelihood support: small-scale labour intensive projects to rebuild shelters and to reopen local roads, looted or destroyed schools, markets, health centres and ensure water distribution systems in order to encourage resettlement. There will be an emphasis on water and sanitation in areas of return where cholera is endemic. Support for income generating activities such short term agricultural and fishery inputs and training; trade skills training and tools; provision of small scale cash grants; the organisation of fairs for essential relief items, seeds and foodstuffs. In view of the considerable funds now available for road construction DG

ECHO will limit itself to small essential repairs to existing roads. Approximately 100,000 families will be targeted.

- d) Transit and Protection of returning refugees: this will be funded through UNHCR in order to contribute towards their core mandate responsibilities towards the refugees returning essentially from Tanzania and Zambia. Other, re-integration services will be provided directly through partner organisations on a community basis. Approximately 30 000 refugees will be targeted.

Specific Objective 2: To provide appropriate and adequate food assistance to safeguard and improve the availability of, and access to, food for vulnerable populations affected by the crisis and to stabilize and improve their nutritional status.

To assist vulnerable populations according to the objectives and geographical regions described above, DG ECHO will support projects that:

- Distribute full or partial free food rations, on a blanket or targeted basis, to individuals or households affected by natural disaster, drought, conflict, population movement or other crises. Attention will be paid to the appropriateness, quality and acceptability of food, as well as its micro-nutrient composition. Non-food transfers that improve beneficiaries' access to food will be considered as an alternative or complement to food-aid, where appropriate.
- Identify moderately and severely acutely malnourished children (and, where appropriate, vulnerable adults), through surveys, surveillance and screening, and treat them according to proven supplementary and therapeutic feeding protocols (including Community-based Therapeutic Care).
- Support short-term employment generation and labour schemes, such as food-for-work programmes, that provide food, or the means to access food, in exchange for work tasks that can also contribute to repair or reinforcement of community assets and infrastructure in humanitarian or transitional contexts.
- Restore basic livelihoods, post crisis, and/or strengthen resilience to future shocks in crisis-prone contexts, by ensuring access to and availability of agricultural and livestock inputs and services, and other factors of production.
- To strengthen key food assistance partners' capacities for incorporating improved needs assessments into the design of optimally appropriate responses, through technical review, development of assessment tools, training, dissemination and follow-up.

The provision of food assistance through food aid in-kind will still be required which is expected to be implemented by WFP when substantial transport of food is involved. DG ECHO considers that this type of assistance should be limited in time and should be provided to the most recent IDPs while other food security oriented type of assistance should be delivered in the meantime to reduce the level of dependency to food aid over time.

Specific Objective 3: To strengthen early warning and rapid intervention systems to respond to humanitarian crises.

There are number of initiatives that have been conceived to improve the humanitarian communities ability to assess and respond to fresh humanitarian crises across the whole country and that are not only worthwhile per se but also provide DG ECHO with an important element in its future exit strategy. These are:



a) Coordination and assessment: As responding to needs is so costly in DRC it is important to assess and re-assess needs constantly. Coordinating the response is also critical particularly as DRC enters a phase of LRRD. DG ECHO will support an integrated assessment and coordination initiative under the auspices of UN OCHA. This will encourage the establishment of Clusters, sponsor assessments and collate and distribute results.

b) Surveillance and emergency response: Funding will be available to partners who have developed national capability to assist with epidemic and nutritional surveillance and emergency response and build local capacity to do the same. In specific circumstances stocks of essential relief material may be constituted.

#### **4.6. Duration**

The 2004 evaluation noted that, with many healthcare and food security projects, it is appropriate to plan individual projects over a 12-month timeframe. The uncertainty of the security climate and the task of overcoming the logistical hurdles presented by the lack of infrastructure have caused and are likely to cause significant delays in programme execution and completion.

Consequently, the duration for the implementation of this Global Plan will be 18 months. Humanitarian operations funded by this Global Plan must be implemented within this period. Expenditure under this Global Plan shall be eligible from 1 January 2009.

If the implementation of the actions envisaged in this Global Plan is suspended due to '*force majeure*', or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

#### **4.7. Amount of Global Plan and strategic programming matrix**

##### **4.7.1 Total amount of the Global Plan: EUR 45 000 000**

## 4.7.2. Strategic programming Matrix

Principal objective		To provide assistance to the vulnerable populations affected by the complex crisis in the Democratic Republic of Congo			
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
<b>Specific objective 1:</b> To provide displaced people, returnees and targeted vulnerable host communities with an integrated multi-sectored package of assistance in order to reduce mortality and to promote stabilisation, resettlement and the re-establishment of basic livelihoods.	27 000 000	DRC – mainly Orientale, Ituri, North and South Kivu; Maniema and Katanga <ul style="list-style-type: none"> <li></li> </ul>	<p><u>1.1 Curative primary healthcare</u> Full range of curative PHC activities carried out by Congolese healthcare staff in all supported HZ. DG ECHO partner provides drugs and consumables, and logistical and technical support (supervision and training). User fees are set at levels commensurate with the beneficiary community's revenues (nominal or zero if necessary), with no fees for indigents.</p> <p><u>1.2 Preventive primary healthcare</u> All MCH* activities at CS* level, including CPN* (with systematic malaria prophylaxis and bed nets) and assisted deliveries, and CPS*, incorporating EPI (PEV)*. Accelerated EPI campaigns in selected CS*. All preventive services provided free of charge.</p> <p><u>1.3 Obstetric referrals.</u> At risk pregnancies offered have access to hospital care</p> <p><u>1.4 Safe Blood transfusion</u> Grouping and HIV Testing</p> <p><u>1.5 Sexual violence</u></p> <ul style="list-style-type: none"> <li>Screening and treatment of victims of sexual violence in selected facilities</li> <li>Corrective surgery for serious cases</li> <li>Counselling and recovery services.</li> </ul> <p><u>2. Distribution of non-food items</u> and school kits to displaced and resettling communities</p> <p><u>3. Community Based Rehabilitation and Livelihood support</u> for IDP, host communities and refugee returnees: Improved social infrastructure (including water systems, health centres, local feeder roads and schools) in areas of resettlement, using labour-intensive, community-based methods. Support to income generation ; training; agricultural and pisciculture inputs.</p> <p>4. <u>Transit and Protection of refugees.</u></p>	<p><u>Curative primary healthcare</u></p> <ul style="list-style-type: none"> <li><i>Health Zones</i> supported: 10 (2.5 million people)</li> <li>target utilisation rate (curative PHC) = 0.5 new contact/person/ year</li> <li>Mortality Rates adult &lt; 1.5 /10,000/day &lt; 5 yrs &lt; 25/10,000/day</li> </ul> <p><u>Preventive primary healthcare</u></p> <ul style="list-style-type: none"> <li>% of health facilities with adequate latrines and clean water = 100%</li> <li>CPN utilisation (first session) = &gt; 80%</li> <li>% attended deliveries / expected no. of attended deliveries = 60%</li> <li>CPS utilisation = &gt; 80%</li> </ul> <p><u>Obstetric Referral</u></p> <ul style="list-style-type: none"> <li>theoretical referral rate: 0.02/PHC nc/yr.</li> <li>no. of caesareans performed/no. expected (catchment pop. x 4% x 7%): 80%.</li> </ul> <p><u>Safe Blood Transfusion</u> % transfused blood tested for HIV and respecting indications = 100</p> <p><u>Sexual Violence</u></p> <ul style="list-style-type: none"> <li>10,000 cases cared for.</li> </ul> <p><u>NFI kits:</u> 30,000 families</p> <p><u>Community Based rehabilitation and Livelihoods</u></p> <ul style="list-style-type: none"> <li>Shelters re-built</li> <li>Schools rehabilitated: 10</li> <li>Road rehabilitation: 100 km</li> <li>100,000 people have easy access to clean water</li> <li>100,000 families (600,000 individuals) improve their level of subsistence.</li> </ul> <p>30,000 refugees returned to DRC in voluntary and dignified manner.</p>	<ul style="list-style-type: none"> <li>ACF – FRA</li> <li>ACH</li> <li>ACTED</li> <li>ADRA Denmark</li> <li>A.M.I.</li> <li>ASF-B</li> <li>AVSI</li> <li>CARE – FR</li> <li>CARITAS - B</li> <li>CARITAS-FR</li> <li>CISP</li> <li>Croix Rouge-Fin</li> <li>COOPI</li> <li>CONCERN Worldwide</li> <li>CORDAID</li> <li>DANCHURCHAID</li> <li>DIAKONIE</li> <li>FAO</li> <li>FIDA</li> <li>GERMAN A-ACTION</li> <li>GOAL</li> <li>Handicap Int</li> <li>Medair CH</li> <li>ICRC-CICR</li> <li>IFRC-FICR.</li> <li>IOM</li> <li>IMC</li> <li>IRC-UK</li> <li>MALTESER</li> <li>MDM - FRA</li> <li>MDM- DVW</li> <li>MEDAIR UK</li> <li>MERCY CORPS</li> <li>MERLIN</li> <li>MSF-B</li> <li>MSF-CH</li> <li>MSF-Esp</li> <li>MSF-F</li> <li>MSF-H</li> <li>Novib</li> <li>NRC</li> <li>OXFAM SOL</li> <li>OXFAM GB</li> <li>PMU InterLife</li> <li>P U</li> <li>PSFCI</li> <li>SC(UK)</li> <li>SOLIDARITES</li> <li>TEARFUND - UK</li> <li>UNHCR</li> <li>UNICEF</li> <li>WFP-PAM</li> <li>WHO</li> <li>WVD</li> <li>ZOA</li> </ul>

<b>Specific objective 2:</b> To provide appropriate and adequate food assistance to safeguard and improve the availability of, and access to, food for vulnerable populations affected by the crisis and to stabilize and improve their nutritional status.	<b>15 000 000</b>	DRC – mainly Orientale, Ituri , North and South Kivu; Maniema and Katanga.	<p>Distribution of food aid and other means of food-related support (e.g. cash transfers to purchase food locally) to refugees, IDPs and other vulnerable groups.</p> <p>Nutritional rehabilitation. Prevention and treatment of moderate and severe acute malnutrition. Nutritional surveillance.</p> <p>Support to employment generation with compensation in food and non-food transfers (e.g. food-for-work).</p> <p>Distribution of seeds, tools and agricultural inputs to vulnerable groups.</p> <p>Emergency support for livestock production, veterinary health and herd protection.</p> <p>Emergency support for protecting, strengthening or recovering other vulnerable livelihoods (e.g. Support to fisheries activities).</p> <p>Technical review, development of assessment tools, staff training and dissemination.</p>	<ul style="list-style-type: none"> <li>Increased food intake and improved dietary diversity of the most vulnerable, without resorting to negative coping mechanisms.</li> <li>Increased availability and utilisation of self-produced food amongst the poorest households.</li> <li>Decrease in the incidence of livestock diseases, and greater prevention of disease-outbreaks among livestock.</li> <li>Increased availability of essential goods and basic services for returnees and host communities, including productive inputs and livelihood assets. Nutritional status of target populations stabilised, as demonstrated through regular and reliable surveillance and surveys</li> <li>Therapeutic services provided, with &gt;50% coverage, in key locations as per commonly recognized parameters and standards.</li> </ul>	<ul style="list-style-type: none"> <li>- WFP-PAM</li> <li>- FAO-- UNICEF</li> <li>- ACF – FRA</li> <li>- ACH</li> <li>- ACTED</li> <li>- ADRA Denmark</li> <li>- CARITAS - B</li> <li>- CARITAS-FR</li> <li>- CISP</li> <li>- COOPI</li> <li>- CONCERN Worldwide</li> <li>- CORDAID</li> <li>- Croix Rouge-Fin</li> <li>- DANCHURCHAID</li> <li>- DIAKONIE</li> <li>- FIDA</li> <li>- GERMAN A-ACTION</li> <li>- ICRC-CICR</li> <li>- IFRC-FICR.</li> <li>- IRC-UK</li> <li>- MALTESER</li> <li>- NRC</li> <li>- OXFAM GB</li> <li>- OXFAM SOL</li> <li>- P U</li> <li>- SOLIDARITES</li> <li>- TEARFUND – UK</li> <li>- AVSI</li> <li>- WVD</li> <li>- ZOA</li> </ul>
<b>Specific objective 3:</b> To strengthen early warning and rapid intervention systems	<b>3 000 000</b>	DRC - National	<p><u>Support to Coordination and assessment</u></p> <p><u>Surveillance Capacity</u></p> <p><u>Epidemic response Capability.</u></p>	<ul style="list-style-type: none"> <li>Appropriate national and regional coordination fora are established.</li> <li>Beneficiaries and their needs are identified in an accurate and timely manner.</li> <li>Regular updated reports are provided to donors and partners</li> <li>Activities are mapped in order to avoid double funding and/or gaps.</li> <li>Functioning epidemiological surveillance system is in place.</li> <li>Functioning nutritional surveillance system is in place. Mortality from cholera and other epidemic diseases cases reduced.</li> </ul>	<ul style="list-style-type: none"> <li>- ACF</li> <li>- ACH</li> <li>- HI</li> <li>- IFRC-FICR</li> <li>- MDM - FRA</li> <li>- MSF-B</li> <li>- MSF-Ch</li> <li>- MSF-B</li> <li>- MSF-F</li> <li>- MSF-H</li> <li>- MSF-Espagne</li> <li>- Novib</li> <li>- OCHA</li> <li>- UNICEF</li> <li>- WFP-PAM</li> <li>- WHO</li> </ul>
<b>Risk assessment</b>	Insecure environment in the East. Potential for security deterioration .Difficult logistic environment, limited access and possible security constraints on humanitarian workers				
<b>Assumptions</b>	Development funds will continue to be deployed in the course of 2008. Refugees will return as expected by UNHCR Global security environment will remain same.				
<b>Total cost</b>	<b>45 000 000</b>				

## **5. EVALUATION**

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

[http://ec.europa.eu/echo/evaluation/index\\_en.htm](http://ec.europa.eu/echo/evaluation/index_en.htm).

## **6. MANAGEMENT ISSUES**

Humanitarian aid Actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at [http://ec.europa.eu/echo/partners/index\\_en.htm](http://ec.europa.eu/echo/partners/index_en.htm).

For International Organisations identified as potential partners for implementing the Global Plan, actions will be managed under joint management.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

## 7. ANNEXES

**Annex 1: Statistics on the humanitarian situation**

**Annex 2: Map of country and location of DG ECHO Actions**

**Annex 3: List of previous DG ECHO Actions**

**Annex 4: Overview of donors' contributions**

**Annex 5: List of abbreviations**

### Annex 1: Statistics on the humanitarian situation

GNA 2008	Vulnerability Index (VI)															Crisis Index (CI)			
<i>Countries - GNA 2007</i>	score	avr.	H D I	H P I - 1	HDI /HP I	R+ I+r	R+I +r / 2	U5 U W	U 5 M	U 5	H M T	P h i s.	G D I	G i n i	Hea lth + Ine qua lity	C/ ND /R	C o	N D	Ref +ID P
DRC	3	2.69	3	3	3	4	2	3	3	3	2	3	3	x	2,8	3	3	0	2
HDI-HPI	Human Development Index, Human Poverty Index -1 - countries sorted in alphabetical order (sortable using drop-down menu in title row)																		
U5	Children Under Weight, Child Mortality and Conflicts																		
RefIDP(VI)	Refugees, Internally Displaced People and Returned Refugees																		
Inequality-Health	GNI, GDI, Access to health services, HIV + Malaria + Tuberculosis -																		
RefIDP(CI)	Refugees and Internally Displaced People -																		

**ECHO Plan Global DRC 2008**

### Annex 3: List of previous DG ECHO Actions

## List of previous DG ECHO operations in the DEMOCRATIC REPUBLIC OF CONGO

[illegible]

Dated : 13 October 2008  
Source : HOPE

(\*) decisions with more than one country

## Annex 4: Other donors

Donors in Democratic Republic of Congo the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	45 550 000		
Belgium	10 116 905	Other services (**)	575 000 000		
Bulgaria					
Cyprus					
Czech republic	200 000				
Denmark	5 492 018				
Estonia					
Finland	3 700 000				
France	2 958 295				
Germany	18 965 831				
Greece	20 000				
Hungary					
Ireland	8 044 000				
Italy	3 600 000				
Latvia					
Lithuania					
Luxemburg	768 843				
Malta					
Netherlands	23 283 938				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	13 120 706				
United kingdom	1 018 635				
Subtotal	91 289 171	Subtotal	620 550 000	Subtotal	0
		Grand total	711 839 171		

Dated : 13 October 2008

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>

(\*\*) 9eme FED: EUR 543 000 000, FSTP 1<sup>ère</sup> allocation: EUR 11 000 000, Plan de stabilité à l'Est EUR 10 000 000, Water Facility EUR 9 200 000, Energy Facility EUR 1 800 000. Non inclu 10eme FED: EUR 561 700 000

Empty cells means either no information is available or no contribution.



## Annex 5: List of Abbreviations

ACF	Action Contre La Faim
ACH	Acion Contra el Hambre
ACTED	Agency for technical cooperation and development
ADRA	Adventist development and relief agency
AIDCO	Europe Aid – Co-ordination Office (part of DG RELEX)
AMI	Aide médicale internationale
AVSI	The Association of Volunteers in International Service
BCZ	Bureau Central de Zone (de Santé)
CAP	Consolidated Appeal Process - UN fundraising instrument
CMR	Crude Mortality Rate
COOPI	Cooperazione Internazionale
COSA	Comité de Santé
CORDAID	Catholic Organisation for relief and development aid
CPN	Consultation Pré-Natale
CPS	Consultation Pré-Scolaire
CS (-R-)	Centre de Santé (- de Référence - )
DDR	Disarmament, Demobilisation and Reintegration
DG DEV	Directorate General for Development
DG ECHO	Directorate-General for Humanitarian Aid - ECHO
DPKO	UN Department of Peacekeeping Operations, responsible for MONUC operations in DRC
DIAKONIE	Diakonisches Werk of the Protestant Churches in Germany
DRC	Democratic Republic of Congo
EDF	European Development Fund
EPI	Extended Programme of Immunisation
EU	European Union
FAO	Food and Agriculture Organisation
FAR	Forces Armées Rwandaises – former Rwandan national army
FARDC	Forces Armées de la République Démocratique du Congo
FDLR	Forces Démocratiques pour la Libération du Rwanda – Rwandan rebel group based in DRC
FRPI	Force de Résistance Patriotique en Ituri - Ngiti militia in Ituri
GDP	Gross Domestic Product
GNA	Global Index for humanitarian Needs Assessment
GoDRC	Government of Democratic Republic of Congo
HGR	Hôpital Général de Référence
HI	Handicap international
HZ	Health Zone (Zone de Santé)
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross
IOM	International Organization for Migration
IRC-UK	International Rescue Committee- UK
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother and Child Healthcare
MDM-FRA	Médecins du monde-France
MDM-DVW	Médecins du monde-Dokters van der Wereld (Belgique)
MONUC	Mission d'Observateurs des Nations Unies au Congo
MSF	Médecins sans frontières
MUAC	Middle Upper Arm Circumference
NFI	Non Food Items
NGO	Non-Governmental Organisation
NIP	National Indicative Programme
NRC	Norwegian Refugee Council
OCHA	Office for Co-ordination of Humanitarian Assistance
OFDA	United States Office of Foreign Disaster Assistance
PHC	Primary HealthCare
PMA	Paquet Minimum d'Activités
PMI	Protection Materno-Infantile
PSFCI	Pharmaciens sans frontières comité international

PU	Première urgence
SC-UK	Save the children-UK
SFC/P	Supplementary Feeding Centre/Programme
SMI	Santé Materno-Infantile (see MCH)
SNIS	Système National d'Information Sanitaire
STD	Sexually Transmitted Diseases
TFC/P	Therapeutic Feeding Centre/Programme
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation
WVD	World Vision Deutschland
ZdS	Zone de Santé – Health Zone