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**Scottish Government**

**Humanitarian Emergency Fund**

**Democratic Republic of Congo**

**Integrated Report:**

- Christian Aid
- SCIAF
- Tearfund



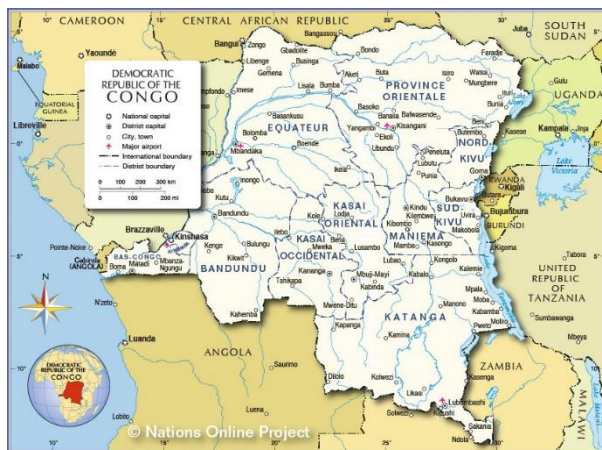
# The Humanitarian Emergency Fund: Response in the Democratic Republic of Congo

## Emergency Context

The Democratic Republic of Congo (DRC) in Central Africa is the continent's second largest country in terms of size and is ranked nineteenth in the world in terms of population. Around sixty per cent of its 84 million people live in rural areas. Its immense economic resources include 80 million hectares of arable land and more than one thousand minerals and precious metals, giving the DRC the potential to become one of the richest countries in Africa.

But the DRC faces many complex political and economic crises. National elections have been repeatedly delayed and protests have been violently repressed by security forces while the country's natural resources are plundered. Many parts of the DRC continue to experience prolonged conflict and widespread poverty, contributing to population displacement, chronic food insecurity and restricted livelihood activities. Almost fifty million people lack basic water supplies and sanitation facilities. People, in both rural and urban settings, obtain their water from unsafe sources such as rivers, unprotected wells or springs, or collect rainwater in unclean containers.

The humanitarian situation in the DRC significantly worsened in 2017. With a sudden escalation in violence, the number of IDPs and those in need of emergency assistance rose dramatically, adding to an already complex and dangerous situation. Alongside the 4.3 million people now displaced from their homes, and 9.9 million considered food insecure, outbreaks of communicable diseases including cholera have spread rapidly across the country affecting many thousands, whilst gender-based violence against women and children is all too common place. Children are recruited as child soldiers for armed militia and rebel groups, and girls risk being separated from their families and abused as concubines by military leaders.



[http://www.nationsonline.org/oneWorld/map/dr\\_congo\\_map2.htm](http://www.nationsonline.org/oneWorld/map/dr_congo_map2.htm)

**The Kasai region**, located at the centre of this vast African country, witnessed the greatest increase in violence and resulting humanitarian need as tribal conflict and clashes between armed groups and security forces rage on incessantly.

**In the Eastern province of South Kivu**, an upsurge in civil unrest and subsequent military action led to further displacement of people, with close to one million people thought to have left their homes, and many thousands seeking refuge in neighbouring countries, including Zambia and Uganda.

**In Maniema Province**, where at least eighty per cent of people cannot access safe drinking water, cholera is endemic and the demand for potable water is set to increase. Conflict in Kabambare Territory in eastern Maniema, where armed groups are attacking UN forces as well as civilians, is forcing more and more families to flee further west, causing further stress on already unsafe water sources.

There are multiple reasons why the DRC is a difficult place in which to deliver humanitarian support, most notably security and access, yet each of the eight HEF Panel members have a presence in various locations across the country. The Scottish Government approved the recommendation from the Panel members that the HEF should support this severely underfunded and largely overlooked crisis and the year's final tranche of funds (£293,762) was made available to Christian Aid, Scottish Catholic International Aid Fund (SCIAF) and Tearfund to undertake life-saving interventions.

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### **Achievements with HEF support**

With funding from the HEF, the three responses, collectively, have improved the living conditions, overall health and well-being of thousands of people, decreasing their overall vulnerability, and helping to restore their sense of safety and dignity.

More than one thousand households (approximately 5,370 people) have received basic household items (for cooking sleeping and basic hygiene), while some 200 households received supplementary assistance, and women and girls have been given additional hygiene kits. Two hundred shelters have been built for some of the most vulnerable households. More than 400 households were also provided with three-month's supply of food, as well as the seeds and tools to produce their own crops.

Almost 2,500 people survivors of sexual and gender-based violence have been able to access psychosocial services, with more than 1,000 individuals going on to receive legal advice.

A further fifty thousand people can now drink safe clean water, while the distance and time taken to collect and carry water from wells and springs has been greatly reduced.

### **Christian Aid's response**

Christian Aid has been active in the Kasai Province since March 2017, providing a multi-sectoral humanitarian response in Kamwasha and Kalonda Health Zones – food security, protection, and conflict-prevention – funded by its own supporters and the START Fund and currently providing a food security response with the World Food Programme. As UNHAS and ECHO flights from outside the province limited the flexibility of travel for staff from Goma and Kinshasa, Christian Aid set up an office in Tshikapa, with a dedicated Programme Officer and Finance Assistant. Having staff based in the area, offering technical advice and expertise, has helped to ensure partners' adherence to Core Humanitarian Standards, addressing protection issues, as well as the close support and monitoring of the project response.

As active members of the Non-Food Item / Shelter cluster, Christian Aid and HelpAge<sup>1</sup> conducted a needs assessment in Kamwasha Health Zone and Kamonia Territory which highlighted people's vulnerability and their urgent needs in terms of basic household essentials and shelter. Funding from the HEF enabled Christian Aid to undertake an emergency intervention to improve living conditions and to restore a measure of dignity to some of the most vulnerable families<sup>1</sup>, in conjunction with their ongoing food security response with the World Food Programme.

### **Project Plan**

Christian Aid, in partnership with HelpAge, aimed to support 630 families in the villages of Masungu Anayi and Nzambi Wabalekela in the Kamonia Territory of Kasai Province through the provision of basic non-food items (NFIs) to reduce the risk of infections and disease and to improve hygiene practices, especially in women and girls. Two hundred of the most vulnerable families<sup>2</sup> would also have improved living conditions through the construction of new community shelters.

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<sup>1</sup> Five organisations in Canada, Colombia, Kenya, India and the UK (Help the Aged) set up HelpAge International in 1983 to provide a strong network to support older people worldwide.

<sup>2</sup> The most vulnerable families, among the internally displaced people, returnees as well as host families, include female, elderly or child-headed households, households with one or more malnourished children, casualties of violence or people living with disabilities.

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## Project Impact

The project has helped to restore people's sense of safety and dignity and decreased their overall vulnerability.

Within the four-month period of the project, the project provided basic household items to 630 households (approximately 3,150 people). Two hundred of these households (around 1,000 people) received supplementary assistance, while girls and mothers were given additional hygiene kits, advice on their use and on family planning.

The project included Build Back Safer training and skills transfer and, using locally available material, two hundred shelters were built (150 shelters in Masungu Anayi, and a further fifty shelters in Nzambi Wabalekela). Together the shelters accommodate one thousand of the most vulnerable people; including elderly people, children living alone and women about to give birth. Based on the training, and the retention of skills within the community, a further fifty shelters were built, independent of the project.

## SCIAF's response

A multi-agency, multi-sectoral needs assessment in Uvira (December 2017) and focus group discussions (January 2018) identified food security, psychosocial and legal support, and peace-building as the most pressing needs of local communities. The villages of Sange, Bwala, Kasakwa, and Katanga were selected for the project as they had received no previous humanitarian support. SCIAF's local partners, CDJP Uvira and Popoli Fratelli, have extensive experience working with internally displaced people, refugees, returnees, and host communities, including survivors of sexual and gender-based violence. CDJP Uvira is a member of the Caritas network working on peace-building and governance, through legal, health, psychosocial and livelihoods support. Popoli Fratelli work across Uvira, Fizi, and Mwenga and has expertise livelihoods and skills training, particularly in agriculture.

Both organisations will implement the programme through strong and existing church structures, vast volunteer networks, and collaboration with the conflict-affected population, in liaison with other actors.

## Project Plan

SCIAF's emergency interventions, located within the Territory of Uvira and Fizi in South Kivu, aimed to address the food and non-food requirements of 444 households for three months; enable 1,200 survivors of sexual and gender-based violence to access essential services; and to engage one thousand individuals in peace-building and conflict resolution activities to reduce tension between refugees, internally displaced people and host communities.

## Project Impact

The provision of food baskets<sup>3</sup> for three months met the minimum food requirements of 444 of the most vulnerable families. The living conditions of these households were also improved through the provision of non-food item kits<sup>4</sup> (for cooking, sleeping and basic hygiene) and agricultural inputs (seeds and tools), in addition to training, to increase their capacity to produce their own food.

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<sup>3</sup> Food baskets: 40kg of corn meal, 15kg of beans, 3l of vegetable oil, 3kg of salt and 15kg of firewood. Corn Soya Blend nutritional biscuits, and sugar, is also being provided to meet the needs of particularly vulnerable households.

<sup>4</sup> NFI kits: cooking 6 cups, 6 plates, 1 20l can, 3 pans, 12 spoons, 1 ladle, 1 container and knives, hygiene 5 bars of soap, 5 of bars of laundry soap, 1 container, 2 ladies' cloth wraps (pagnes), 4 clothes for children, 2 trousers for men, 3 blankets, and 3 mats.

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The project also addressed key issues around sexual and gender-based violence with the community, including the need to denounce the practice, the consequences on individuals, the law and the rights of the individual to take legal action and to seek treatment, and for the acceptance of survivors within the community.

The access to essential services planned for 1,200 survivors of violence was more than achieved in most respects. At least 2,476 women and men, survivors of sexual and gender-based violence, accessed psychosocial services and, of these, more than one thousand individuals received legal advice from the 48 trained psychosocial assistants and paralegal team. Of this number more than one hundred individuals also received medical care at one of the health centres equipped by the project for cases that included post-rape care, sexually transmitted infections as well as wider health issues.

### **Tearfund's response**

Tearfund has been operating in the Province of Maniema since 2008, implementing a variety of approaches to WASH: providing potable water by means of constructing gravity flow systems, spring protections, shallow wells fixed with hand pumps and boreholes with submersible pumping schemes powered by solar power. Tearfund's team of WASH personnel in the DRC including a WASH advisor, Public Health engineers and Public Health promoters and in Maniema is led by an experienced Area Manager with technical support from Logistics, HR and Finance. Tearfund is an active member of the Wash Cluster in Maniema and this project contributes to the DfID-funded SWIFT Consortium.

### **Project Plan**

Tearfund's emergency intervention, located in three health zones in Maniema Province, in Kailo, Alunguli and Kindu<sup>5</sup>, aimed to address the immediate safe water needs of forty-five thousand people, for both host and displaced families, as well as improve communities' access to clean water for the future.

### **Project Impact**

With funding from the Humanitarian Emergency Fund, almost fifty thousand people in Maniema Province can now drink safe clean water. The overall health and wellbeing in these communities have also improved, especially for girls and women. The time taken to collect and carry water from distant wells and springs has been greatly reduced and, so far this year, no cases of cholera have been reported.

To achieve this, springs that are the main sources of water were protected and rehabilitated, water-user committees were formed and trained to manage and maintain each of the springs. To meet the gap in water-service provision, more than four thousand families were given Aquatabs<sup>6</sup> and almost three thousand families received packets of PUR powder<sup>7</sup> to treat water until the work on the water points were completed.

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<sup>5</sup> Kindu, with a population of around 200,000, is the capital of Maniema Province. There are few tarmacked roads and it is mostly accessed by air or river. Surrounding areas are very rural with little infrastructure, employment is mostly agricultural, fishing and mining. There are high levels of poverty and very few INGOs working in the area.

<sup>6</sup> Water purification tablets which kill micro-organisms in water to prevent cholera and other water borne diseases.

<sup>7</sup> A powdered mixture that removes pathogenic microorganisms and suspended matter, rendering previously contaminated water safe to drink. PUR contains calcium hypochlorite for killing bacteria (including those that cause cholera) and ferric sulfate for removing suspended matter, protozoa, and viruses.

### Project methodologies of the three responses

**In Kasai Province**, Christian Aid provided the basic household items – cooking equipment, bedding and clothing – and local committees were involved in the distribution of the items, with local security services engaged to protect the distribution sites. With so many people in need of support, the process of identifying those most vulnerable was designed in partnership with HelpAge and approved by local community representatives, including returnees and host communities.

Almost one hundred people, including community leaders and local authority staff, undertook the Building Back Safer training programme to build shelters for the most vulnerable families. The standard shelter model, set by the Shelter Cluster, was adjusted to reflect existing community shelters, thus avoiding any stigmatization of families living in more unfamiliar models. Other slight changes were also incorporated as people were able to decide on the size and material of their verandas. A new and welcomed concept by the community, the veranda allowed the women to cook outside the shelter, rather than having a fire inside.

Using locally available material, two hundred shelters were built (150 shelters in Masungu Anayi, and a further fifty shelters in Nzambi Wabalekela) and were positively evaluated by a visiting UNHCR Cluster team. Monitoring has since reported that there has been a positive change in the communities, particularly in the reduction of diseases in children and in reducing the proximity of people living so closely to each other.

**In South Kivu**, a needs assessment and baseline survey were organised which included interviews, focus groups, and survey-observation visits with health centres and households. The results of these surveys and participant contributions served as an effective reference for the project delivery. Four local committees were set up to support selection, receive any complaints and collect suggestions from the project participants/communities. To maximise transparency and accountability, the committees comprised volunteers, local leaders, and representatives of local authorities, and the project participants. Project participants could give feedback and recommendations/complaints via SMS or by mobile phone. In addition, local actors were fully engaged in the project implementation, for example, the local administration and school granted the project free space to organise distributions.

Feedback received from participants helped partners, CDJP Uvira and Popoli Fratelli, to make some small but effective changes to the project implementation methodology. Firstly, during briefing sessions with IDP committees and local authorities prior to the first distributions, it was recommended that pregnant women and those with babies be prioritised during the distribution of project items in Sange and Katanga; similarly, that project activities/distributions be conducted on non-market days to avoid any clashes with people going to sell their produce.

A second change was made regarding distribution of medical inputs: from project participant feedback received via the two local emergency committees set up, it was recommended that the project provide dual support to a single health centre in Bwala area rather than the original plan which had been to provide medicines to both Kasakwa and Bwala health centres. This is because Bwala is a larger health centre with the required services and accessibility, and Kasakwa and Bwala are villages close to each other (2km apart).

**In Maniema Province**, while the Tearfund staff provided the technical guidance, support and construction material not locally available, the communities themselves were active in supporting the intervention and making it more effective. They were critical in locating the most appropriate springs for protection and rehabilitation, excavating the topsoil where the springs emerged, providing the labour needed to dig out the catchment basins and providing construction material such as sand, gravel and wooden beams. They put forward the members to form each water-user committee to manage and maintain the water-points.

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Additionally, all the WASH activities were undertaken in collaboration with the Central office of Health Zones and local administrations, who also facilitated community agreement for the project

In the Kindu and Alunguli health zones, the communities of Basoko, Lukunda, and Tokolote, and Mangabo, no longer have to collect water from distant, unsafe sources, or queue up to two hours for their turn. The time and distances involved in collecting and carrying water have been greatly reduced. Prior to the intervention, women and girls had to walk up to three kilometres to the nearest source, queueing up to two hours to collect their water, before carrying their heavy containers back home. Nearest sources are now within five hundred metres and the average waiting time is thirty minutes. Not only do the shorter distances make it safer for the women to collect water, but it also gives them more time, whether in some other productive activity, or for themselves.

In Kailo, the initial plan had been to provide chlorination diffusers at the springs and remove them once the protection work was completed. However, with no springs within a reasonable distance of the communities, the communities expressed the concern that women and girls would continue to collect water from the nearer, unprotected wells. Tearfund addressed these concerns by providing chlorination diffusers at existing wells as drilling new wells was not feasible either within the budget or within the four-month timeframe. Instead, the quality of the water was mainly improved through the installation of chlorination diffusers at the wells and with Aquatabs and PUR packets at the household level.

In conjunction with the rehabilitation elements of the intervention, Tearfund also incorporated the promotion of good health and hygiene education to the communities. Weekly hygiene promotions were conducted at the household level.

Across the three health zones, the number of reported cases of cholera in the dry season when cholera rates tend to rise (June – July) has dropped from 54 cases in 2017 to zero.

### **Monitoring, Evaluation, Accountability and Learning**

Two Christian Aid staff (Programme Officer and Finance Assistant) were deployed for 45 days to support and monitor the implementation by HelpAge. Multiple visits were made to the partner's office to establish and follow up on Christian Aid and Cluster standards. Multiple visits were also made to the project's sites, including the Christian Aid's Programme manager from Goma. The Finance Assistant attended the NFI distributions. HelpAge staff established an operational base at one of the sites for continuous monitoring of the project and the field-based team monitored the shelter constructions and the NFI distributions, also attended by the Christian Aid Finance Assistant.

SCIAF's partners, CDJP Uvira and Popoli Fratelli, both reported that the project has increased their capacity in multi-sectoral humanitarian emergency response in the region, and to jointly coordinate field activities with other actors.

- CDJP Uvira noted that the experience increased their ability to conduct pre-intervention rapid assessments.
- Popoli Fratelli reports that UNOCHA now lists them as a multisectoral intervention agency in South Kivu Province. The Office of the United Nations High Commissioner for Refugees (UNHCR) has also selected them to implement an emergency NFI distribution for displaced persons in Fizi and Uvira territories.
- Currently, Popoli Fratelli is also coordinating two surveys to identify IDPs and their needs to report to UNOCHA, which will enable both national and international humanitarian organisations to assist 2,500 newly identified households.

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For Tearfund, the water, sanitation and health (WASH) intervention in Maniema was primarily implemented in urban areas, in contrast to other WASH interventions more usually undertaken in rural settings. Tearfund's Maniema staff had therefore to gain a better understanding of bureaucracy in an urban setting to develop a different approach in securing approval before implementing the project. Tearfund's WASH teams in North Kivu and South Kivu, more experienced in the challenges of semi-urban settings, were crucial in instructing Maniema staff in anticipating obstacles and in what preventative measures to take.

While the Central Office of Health (BCZ) grants the initial approval for all WASH interventions, in rural areas the local village chief must also give approval. In urban settings, however, it is essential to establish who, if anyone, owns the land where the spring is located, as seemingly derelict land may often be privately owned. Title deeds have also to be secured to prevent the water-point changing from a public service to privatised asset. Approval must then be secured from the mayor, the neighbourhood chief and the chief of the block.

The implementation locations were relatively secure and accessible by motorcycle, allowing Tearfund staff to make weekly field trips, conduct focus group meetings as well as the initial feasibility and end of project assessment visits. A diverse group of constituents were consulted in the design and implementation of this project, including women, young people, people living with a disability. The locations of the water-points to be protected were also selected in consultation with the constituents.

The feedback mechanism was conducted through monthly public meetings attended by Tearfund's team leader and MEAL officer, and household visits by the RECOS<sup>1</sup>. Feedback highlighted the need for easier access at water-points, especially for people with limited mobility. Therefore, steps down to the water-points were incorporated in the design.

### **Key Challenges**

For both Christian Aid and SCIAF, access to target populations was an ongoing challenge due to the fragile and changing security environment. Both organisations reported the difficulties inherent in operating in military zones, such as negotiating arbitrary road-side checkpoints or incursions by armed groups. Nevertheless, there has also reportedly been an improvement in some areas of Uvira and Fizi territories due to the coordination of UNOCHA and the presence of humanitarian actors such as the World Food Programme, Norwegian Refugee Council, and Caritas Uvira.

The terrain itself has caused additional challenges. In Kasai Province, a diamond-rich region, much effort had to be made in encouraging local people to engage in the training and construction of shelters, rather than search for diamonds. Poor roads delayed access to the project sites and the subsequent delivery of the NFI kits and other material, while private transport contractors raised their prices to meet the increased demands of transporting NFI kits and the windows and doors for the shelters from Tshikapa.

In Uvira Territory, while there is now an increased awareness about sexual and gender-based violence among the communities and local authorities (e.g. village/district chiefs, and gender services), and despite the number of cases and the work around addressing the issues, there were few denunciations and none of the survivors wanted to lodge a formal complaint through the justice system and so the target of taking ten cases to court was not achieved. The reasons are complex:

- The communities are isolated; customs and social norms are not progressive but discriminatory, especially against women; gender-based violence is considered almost the norm, and often settled informally out of court;
- Target areas are post-conflict and the fear of retaliation persists - a significant contributing factor that discourages survivors denouncing their perpetrators;



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- The project period is short compared to the time required to achieve changes in behaviours and practices.

Additionally, SCIAF worked with CDJP Uvira and Popoli Fratelli to develop and fund an emergency intervention in Uvira Territory in response to heavy rains in April and May which caused flooding and landslides, destroying houses, agricultural lands and transport infrastructure. The rising flood waters of Lake Tanganyika and a bridge destroyed at National Highway No. 5 blocked the road to Fizi territory (the route to Katanga) for almost two weeks. Whilst the flooding did not adversely affect HEF target communities, it did create delays and adjustments to the original work activity plan for food and NFI distributions, agricultural work, and training.

For Tearfund, humanitarian access has not been an issue during the project. The only minor challenge encountered was transporting materials to one of the springs situated near a railroad. With no road access, the community volunteered to carry the materials themselves.

### **Key Lessons**

It is well established that involvement of the community is essential, both to ensure their participation, and to build their confidence and capacity. Community contributions are significantly more effective when their views are included. It is also important to note that, where communities are not familiar with external interventions, more time is required to explain the aims and objectives of the project, including influencing local suppliers to work in line with humanitarian standards.

The main lessons taken from across the interventions:

- The involvement of community and local authorities in peace and conflict transformation helps to promote peaceful coexistence between IDPs and local inhabitants;
- There is a demonstrable need for primary healthcare for IDPs at displacement sites;

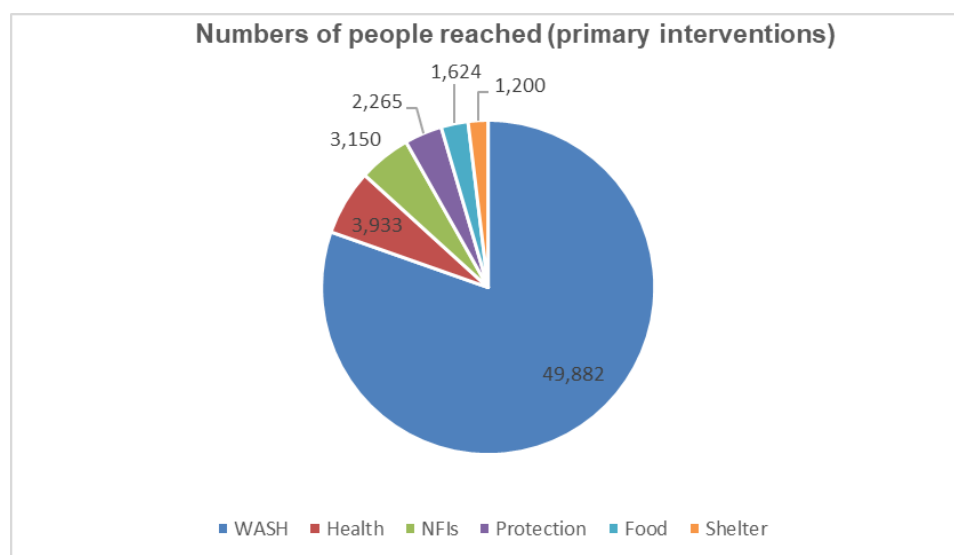
For Tearfund:

- Understanding the differences between implementing WASH projects in rural and urban settings:
  - Confirming ownership of land;
  - Avoiding the construction of new water systems on private land.

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## Finance

Democratic Republic of Congo			
Description	Christian Aid	SCIAF	Tearfund
<b>SUPPLIES/MATERIALS</b>	£ 77,483	£ 77,980	£ 51,590
WASH			£ 50,827
Health		£ 2,387	
Shelter	£ 26,663		
Protection		£ 5,692	
Livelihoods		£ 5,367	
NFI	£ 49,423	£ 18,202	
Food		£ 46,332	
Accountability			£ 763
Capacity Building	£ 1,397		
<b>LOGISTICS</b>	£ 4,593	£ 6,586	£ 11,519
Transport	£ 3,973	£ 6,004	£ 7,726
Storage/security	£ 620	£ 348	
Office		£ 234	£ 3,793
<b>PERSONNEL</b>	£ 4,241	£ 3,914	£ 28,808
In-country locally engaged staff	£ 2,726	£ 3,914	£ 24,602
In-country expatriate staff			£ 4,206
Off-shore project staff	£ 1,515		
<b>Personal Support</b>	£ 5,197	£ 2,149	£ -
In-country locally engaged staff: subsistence / travel	£ 4,900	£ 1,927	
Communications	£ 189	£ 222	
Security	£ 108		
<b>TOTAL DIRECT COSTS</b>	£ 91,514	£ 90,629	£ 91,917
<b>Indirect Costs</b>	£ 6,406	£ 4,532	£ 6,003
<b>TOTAL COST</b>	£ 97,920	£ 95,161	£ 97,920



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## HEF Expenditure by sector

