



DRC HUMANITARIAN FUND

2020

ANNUAL REPORT

DRC HF Democratic Republic
of the Congo
Humanitarian Fund

THE DRC HF THANKS OUR DONORS FOR THEIR GENEROUS SUPPORT IN 2020

MEMBER STATES



BELGIUM



CANADA



GERMANY



IRELAND



KOREA
(REPUBLIC OF)



LUXEMBOURG



NETHERLANDS



NORWAY



SWEDEN



UNITED KINGDOM



PRIVATE CONTRIBUTIONS
THROUGH UN FOUNDATION
(UNF)

CREDITS

This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) DRC. OCHA DRC wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the DRC HF website at www.unocha.org/democratic-republic-congo-drc/about-drc-hf.

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at gms.unocha.org/bi.

For additional information, please contact:

DRC Humanitarian Fund
info-drchf@un.org

Front Cover

Kinshasa, December 2020. A street child receives food from a mobile canteen supported by the HF-funded partner Médecins du Monde Belgique. © OCHA/Alioune Ndiaye

The designations employed and the presentation of material on this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Financial data is provisional and may vary upon financial certification

TABLE OF CONTENTS

4	FOREWORD
6	2020 IN REVIEW
7	DRC HUMANITARIAN FUND AT A GLANCE
11	DRC HUMANITARIAN FUND COVID-19 RESPONSE
14	DONOR CONTRIBUTIONS
16	ALLOCATION OVERVIEW
21	UNDERFUNDED PRIORITIES
24	FUND PERFORMANCE
25	INCLUSIVENESS
29	FLEXIBILITY
33	TIMELINESS
35	EFFICIENCY
38	ACCOUNTABILITY AND RISK MANAGEMENT
43	ACHIEVEMENTS BY CLUSTER
44	COORDINATION
45	EDUCATION
46	FOOD SECURITY
47	HEALTH
48	LOGISTICS
49	NUTRITION
50	PROTECTION
53	SHELTER & NON-FOOD ITEMS
54	WATER, SANITATION & HYGIENE
56	ANNEXES
57	ABOUT THE DRC HUMANITARIAN FUND
58	ALLOCATIONS BY RECIPIENT ORGANIZATION
59	CLUSTERS OBJECTIVES
61	DRC HF-FUNDED PROJECTS
66	DRC HF ADVISORY BOARD
67	ACRONYMS & ABBREVIATIONS



FOREWORD

In 2020, the DRC Humanitarian Fund (DRC HF) remained a critical strategic tool that helped improve the humanitarian response and make a difference in the lives of people in the Democratic Republic of the Congo (DRC).

The year was particularly difficult for the populations in the country. Armed conflicts, epidemics, natural disasters and the socio-economic impact of COVID-19 considerably exacerbated existing vulnerabilities in a context marked by a severe lack of access to essential services. Despite this extremely challenging and complex operational setting, we adapted our response and modalities very quickly to ensure timeliness and flexible allocation processes, while adding value to the overall humanitarian response.

As one of the first contributors to the country's Humanitarian Response Plan (HRP), the DRC HF was instrumental to address the urgent humanitarian needs of the most vulnerable people, covering a large geographical coverage, including conflict-affected areas.

The Fund's flexibility made it possible to contribute to the kickstarting of the COVID-19 response in the DRC in a timely manner, while complementing the response to the eleventh Ebola Virus Disease (EVD) outbreak in the Equateur province. The Fund was also used strategically to strengthen an enabling operational environment, including reinforcing humanitarian coordination, ensuring the inclusion of people with special needs (PwSN) and strengthening mechanisms to prevent and combat fraud and sexual exploitation and abuse (SEA). Moreover, the Fund increased its financial support to cash-programming and protection, including enhancing psychosocial and referral support for survivors of sexual violence.

Once again, the Fund ensured coordinated, inclusive and participatory processes, which remains unique in the DRC humanitarian context. Its consultation mechanism also highlighted the complexity of the country's humanitarian architecture.

The abiding support and generosity of the Fund's donors made it possible and I am deeply grateful for their long-standing partnership and renewed commitment. In 2020, their contributions reached \$57.1 million, which enabled 111 humanitarian interventions to provide protection and humanitarian assistance to 2.2 million people in 16 provinces. Our collective thanks go to the governments of Belgium, Canada, Germany, Ireland, Luxembourg, the Netherlands, Norway, Sweden, the Republic of Korea and the United Kingdom, for their continuous trust in the Fund.

I also wish to acknowledge the measured and joint efforts of national and international non-governmental organizations (NGOs), Red Cross organization and agencies of the United Nations, as well as cluster coordinators, support staff and members of the Advisory Board.

Besides, through continued efforts to provide flexible funding for local frontline responders, we are proud that nearly 31 per cent of the funding in 2020 went directly or indirectly to national partners, which is beyond the World Humanitarian Summit's target of 25 per cent.

The HFU continues to work devotedly to improve the Fund as an effective and inclusive tool for the humanitarian response. Together with the members of the Advisory Board, we are working at defining the Fund's vision for 2021. As the custodian of the Fund, I aspire to strengthen the Fund's position, while ensuring that the Fund prioritize life-saving interventions, adopt a person-centered approach, be context-driven and remain flexible.

In 2021, the humanitarian landscape will continue to be challenging; a total of \$1.98 billion is required to assist the 9.6 million most vulnerable people in the country. Women, children and men in vulnerable situations in the DRC will need the renewed generosity of donors and hard work of everyone to continue to respond effectively to their most pressing humanitarian needs together.

In this regard, I am confident that donor contributions can reach at least \$60 million. Based on an estimate for 2021, our funding target for the DRC HF is expected to reach \$120 million (which represents 15 per cent of the estimated amount received for the HRP in 2021, in line with global targets for country pools). However, given the level of funding in 2020, we are setting our target at a minimum of \$60 million.

The solidarity of all is more than ever essential to act together in favor of the most vulnerable Congolese, save lives and alleviate human suffering. I look forward to continuing to work closely with donor governments to support the most effective humanitarian response possible.



DAVID MCLACHLAN-KARR
Humanitarian Coordinator for DRC

“

The DRC HF remains a critical strategic tool that helps improve the humanitarian response and make a difference in the lives of people in the DRC.

DAVID MCLACHLAN-KARR
HUMANITARIAN COORDINATOR FOR DRC

”



Kasongo, Maniema. ↴

Credit: OCHA/Alioune NDIAYE

DRC HF 2020 ANNUAL REPORT

2020 IN REVIEW

This Annual Report presents information on the achievements of the DRC Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years (CBPFs are designed to support ongoing and evolving humanitarian responses), the achievement of CBPFs are reported in two distinct ways:

- **Information on allocations granted in 2020 (shown in blue).** This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.
- **Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange).** This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contribution recorded based on the exchange rate when the cash was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

2020 IN REVIEW

DRC HUMANITARIAN FUND AT A GLANCE

HUMANITARIAN CONTEXT

Humanitarian situation in 2020

The Democratic Republic of the Congo (DRC) continues to face an acute and complex humanitarian crisis. By 2019, a political transition had been completed peacefully and the scale of violence had decreased, particularly in the Kasai region. In 2020, the humanitarian situation deteriorated in a context marked by persistent conflict in the east and increased violence in several parts of the country.

The COVID-19 epidemic affected economic growth while most of the Congolese population was already in extreme poverty. Structural problems remain, such as limited access to quality basic services, insufficient public development and social protection policies for the most vulnerable, and deep gender inequalities.

Population movements

Armed conflict and natural disasters continue to cause large-scale population movements in the east of the country, as well as serious protection incidents.

The DRC is home to one of the world's largest population of internally displaced persons (IDPs) and the largest on the African continent. There are 5.2 million IDPs, some 1.4 million returnees and 527,000 refugees and asylum seekers from neighbouring countries.

Internal displacement has mainly been caused by armed attacks or clashes and intercommunal conflicts (98 per cent of the causes of displacement, according to the Humanitarian Needs Overview).

Protection

Three times as many civilians were killed by armed groups in the first half of 2020 as in the same period in 2019, which reflects a deteriorating security situation in the provinces of Ituri, the Kivus and Tanganyika. Nearly 42,000 violations, as well as a 22 per cent increase in the number of protection incidents compared to the same period the previous year, were recorded in the first half of 2020. Gender-based violence (GBV) and serious violations against children's rights remain a major issue. From January to September 2020, 45,000 cases of GBV were reported in the DRC, an 86 per cent increase compared to the same period in 2019.

Food insecurity and acute malnutrition

The DRC is currently the country with the most acutely food insecure people, with 21.8 million people affected. People in crisis and emergency situations (IPC phases) are mainly found in areas affected by conflict and population movements and epidemics.

Epidemics

Nearly 4.4 million people are acutely malnourished, including 3.4 million children under age 5. The prevalence of global acute malnutrition is 6.5 per cent and chronic malnutrition is 42 per cent.

In 2020, five diseases of epidemic potential were under surveillance in the DRC: COVID-19, Ebola virus disease (EVD), measles, cholera and malaria. Since the first case was reported in the country in March 2020, COVID-19 has profoundly affected the livelihoods of the most vulnerable households and exacerbated protection risks, particularly for women and girls. As of December 31, 2020, 17,657 confirmed cases were reported, including 590 deaths. The capital Kinshasa remains the area most affected by COVID-19.

Humanitarian Access

Humanitarian access to all populations in need remains a major challenge for humanitarian actors, who are limited or hampered by insecurity, lack of infrastructure, isolation of certain areas, as well as administrative obstacles. The increase in attacks against humanitarian actors is worrying. Between January and November 2020, 356 security incidents affected humanitarian operations, seven humanitarian workers were killed, 15 injured and 46 abducted. Insecurity and transport difficulties also disrupt the efforts of affected populations to access essential services available.

Humanitarian Response Plan

The humanitarian response strategy in the DRC was revised in June 2020 to consider the direct and indirect humanitarian impact of COVID-19 on the most vulnerable populations. The revised HRP targets 9.2 million people.



25.6M People in need



9.2M People targeted



\$2.07bn Funding requirement

2020 IN REVIEW

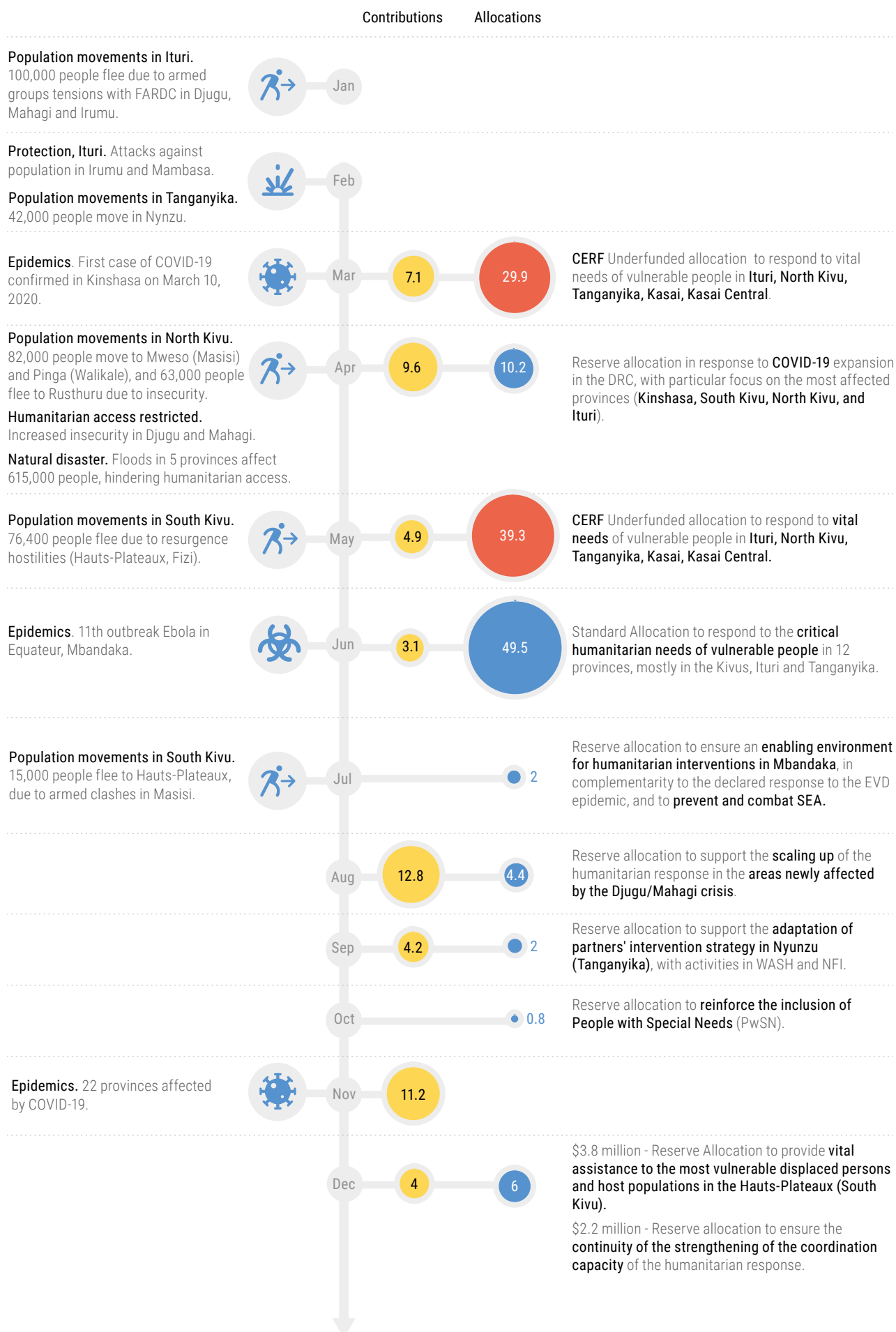
REFERENCE MAP



Map Sources: ESRI, UNCS.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

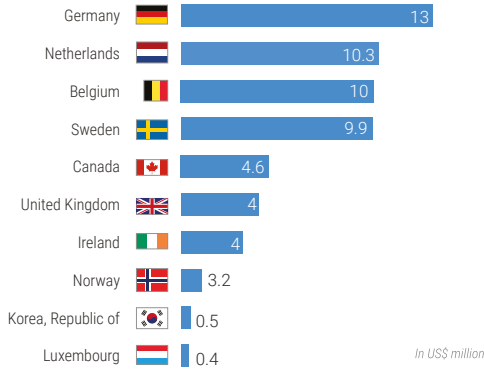
2020 TIMELINE



2020 ALLOCATION

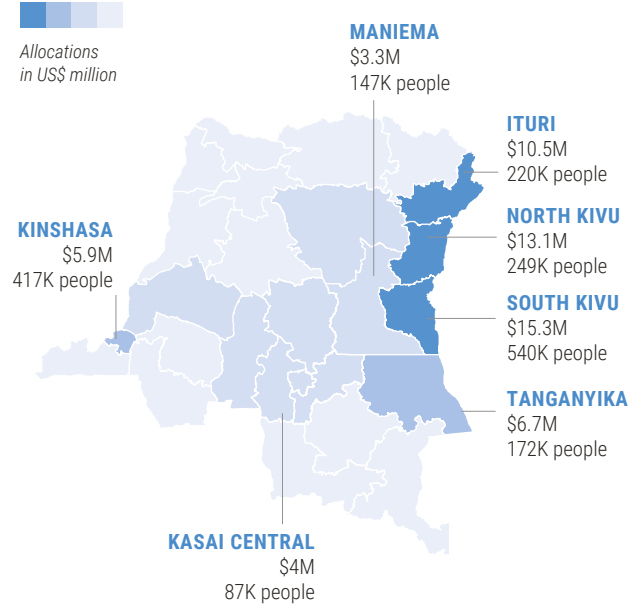


\$57.1M
CONTRIBUTIONS



\$75M
ALLOCATIONS

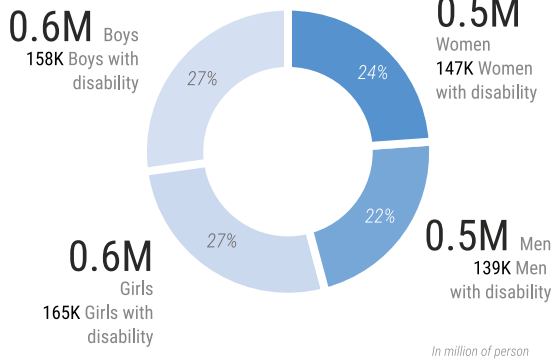
2.2M
PEOPLE TARGETED



2.2M
PEOPLE TARGETED



621K
PEOPLE TARGETED WITH DISABILITY



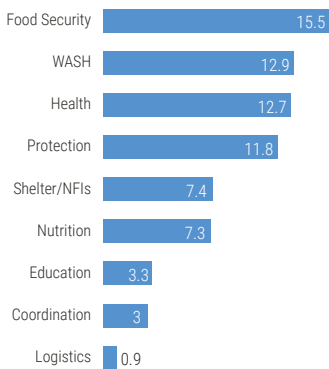
Other regions: Kasai \$2.9M, 44K; Sankuru \$2.6M, 51K; Kasai Oriental \$2M, 44K; Equateur \$1.9M, 115K; Haut Katanga \$1.4M, 38K; Haut-Lomami \$1.2M, 13K; Tshopo \$0.79M, 10K; Kwilu \$77K, 50K; Kongo Central \$23.4K, 160K.



66
PARTNERS

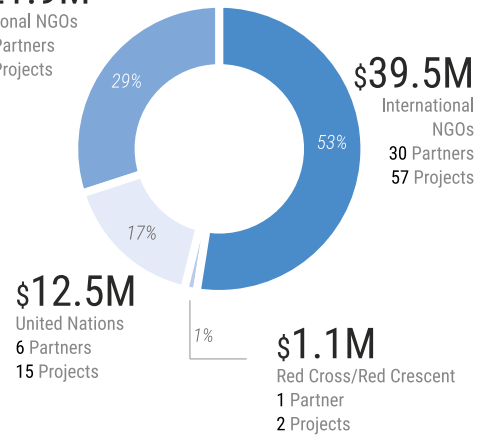
111
PROJECTS

ALLOCATIONS BY CLUSTER



\$21.9M

National NGOs
29 Partners
37 Projects



DRC HUMANITARIAN FUND COVID-19 RESPONSE

To respond to the spread of COVID-19, the DRC HF released US \$10.2 million in April 2020 to support 18 partners with activities in health, protection and WASH in the most affected provinces (Kinshasa, South Kivu, North Kivu, Ituri and Kwilu)¹.

Fifty-eight per cent of the funding was allocated to activities in Kinshasa, the epicentre of the pandemic.



17,658
CASES²



591
COVID-RELATED DEATHS²



\$274M
REQUIREMENTS



Of which
HEALTH: **\$62.5M**
NON-HEALTH: **\$212M**

DRC HF COVID-19 RESPONSE



\$10.2M
ALLOCATIONS

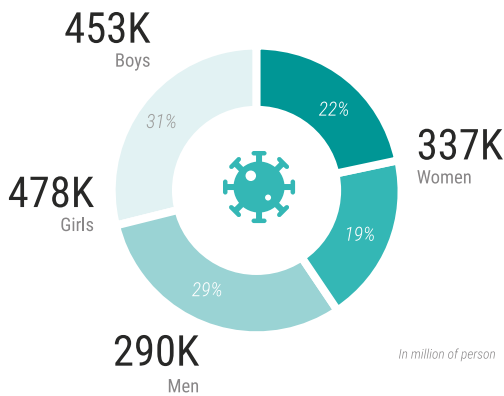


1.6M
PEOPLE TARGETED

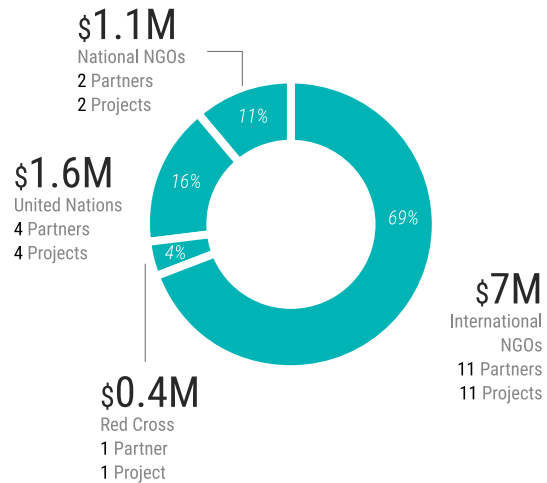


18
PARTNERS

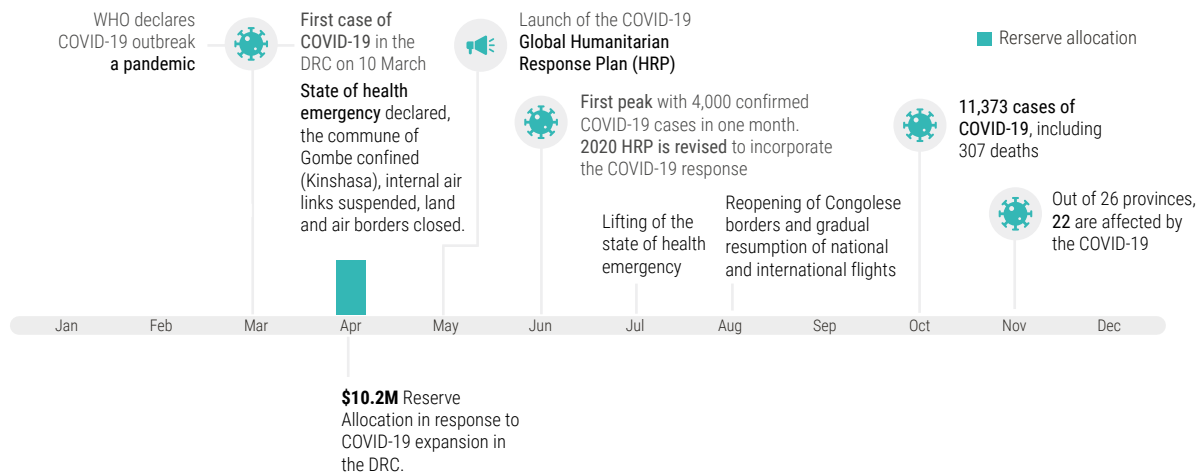
18
PROJECTS



Allocations in US\$ million



COVID-19 RESPONSE ALLOCATION TIMELINE



1 Since the beginning of the pandemic was declared on 10 March 2020, the cumulative number of cases reached 17,658, and 591 deaths.

2 As of 31 December, 2020.

KEY ACHIEVEMENTS¹

2,786 care workers trained and equipped with protective equipment and Infection Prevention and Control (IPC) kits



4,747 patients infected with COVID-19 treated



8,000 people received IPC kits



35,206 people affected by COVID-19 received **psychological support**



190 frontline employees received **psychological support**



820 children in street situation received **hygiene and personal protection kits**



1,554,165 people sensitized on barrier gestures and hygiene measures



5,679 children victims of violence, including GBV, abuse and neglect **identified and treated** in intervention areas affected by Covid-19

CHALLENGES



Programmatic delay due to changing context and inaccessibility.



Delay in disbursement of the first tranche due to technical and administrative constraints in finalizing the Grant Agreement. First allocation after the transition management from UNDP to OCHA.



Reframing of activities during the second wave of COVID-19.



Kinshasa. Elysée and Ginette during a home visit.

Credit: Save The Children

Community engagement is key for behavioural change

In Kinshasa, awareness-raising activities have played a key role in sharing accurate information with thousands of families and children, and ensuring that communities are prepared.

Six days a week, Elysée and Ginette walk avenues and streets, and go door to door to raise awareness about the need to respect barrier gestures. With lots of dedication, they both work as community relays in the district of Tshangu in Kinshasa.

"This is our home. It was unacceptable for us to cross our hands, while the community continued to ignore everything about the pandemic, exposing themselves more and more to the risk of contamination," says Ginette who has been a Community relay for over 10 years.

"Awareness has moved the lines in our community. People are more receptive to the messages and more aware of the pandemic. I see people forcing themselves to respect the barrier gestures. In our community, there are no more handshakes," she explains.

From June 2020 to January 2021, the HF-funded partner Save The Children supported ten health facilities and intervened in four health zones by providing communities with information on COVID-19, and reaching more than 89,370 people through community radio programs, community relays, and via door-to-door, mass and targeted outreach.

¹ Note that the above figures were reported by partners in December 2020, following a specific reporting exercise. Some projects are still on-going in 2021. The final results will be reported in the Annual Report of next year.

RESULTS REPORTED IN 2020

\$61.7M
ALLOCATIONS

2016

\$0.9M ALLOCATIONS **1** PROJECT **1** PARTNER

2017

\$1.3M ALLOCATIONS **1** PROJECT **1** PARTNER

2018

\$9.7M ALLOCATIONS **13** PROJECTS **15** PARTNERS

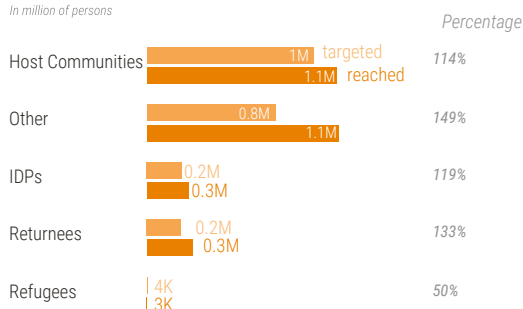
2019

\$49.8M ALLOCATIONS **48** PROJECTS **65** PARTNERS

In US\$ million

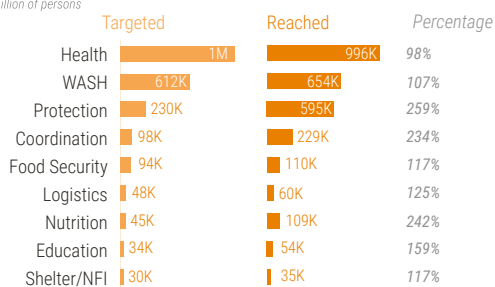
PEOPLE TARGETED AND REACHED BY TYPE

In million of persons

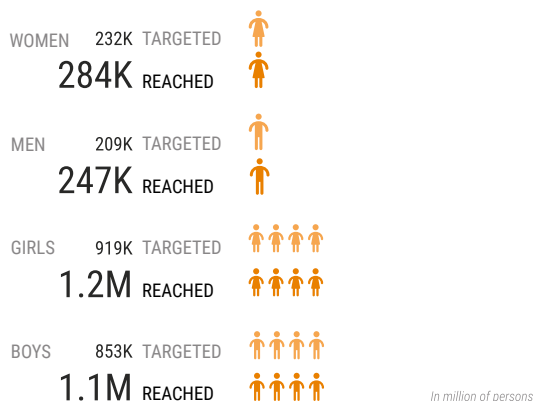


PEOPLE TARGETED AND REACHED BY CLUSTER

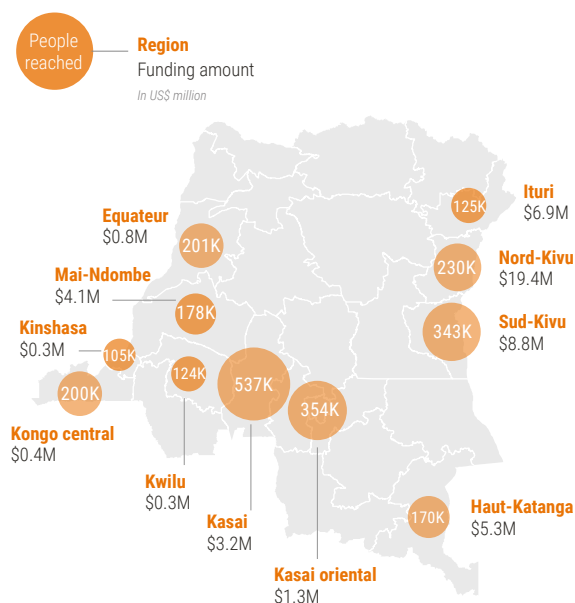
In million of persons



2.2M PEOPLE TARGETED **2.8M** PEOPLE REACHED



PEOPLE REACHED AND FUNDING BY REGION



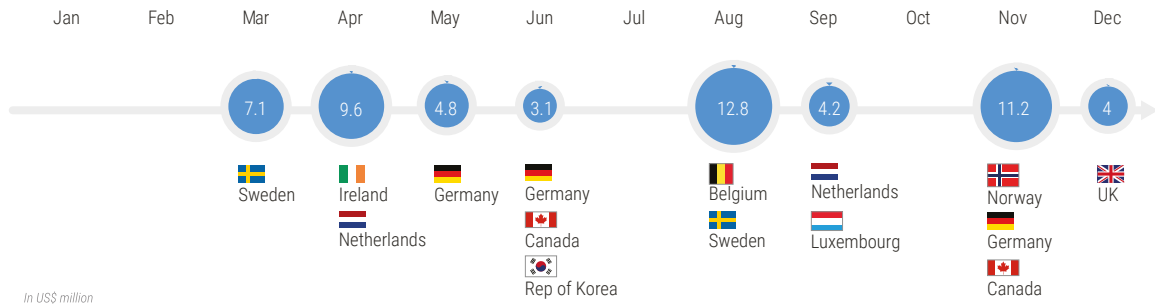
Other provinces: Tanganyika \$6.6M, 73K; Maniema \$1.3M, 56K; Kwango \$0.1M, 41K; Lomami \$1.2M, 39K; Kasai Central \$2.4, 33K; Lualaba \$1.7, 24K; Haut-Lomami \$1.1M, 9K.

Results are based on data reported by partners in 2020 and may be underreported as implementation of projects and project-level often continue into the subsequent year. A total of 82 final narrative reports were considered, most of them for projects funded in 2019.

2020 IN REVIEW

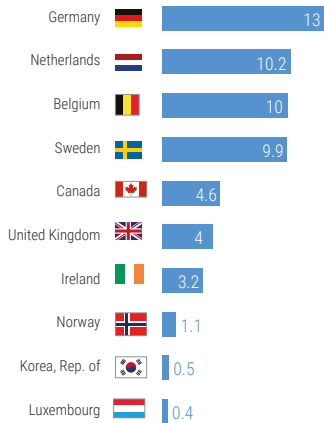
DONOR CONTRIBUTIONS

CONTRIBUTIONS TIMELINE



DONOR CONTRIBUTIONS

\$57.1M
CONTRIBUTIONS

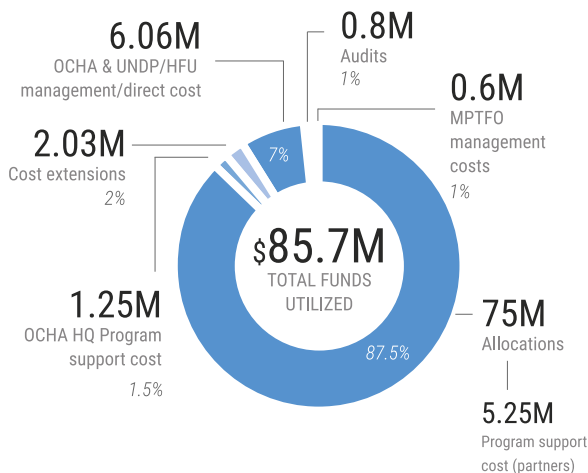


While 2020 was marked by an exceptional operational context, mainly due to the COVID-19 pandemic, donors continued to support the DRC HF, depositing \$57.1 million during the year. In addition, \$42 million were carried over from 2019 and \$600,000 refunded by partners. The generous donor contributions allowed the DRC HF to support humanitarian partners implementing urgent and life-saving humanitarian activities.

Nearly 31 per cent (\$17.6 million) of contributions were deposited in the second quarter of the year, and 57 per cent (\$32.3 million) in the second half of the year.

Early and predictable contributions are crucial as they give stakeholders enough time to prioritize strategically the use of funding and in complementarity funding from other sources. End-of-year 2019 contributions (United Kingdom, Netherlands) and one key contribution in the first quarter of 2020 (Sweden) were critical to respond to the COVID-19 expansion in early April 2020 and plan for the Standard Allocation, with additional contributions received in the second quarter.

UTILIZATION OF FUNDS



While the DRC HF remained a key mechanism to address critical humanitarian needs, total contributions to the Fund declined in the last two years – from \$90.1 million in 2018 to \$73.8 million in 2019 and \$57.1 million in 2020.

Nevertheless, donors continued to show confidence in the Fund. Seven donors gave the DRC HRF between 27 and 100 per cent of their total contribution to the 2020 HRP, demonstrating once again that the Fund is a critical instrument in the humanitarian response. In 2020, the DRC HF accounted for approximately 7 per cent of all secured funding for the HRP (\$809.5 million).

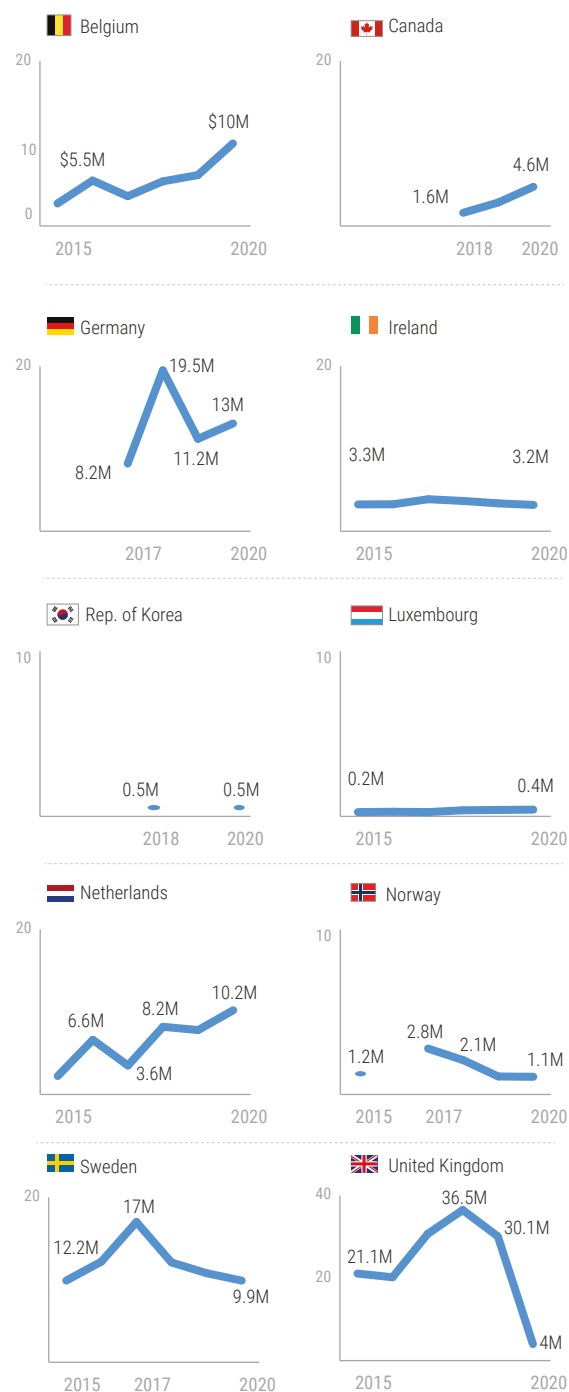
At global level, the DRC HF was ranked seventh in terms of contributions received (the top three Funds being Syria Cross-Border, Yemen and Sudan), accounting for nearly seven per cent of contributions to all 18 CBPFs (\$863 million).

Donor trends

In 2020 10 donors contributed to the DRC HF. Compared to 2019, Belgium, Canada, Germany and the Netherlands increased their contribution by between 25 to 60 per cent; Sweden, Ireland, Norway and Luxembourg maintained the same level of contribution; the Republic of Korea renewed its commitment and the United Kingdom decreased its contribution by 75 per cent.

- In 2020, Germany was the largest contributor to the DRC HF, reaching \$13.1 million with three deposits throughout the year, representing 23 per cent of total contributions.
- The Netherlands remains a consistent donor with two contributions amounting to \$10.3 million. In the past five years contributions have reached \$38.7 million, over 10 per cent of all contributions.
- Belgium made one contribution of \$10 million in 2020, a considerable increase compared to previous years. Belgium's 2020 contribution represented over 17 per cent of total contributions.
- Sweden is among the largest donors to the DRC HF and contributed \$72 million since 2015, which represents 19 per cent of all contributions. In 2020, Sweden donated twice to the Fund, for a total of \$9.9 million.
- With two contributions amounting to \$4.6 million in 2020, Canada increased once more its support to the Fund, representing nearly 8 per cent of all contributions during the year.
- While the United Kingdom decreased its contribution to \$4 million in 2020, it remains the biggest contributor to the Fund, providing 38 per cent of total contributions since 2015.
- Ireland remains a consistent donor, with \$20.6 contributed to the Fund since 2015. In 2020, Ireland contributed \$3.2 million.
- Norway is a valued donor that has contributed \$8.2 million to the Fund in the past five years.
- For the second time, the Republic of Korea contributed to the Fund in 2020 with \$0.5 million.
- Luxembourg supported the Fund once again in 2020 with \$0.4 million, with contributions reaching nearly \$2 million since 2015.

DONOR TRENDS



DONOR WITH MULTI-YEAR FUNDING

Germany **17.4M** 2020 - 2022

2020 IN REVIEW

ALLOCATION OVERVIEW

First Reserve Allocation: Responding to COVID-19 in the most affected areas

The **COVID-19 outbreak** led to a significant deterioration of the humanitarian situation in DRC. In April 2020, the DRC HF released \$10.2 million to **mitigate the spread and impact of the disease in highly-affected provinces** (Ituri, Kinshasa, North Kivu, and South Kivu). **For the first time the Fund supported activities in Kinshasa, the epicenter of the pandemic** in the country.

First Standard Allocation: Scaling-up the response to COVID-19 and displacement

The **marked escalation of conflict in the east** increased displacement and protection concerns as the impact of COVID-19 worsened. In conjunction with the revision of the HRP to include COVID-19 needs, the DRC HF released \$49.5 million in June 2020 to **scale-up food assistance, health services, WASH, and education activities in the most vulnerable and hardest-to-reach provinces**. The multi-cluster approach ensured an **integrated response and enhanced complementarity between different actors in different locations**.

Second Reserve Allocation: Strengthening coordination to respond to EVD in Mbandaka

The **EVD outbreak in Mbandaka in Equateur province** came at a time when the capacity of humanitarian actors was largely focused on the COVID-19 response. In view of the **urgent need for coordination and scale-up of logistical capacities**, the DRC HF released \$2 million in June 2020 to **expand the reach of the EVD response to remote areas, including WASH and community engagement initiatives**. The funding also **strengthened the work to prevent sexual exploitation and abuse (SEA)**.

Third Reserve Allocation: Expanding humanitarian access and response to the Djugu/Mahagi crisis

Following a **spike in the conflict in Djugu/Mahagi in Ituri**, the DRC HF allocated \$4.4 million in August 2020 to **expand humanitarian access and scale-up response in newly affected areas**. Partners assisted some 200K people with shelter, and WASH, health, and nutrition services.

Fourth Reserve Allocation: Responding to the needs of returnees in Nyunzu

A **lull in armed conflict and inter-communal violence in Nyunzu in Tanganyika province** led to a surge in the return of **previously displaced people**. In September 2020, after a comprehensive assessment of needs, the DRC HF released \$2 million to improve shelter and WASH in prioritized zones.

The allocation **catalyzed additional funding from other sources** while ensuring complementarity in geographical targeting and prioritized activities.

Fifth Reserve Allocation: Promoting the inclusion of people with special needs in the response

To **enhance quality programming** that considers the needs of people with disabilities and other vulnerable groups, the DRC HF released \$0.9 million in October 2020 to **ensure continuity of the Inclusion Technical Unit project**. The project promotes **inclusion and empowerment across the humanitarian system of people with disabilities and other marginalized groups**.

Sixth Reserve Allocation: Responding to immediate needs from displacement in the Hauts-Plateaux

The **deteriorating situation in the Hauts-Plateaux in South Kivu province** led to a dramatic increase in displacement. In December 2020 following a thorough needs assessment, the DRC HF released \$3.8 million to **scale-up logistical support systems** for partners working in most affected areas, expanding the reach of shelter, WASH, protection, and education programs.

Seventh Reserve Allocation: Strengthening humanitarian coordination and quality of response

In December 2020, the DRC HF allocated \$2.2 million to **enhance coordination and the efficiency of humanitarian operations**. The funding supported **cluster co-ordination positions and information management services**, including for the Cash Working Group (CWG), strengthening partners' operational coverage and quality of programming, while highlighting the need for additional support from other donors.

2020 ALLOCATIONS

Amount	Category	Timeline
\$10.2M	Reserve allocation	April 2020
\$49.5M	Standard allocation	June 2020
\$2M	Reserve allocation	June 2020
\$4.4M	Reserve allocation	August 2020
\$2M	Reserve allocation	September 2020
\$0.9M	Reserve allocation	October 2020
\$3.8M	Reserve allocation	December 2020
\$2.2M	Reserve allocation	December 2020

Effective, flexible and coordinated response

In 2020, the DRC HF allocation process was activated eight times, providing \$75 million to respond to crises in 16 provinces. In terms of total allocations, the DRC HF was ranked third among all CBPFs (together with Sudan).

Through one Standard and seven Reserve Allocations, with strategic prioritization tailored to meet emerging needs, the Fund supported 66 implementing partners with 111 projects, targeting 2.2 million vulnerable people¹.

In terms of geographical distribution, activities in the province of South Kivu received the largest portion of funding (\$15 million for 24 projects), followed by North Kivu (\$13.1 million for 21 projects) and Ituri (\$10.5 million for 20 projects). Moreover, \$9.3 million were granted to 17 projects in Tanganyika, Haut-Katanga and Haut-Lomami; \$8.7 million to 12 projects in the Kasais; \$6.6 million to 11 projects in Maniema, Sankuru and Tshopo; \$5.9 million to 12 projects in the province of Kinshasa and \$2 million to four projects in Equateur.

Alignment with the DRC HRP

In the context of the COVID-19 pandemic, the 2020 HRP was updated between March and June to incorporate new needs and activities, and to adjust humanitarian priorities in light of the changing context. The revised HRP published in June 2020 took into account the impact of COVID-19 on people, systems, services and humanitarian access. It provided a baseline for allocating DRC HF resources in 2020, considering new priorities and operational conditions generated by COVID-19.

The Fund supported the four strategic objectives of the 2020 revised HRP (with 100 per cent of projects aligned):

- SO1: Ensure the physical and mental well-being of the most vulnerable people in response to their vital needs;
- SO2: Improve their living conditions;
- SO3: Strengthen their protective environment;
- SO4: Contain the spread of the COVID-19 pandemic and reduce virus-related mortality and morbidity.

To ensure and better track impact, more sectoral indicators were included in the allocations (482 in 2020 against 205 in 2019).

Enhancing coordination

The DRC HF continued to be an inclusive and transparent funding mechanism in the DRC humanitarian landscape, promoting collective response and partnership through the engagement of multiple stakeholders in its decision-making processes.

In 2020, the Clusters were key stakeholders in the allocation processes, with the support of the national and regional teams, including in identifying critical needs and response priorities for allocation strategies; in providing strategic and operational recommendations during the project review process; and in ensuring feedback on implementation and performance of partners.

The allocation processes helped to identify some weaknesses at field level (lack of coordination and operational capacities) and highlighted the complex humanitarian architecture in the DRC.

Supporting localization

In alignment with the World Humanitarian Summit (WHS) and the Grand Bargain commitments on localization, the DRC HF strives to provide flexible funding in a strategic and principled manner for local frontline responders.

In 2020, the DRC HF ensured inclusive governance with equal representation of NGOs in the Advisory Board and in the project review committees. Inclusive coordination was also enhanced by encouraging the active participation of all NGOs in cluster coordination mechanisms, both at national and field level, as a condition of eligibility to receive funding.

Nearly 31 per cent of funding allocated (\$22.9 million) was channeled to 29 national NGOs (NNGOs) and one national Red Cross organization to implement 39 projects in 12 provinces.

Diverse set of partners

In addition to direct funding, UN agencies and INGOs were encouraged to work in partnership with local responders. In that manner, nearly 8 per cent of total 2020 allocations (\$5.9 million) directly contributed to strengthening the resilience of national organizations and supported national staff in the state services and NGOs.

The Fund engaged with new humanitarian partners. Among 66 partners funded in 2020, eight received direct funding for the first time and 14 had not received HF funding the previous year. In addition, 27 organizations were sub-contracted, among which 16 NNGOs.

Enabling operational environment

The DRC HF remained flexible in supporting enabling activities that improve the collective ability of actors on the ground to deliver a more effective response.

¹ The number of beneficiaries is not cumulative and is based on a max methodology used to avoid double counting.

Logistics

Interventions in Mbandaka helped facilitate the delivery of essential humanitarian services, including the setting-up of temporary camps, coordination and information management for logistics, providing a cargo transport service from Kinshasa to Mbandaka and ensuring delivery to project sites as well as mobility within the health zones.

Protection against Sexual Exploitation and Abuse

In 2015 the IASC issued a statement to commit humanitarian workers to actively combat sexual exploitation and abuse (SEA) and to implement this commitment in all crisis response operations. The response to the 11th Ebola outbreak took into account issues related to PSEA at an early stage. With support from the Fund, UNFPA implemented activities to raise awareness of PSEA among all actors involved in the response (partners and government entities) and to put in place mechanisms for the reporting and treatment of cases.

In June 2020, the HFU launched a survey to provide a detailed overview of partners' readiness and capacity on PSEA. The outcome was explored jointly with the PSEA Network Coordinator with the objective to tailor recommendations for partners based on weaknesses identified. Meanwhile, an IASC mission took place in the DRC to assess the situation, and the PSEA Network triggered an update of its action plan.

By the end of 2020, the Fund's Advisory Board decided to endorse a PSEA allocation to support implementation of the PSEA action plan for two years.

Complementarity with CERF

To ensure the delivery of a stronger collective humanitarian response, the DRC HF strives to work in synergy with other sources of funding, such as the Central Emergency Response Fund (CERF).

In 2020, the DRC HF Standard and CERF Underfunded allocations jointly supported population returns, displacements, risk mitigation and protection needs, with interventions in the provinces of Ituri, Kasai, Kasai Central, North Kivu and Tanganyika.

As the HFU coordinates CERF allocations at country level, the DRC HF leverages complementarity between the two Pooled Funds, using the comparative advantages of each to provide a more comprehensive and coherent response. To facilitate geographic targeting, the HFU created interactive maps to report on ongoing CERF-funded activities.

Ensuring accountability to affected population

To make sure that partners developed proposals and implemented activities in close coordination with affected and host communities, providing accessible and functioning feedback and/or complaint mechanisms for beneficiaries, project review and selection included the following two criteria related to Accountability to Affected People (AAP) and cross-cutting issues:

- The project has a clearly articulated AAP framework, including (i) Do No Harm principles, (ii) a complaint and feedback mechanism, and (iii) beneficiaries involved in project design, implementation and monitoring.
- Adequate attention is given to cross-cutting issues throughout the proposal, including: i: gender and age ii: environmental protection iii: mainstreaming protection.

Work is ongoing, with inputs from AAP reference persons at global level, to develop a comprehensive AAP framework.

Promoting cash-programming

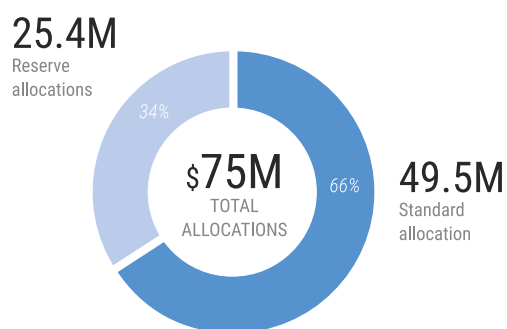
In their project proposals, partners were encouraged to consider a multi-purpose cash transfer modality, when the context, considering security and market conditions.

The technical review of projects with a cash modality ensured that relevant feasibility analyses of cash activities and post-distribution monitoring activities included the consultation of affected people.

The Cash Working Group (CWG) supported the Fund by providing guidance during the preparation of allocation strategies and the review of project proposals.

Moreover, to further improve the coordination of multi-sectoral and multi-purpose cash assistance, as well as enhance better interaction between partners and share good practices in the humanitarian response, the DRC HF funded the position of a Co-coordinator for the National CWG through a Reserve Allocation to enhance coordination.

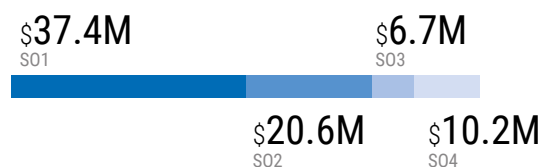
ALLOCATIONS BY TYPE In US\$ million



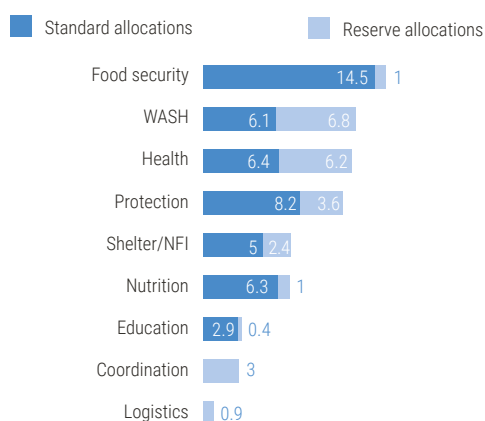
ALLOCATIONS BY STRATEGIC FOCUS In US\$ million

- S01 Ensure the physical and mental well-being of people the most vulnerable in response to their vital needs.
- S02 Improve their living conditions.
- S03 Strengthen their protective environment.
- S04 Contain the spread of the COVID-19 pandemic and reduce morbidity and mortality.

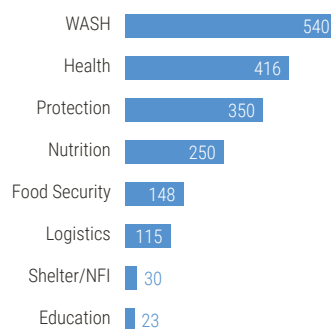
ALLOCATIONS BY STRATEGIC FOCUS



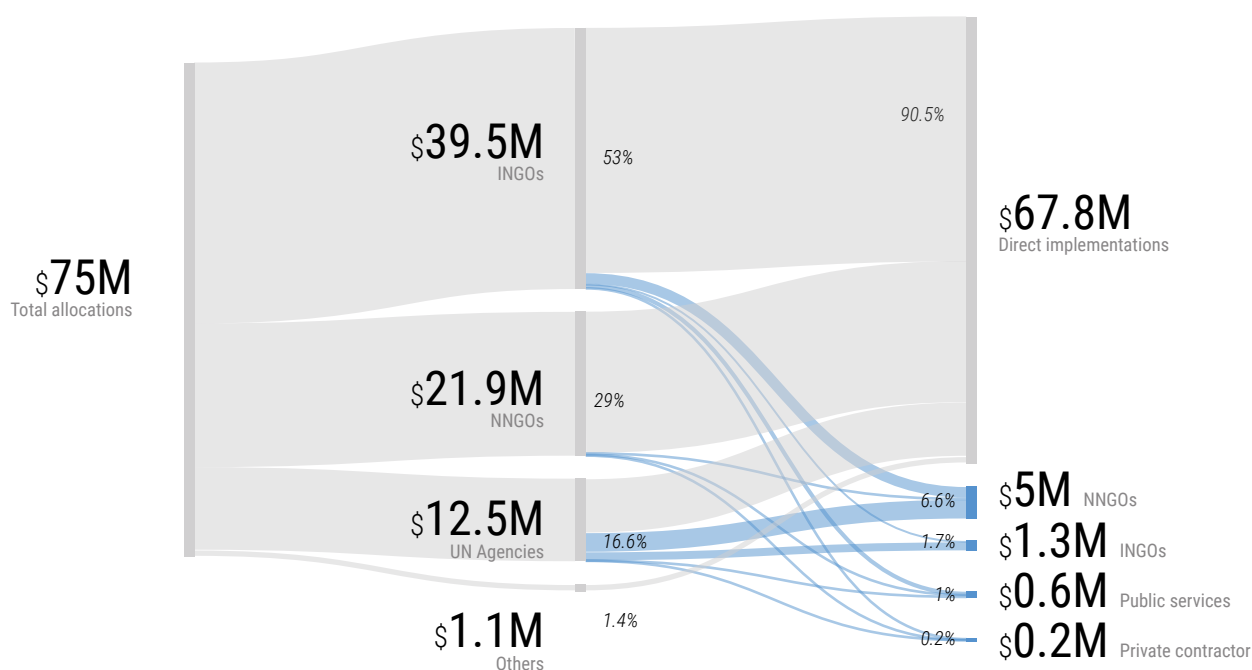
ALLOCATIONS BY CLUSTER In US\$ million



PEOPLE TARGETED BY CLUSTER In thousands of persons

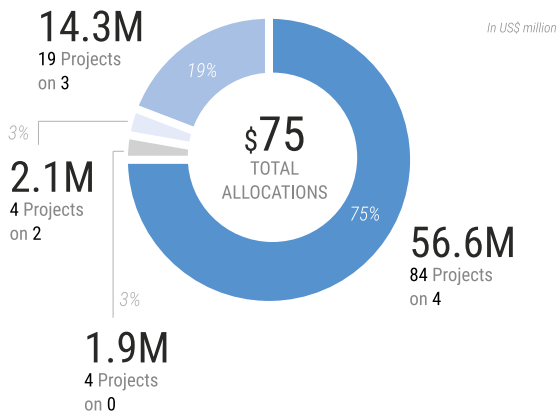


ALLOCATION FLOW BY PARTNER TYPE¹ In US\$ million



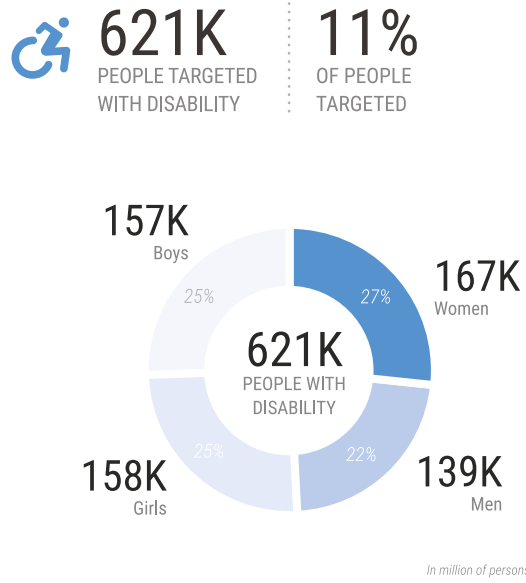
¹ Figures in the chart do not coincide with those in the BI portal, as a more detailed work has been done by the HFU to identify subcontracted services (not necessarily all captured in GMS).

GENDER WITH AGE MARKER



- 0 - Does not systematically link programming actions
- 1 - Unlikely to contribute to gender equality (no gender equality measure and no age consideration)
- 2 - Unlikely to contribute to gender equality (no gender equality measure but includes age consideration)
- 3 - Likely to contribute to gender equality, but without attention to age groups
- 4 - Likely to contribute to gender equality, including across age groups

TARGETED PEOPLE WITH DISABILITY



UNDERFUNDED PRIORITIES

In 2019, the Emergency Relief Coordinator (ERC) Mark Lowcock identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in the allocation processes.



Support for **women and girls**, including tackling **gender-based violence, reproductive health and empowerment**



Programmes targeting **disabled people**



Education in protracted crises



Other aspects of **protection**



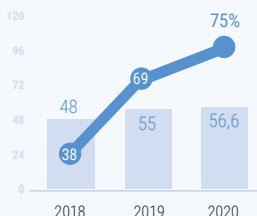
Ensuring the participation of women and girls, while engaging men and young generations, is key to ensure protection from GBV.

62 projects address **gender based violence** in their activities.

\$56.6M

or **75%** of projects funded by CBPFs contributed to **gender equality**.

Allocations to gender equality in US\$ million



In line with the 2020 HRP, the DRC HF allocations encouraged partners to identify and target the needs of disabled people.

The **DRC Humanitarian Fund** prioritized programmes targeting **disabled people**,

621K beneficiaries

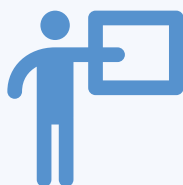
11% of total 2020 beneficiaries



While Education has been underfunded within the humanitarian response in the DRC¹, the Fund continues to work on further supporting the sector.

\$3.3M

allocated to **education** sector supporting



4 projects, targeting over **23,398** beneficiaries including **8,608** girls and **8,924** boys



Due to persistent crises across the country, funding granted to protection has considerably increased over the years, going from \$3.6 million in 2017 to \$11.8 million in 2020, ensuring complementarity through a comprehensive package with other clusters (education, child protection and WASH).

Increasing amount of funding in the **protection** sector

Allocations in protection sector in US\$ million

\$11.8M allocated **34** projects **349,766** beneficiaries in 2020



¹ With \$57.6 million for the HRP and \$25.4 million allocated through the DRC Humanitarian Fund since 2015, according to Financial Tracking Services.

Enhanced impact in the underfunded priorities

In 2020, the DRC HF allocations encouraged all partners to include women's participation, protection, mainstreaming and disability in their project proposals.

In 2021, the DRC HF is committed to work further with its stakeholders to ensure that the underfunded priorities are strategically embedded in the positioning of the Fund and in the allocation strategies, as well as reflected system-wide and at governance and project implementation levels.

Support for women and girls

In 2020, women and girls were further exposed to the risk of GBV and lack of access to health services due to crowding caused by restrictions on movement and confinement. During the year, 51 per cent of people targeted with much needed humanitarian assistance through the HF allocations were women and girls.

To ensure that the needs of women and girls are fully considered in the interventions, partners were provided guidance on gender mainstreaming in projects and the GAM tool. At governance level, the Humanitarian Coordinator incorporated a Gender Advisor in the Advisory Board as an observer to advise on gender aspects in the allocation processes.

DRC HF funding was instrumental in creating a PSEA coordination mechanism to ensure the commitment of actors involved in the EVD response in Equateur to prevent and address sexual exploitation and abuse (SEA) and support safe community mechanisms for reporting.

Programs targeting disabled people

According to estimates in the revised version of the 2020 HRP, 1.4 million people were targeted for an inclusive humanitarian response (which represents 15 per cent of the targeted population in the 2020 HRP).

Since 2019, the Fund's disability-disaggregated data collection and analysis has been reinforced. The number of disabled people targeted by HF-funded projects increased to 621,404 in 2020 from 290,547 in 2019.

While the specific needs of disabled people were taken into account in the 2020 HRP, thus helping in advocating for inclusion, support to coordination mechanisms and humanitarian actors remains crucial to ensure a more inclusive humanitarian response. The second phase of FHIDAH's project will help partners to systematically conduct inclusive assessments to identify people with disabilities and their needs.

Protection

Interventions prioritized vulnerable groups – children, women, and people with special needs. In addition to insecurity and displacements, the COVID-19 pandemic exacerbated protection concerns and required enhanced psychosocial and referral support, strengthening the protective environment for the most vulnerable children, creation of safe spaces for the protection and empowerment of women and girls, and better access to housing, land and property.

DRC HF funding empowered partners to create and expand the capacity of emergency hotlines available in the country, including the 122 Helpline in the COVID-19 response, to strengthen remote GBV case management services.

Promoting the integration and centrality of protection including actions related to AAP, age and gender equality, and inclusion of PwSN (including people with disability) are mandatory requirements for each project proposal submitted to the DRC HF. In 2020, the Fund improved its own AAP mechanisms by setting up a toll-free number that beneficiaries of all projects can call to provide feedback.

Education in protracted crises

The Fund is committed to create strategic partnerships and ensure joint prioritization with other education-oriented initiatives. In 2020, the Fund participated in the Review Committee of activities funded through the Education Cannot Wait initiative, ensuring complementarity with HF-funded projects.

The Fund supported access to education for girls and boys affected by insecurity, population movements, and the COVID-19 pandemic once schools reopened in the country.



Bukavu. Venant at his shoemaker workshop.

Credit: Esther Nsapu

More inclusion, fewer barriers

“Sometimes, you stop a bus and the driver says you can't get on because you won't be able to pay”. Venant Mataboro often experiences this situation when he goes to his workshop. He has been repairing shoes for many years in the city of Bukavu, in eastern Democratic Republic of the Congo.

Father of five children, he gets up every morning to support his family. With a crutch in his hand and willingness on the shoulder, his days are often strewn with difficulties that are hardly visible to others.

When he doesn't earn enough to pay his return, he has to walk home. At his pace, one kilometer often takes a long time.

Beyond the daily discriminations, lack of income, issues to secure food and physical barriers such as doorsteps or almost non-existent sidewalks that are usually not adapted to people with limited mobility like Venant, COVID-19 has further compounded existing inequalities and vulnerabilities.

Since the first case of COVID-19 was confirmed in the DRC, on 10 March 2020, protection measures have been implemented in the country. People with disabilities have experienced new barriers to respect basic measures such as

handwashing and maintaining physical distancing. Access to adequate water, sanitation and hygiene (WASH) facilities or to public health information has also become quite challenging.

“I often go to the Uzima Health Center to receive free health care or to accompany a family member. Before, it was a problem for us, people living with disabilities, because there were no latrines adapted to our physical conditions”, Venant explains.

Taking into account the specific needs of vulnerable people for WASH services and adapting them accordingly is crucial in a COVID-19 context. Between June and December 2020, the organisation TEARFUND, with funding of the DRC Humanitarian Fund, built good quality WASH infrastructures in 12 health centers to enable people, including persons with disabilities, to reach and use facilities in the long term. In addition to sustainable services, the organization also distributed hygiene kits to 1,200 vulnerable families, including people with disabilities.

Like Venant, 3.8 million people with disabilities needed assistance in the DRC in 2020. The inclusion of disabled people in the Humanitarian Response Plan encouraged partners to better consider this vulnerable group in their interventions. In 2020, 621,404 disabled people were targeted through HF funding. While this figure more than doubled compared to 2019, efforts still need to be provided to ensure more effective support for disabled people in the DRC humanitarian response.

DRC HF 2020 ANNUAL REPORT

FUND PERFORMANCE

The DRC HF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyze and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

PRINCIPLE 1

INCLUSIVENESS

A broad range of humanitarian partner organizations (UN agencies and NGOs) participates in CBPF processes and receive funding to implement projects addressing identified priority needs.

1 Inclusive governance

The Advisory Board (AB) has a manageable size and a balanced representation of CBPF stakeholders.

Target

Three (3) national NGOs; three (3) international NGOs; three (3) UN Agencies; and three (3) donors' representatives.

Results

In addition to the Chairman (Humanitarian Coordinator), and permanent members (OCHA Head of Office, UNDP Representative), the AB is composed of twelve (12) members: three national NGOs (Caritas Congo, ALDI, AIDES), three international NGOs (ACTED, NRC, ONGI Forum), three UN Agencies (UNICEF, WHO, WFP), and three donors (Sweden, The Netherlands, United Kingdom). A Gender Capacity Advisor to the HC also participates as an observer.

While UNDP retained a seat in the AB as a managing agent to ensure a follow-up of projects funded before 2020, UN Women was appointed as an observer and later replaced by a GenCap advisor to ensure a gender component in the allocations.

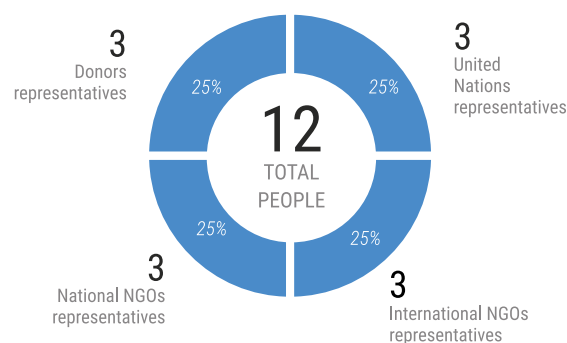
Follow up actions

The HFU will ensure that:

- Each constituency carries an appropriate consultation.
- Each constituency remains informed about allocation strategies and recipients before decisions are made.
- A Gender focal point supports strategic decisions at each AB meeting.

Besides, the HC called for an AB retreat to discuss the key functions of the DRC HF in early 2021.

COMPOSITION OF ADVISORY BOARD



2 Inclusive programming

The review committees of the Fund have the appropriate size and a balanced representation of different partner constituencies and cluster representatives.

Target

Strategic Review Committee (SRC): for a Standard Allocation modality, the SRC has representatives of three stakeholder groups (Cluster, HFU and CRIO). For a Reserve Allocation modality, the SRC has representatives of two stakeholder groups (HFU and Cluster). Care is taken to ensure UN and NGO participation, and organizations submitting proposals are barred from participating. Membership is determined by the Cluster and HFU at the beginning of each allocation.

Analysis

Following the review of the Operational Manual, the composition of the AB was revised to ensure appropriate size and balanced representation of CBPF stakeholders.

Technical Review Committee (TRC): includes at least two members (one Cluster coordinator or co-facilitator for technical aspects; and one representative of HFU for programmatic and financial aspects).

To reach equal number of stakeholder representatives, the AB now has three members for each constituency, including the national NGOs. All members were nominated and/or elected by their respective constituency and endorsed by the HC.

REPRESENTATIVES IN THE REVIEW COMMITTEES

of representatives that participated in average in Strategic and Technical Review Committee



In 2020, five AB meetings were held, and the new members first participated in December 2020.

PRINCIPLE 1

INCLUSIVENESS

Results

In 2020, 61 members from 40 HF eligible partners (19 INGOs, 13 NNGOs and 8 UN agencies) participated in 25 committee reviews organized by the HFU and the respective cluster coordinators / co-facilitators to review the projects submitted under the Standard Allocation and four Reserve Allocations.

Most of the Clusters maintained the same composition for both the strategic and technical review committees. While the committees had the presence of at least one member of Clusters, INGOs, NNGOs and OCHA HFU, the absence of NNGOs in three committees for the RA COVID-19 was noted, as well as of INGOs in two committees for RA Hauts-Plateaux, and of UN Agencies in one committee for the RA Ituri.

In the frame of three other Reserve Allocations, the committees were held only by the Clusters coordinators/ co-facilitators and HFU members, due to the nature of the allocation:

- RA – Mbandaka: the review was limited to the HFU and the cluster coordinators because the number of humanitarian actors active in the area was limited as it was a new area of intervention.
- RA – Inclusion: the review was conducted by the Protection cluster co-facilitator, the HFU and OCHA as representative of the ICCG.
- RA – Coordination: The reviews were limited to the HFU and the cluster coordinators.

The Strategic and Technical Review Committees had inclusive representation, in line with the 2020 Operational Manual, with the exception of the Protection Review Committee, where the project review included the different sub-clusters (Child protection, Housing, land and property, GBV, and Mine Action).

Analysis

For all 2020 allocations, cluster coordinators were asked to set up the respective committees and to share the members' contact details with the HFU, while ensuring that applicants are not members of the committee, and that the same people are not in the same committee to avoid any conflict of interest.

Guidance notes were developed by the HFU to support members and briefing sessions were held prior to the process to ensure that all members were well informed, especially considering that the project evaluation used the global GMS scoring card for the first time. Before each online committee, the HFU also reiterated the code of conduct, stressing the principles of confidentiality and impartiality in the process.

Besides, in the absence of a gender network supporting the humanitarian operation in the DRC, the review process did not benefit from the presence of a gender expert in the committees. Nevertheless, the HFU shared initial feedback on gender-related aspects of the projects recommended during the technical review.

According to a survey launched as part of an After Action Review exercise of the Standard Allocation process, 70 per cent of participants indicated that the composition of the Review Committees was the result of a transparent and inclusive process. The survey was completed by 65 partners (out of 126 eligible), of which 72 per cent were NNGOs.

As good practices arising from the allocation process, partners identified the inclusion of all stakeholders, in particular NGOs in the review committees, and the involvement of regional clusters in decision-making and partner evaluation process. Besides, adapting to the GMS system has been a challenge for new partners.

Other constraints encountered included the availability of all identified members, lack of preparation before the review committees, thus impacting on the time spent to analyse projects, and connection problems during the online review.

It is worth noting that the access to the GMS granted to cluster coordinators has contributed to strengthening their role in ensuring the efficiency, transparency and quality of the strategic and technical review committees.

Follow up actions

With the presence of a GenCap advisor, the HFU is discussing the best approach for the 2021 allocations. In collaboration with the cluster coordinators, the HFU is also working to identify mitigation measures to address the challenges and constraints faced in 2020. Moreover, better and more detailed feedback will be provided to partners on GMS regarding rejected projects in 2021.

PRINCIPLE 1

INCLUSIVENESS

3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

Target

- Prioritization of direct implementation accounting for at least 80 per cent of DRC HF funding annually.
- 90 per cent of projects allocated to partners who have confirmed sectoral experience and operational presence in the geographical area targeted in the allocation strategies.

Results

In 2020, prioritization of direct implementation accounted for 92 per cent of the DRC HF funding.

During the year, 53 per cent of total funding was granted to INGOs; 31 per cent to national partners (including NGOs and Red Cross); and 17 per cent to UN Agencies.

For interventions in Kinshasa and Mbandaka, funding was granted to organizations that confirmed their capacity to operate in that particular environment.

Analysis

While in 2019, 24 per cent of total funding went directly to national organizations, the Fund exceeded the global Grand Bargain target in 2020, with almost 31 per cent of annual funding going to national partners, including NGOs and the Red Cross.

It is worth mentioning that 8 per cent of DRC HF funding was channelled to national entities, including local institutions and national sub-implementing partners.

For the UN agencies, the level of funding granted increased to 17 per cent, from six per cent in 2019, as they were best positioned to implement specific interventions.

- In response to COVID-19 and in Mbandaka, five UN Agencies had a confirmed presence and capacity to operate in the intervention areas.

- UNFPA was mainly funded to support GBV case management (for the Standard Allocation, RA COVID-19 and RA Ituri), as it could not be fully guaranteed by other actors.
- Also considered as the best actor to operate and deliver, UNICEF received \$3.5 million mainly for WASH and nutrition activities (37 per cent of this funding was for nutritional inputs).

In addition, as a result of the Partner Performance Index (PPI) revision, the risk level of 16 INGOs was moved to a higher level, thus lowering the available ceiling per project.

In 2020, some HF partners were compelled to work with sub-implementing organisations in Ituri and South Kivu due to insecurity and inter-communal conflicts, and in Maniema and Tanganyika due to the weak humanitarian operational presence and difficult physical access.

Follow up actions

Besides providing an increased share of direct funding to local NGOs, the Fund will also seek to support enhanced coordination with local organizations and encourage partnership with local responders.

The active involvement of partner organizations in cluster activities is essential. The HFU will ensure that a more detailed review of their active membership, technical expertise and community involvement at the health zone level is taken into account.

4 Inclusive engagement

Resources are invested by OCHA's Humanitarian Financing Unit (HFU) in supporting the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

Target

- All new partners are trained on GMS modalities and HFU operational modalities;
- All eligible partners benefit from a CBPF proposal writing refresher sessions (lessons learned); and
- All successful partners are trained on the DRC HF Accountability framework (assurance activities); with special attention to risk management, fraud prevention and PSEA.

PRINCIPLE 1

INCLUSIVENESS

Results

In 2020, two rounds of trainings were organized:

- February 2020 - induction on CBPF Project proposal writing, Gender Age Marker (GAM) and introduction to new financial rules and regulations, resulting from the MA transition.
- December 2020 – refresher sessions on Financial rules and regulations, with particular focus on reporting modalities and audits.

TRAININGS



Training type	Organizations type	# of org. trained	# of people trained
Induction on CBPF Project proposal writing + GAM (February 2020)	UN	6	12 people
	INGOs	34	64 people
	NNGOs	76	144 people
Finance Training (December 2020)	UN	1	3 people
	INGOs	22	67 people
	NNGOs	23	65 people
Total			355 people

Analysis

Following the transition of the Managing Agent (MA) in 2020, it was essential to organise induction sessions with partners to introduce the new rules and regulations established under the CBPF Global guidelines.

Prior to the launch of the first allocation, the HF organized trainings in different locations (Bukavu, Goma, Kalemie, Kananga and Kinshasa) to introduce the new operational modalities, due diligence, allocation process, project revision, reporting requirements (narrative and financial), assurance activities (spot checks, monitoring, audits), risk management, fraud and the GAM. The budget section for the Project Proposal was introduced by a Finance Officer from the OCHA CBPF section.

Throughout the review process, the financial section was quite challenging for partners, as they had to take into account the new financial regulations. More back and

forth was observed between partners and HFU focal points to ensure that the budget met the requirements before submission to CBPF for approval.

Therefore, the HFU organized refresher sessions on financial aspects in early December 2020. According to a satisfaction survey launched after the session, 69 per cent of the respondents (34 partners, of which 28 NNGOs) have acquired a better understanding of the HFU's expectations about budgeting. Besides, 78 per cent of the respondents feel more confident to prepare and effectively manage the budget of an HF-funded project.

A set of various coordination activities were also carried out throughout the year:

- Roll-out of the Operational Manual, with partners and CRIO members, in April 2020.
- Session on Standard Allocation process with partners, ICN and clusters members, in July 2020.
- Session on strategic and technical review process with Clusters committees, in July 2020.
- Quarterly meetings with partners, in April and November 2020.
- Online GMS clinics held post to the launch of each allocation to support the partners with their project proposals, in group or through bilateral sessions.

It should be noted that partners are more committed in their participation in HFU trainings and information sessions.

Follow up actions

OCHA HFU will continue to conduct similar trainings in advance of future allocations and provide technical support to partners in 2021, taking into account the frequent staff turnover in partners' organizations. The Fund will also investigate on the need for specific trainings, especially targeting capacity of NNGOs.

PRINCIPLE 2

FLEXIBILITY

The programmatic focus and funding priorities of CBPFs are set at the country level and may shift rapidly, especially in volatile humanitarian contexts. CBPFs are able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

5 Flexible assistance

CBPF funding is allocated for cash assistance.

Target

10 per cent of the funding is allocated to cash assistance.

Results

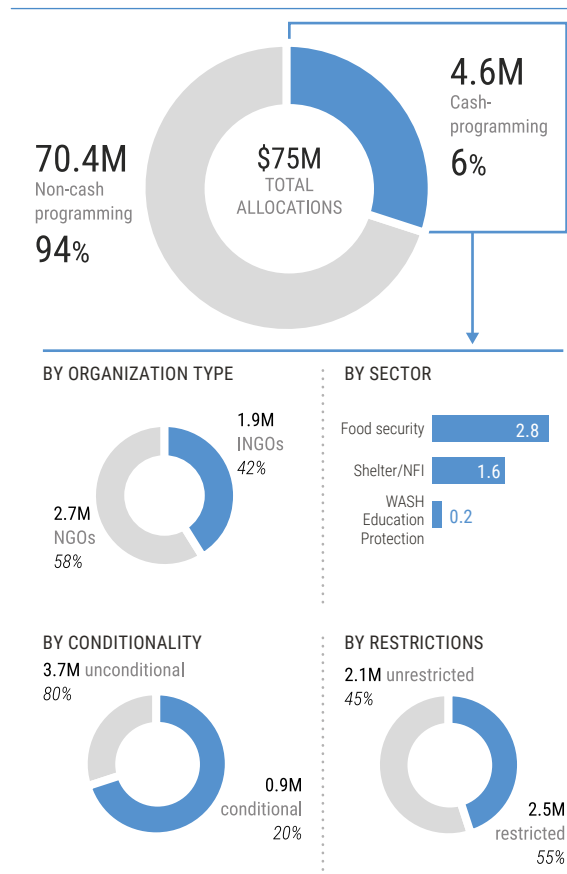
In 2020, 6 per cent of HF funding (\$4.6M) was allocated to cash assistance.

Five sectors have integrated the cash transfer modality in their interventions: Food security (\$2.8 million), Shelter and NFI (\$1.6 million), Protection (\$0.1 million), Education (\$0.09 million) and WASH (\$0.02 million).

While all allocation strategies promoted the cash transfer modality, several parameters limited the partners' prioritization. Challenges reported for the implementation of this modality include:

- Persistence of armed conflicts affecting the strategy;
- Limited capacity of financial services to expand their operations due to security and access constraints;
- Low market opportunity;
- Inflation rate resulting in discrepancies between data from market assessments and the value of inputs during project implementation;
- Weak presence of financial services and mobile money operators;
- Challenges with local banks and phone operators (contract and distribution).

CASH TRANSFER PROGRAMMING



Follow up actions

OCHA HFU will ensure more follow-up on activities with a cash component in 2021 and will increase the engagement of the Cash Working Group in the development of HF allocation strategies, strategic review of project proposals and technical review of preselected projects.

Analysis

Out of 111 projects funded in 2020, 29 projects considered cash transfer as an intervention modality for an overall budget of \$4.6 million, representing 6 per cent (compared to 4 per cent in 2019, with 14 projects). Partners funded through the Standard Allocation granted \$3.6 million to their activities with a cash component, and \$1 million for the Reserve Allocations.

PRINCIPLE 2

FLEXIBILITY

6 Flexible operation

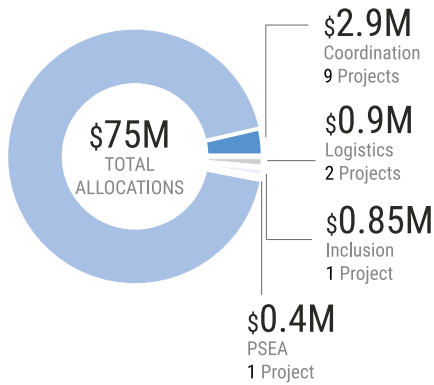
CBPF Funding supports projects that improve the common ability of actors to deliver a more effective response.

Target

At least 10 per cent of the funding is allocated to common services projects.

Results

ALLOCATION THROUGH COMMON SERVICES



Analysis

Nearly 7 per cent of 2020 allocated funds are intended to support humanitarian coordination activities (\$2.2 million) inclusion in the humanitarian response (\$0.9 million), logistics (\$0.9 million) and PSEA (\$0.4 million).

Follow up actions

The Advisory Board has requested that this type of allocation do not exceed 10 per cent of total allocation funding in 2021.

In 2019, HFU had prepared a review note on the quality and sustainability of HF-funded activities in logistics and partner performance. Based on this document, the Advisory Board recommended more sustainable interventions in 2020, including monitoring and technical expertise. In that manner, a reserve allocation in Logistics will be further discussed in 2021.

While a new allocation for Coordination was approved in 2020, the Advisory Board still recommended that an impact analysis be conducted for any potential expansion of projects under HF funding or through other donors.

7 Flexible allocation process

CBPF funding supports strategic planning and response to needs identified in the HRP/ strategic documents and sudden onset emergencies through the most appropriate modalities.

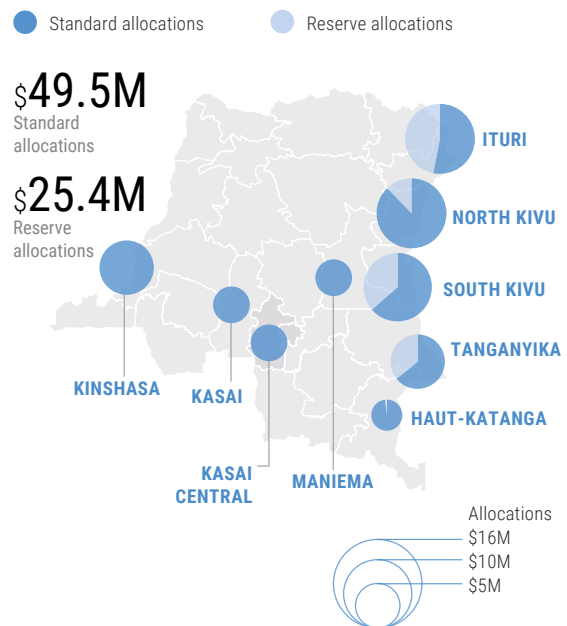
Target

- 70 per cent of the funding is allocated through Standard Allocations in response to the HRP/ strategic documents
- 30 per cent of the funding is allocated through Reserve Allocations (including strategic programs);
- 40 per cent of Standard Allocation funding granted for projects of a duration of 12 months or more).

Results

- 66 per cent of the 2020 funding was allocated through one Standard Allocation.
- 34 per cent of total funding was allocated through seven Reserve Allocations.
- 80 per cent of the Standard Allocation funding was granted for projects of 12 months or more.

ALLOCATION TYPE BY REGION



Other provinces: Sankuru 2.6M; Kasai Oriental 2.1M; Equateur 2M; Haut-Katanga 1.4M; Haut-Lomami 1.2M; Tshopo 0.8M; Kwilu 77K; Kongo Central 23K

PRINCIPLE 2

FLEXIBILITY

Analysis

In 2020, the CPF targets were reversed to ensure more funding for the Standard Allocation to support a more sustainable intervention.

In that manner, funding for the Standard Allocation represented 66 per cent of total HF funding in 2020, compared to 55 per cent in 2019. And 34 per cent of total 2020 funding was granted to seven Reserve Allocations, including six allocations responding to the acute needs of vulnerable populations in the second quarter of the year.

Follow up actions

OCHA HFU will continue to channel most HF funding through standard allocations and use the reserve modality for unforeseen critical emergencies that require a more rapid response.

In 2021, a collective review of the Fund's strategic vision will be undertaken, in the frame of an Advisory Board retreat. It will also be the opportunity to further discuss the roles of stakeholders, consider the workflows and processes for future allocations, the accountability framework and the mobilization of resources.

8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

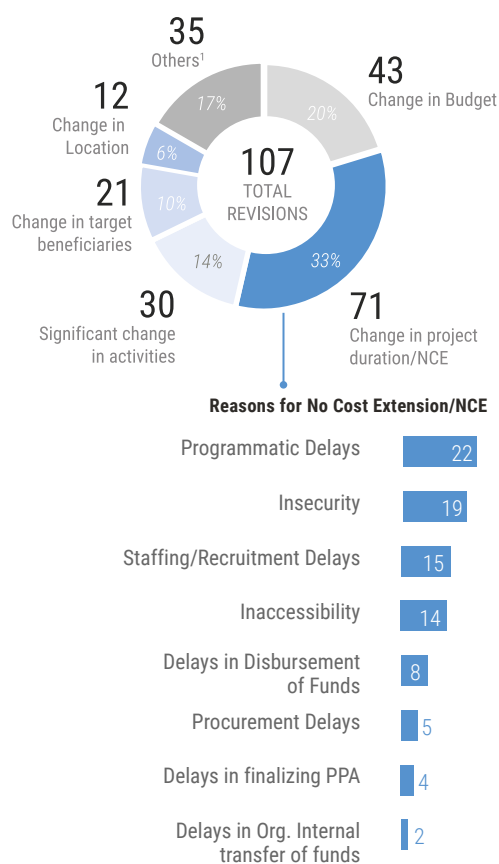
Target

- Number of revisions processed by revision types. The HFU is tracking all partners' reprogramming requests on GMS and ensuring proper feedback.
- Project revision requests are processed within 20 working days.

Results

- In 2020, 107 revision requests were received.
- The project revision requests were processed within 49 working days.

NUMBER OF REVISIONS IN 2020



¹ Including 9 changes in outputs, 3 changes in recipient organization, 20 changes in projects due to COVID-19, and 3 for other reasons such as reporting issues and revision of some activities.

Analysis

In 2020, the HFU received 107 revision requests compared to 41 in 2019, including for 67 projects funded before 2020 and 18 projects funded in 2020.

While the increase in the number of revision requests demonstrates the flexibility of the Fund, it also raises a concern about the alignment of revised activities with the HF original allocation strategy.

Of the 107 revision requests received during the year:

- Nearly 77 per cent were submitted by 29 INGOs (6 INGOs submitted 4 to 6 revision requests; and 20 projects implemented by 18 INGOs were subject to more than one request).

PRINCIPLE 2

FLEXIBILITY

- 56 per cent were linked to projects funded through reserve allocations in 2019, of which 28 from INGOs, 10 from NNGOs and 3 from UN Agencies.
- 13 revision requests were linked to the 2020 Reserve Allocation for COVID-19 and were submitted mostly due to programmatic and disbursement delay.
- Six revision requests were rejected, either because the rationale of the request was not relevant, or the request was not in line with the 2019 operational modalities (timeline and budget).

Besides, 12 projects implemented by seven INGOs benefitted from a cost extension, amounting to \$2.03 million.

Along with other CBPFs, the DRC HF rolled out flexibility measures introduced due to COVID-19.

While 74 revision requests were received between March and December 2020, the number of requests submitted due to COVID-19 did not exceed 20 per cent of the total submitted. The remaining requests were mostly linked to the operational environment such as security incidents, physical access and weak programming.

Most revision requests received in 2020 implied changes in project duration/NCE, in budget, in activities and in target beneficiaries.

Twenty NCE requests were submitted due to COVID-19, mainly for the following reasons: positive cases among staff, preventive closure of the office, isolation of the city preventing intervention in specific areas, staff recruitment delays, temporary suspension of activities, border closure, interruption of school classes, reduction of monitoring activities, suspension of activities with more than 20 people and interruption of mass campaigns.

It is worth mentioning that the role of the clusters in the revision process was reintegrated in 2020 in order to be aligned with the overall workflow. Information sessions were organized with partners in this regard.

In 2020, the average processing time for project requests review was well above the target, with 49 working days.

Constraints encountered during the review process include internal administrative challenges in a COVID-19 context;

delays due to the introduction of the clusters' new role on GMS and the rotation of cluster coordinators during COVID-19; delays at the headquarters level; sign-off processes between the UNDP country office, OCHA country office, OCHA headquarters, and MPTF Office; and the increase in the number of review requests.

While the online process was completed in reasonable time, signing the amendment to the grant agreement as well as uploading to GMS took longer than usual, in part due to the unavailability of digital signatures and limited physical access by staff.

Follow up actions

In 2021, the Fund will remain flexible, enabling partners to review projects when necessary and appropriate. In that manner, targeted information sessions on review requests will be provided by the HFU.

For the timeline, while the estimated average time to process revision requests is four weeks (as per the global guidelines), the HFU will take advantage of its increased capacity to proceed in less time, when possible.

The HFU will work to better capture the impact of changes on priority needs to be covered by HF funding, consistent with the allocations approved by the Advisory Board and the Humanitarian Coordinator.

For the 2021 allocations, the HFU will strengthen its quality control throughout the process to ensure that funded projects are based on an updated and tangible needs assessment.

PRINCIPLE 3

TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

9 Timely allocation

CBPFs allocation processes have an appropriate duration.

Target

Standard Allocation:

- Maximum of 48 working days of the allocation process from the closing date of the allocation (submission deadline) to HC approval of selected projects.
- A Standard Allocation is launched during the first quarter of every calendar year

Reserve allocation:

- Maximum of 25 working days of the allocation process from the closing date of the allocation (submission deadline) to HC approval of selected projects.

Results

Milestones	Category	2018	2019	2020
From allocation closing date to HC signature of the grant agreement	Standard Allocations	37	46	68
	Reserve Allocations	20	22	45

Analysis

The Standard Allocation was launched at the very end of the first quarter to ensure that the strategy is fully aligned with the revised HRP due to the COVID-19 pandemic and that restrictive measures do not disrupt potential interventions.

During the year, the HF received and reviewed 301 project proposals (compared to 260 in 2019), representing a total of \$49.4 million. The high number of project proposals can be explained by a high level of partners eligible to the Fund (126) as well as by the significant underfunding of the 2020 HRP. This increases the pressure on the Fund to process in a timely manner and ensure quality project review.

Beyond the high number of project proposals to be analysed by the Cluster review committees, the review process took longer in 2020 for the following reasons:

- Set up of the committees;
- Capacity of the Cluster committees to support several parallel HF allocations;
- Several back and forth between partners and HFU during the technical review to reach quality projects, with particular focus on budget lines;
- Logistics constraints due to COVID-19;
- Signature process.

Moreover, the dual management of disbursement between the MPTF Office and OCHA contributed to considerable delays in the allocation timelines. The issue was raised in the last AB meeting. The members asked for collective advocacy to the Executive Officer for being exempted from the MPTF Office role.

It is worth noting that access of Clusters to GMS allowed for a better tracking of their strategic and operational inputs.

Follow up actions

In 2021, the Advisory Board will follow up on the collective advocacy with the Executive Officer regarding the MPTF Office role.

The HFU will continue to strengthen its communication in order to help partners to better understand what is expected and support them to modify project proposals in due course.

10 Timely disbursements

Payments are processed without delay.

Target

2 to 15 working days from Executive Officer (EO) signature of grant agreement to first payment.

Results

- Average number of days for Standard Allocations: 7 days.
- Average number of days for Reserve Allocations: 8 days.

Analysis

In 2020, the transfer of the MA function to OCHA helped improve the performance of the allocation process in a timely manner.

It should be mentioned that the HF process included for the first time in 2020 the signature of the grant agreement by the EO. In previous years, with OCHA/UNDP management, the target referred to the UNDP signature.

While this indicator was well performed during the year, slight delays were observed for specific projects due to due diligence updates (despite reminders sent to partners to review their information before each allocation).

PRINCIPLE 3

TIMELINESS

In addition, the 2020 operational modalities foresee a first disbursement to partners of between 80 and 100 per cent to ensure a better start of the activities.

Follow up actions

As mentioned above, the Advisory Board will follow up on the possibility of being exempted from the MPTF Office role.

With the completion of the MA transition at the global level, and a standardized implementation approach for all CPBF fully managed by OCHA, the average number for that target is likely to decrease.

Most of donor contributions (57 per cent) arrived in the last half of the year. Over 69 per cent of all contributions were received less than one month after the pledge, allowing the HF to adopt anticipative approach to allocations' envelopes.

It is worth to note that the sharp decrease in UK year-end contribution to the Fund (from \$30 million in 2019 to \$4 million in 2020) affected the weight of the carry-over for 2021.

Besides, among 10 2020 donors, Germany signed for multi-year commitments (2020-2022; \$17 million).

Follow up actions

The HFU will continue to proactively advocate for more predictable financial resources, encouraging receipt of committed contribution earlier in the year, as well as signing multi-year funding agreements.

11 Timely contributions

Pledging and payment of contributions to CBPFs are timely and predictable.

Target

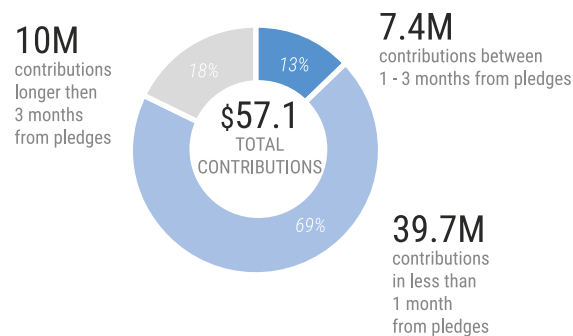
- Payments made within less than 1 to 3 months.
- Number of donors with multi-year commitments.

Results

Analysis

By the end of the second quarter (June 2020), almost 43 per cent of total annual contributions had been paid, compared to 34 per cent in 2019.

CONTRIBUTIONS TIMELINESS



PRINCIPLE 4

EFFICIENCY

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

12 Efficient scale

CBPFs have a significant funding level to support the delivery of the HRPs.

Target

15 per cent of HRP funding received.

Results

In 2020, the contributions of the DRC HF represented 7 per cent of the total funding received for the HRP in the DRC (\$811.5 million).

Analysis

While 2020 was marked by an exceptional operational context, mainly due to the COVID-19 pandemic, the DRC HF contributions amounted to nearly 7 per cent of the total funding received for the country HRP.

Compared to 2019, four main donors (Belgium, Canada, Germany and The Netherlands) increased their contribution between 25 to 60 per cent; four others (Sweden, Ireland, Norway and Luxembourg) maintained the same level of contribution; the Republic of Korea renewed its commitment and the United Kingdom decreased its contribution by 75 per cent. If the UK had granted the same amount as for 2019 (\$30.1M), the total 2020 contribution would have reached 10 per cent of total funding received for the 2020 HRP.

Follow up actions

In order to increase available funding to cover 15 per cent of the HRP funding received in 2021, the HFU will define a resource mobilization action plan to maintain support from existing donors; reach out to new potential donors to the Fund; diversify sources of contributions; and increase visibility of the humanitarian situation in the DRC by raising the HF public profile and acknowledging donor support.

13 Efficient prioritization

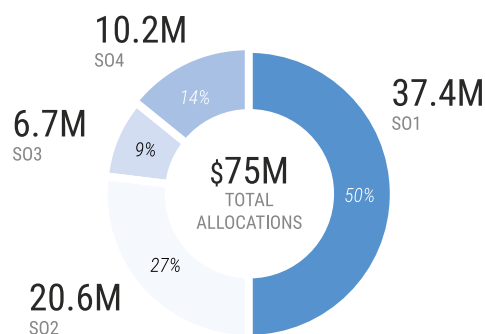
CBPF funding is prioritized in alignment with the HRP.

Target

A minimum of 80 per cent of funded projects address HRP strategic priorities.

Results

ALLOCATION BY HRP STRATEGIC OBJECTIVES



- S01 Ensure the physical and mental well-being of people the most vulnerable in response to their vital needs.
- S02 Improve their living conditions.
- S03 Strengthen their protective environment.
- S04 Contain the spread of the COVID-19 pandemic and reduce morbidity and mortality.

Analysis

In 2020, 100 per cent of projects addressed the HRP strategic objectives, including 50 per cent to support S01; 27 per cent went to activities supporting S02, 9 per cent to S03, and 14 per cent to S04.

Follow up actions

Considering the changing operational environment and situation in the DRC, the DRC HF will maintain efforts to ensure efficient prioritization with the needs of all vulnerable people in the country appropriately reflected in allocation strategies and HF-funded programming.

OCHA HFU will strengthen inclusiveness during the elaboration of the allocation strategy and during the selection process, ensuring an efficient consultation process.

PRINCIPLE 4

EFFICIENCY

14 Efficient coverage

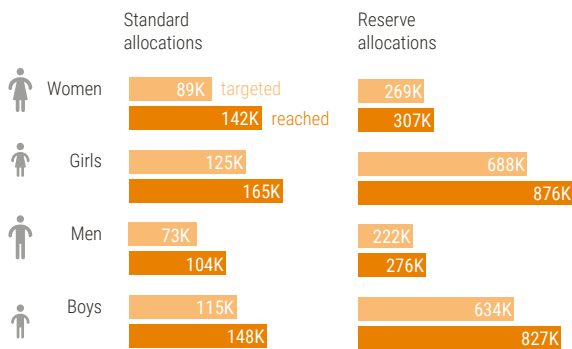
CBPF funding reaches people in need.

Target

100 per cent of projects ending in 2020 reached their initial target (as reported in the final narrative reports).

Results

PEOPLE TARGETED AND REACHED BY GENDER AND AGE



Analysis

While cumulatively 5.7 million people were reached, the figures reported in 2020 indicate that nearly 2.8 million people were reached with assistance when using the maximum figure per province to minimize double counting. The disaggregated data shows that women and girls were more targeted by the interventions. Also, more people were targeted and reached through interventions funded under the Standard Allocations. It is worth mentioning that the results reported in 2020 stem from 65 projects funded in 2019, 43 per cent of which were funded by the Standard Allocation.

Besides, the HFU made significant progress in 2020 toward closing out projects that have been pending since 2015 on GMS, following the MA transition. In that manner, results from seven projects funded in 2015 were included in the 2020 extraction. However, they were not considered in the 2020 Annual Report, as they would have significantly affected the reporting, especially for reached beneficiaries.

Closer monitoring of partners with overdue reports was conducted in 2020, and partnership of the concerned partners was suspended until the reports were submitted.

Follow up actions

In 2021, discussion with partners and clusters will be undertaken to improve disaggregated data collection and analysis of people reached, taking into account aspects of gender and inclusion of people with special needs.

15 Efficient management

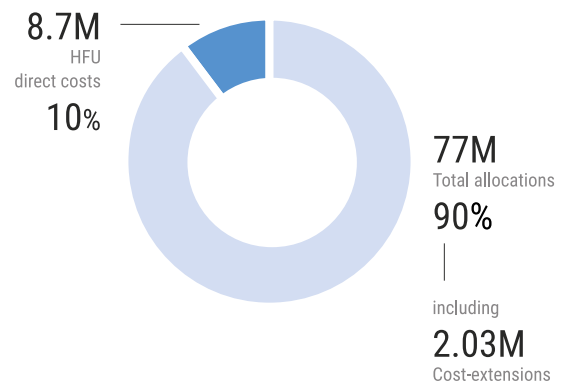
CBPF management is cost-efficient and context-appropriate.

Target

HFU direct cost expenditure does not exceed 10 per cent of the total value of 2020 allocations.

Results

HFU DIRECT COSTS AGAINST TOTAL ALLOCATION



Analysis

Total HFU direct cost represents \$8.7 million compared to \$7 million in 2019. The increased cost is due to multiple management costs between OCHA HQ, OCHA country office, UNDP country office and MPTF office.

In 2020, the HFU operations' costs accounted for 10 per cent of total utilization of the Fund (\$85.7 million), compared to 9 per cent of \$84.9 million total funds utilized in 2019.

The initial management cost increased by \$2.1 million related to management and audit costs of 96 NGO projects funded in 2020.

Besides, \$2.03 million were used for cost extensions in 2020.

PRINCIPLE 4

EFFICIENCY

The OCHA HFU cost plan budget savings will be reimbursed to the DRC HFU, of which estimated amount is \$1.2 million pending the release of OCHA 2020 financial report in May 2021.

Follow up actions

In December 2020, the AB approved the HFU 2021 direct costs amounting to \$4.5 million.

The HFU joint cost plan has been revised downward to \$5.8 million, as agreed with the AB. Efforts will be made in the coming years to further decrease management costs and ensure that this does not affect the efficiency of HFU management, especially for assurance activities.

The DRC HF donors will also advocate to have the Fund fully managed by OCHA, which will help decrease MPTF management costs.

16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

Target

- The Operational manual is updated based on the latest version of global CBPF guidelines by the end of the first quarter.
- The allocation strategies are fully compliant with global guidelines; related SoPs and DRC HF operational manual.

Results

The revised version of the Operational Manual was rolled-out in April 2020.

Analysis

The revision of the DRC HF Operational Manual was triggered along with the preparation for the MA transfer, to ensure its full compliance with CBPFs global regulations, including allocation processes and workflows, the composition of project review committees, and operational modalities and eligibility criteria applicable to partners.

In addition to the CBPFs Global Guidelines, the amended Operational manual took into consideration:

- Recommendations of the UN Board of Auditors (BoA) laid out in their report for 2018;
- IASC terms of reference agreed by the IASC and the Reference Module for Cluster Coordination at the Country Level;
- Global evaluation of the CBPFs;
- Outcomes of a series of brainstorming sessions with the Advisory Board of the Fund and the cluster coordinators in the DRC;
- Best practices from other CBPFs.

The main changes in the Operational manual tackle the following areas:

- Roles and responsibilities of the Fund's key stakeholders;
- Allocation modalities and workflows;
- Administrative rules, in alignment with the CBPF Global Guidelines;
- Accountability framework.

Moreover, to improve annual reporting and better adapt to the national context, the CPF 2020 targets were revised by a technical group and endorsed by the AB in the first quarter of 2020.

Follow up actions

The update of the operational manual in 2021 will be discussed with the Advisory Board.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

17 Accountability to affected people

CBPF funded projects have a clear strategy to promote the participation of affected people.

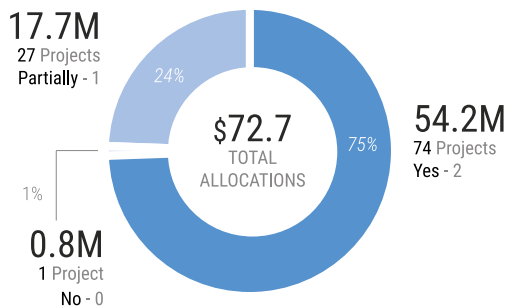
Target

- 100 per cent of approved proposals have a clear strategy for AAP;
- All monitoring visits verify the effectiveness of the complaint mechanisms proposed in the approved proposals.

Results

- 99 per cent of approved project proposals include an AAP framework.
- All monitoring exercises verified the AAP mechanisms, except for the coordination projects.

ACCOUNTABILITY TO AFFECTED PEOPLE¹



2 The project **includes** a clearly articulated AAP framework; a complaints and feedback mechanism; and beneficiaries are involved in project design, implementation and monitoring.

1 The project **partially** includes a clearly articulated AAP framework; a complaints and feedback mechanism; and beneficiaries are involved in project design, implementation and monitoring.

0 The project **does not include** a clearly articulated AAP framework; a complaints and feedback mechanism; and beneficiaries are not involved in project design, implementation and monitoring.

Analysis

During the monitoring visits, the HFU monitoring team has assessed the partner AAP approach. The reports confirmed that partners put appropriate mechanism in place to ensure AAP and can respond to beneficiary feedback. Nevertheless, recommendations were made to several partners to ensure the efficiency of their mechanisms.

Follow up actions

In 2021, the accountability framework will be discussed and defined during the AB retreat. Greater attention needs to be paid to the effectiveness of the feedback complaints mechanisms and PSEA approach. AAP-specific indicators will be considered and integrated in future proposals, as per the 2021 HRP.

18 Accountability and risk management for projects

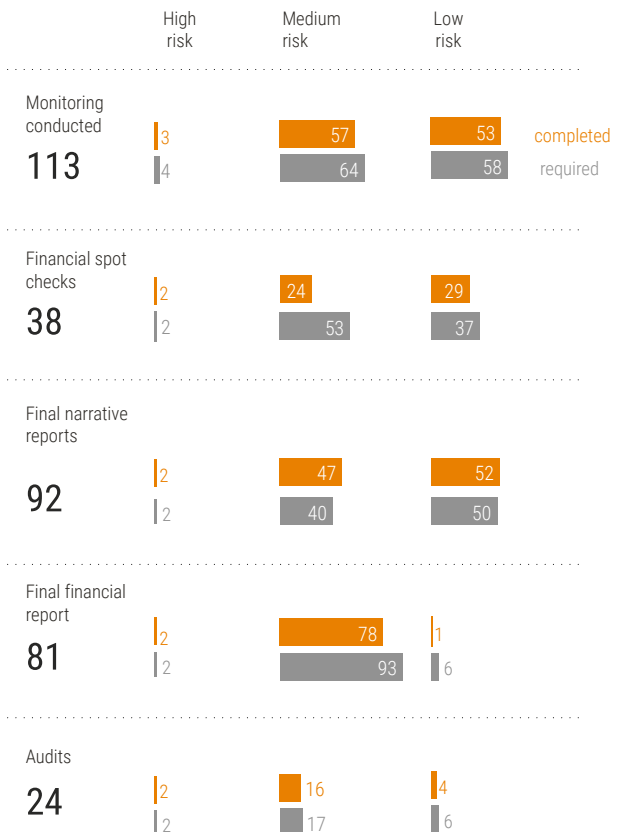
CBPF funding is appropriately monitored, reported and audited.

Target

- 100 per cent compliance with operational modalities, as per OCHA assurance dashboard.
- 10 per cent of projects which require monitoring activities benefit from the follow-up of the respective cluster coordinators/facilitators at national or country level.

Results

PROGRESS ON RISK MANAGEMENT ACTIVITIES



¹ Note that the above chart does not include the Coordination projects, as they were selected through a limited competitive process and prioritisation was not necessary, as per the Operational Manual.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

Analysis

The HFU has maintained its efforts to ensure compliance with the operational modalities of the two parallel managements (OCHA and OCHA/UNDP).

During 2020, 116 projects finalized, including 107 funded before 2020 and 9 funded in 2020.

Monitoring activities

Due to the COVID-19 pandemic, all field monitoring visits were suspended for a certain period. In the meantime, the HFU adapted the CBPF global remote monitoring tools to the DRC context. The Remote call monitoring (RCM) modality was ultimately used in 35 per cent of the required exercise.

In 2020, 137 monitoring visits were conducted, covering 101 HF-funded projects. Of the 126 monitoring visits required as per the Operational modalities, 113 were completed (73 field visits and 40 remote calls).

- Thirteen monitoring visits were not conducted, including three for access constraints, four due to the interruption of monitoring activities because of COVID-19-related measures, and six based on programmatic aspects, such as significant delays in implementation, and proven good performance reported by other mechanisms.

In addition, 27 additional monitoring visits not required by the operational modalities were conducted during the year, of which 24 were reported on GMS.

- Nineteen further monitoring were undertaken to follow up on projects with poor or critical implementation by the HFU monitoring team; and six monitoring visits were conducted by the cluster coordinators.
- The HFU also led three joint in-depth monitoring (program and financial) for high-risk cases. Nevertheless, two of them were not shared by UNDP on GMS due to sensitive observations made, which might lead to further action being taken, either on the activities or on the eligibility of the concerned implementing partners.

In July 2020, the HFU agreed with the national cluster coordinators/facilitators to strengthen coordination regarding the monitoring of HF-funded projects. Being kept informed of upcoming visits, the Clusters were able to participate in 18 remote and field monitoring visits in 2020.

Due to the limited capacity of cluster coordinators to join all required and planned monitoring visits, it was agreed that they would join the visit of projects identified on the basis of risk criteria. In addition, the inter-cluster coordination groups suggested that each cluster coordinator develop a technical guidance for monitoring to be followed by the HFU. This work is underway. Important and critical findings are also shared with coordinators for their technical support and follow-up on GMS.

In December 2020, the DRC HF initiated monthly meetings with partners and cluster representatives in North Kivu, South Kivu, Ituri, Kasai, and Tanganyika to ensure better collaboration among stakeholders in the same area. This is also an opportunity to strengthen close coordination between partners with a multi-sectoral approach in their intervention, reinforce the monitoring of the RCM, ensure better communication on rules and regulations, share any new updates of the Fund, and discuss partners' successes and challenges. Cluster coordinators as well as key stakeholders (OCHA IM and coordination) are also invited.

Of the 113 projects visited as part of the operational modalities, 70 per cent had a good level of implementation. The positive feedback received from local communities on the activities confirmed the good performance of the interventions. Most projects also complemented the initial response of communities and regional governments, thus emphasizing the sustainability of interventions through capacity building of local staff. In 2020, \$886,457 was channelled to local government structures and administrations (contractual services).

Despite the limitations of the RCM, this modality has allowed for good oversight of HF project implementation in 2020, and for identifying successes or weaknesses.

The main challenges identified in the monitoring exercises are the following:

- Delays in the recruitment and contracting process;
- Security and logistical access issues;
- Significant displacement of the target population, which led to an increase in the number of review requests;
- Weaknesses identified in the complaints mechanism put in place by partners;
- Weak gender sensitivity with respect to implementation;
- Poor implementation of programming due to weak partner capacity in project management (management or quality of recruitment);
- Lack of technical expertise.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

Finance activities

In 2020, 45 spot checks were conducted:

- 14 spot checks were led by the OCHA finance team, as per the 2020 operational modalities.
- 28 partner-based financial spot checks were completed by UNDP, for 34 projects, as per the HACT operational modalities. Due to the COVID-19 situation, 12 exercises were conducted remotely. In addition, the results of two financial spot checks reflected mismanagement. These cases are under observation with the UNDP Risk Management Team.
- As previously mentioned, three joint in-depth monitoring visits were conducted (financial and program), only one was captured on GMS.

During the spot check exercise, the following weaknesses were observed:

- Non-compliance of some budget lines without the authorization of the HFU;
- Lack of evidence of unannounced fund controls;
- Combination of incompatible functions for some organizations;
- Recurring cash holdings and payments.

In the second half of the year, the HFU launched a financial survey to identify weaknesses and financial control systems among partners. As a result, 94 NGOs responded, and 14 partners were identified with a higher risk with respect to the DRC HF, considering their poor financial controlling system. The team has developed performance plans that will be discussed and approved with the partners.

With respect to audits, most exercises were triggered in the last quarter of the year due to COVID-19 restrictions. The outcome of the audit exercises will be captured in the revised PPI prior to the launch of the 2021 allocations and will inform any potential actions that should be taken by the OCHA HFU.

None of the audits related to projects funded in 2020 were due in 2020, therefore the corresponding audits will be triggered in the coming years. In accordance with the new operational modalities, audits will be applied to all 96 projects of NGOs and Red Cross. Related costs amounting to \$ 760,401 have already been transferred to OCHA to trigger the process in due time.

In total, 24 partner audits were triggered in 2020, including 23 completed for 49 projects. Two partner audits for nine projects were rescheduled in 2021, and one will be based on the results of UNICEF audit exercise, under the HACT agreement.

Out of 49 projects covered by the audits completed for an amount of \$34.5 million:

- four have a satisfactory internal control system, including one NNGO, and the 19 others need improvement.
- 25 projects had a financial impact of \$196,604, which is less than one per cent of the funding allocated to partners. UNDP is following up on the reimbursements.

During monitoring and financial spot-checks, the HFU observed a serious underperformance of projects implemented by eight partners (6 INGOs, 1 UN Agency and 1 UN Agency). An in-depth monitoring was carried out by the HFU. As a result, two partners (1 INGO and 1 NNGO) were referred to special audits. The partners were suspended pending the outcome of the audits. It is worth noting that the two other special audits triggered in 2019 were finalised and that partners refunded the due amounts.

Among 21 incidents reported by 16 partners (12 INGOs, 3 NNGOs, 1 Red Cross) in 2020, four security incidents related to reignited armed conflict and/or petty crime had a financial impact with a total loss of \$7,375; and one incident related to a natural disaster had a minimal financial impact (\$418.77). The auditors will be deciding if this amount should be refunded to the HF based on UNDP rules and regulations, since these projects were co-managed by UNDP and OCHA.

Follow up actions

The HFU will continue to monitor assurance activities to increase compliance rates to 100 per cent and will work to further enhance the joint programmatic and financial exercise as an internal coordination.

The HFU applies a risk-based project management, as per the global approach, to determine the frequency and type of accountability measures. While prioritizing projects with high and medium risk rate for field visits, the HFU also monitors projects that are geographically close to meet the internal policy of visiting projects once in their cycle.

The spot check exercise is always carried out simultaneously or in complementarity with programmatic monitoring, which facilitates real-time sharing and cross-checking of information. More attention will be given to the follow-up of observations and recommendations on the visited activities and to the adjustment of partners' non-compliance. Moreover, the HFU will strengthen partners capacity to review and follow up on auditing processes to ensure compliance with the operational manual.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

19 Accountability and risk management of implementing partners

CBPF Funding is allocated to partners as per the identified capacity and risk level.

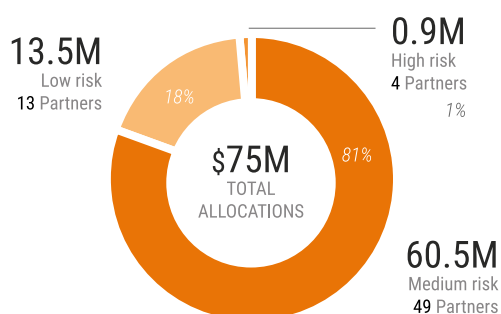
Target

- A maximum of 30 new partners are approved to be eligible for funding (based on the geographical and cluster coverage gaps of the fund);
- 100 per cent of eligible partners are assessed based on partners performance index (PPI);
- Funds are allocated to best placed partners with an analysis and balance of risk.

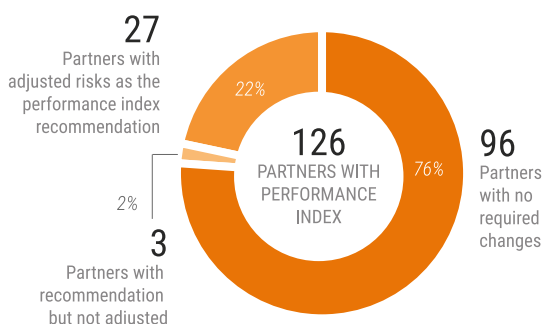
Results

IMPLEMENTATION BY PARTNER RISK LEVEL TYPE

IMPLEMENTATION BY PARTNER RISK LEVEL TYPE



UPDATED RISK LEVEL BASED ON PERFORMANCE INDEX



NUMBER OF CAPACITY ASSESSMENT CONDUCTED

0 New Capacity assessments conducted during the year

The modalities are under review and will be communicated once endorsed and approved by the Advisory Board in the first quarter of 2021.

Analysis

The DRC HF inherited a substantial list of 228 partners after the MA transition. The HFU therefore prioritized due diligence and partner performance reviews over the absorption of potential new partners.

The last update of the HF eligible partners' due diligence took place in 2015. With the MA transition to OCHA, it was critical for the HFU to conduct this exercise.

As a result of the compliance exercise undertaken at the end of 2019, based on review criteria jointly developed with the OCHA CBPF section, the initial list of 228 partners was consequently revised downwards to 126. Besides, 68 partners lost their eligibility as of 1 January 2020 as they did not have their due diligence up to date or had not been active in the Fund for three years.

In addition, the HFU made it mandatory for partners to update their due diligence in 2020. In that manner, 118 eligible NGOs were asked to update all documents dating back to the exercise conducted in 2015 on GMS.

As highlighted in the Board of Auditors' 2019 Report, the DRC HF did not regularly follow up on project information related to implementation and assurance activities (financial spot check, audit and monitoring reports on GMS). The MA transition revealed that the Partners Performance Index (PPI) had not been updated on GMS since 2015. All missing information captured in the system then generated alerts on necessary performance updates. In January 2020, the HFU undertook this major task, updating the PPI including the results of projects completed between 2015 and 2019. In this way, the risk level of 27 eligible partners (including 3 UN Agencies and 24 NGOs) was updated on GMS and the concerned partners were informed accordingly.

To date, only 16 per cent of the HF eligible partners have maintained a low risk level, to be taken into account in future HF allocations. In addition, 16 INGOs have moved from low to medium risk, and seven from medium to high risk, thus affecting the allocation of funds. On the other hand, one national NGO went from high to medium risk level.

Follow up actions

The needs for capacity assessment exercise in 2021 will be revised and communicated, once approved by the Advisory Board.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

20 Accountability and risk management of funding

Appropriate oversight and assurances of funding is administered through CBPFs.

Target

- The number of reported cases of diversion and the source of reporting are shared with the AB and in details with the DRC HF donors.
- All reported potential diversion or fraud cases are treated in compliance with CBPF SoPs on CBPF Standard Operating Procedures (SOPs) on Response to Concerns of Fraud or Misuse of Funds by Partners and the UNDP Antifraud policy (for projects funded before 2020).



6
Reported
incidents

4 open cases

2 closed cases



4
On going
cases

Reported cases: # of incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) in 2020, either open or closed.

On going cases: # of incidents for which measures (inquiry, assurance, measures, settlement etc.) were still on going as of 31 December 2020

Results

Six cases of potential and confirmed diversion reported in 2020, of which two are already closed and four cases for which measures were still ongoing by the end of 2020.

Analysis

In 2020, the HFU risk management capacity increased to ensure that all instances of potential diversion or fraud are treated in compliance with the CBPFs and the HF SOPs on Response to Concerns of Fraud or Misuse of Funds by Partners.

The HFU put efforts in strengthening the communication with partners and created communication channels with beneficiaries and other stakeholders to track any incidents and possible allegations. In addition to the complaint email address, a toll-free number was made available to the community in June 2020 to receive complaints related to the HF processes and funded projects.

As of December 2020, three alerts were received through the HF complaints mechanisms (hotline, emails) reporting underperformance related to mismanagement of HF funds. Appropriate actions were taken by the HFU to analyse the situation.

Of the six cases of potential and confirmed fraud reported in 2020, two of the four still open pertain to issues detected through OCHA-UNDP assurance activities and are currently under special audit by UNDP.

Moreover, regarding the cash and voucher fraud scheme that took place in 2019 in the Rapid Response to Population Movements (RRPM) mechanism, the HFU maintained regular participation in the HCT anti-fraud task force, integrating the group's actions and recommendations into the day-to-day management of the Fund, when necessary.

As the HF continues to progress towards full transition to OCHA's management, UNDP remains accountable for follow up and investigation on the incidents related to projects awarded before 31 December 2019, in accordance with its procedures and information-sharing policies. OCHA on the other hand is responsible for following up on incidents identified on all projects awarded starting 1 January 2020, in accordance with its Standard Operating Procedures for management of fraud cases, and with the Principles for Information-sharing with Donors on cases of concern.

Follow up actions

Several actions were taken at the end of the year, and will continue in 2021, in order to continuously strengthen the risk management of the DRC HF, such as the increase of OCHA HFU risk management capacity (two new staff recruited). This will help to ensure that all instances of potential diversion, misconduct or fraud are reported in a timely manner to donors and treated in compliance with the CBPFs and the CBPF SOPs on fraud management and with the Principles for Information-Sharing with Donors.

The HFU will also review its accountability framework to include relevant recommendations resulting from the Operational Review report following the big cash and voucher fraud scheme discovered in 2019.

Finally, jointly with the PSEA network coordinator, the HFU will formulate tailored recommendations for partners' readiness and capacity on PSEA, based on the analysis of the outcome of the survey launched in June 2020.

DRC HF 2020 ANNUAL REPORT

ACHIEVEMENTS BY CLUSTER

This section of the Annual Report provides a brief overview of the DRC HF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February 2020 to 31 January 2021. The achievements indicated include reported achievements against targets from projects funded in 2016 (when applicable), 2018, 2019 and/or 2020, but whose reports were submitted between 1 February 2020 and 31 January 2020. The bulk of the projects funded in 2020 are still under implementation and the respective achievements against targets will be reported in the subsequent DRC HF reports.

ACHIEVEMENTS BY CLUSTER

COORDINATION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$3M	10	10

Results reported in 2020

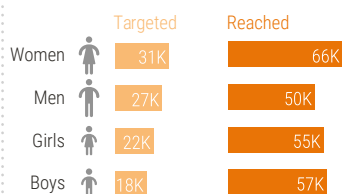
ALLOCATIONS ¹	PROJECTS	PARTNERS
2018 \$0.6M	1	1

PEOPLE TARGETED

98,904

PEOPLE REACHED

229,135



OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Humanitarian actors trained in survivor care, prevention & response to protection from SEA, complaints mechanisms, AAP, referral of SEA cases.	480	314	65
Functional PSEA networks	3	3	100
Humanitarian actors signed up to the Code of Conduct	40	106	265
People in communities, refugee and IDP camps sensitised on the risks of SEA related to humanitarian interventions	70,000	159,985	229

AREAS CONCERNED

Education; Food security; Health; Logistics; Nutrition; Protection; Shelter/NFI; WASH

LEAD ORGANIZATIONS

OCHA

Back in 2018, the DRC HF funded 11 projects (\$4.9 million) to improve the effectiveness of humanitarian coordination and response. While the projects experienced developments and challenges that resulted in an extension of the implementation period until the end of October 2020 (recruitment delays, movement restrictions related to the emergence of COVID-19 in the DRC), Cluster coordination has been provided with additional expertise and resources for their key functions and activities.

In December 2020, in close coordination with the Advisory Board, it was decided to continue strengthening the capacity of the humanitarian response Coordination in order to:

- Significantly strengthen the co-facilitation capacities of the clusters at the national level and in the regional hubs;
- Improve data analysis and information management for better planning of the humanitarian response;
- Develop and adapt sectoral tools and standards;
- Strengthen the monitoring capacity of projects responding to the HRP (not only those funded by the DRC HF);
- Strengthen the capacity of humanitarian partners in terms of sectoral technical expertise.

As a result, nine projects were funded to support the following:

- Co-facilitation and Information management (IM) for WASH (national cluster & regional Sub-Clusters), Nutrition and GBV Sub-Cluster.
- Coordination for Food Security, Shelter/NFI, Protection, Education, Child Protection, and Health (North east hub). Coordination, co-facilitation and IM for Child protection working group in Ituri.
- Co-coordination for Health (national cluster) and Cash Working Group (national).

In October 2020, the HF partner FHIDAH initiated the second phase of the Inclusion Technical Unit project implemented between 2018 and 2020 to strengthen and consolidate the capacity of humanitarian actors to promote protection and equitable access of people with disabilities in response to humanitarian crises in the DRC.

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

EDUCATION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$3.3M	4	4

TARGETED PEOPLE ¹	WOMEN	MEN
23,398	2,870	2,996
	GIRLS	BOYS
	8,608	8,924

Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS
2018	\$0.9M	1	1
2019	\$2.6M	3	3
2020¹	\$3.2M	5	5

OUTPUT INDICATORS	TARGETED	ACHIEVED	%	
Children provided with school, educational and recreational supplies	<i>Girls</i>	16,323	15,569	95
	<i>Boys</i>	15,170	16,718	110
Boys and girls (between 5 and 11) reintegrated into the school system	<i>Girls</i>	5,241	4,538	87
	<i>Boys</i>	5,263	4,356	83
Boys and girls (between 6 and 11) affected who benefited from remedial classes	<i>Girls</i>	8,471	11,823	140
	<i>Boys</i>	8,801	12,678	144

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

UNICEF, Save the Children

In the face of the COVID-19 pandemic, the Congolese education system has been facing an unprecedented situation in a context of already severe vulnerability. From March to September 2020, schools remained nationally closed, interrupting the schooling of 18 million children aged 3 to 17.

DRC HF funding in 2020 contributed to ensuring that girls and boys affected by insecurity, population movements, and the COVID-19 pandemic were able to access education once schools reopened in September. Through the Standard Allocation, three projects were implemented in the Kivus and Ituri, focusing on reintegrating out-of-school children into school, improving the quality of education they receive, and supporting complementary child protection, cross-cutting protection, and school-based WASH activities.

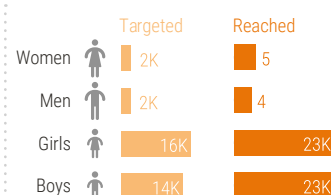
In December 2020, one project was funded to address education needs in the Hauts-Plateaux (South Kivu), including school kits and supplies distribution, temporary learning spaces, as well as recreational activities and psychosocial support within the targeted schools.

PEOPLE TARGETED

34,497

PEOPLE REACHED

53,905



OUTPUT INDICATORS	TARGETED	ACHIEVED	%	
Schoolteachers, directors and leaders trained in psychosocial support	504	604	120	
Boys and Girls received individualized psychosocial support	<i>Girls</i>	183	196	107
	<i>Boys</i>	303	269	89
Boys and girls participating in school-based recreation activities	<i>Girls</i>	3,000	2,944	98
	<i>Boys</i>	2,900	3,057	105

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

FOOD SECURITY



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$15.5M	17	16
TARGETED PEOPLE ¹	WOMEN	MEN
147,793	32,278	29,795
	GIRLS	BOYS
	52,999	32,721

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2016 \$0.9M	1	1
2018 \$2.6M	3	3
2019¹ \$3.2M	5	5

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
People in need, who received food assistance through direct distribution	<i>Women</i>	31,310	22,670 72
	<i>Girls</i>	26,770	28,167 105
	<i>Men</i>	14,443	11,015 76
	<i>Boys</i>	12,317	21,569 175
People in need, who received food assistance through cash transfer	<i>Women</i>	3,150	3,939 125
	<i>Girls</i>	4,650	5,701 123
	<i>Men</i>	2,850	2,658 93
	<i>Boys</i>	4,350	6,213 143
People in need who covered their basic needs from agricultural assistance	<i>Women</i>	2 476	2 947 119
	<i>Girls</i>	3 296	3 151 96
	<i>Men</i>	2 472	2 716 110
	<i>Boys</i>	3 306	3 022 91

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

WFP, FAO, ACTED

As per the revised version of the 2020 HRP, 15.6 million people are acutely food insecure, including 3.9 million in a state of food emergency. In this context, the DRC HF granted the highest proportion of funding to Food Security with \$15.5 million (a considerable increase compared to \$8.5 million in 2019).

Through the Standard Allocation, the Fund prioritized emergency food assistance to the most vulnerable families (including displaced people, returnees and refugees) through cash transfers or fairs, and rebuilding livelihoods in 10 provinces (Haut-Katanga, Haut-Lomami, Ituri, the Kasais, Maniema, North Kivu, South Kivu, and Tanganyika).

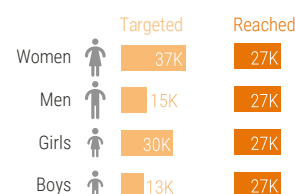
In the face of increasing needs in Ituri, DRC HF funding also targeted food and cash distributions for the most vulnerable households in Djugu and Mahagi territories.

PEOPLE TARGETED

94,254

PEOPLE REACHED

109,044

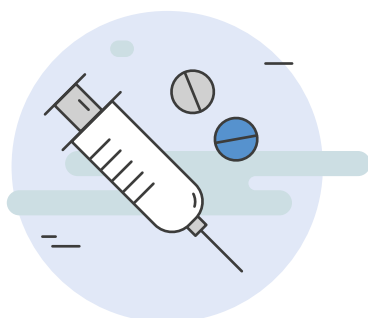


OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Households that received agricultural inputs and equipment through direct distribution	5,450	5,472	100
Households benefitted from support and distribution of food and market garden-ing kits	1,080	1,080	100
Households trained in agricultural techniques	4,480	4,477	100
Hectares prepared for cultivation (food crops and market gardening)	6,110	5,841	96
Farmers' organizations formed	104	104	100

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

HEALTH



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$12.7M	24	17
TARGETED PEOPLE¹	WOMEN	MEN
416,645	113,650	89,341
	GIRLS	BOYS
	104,460	109,194

Results reported in 2020

ALLOCATIONS¹	PROJECTS	PARTNERS
2018 \$1.1M	2	2
2019 \$11.5M	20	13

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

WHO, MDA

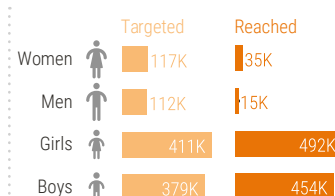
With \$12.7 million, the DRC HF enabled 17 partners to implement health-related activities in 13 provinces, through complementary activities with nutrition, WASH, protection, and education. The Standard Allocation prioritized interventions to secure access to primary health care and sexual & reproductive health care services, and to respond to epidemics and/or outbreaks of cholera, measles, malaria, as well as to ensure adequate medical care for GBV survivors and to address complications of severe acute malnutrition.

DRC HF funding has also been critical to respond to the COVID-19 epidemic, with \$4.5 million funding to support health structures in five most affected provinces to contain the spread of COVID-19 and reduce morbidity and mortality.

Moreover, DRC HF Reserve Allocations also targeted areas where access to primary health care worsened in Ituri and South Kivu, providing health facilities with essential medicines, ensuring free quality health care, including through mobile clinics, as well as reinforcing capacity-building and awareness raising among the communities.

PEOPLE TARGETED

1,018,831



PEOPLE REACHED

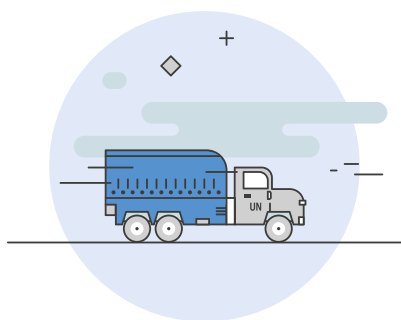
996,320

OUTPUT INDICATORS	TARGETED	ACHIEVED	%	OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Affected people benefited from access to basic healthcare	<i>Women</i> 90,447	44,001	49	People with cholera received treatment	10,795	11,614	108
	<i>Girls</i> 48,113	59,924	125	Cases of measles notified in the community and referred to treatment centers	21 423	22,311	104
	<i>Men</i> 78,290	27,743	35	Childbirths assisted by a qualified health professional	4,701	8,525	181
	<i>Boys</i> 40,835	53,346	131	Health infrastructures rehabilitated and equipped with basic medical equipment and essential medicines	107	112	105
Affected people received reproductive health services, including care for survivors of sexual violence and HIV/AIDS prevention.	32,634	36,948	113	Survivors of sexual violence treated within 72 hours of the incident	208	190	91
Children (6-59 months and 5-14 years) vaccinated against Polio and Meningitis	2,500	29,727	1189	Medical emergencies, obstetric & neonatal complications supported by qualified staff	3,386	3,656	108
Children (6 months to 14 years old) vaccinated against measles	1,623,381	1,945,069	120				
People with measles received treatment	16,866	13,927	83				

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

LOGISTICS



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$902,132	2	2
TARGETED PEOPLE ¹	WOMEN	MEN
115,000	31,096	28,704
	GIRLS	BOYS
	28,704	26,496

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2018 \$0.6M	2	2
2019 \$4.8M	8	6

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

WFP

In 2020, the DRC HF granted nearly \$1 million to the Logistics Cluster to support the EVD response in Mbandaka, Equateur, by facilitating the delivery of essential humanitarian services while ensuring community engagement.

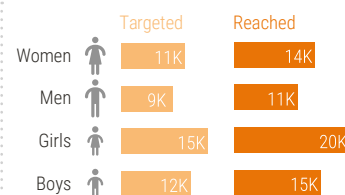
Two partners participated in the setting up of temporary camps to allow the humanitarian community to conduct their operations. They also helped to ensure coordination and information management at the logistical level, provide a cargo transport service from Kinshasa to Mbandaka, ensure the delivery of cargo between Mbandaka and the intervention sites as well as mobility within the health zones outside of Mbandaka.

PEOPLE TARGETED

48,446

PEOPLE REACHED

60,298



OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Km of road rehabilitated	221	231	105
Black spots rehabilitated (quagmires, water crossings, etc.)	149	264	177
Bridges rehabilitated or built	26	31	119
Humanitarian actors benefiting from improved access to their areas of intervention thanks to rapid rehabilitation	15	16	107
Temporary HIMO jobs created	14,326	11,148	78
Women hired as day laborers	125	110	88
People sensitized on community maintenance of roads and environmental protection	1,500	1,373	92

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

NUTRITION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$7.3M	12	12
TARGETED PEOPLE ¹	WOMEN	MEN
248,719	54,295	47,680
	GIRLS	BOYS
	78,695	68,049

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2018 \$0.4M	1	1
2019 \$3.9M	7	7

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

UNICEF, COOPI

As per the revised 2020 HRP, 5.5 million vulnerable people needed assistance in nutrition, among which 3.6 million children with acute malnutrition. In 2020, the DRC HF contributed nearly 10 per cent of total HF funding to the Nutrition Cluster. Through the Standard allocation, it supported nine interventions in five provinces (North Kivu, Ituri, Sankuru, South Kivu and Tanganyika), including integrated activities in health, WASH and protection. Nutrition was also prioritized in Ituri, with 11 per cent of the Reserve Allocation funding; and one intervention in nutrition and protection helped to respond to the crisis in Hauts-Plateaux (South Kivu).

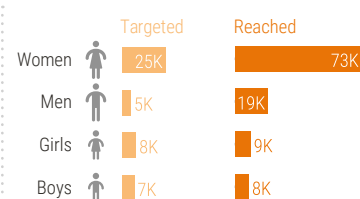
Activities mainly focus on preventing severe acute malnutrition among children under age 5 and pregnant and breastfeeding women at risk of malnutrition, including screening, referral and treatment of cases of malnutrition, supply health structures, provision of minimum WASH packages in nutritional care centres, strengthening technical capacity of health workers and community agents, and raising awareness on hygiene promotion, breastfeeding, complementary feeding, and WASH incidence on malnutrition.

PEOPLE TARGETED

45,355

PEOPLE REACHED

109,650



OUTPUT INDICATORS	TARGETED	ACHIEVED	%	
People admitted to nutritional structures	Women	146	386	264
	Girls	4,350	5,096	117
	Boys	4,610	4,831	105
Children with moderate acute malnutrition treated	Girls	380	696	183
	Boys	336	626	186
Children with severe acute malnutrition treated	Girls	6,867	8,073	118
	Boys	6,293	7,446	118

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Children aged 6-59 months in outpatient care	958	2,043	213
Children discharged from nutritional centers	2,563	2,734	107
Health workers and community relays trained (ANJE+PCIMA)	1,723	1,850	107
Cases of malnutrition detected and referred by community relays	31,093	43,809	141
Home visits by community relays	1,253	1,784	142

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

PROTECTION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$11.8M	34	24

TARGETED PEOPLE ¹	WOMEN	MEN
349,766	66,786	78,158
	GIRLS	BOYS
	104,460	100,362

Results reported in 2020

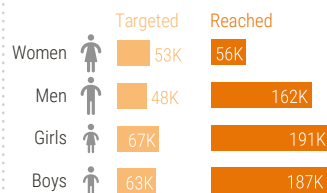
ALLOCATIONS ¹	PROJECTS	PARTNERS
2018 \$1.6M	6	6
2019 \$7.4M	21	20

PEOPLE TARGETED

230,751

PEOPLE REACHED

595,260



CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

UNHCR, NRC

Child Protection: **UNICEF, Save The Children**Housing, Land & Property: **NRC**Mine Action: **UNMAS**GBV: **UNFPA**

In 2020, in addition to insecurity and displacements, the COVID-19 pandemic exacerbated protection concerns by exposing vulnerable populations to new threats. As per the HRP, 18 million people needed assistance in protection, including 8 million for general protection, 8.8 million for Child protection, 1.4 million for mine action and 190,600 people in need of housing, land, and property. Given the centrality of protection in the humanitarian response, the DRC HF contributed nearly 16 per cent of its funding to the overall Cluster.

In line with a community-based approach, activities supported community capacity and protection mechanism as well as protection monitoring activities including conflict resolution and peaceful coexistence in return areas.

Throughout the year, child protection actors intervened in all provinces affected by humanitarian crises, including those affected by Ebola and COVID-19. Child Protection activities focused on assistance to unaccompanied and separated children (UASC), children associated with armed groups (CAAFAG), children victims of violence, including GBV, as well as mental health and psychosocial support for conflict-affected children. As part of the Ebola and COVID-19 response, affected children and their families received psychosocial support and child protection actors focused on strengthening the protective environment for children, in particular the most vulnerable.

Moreover, activities were carried out to support referral systems, prevention and care for survivors of SGBV, creation of safe spaces for women and girls at risk of GBV in South Kivu, the Kasais, Sankuru and Tshopo. Remote GBV case management services were strengthened through the relaunch and use of the 122 Helpline in the COVID-19 response. Access to housing, land and property was also provided for populations affected by inter-community conflicts in Tanganyika.

The Reserve Allocation for Mbandaka included \$0.4 million to create a PSEA coordination mechanism to ensure the commitment of actors involved in the EVD response in Equateur to prevent and address sexual exploitation and abuse and support safe community mechanisms for reporting SEA.

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

OUTPUT INDICATORS		TARGETED	ACHIEVED	%	OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Separated or unaccompanied children received appropriate care (medical, psychosocial, education)	<i>Girls</i>	2,633	2,114	80	Non accompanied or separated children reunited with their families	1,050	1,208	115
	<i>Boys</i>	2,873	2,433	85				
Victims of human rights violations received integrated assistance	<i>Women</i>	449	277	62	Non accompanied children (including children with disabilities) identified and placed in transitional family care or appropriate alternative care	1,031	1,180	114
	<i>Girls</i>	1,085	924	85				
	<i>Men</i>	722	409	57	Non accompanied children separated from armed groups benefited from vocational training for their socioeconomic reintegration	2,361	2,575	109
	<i>Boys</i>	783	681	87				
Survivors of sexual violence identified who received integrated assistance (medical, psychosocial, legal and economic care)	<i>Women</i>	2,729	3,086	113	Children received psychosocial support (including in child-friendly spaces and safe spaces)	54,003	62,969	117
	<i>Girls</i>	2,344	1,989	85				
	<i>Men</i>	272	270	99	Dignity kits distributed to the most vulnerable women and girls	1,000	3,000	300
	<i>Boys</i>	769	503	65				
					Protection incidents reported	4,666	6,969	149
					People aware of peaceful cohabitation	31 721	48 287	152
					People aware of Mine risk education and adopting responsible behaviour before explo-sive remnants of war	16,815	12,057	72



Kinshasa. In times of the COVID-19 pandemic, psychosocial assistance to street children has been much needed support.
Credit: OCHA/Alioune NDIAYE

More than a safe space. A place to support GBV survivors and rebuild confidence.

"It is a place where mothers and young girls can gather together, where they feel free to express themselves, share their ideas and what they are going through" explains Jeanine, a community mobilizer working at the IDPs site in the Angumu health zone in Mahagi territory, Ituri province.

Jeannine used to be a midwife. The first time she entered a safe space, she knew she was going to get involved. Aware of the lack of support to survivors of gender-based violence, she committed to fill the gap. She wishes that women and young girls from her community reintegrate school and be autonomous. Their courage and willingness to move forward give her hope.

In safe spaces, women and young girls share their stories, reconnect with others and regain confidence. They also learn professional skills. *"Mothers and young girls did not know how to do embroidery, and now they have learned, and it helps them to generate income"* says Jeannine.

Community mobilizers play a key role in supporting survivors of gender-based violence with vocational training, counselling and psychosocial support. They also provide information on issues related to women's rights, health, and protection services.

The national organization SOFEPADI created safe spaces, with funding of the DRC Humanitarian Fund. Through their intervention, 150 women and young girls were provided with financial means and 250 received vocational training to carry out income-generating activities.

In addition, the capacities of 25 health care providers were reinforced on medical management of survivors of sexual violence to ensure proper medical care. Medical staff from SOFEPADI also distributed 1,000 dignity kits to survivors of gender-based violence, as well as to other vulnerable women and girls, with awareness raising on good hygiene practices.

Safe space activities benefited 188 women, including 96 young girls. After the project ended in August 2020, 75 women and girls continued to learn professional skills. *"It is important to keep these safe spaces in the community. There are even mothers from other villages who would like to attend the safe spaces, but distance is a constraint."*

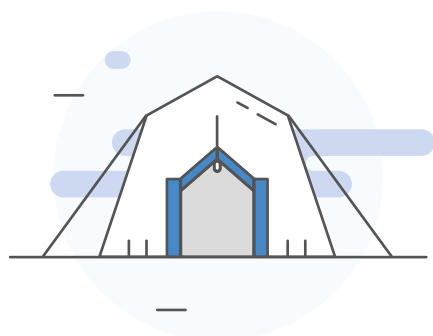
In 2020, the Fund supported the creation of safe spaces for women through 6 interventions in Kasai (Kamonia), Kasai central (Dibaya), Tshopo, South Kivu (Fizi) and North Kivu (Beni, Rusthuru). It remains a key strategy for the protection and empowerment of women and girls.



Ituri. Jeannine in front of a safe space in the Angumu health zone in Mahagi territory. 2020. Credit: SOFEPADI

ACHIEVEMENTS BY CLUSTER

SHELTER & NFI



Allocations in 2020

ALLOCATIONS PROJECTS PARTNERS

\$7.4M **19** **14**TARGETED PEOPLE¹ WOMEN **11,023** MEN **4,533****30,145** GIRLS **7,122** BOYS **7,467**

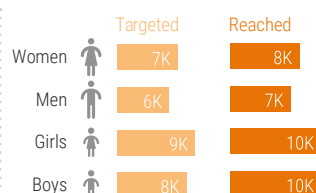
Results reported in 2020

ALLOCATIONS¹ PROJECTS PARTNERS2018 **\$0.7M** **2** **1**2019 **\$4.2M** **7** **5**

PEOPLE TARGETED

30,054

PEOPLE REACHED

35,009

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Households received assistance in shelter through cash transfer	1,030	1,030	100
Households received emergency shelter assistance	8,146	6,159	76
People received technical support to rebuild, rehabilitate or upgrade their homes	4,308	3,678	85
Long-term displaced and returnees assisted in shelters adapted and reinforced	28,453	27,444	96

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

Shelter: **UNHCR & ACTED**NFI: **UNICEF & ACTED**

Activities funded in 2020 mainly contributed to the construction of emergency and transitional shelters, and the distribution of NFI kits. Other activities carried out included needs, vulnerability and capacity assessments, market analysis, cash transfers, capacity-building, and COVID-19 awareness-raising. HF interventions focused on community-based approach, local construction practices and often included complementary activities in food security, WASH, and protection.

The resurgence of conflict in Nyunzu territory in January 2020 caused massive population displacement, with over 60,000 people displaced and 44,000 returnees by the end of July. In August, the DRC HF contributed to the response including \$1.1 million to respond to the emergency shelter and NFI needs among other sectors. The funding aimed to support IDPs and returnees with the rehabilitation of damaged houses and distribution of NFI kits, and included access to WASH and other essential sectors.

To provide life-saving assistance to the most vulnerable IDPs and host populations in the Hauts-Plateaux of South Kivu, following the deteriorating humanitarian situation, a Reserve Allocation was launched to respond to the humanitarian needs with integrated interventions in emergency shelter, WASH, protection and education, targeting over 40,000 vulnerable people, among which 74 per cent were IDPs.

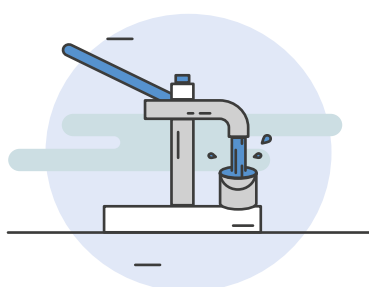
In addition, following the latest crisis in Ituri, which resulted in the displacement of approximately 1.6 million people in informal camps and host families, the DRC HF supported specific humanitarian needs, including shelter and NFIs.

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Vulnerable people (living with a physical disability) assisted in shelters	1,206	1,145	95
Construction material kits delivered for the construction of emergency shelters	775	775	100
Emergency and intimate hygiene kits for women and girls distributed	4 000	4 000	100

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

WATER, SANITATION & HYGIENE



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$12.8M	32	24

TARGETED PEOPLE ¹	WOMEN	MEN
540,000	110,916	102,384
	GIRLS	BOYS
	156,816	169,884

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2017 \$1.3M	1	1
2018 \$1.1M	3	2
2019¹ \$14.9M	23	15

OUTPUT INDICATORS	TARGETED	ACHIEVED	%	
People with access to clean water (including IDPs)	<i>Women</i>	82,254	81,237	99
	<i>Girls</i>	100,345	106,381	106
	<i>Men</i>	71,175	63,222	89
	<i>Boys</i>	86,043	89,338	104
People benefiting from sanitation facilities	193,746	190,994	12	
Care centers with a minimum WASH package	40	41	103	
Schools with sanitation facilities (including school latrines)	25	23	92	
Handwashing devices distributed	835	835	100	

CLUSTER OBJECTIVES

Annex C

LEAD ORGANIZATIONS

UNICEF, Save the Children

With 11.4 million people in need of assistance in WASH (an increase of 29 per cent over 2019), the DRC HF played a critical role in responding to emerging needs in WASH arising from population movements, acute malnutrition, and waterborne and vector-borne diseases including cholera, accentuated by the spread of COVID-19. The WASH Cluster received the second highest proportion of DRC HF funding, amounting to \$12.8 million to cover 10 provinces, with complementary activities in food security, health, NFI, nutrition and protection. Packages of WASH in nutrition were included in activities implemented in North Kivu, Ituri, Sankuru and South Kivu, and WASH in school in South Kivu and Ituri. In Mbandaka (Equateur), one intervention complemented the EVD response by ensuring that affected communities have access to WASH services.

The COVID-19 response focused on providing the most vulnerable populations in the most at-risk areas with access to WASH-services, including handwashing and hygiene and sanitation facilities to reduce transmission, as well as raising awareness on hygiene and barrier gestures, and capacity building of health workers on prevention and control of WASH infections in health facilities.

PEOPLE TARGETED

612,761

PEOPLE REACHED

653,829

	Targeted	Reached
Women	140K	163K
Men	129K	151K
Girls	175K	177K
Boys	168K	163K

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Sanitation facilities built or rehabilitated (family/public showers, latrines)	9,093	9,590	105
Maintenance and sanitation kits	185	292	158
Cholera/Ebola emergency kits distributed	11,845	12,245	103
Households received handwashing soap and water purifiers	3,000	5,501	183
Chlorination points installed	51	51	100
People sensitized (hygiene promotion, water chlorination, latrine use, household disinfection, safe burial)	838,778	1,115,495	133

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.



Butembo, North Kivu.

Gérard Kalipe, at the Vichai market.

Credit: Mercy Corps DRC/Odetta Asha

Washing hands, saving lives

"The two latrine doors were not sufficient, given the number of people who frequent this market (...) and they were not clean. We were too afraid of catching diseases, especially during the Ebola epidemic", explains Gérard Kalipe.

Gérard chairs the latrine management committee of the Vichai market in the town of Butembo, North Kivu. For more than twenty years, he has been the first to arrive every morning to open the doors of the market public latrines. Microphone in hand, he has also been informing his community on measures to prevent the spread of the Ebola virus disease (EVD), as well as on the proper use of latrines. Not long ago, market users and the surrounding population lived in extremely unsanitary conditions. They had no latrines and no water to wash their hands.

Access to adequate hygiene services is indeed a major challenge for the nearly one million inhabitants of the city of Butembo. It exposes them to a high risk of contamination with infectious diseases, in particular EVD.

From August 2019 to October 2020, the NGO Mercy Corps, with funding of the DRC Humanitarian Fund, worked with local communities to prevent the spread of EVD. Their intervention resulted in the construction of 60 latrine doors made of sustainable materials in five public markets in Butembo, which enabled more than 141,400 people to have access to water.

Mercy Corps' activities also strengthened the capacity of Community action cells and local actors in the prevention and control of EVD and COVID-19. In response to the COVID-19 pandemic, the NGO helped to build a fence with materials recommended by the communities to ensure unique access to the market and handwashing promotion.

Through sensitization, the market's regulars felt more reassured. *"We feel really comfortable with these latrines. I even wash my hands with soap and water now. With Papa Gerard, I understood that I could contaminate my customers by touching my vegetables if I didn't wash my hands when I left the latrine,"* explains Mama Lwanzo, a vegetable vendor. Today, the Vichai market is no longer a place where diseases can be spread by dirty hands.

DRC HF 2020 ANNUAL REPORT

ANNEXES

Annex A About the DRC Humanitarian Fund

Annex B Allocations by recipient organization

Annex C Clusters objectives

Annex D DRC HF-funded projects

Annex E DRC HF Advisory Board

Annex F Acronyms & abbreviations

ANNEX A

ABOUT THE DRC HUMANITARIAN FUND

DRC HF basics

The DRC HF is a multi-donor country-based pooled fund (CBPF) established in 2006 to support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs and assist the most vulnerable people in the Democratic Republic of the Congo (DRC).

Throughout the years, the Fund has been a key funding mechanism, addressing critical humanitarian needs aligned with the country Humanitarian Response Plan (HRP). Donor contributions to the DRC HF are un-earmarked.

It has been used to respond to sudden onset emergencies in a timely and efficient manner to (1) improve the humanitarian response by ensuring that funding is allocated to priority humanitarian needs through an inclusive and coordinated process; (2) strengthen the leadership of the Humanitarian Coordinator (HC) and support his coordinating role; (3) mobilize resources and support coordination in support of the HRP.

What does the DRC HF ?

The Fund is committed to ensure that funding is available and prioritized at national level in consultation with the coordination forums in the field, empowering humanitarian leadership and fostering collaboration and collective ownership of the humanitarian response.

The DRC HF supports the delivery of an agile response and encourages effective and efficient use of available resources in complementarity with other humanitarian funding sources. Besides the Grand Bargain, priorities also include the Emergency Relief Coordinator priority areas.

Who can receive DRC HF funding ?

Funding is accessible to partners eligible to the Fund, including national and international NGOs, Red Cross movement organizations and UN Agencies.

To be eligible to receive HF funding, new potential partners must undergo a rigorous capacity assessment overseen by the HFU, to ensure they have the legal framework as well as the necessary administrative, programmatic, financial and technical capacities to meet the Fund's accountability standards and efficiently implement humanitarian activities. Those modalities were under review in 2020 and will be rolled-out once approved by the Advisory Board in 2021.

Funding is channelled through partners that are best placed to implement priority activities in line with the agreed strategy and humanitarian principles in a timely and effective manner.

Who sets the Fund's priorities ?

The HC, in consultation with the Advisory Board, decides on the most critical needs to be funded. The Cluster coordinators work with their regional counterparts and cluster partners to define the cluster-specific priorities in prioritized geographical areas, which are reflected in individual allocation strategies.

How are projects selected for funding ?

The DRC HF has two allocation modalities:

Standard Allocation: Funds are usually allocated early in the year for projects included in the DRC HRP, based on the strategy that identifies the highest priority needs underpinned by vulnerability data and needs analysis. The strategy is developed by the Clusters, in consultation with other coordination forum approved by the HC and endorsed by the DRC HF Advisory Board. It forms the basis for individual project submissions. Project proposals are prioritized and vetted within clusters through Cluster Review Committees and then recommended to the DRC HF Advisory Board for endorsement and final approval by the HC.

DRC HF Reserve: Reserve funds are primarily intended for rapid and flexible allocations of funds in the event of unforeseen emergencies or to address identified gaps. These funds can be allocated through individual reserve allocations or broader allocation rounds and are usually slightly faster and more geographically focused. They must be cleared by individual cluster coordinators before undergoing technical review and endorsement and approval by the DRC HF Advisory Board and the HC.

Who provides the funding ?

The DRC HF is funded with contributions from UN Member States but can also receive contributions from individuals and other private or public sources. Since its inception in 2006, the Fund has mobilized more than \$1.25 billion from 13 donors.

Read more about DRC HF: www.unocha.org/democratic-republic-congo-drc/about-drc-hf

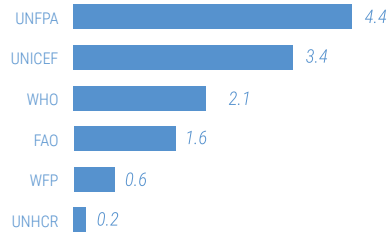
For more information about CBPFs: http://bit.ly/OCHA_CBPFs

ANNEX B

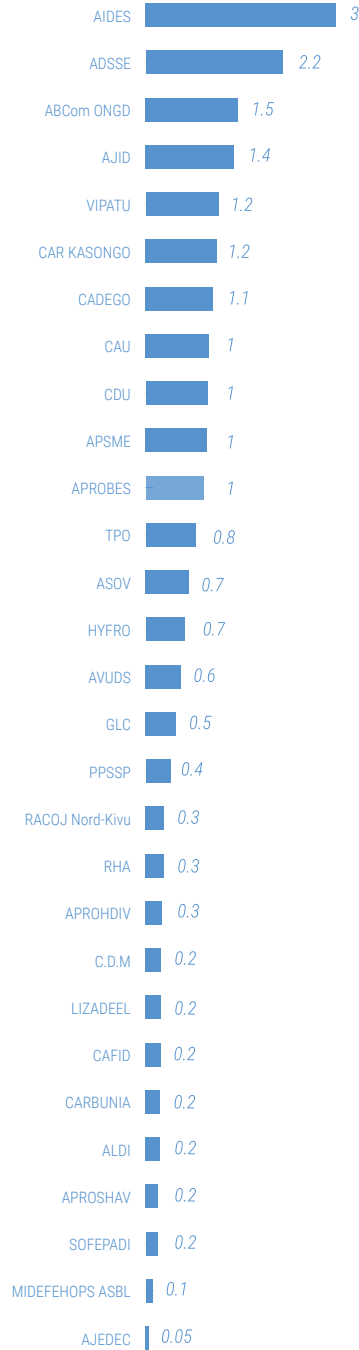
ALLOCATIONS BY RECIPIENT ORGANIZATION

In US\$ million

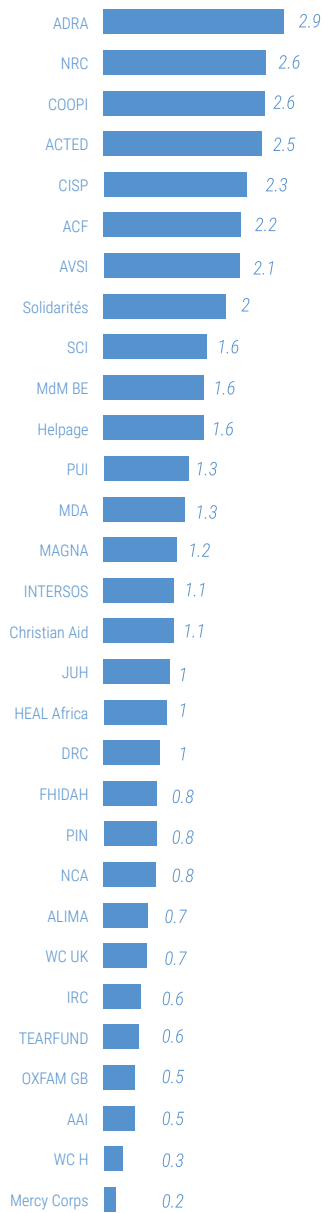
United Nations 12.5 17%



National NGO 21.9 29%



International NGO 39.5 53%



Others 1.1 1%



See Annex D for accronyms

ANNEX C

CLUSTERS OBJECTIVES

EDUCATION

Objective 1: Protect the lives of children aged 6-17 who have been internally displaced, returned to home communities, or expelled from neighbouring countries over the last six months, as well as those from host families through (re)integration into school.

Objective 2: Provide access to school-based WASH services for children aged 6-17 attending schools in areas affected by cholera and population movements, to address waterborne, vector-borne epidemics and deadly water-borne and vector-borne diseases.

Objective 3: Protect the lives of children aged 6-17 in provinces affected by the COVID-19 through the provision of distance education.

Objective 4: Assure access to quality inclusive education in a safe and protective learning environment for children aged 6-17 who have been internally displaced, returned to home communities, or expelled from neighbouring countries seven to 18 months ago, as well as those from host families.

Objective 5: Train teachers on key topics including child-centered methodology, psychosocial support and peace education.

FOOD SECURITY

Objective 1: To save lives in the face of acute food insecurity through the implementation of emergency food assistance to meet the vital food and nutritional needs of the most vulnerable.

Objective 2: Rebuild the livelihoods of the most vulnerable people affected by acute food insecurity to enable them to recover from shock.

Objective 3: To increase awareness and understanding of the COVID-19 pandemic at community level during activities in order to limit its spread.

HEALTH

Objective 1: Reduce excess mortality and morbidity associated with lack of access to primary and/or secondary health care services and/or sexual and reproductive health care

Objective 2: Reduce excess mortality and morbidity associated with epidemics and/or outbreaks of cholera, measles and malaria

Objective 3: Reduce excess mortality and morbidity related to access to medical care for GBV and/or complications of severe acute malnutrition

Objective 4: Prevent, interrupt and eliminate the transmission of COVID-19 through mitigation and social distancing measures

Objective 5: Contribute to strengthening communication and community involvement to reduce the risk of transmission of COVID-19

Objective 6: Strengthen infection prevention and control measures in health facilities and communities

Objective 7: Strengthen early warning measures/devices and detection of suspected COVID-19 cases in IBS and BSE

Objective 8: Ensure effective medical, psychosocial and/or nutritional management of those confirmed with COVID-19

Objective 9: Ensure the supply and transport of medical and laboratory inputs for the COVID-19 response

LOGISTICS

Objective 1: Support logistically the interventions of operational humanitarian partners that contribute to meeting the vital needs and improving the living conditions of the most vulnerable.

NUTRITION

Objective 1: Contribute to the reduction of excess mortality related to acute malnutrition among children under 5 years of age, pregnant and lactating women and people living with HIV or tuberculosis through improved access to emergency nutrition interventions in priority health zones and affected and at-risk areas of COVID-19.

Objective 2: Contribute to the reduction of excess mortality of COVID-19 patients in hospitals.

PROTECTION

Objective 1: Identify life-threatening protection incidents for IDPs, returnees and host families living in conflict-affected areas and the COVID-19 epidemic and refer survivors to care facilities

Objective 2: Reduce the risk of conflict in areas of displacement and conflict through the implementation of peaceful cohabitation activities

Objective 3: Ensure access to justice for IDPs, returnees and host communities who are survivors of human rights violations.

Objective 4: Prevent and reduce the risk of protection and human rights violations by implementing awareness raising activities in areas of displacement and conflict and affected by the COVID-19 epidemic.

Objective 5: Organise advocacy for the psychosocial, nutritional and medical management of alert, suspect and positive cases and set up a psycho-education and individual counselling team for providers and families with confirmed cases.

Objective 6: New sectoral objective: Strengthen mechanisms that enable the prevention of COVID in displacement sites, such as management committees, monitoring of population movements, identification of people at risk and strengthening of community networks

Objective 7: New sectoral objective: To ensure that the population has access to information on prevention and hygiene measures and distancing through training sessions and community awareness.

Objective 8: Provide psychosocial care in the form of counselling to adults affected by COVID-19

CHILD PROTECTION

Objective 1: Provide psychosocial support, including access to Child-Friendly Spaces, to at least 201,279 vulnerable and/or crisis-affected children (displaced children, returnees, heads of households, children with disabilities)

Objective 2: Address the urgent and medium-term needs of at least 11,402 unaccompanied children (UAC) through identification, transitional family care or appropriate alternative care, and family and community reunification

Objective 3: Address the urgent and sustainable reintegration needs of 8,439 children associated with armed forces and groups (CAAFAG) through individual monitoring and support for socio-economic reintegration and community reintegration

Objective 4: Provide psychosocial, medical and inclusive care to at least 4,350 child victims of violence, including gender-based violence

Objective 5: Prevent the risks of family separation and child protection by raising awareness among at least 410,546 adults and children about the risks of family separation and child protection

Objective 6: Identify child protection cases related to COVID-19 through a community alert system covering 1,052,431 girls and boys

ANNEX C

CLUSTERS OBJECTIVES

Objective 7: To provide care for 105,243 girls and boys who are victims of child protection cases related to COVID-19

Objective 8: Provide psychosocial support to 337,900 children and adolescents affected by COVID-19 and their families in referral health facilities and in the community

Objective 9: prevent the risks of transmission of COVID-19 and promote community involvement through appropriate communication to 3,288,848 children and adolescents on prevention measures

Objective 10: Ensure the prevention and control of infections/WASH in the care structures of 19,925 children and adolescents.

MINE ACTION

Objective 1: Reduce community exposure to mines, ERW and SALW in contaminated areas

Objective 2: Provide assistance and support for the socio-economic inclusion of victims of mines, explosive remnants of war (ERW) and small arms and light weapons (SALW)

Objective 3: Educate and raise awareness of the risks of mines, ERW and SALW among people living in contaminated areas

HOUSING, LAND AND PROPERTY

Objective 1: Ensure the right to housing, land and property for those affected by protracted population movements

Objective 2: Prevent and manage land conflicts in areas of displacement

Objective 3: Ensure security of tenure for populations affected by displacement

Objective 4: Build capacity on the prevention and peaceful management of land conflicts and housing, land and property rights in areas of displacement.

GENDER-BASED VIOLENCE

Objective 1: Ensure that women and girls have access to vital GBV case management services according to their specific wishes and needs in specialised service delivery points offering complementary services

Objective 2: Improve the empowerment of women and girls in humanitarian crises through legal or socio-economic services aimed at repairing harm or preventing gender-based violence

Objective 3: Strengthen institutional and community-based protection mechanisms through the contribution of community and religious leaders, security forces, men and boys in protecting women and girls from gender-based violence

Objective 4: Strengthen awareness and understanding of the COVID-19 epidemic at the community level to prevent, anticipate and address the risks of violence, discrimination, marginalisation and xenophobia.

SHELTER

Objective 1: Improve immediate access to decent and secure housing for people displaced for less than six months and their host families, and improve their protection against the risks of abuse and eviction.

Objective 2: Ensure immediate access to emergency shelter for people displaced for less than six months in centres or collective sites.

Objective 3: To support people who have returned for less than six months to rebuild or rehabilitate their destroyed or damaged homes.

Objective 4: To improve access to decent and secure housing for vulnerable returnees and IDPs who have been displaced for 7 to 12 months and their host families.

Objective 5: Ensure safe access to housing for vulnerable returnees and displaced persons of less than 6 months, through the implementation of measures to prevent the transmission of COVID-19.

Objective 6: Ensure safe access to housing for vulnerable returnees and displaced persons who have been displaced for 7 to 12 months, through the implementation of measures to prevent the transmission of COVID-19.

Objective 7: Identify the most at-risk areas in sites and collective centres and map existing water points and community infrastructure to plan for decongestion and the addition of hygiene and sanitation points.

NFI

Objective 1: Ensure immediate access to essential household items for returnees and displaced persons for less than six months and their host families through the distribution of kits, vouchers or cash transfers.

Objective 2: Ensure the physical and mental well-being of victims of gender-based violence (GBV) through the distribution of dignity kits.

Objective 3: To improve the conditions of access to NFI for vulnerable returnees and displaced persons who have been displaced for 7 to 12 months and their host families, through the distribution of kits, vouchers or cash transfers.

WASH

Objective 1: Ensure access to WASH services in a protective manner for 1,091,649 people (including those with disabilities) affected by violence related to armed conflict and/or natural disasters and/or other population movements (return, expulsion) in an adequate and inclusive manner.

Objective 2: Ensure access to WASH services for 2,496 children (including those with disabilities) associated with armed forces and groups in transit and orientation centres.

Objective 3: Provide access to an WASH package to 440,300 people, including 282,584 children (including those with disabilities) suffering from severe acute malnutrition and 157,716 pregnant and lactating women (including those with disabilities) to prevent and reduce waterborne diarrhoeal diseases, which are aggravating factors of malnutrition in areas affected by the nutritional crisis

Objective 4: Ensure access to an WASH package for 2,811,172 million people (including those with disabilities) affected by the cholera epidemic to prevent and reduce the risk of transmission/morbidity of cholera and waterborne and vector-borne diarrhoeal diseases through a surveillance system and an adequate and inclusive rapid response

Objective 5: Ensure access to essential water, hygiene and sanitation services for 205 health facilities, 1,879,569 people at community level and 255,312 people in IDP sites, in order to improve infection prevention and control and reduce the risk of transmission of the COVID-19 epidemic.

ANNEX D

DRC HF-FUNDED PROJECTS

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
1	DRC-20/HCG10/RA1/HLT/INGO/15859	Health	ALIMA	\$700,000
2	DRC-20/HCG10/RA1/HLT/NGO/15860	Health	APSME	\$700,000
3	DRC-20/HCG10/RA1/HLT/UN/15888	Health	WHO	\$509,861
4	DRC-20/HCG10/RA1/HLT-PROT/INGO/15882	Health (50%) Protection (50%)	SCI	\$700,000
5	DRC-20/HCG10/RA1/HLT-PROT/UN/15886	Protection (40%) Health (60%)	UNFPA	\$399,951
6	DRC-20/HCG10/RA1/HLT-PROT-WaSH/INGO/15873	Health (33%) WASH (33%) Protection (34%)	MdM Belgique	\$700,000
7	DRC-20/HCG10/RA1/HLT-WaSH/NGO/15858	Health (50%) WASH (50%)	ADSSE	\$452,400
8	DRC-20/HCG10/RA1/HLT-WaSH/O/15866	Health (34%) WASH (66%)	CR RDC /Tanganyika	\$400,000
9	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15856	Protection (10%) Health (44%) WASH (46%)	ACF	\$700,000
10	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15867	Protection (33%) WASH (33%) Health (34%)	HEAL Africa	\$698,886
11	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15871	Protection (15%) WASH (35%) Health (50%)	MAGNA	\$700,000
12	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15878	Protection (10%) Health (20%) WASH (70%)	NCA	\$497,143
13	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15880	Protection (10%) WASH (45%) Health (45%)	PUI	\$700,000
14	DRC-20/HCG10/RA1/HLT-WaSH-PROT/INGO/15884	Protection (4%) Health (6%) WASH (90%)	TEARFUND	\$564,469
15	DRC-20/HCG10/RA1/PROT/INGO/15889	Protection	War Child UK	\$393,197
16	DRC-20/HCG10/RA1/WaSH/INGO/15883	WASH	SI	\$700,000
17	DRC-20/HCG10/RA1/WaSH/UN/15972	WASH	UNHCR	\$200,002
18	DRC-20/HCG10/RA1/WaSH-PROT/UN/15887	Protection (40%) WASH (60%)	UNICEF	\$500,000
19	DRC-20/HCG10/RA2/LOG/UN/16786	Logistics	WFP	\$650,683
20	DRC-20/HCG10/RA2/LOG/UN/17116	Logistics	WHO	\$251,449
21	DRC-20/HCG10/RA2/PROT/UN/16785	Protection	UNFPA	\$399,491

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
22	DRC-20/HCG10/RA2/WaSH/UN/16788	WASH	UNICEF	\$662,991
23	DRC-20/HCG10/SA1/EDU/NGO/16789	Education	CAU	\$1,026,388
24	DRC-20/HCG10/SA1/EDU/NGO/16912	Education	TPO	\$809,831
25	DRC-20/HCG10/SA1/EDU-PROT/INGO/16680	Protection (25%) Education (75%)	NRC	\$1,519,850
26	DRC-20/HCG10/SA1/FSEC/INGO/16675	Food Security	COOPI	\$779,925
27	DRC-20/HCG10/SA1/FSEC/INGO/16775	Food Security	ADRA	\$749,472
28	DRC-20/HCG10/SA1/FSEC/INGO/16867	Food Security	PIN	\$841,870
29	DRC-20/HCG10/SA1/FSEC/INGO/16966	Food Security	CISP	\$1,499,995
30	DRC-20/HCG10/SA1/FSEC/INGO/17005	Food Security	SI	\$730,012
31	DRC-20/HCG10/SA1/FSEC/NGO/16794	Food Security	ABCom ONGD	\$1,497,460
32	DRC-20/HCG10/SA1/FSEC/NGO/16818	Food Security	APROBES	\$944,941
33	DRC-20/HCG10/SA1/FSEC/NGO/16879	Food Security	VIPATU	\$1,18,401
34	DRC-20/HCG10/SA1/FSEC/NGO/16965	Food Security	AJID	\$1,425,879
35	DRC-20/HCG10/SA1/FSEC/UN/16837	Food Security	FAO	\$1,620,423
36	DRC-20/HCG10/SA1/FSEC-NFI/INGO/16849	Shelter/NFI (34%) Food Security (66%)	ACTED	\$899,939
37	DRC-20/HCG10/SA1/FSEC-PROT/INGO/16729	Protection (15%) Food Security (85%)	Christian Aid	\$1,115,092
38	DRC-20/HCG10/SA1/FSEC-PROT/NGO/16791	Protection (21%) Food Security (79%)	Caritas Kasongo	\$1,162,045
39	DRC-20/HCG10/SA1/HLT/INGO/17009	Health	PUI	\$650,000
40	DRC-20/HCG10/SA1/HLT/NGO/16694	Health	APSMÉ	\$288,000
41	DRC-20/HCG10/SA1/HLT/UN/16973	Health	WHO	\$1,343,798
42	DRC-20/HCG10/SA1/HLT-NUT/INGO/16860	Nutrition (43%) Health (57%)	IRC	\$585,800
43	DRC-20/HCG10/SA1/HLT-NUT-WaSH/INGO/16822	WASH (10%) Nutrition (35%) Health (55%)	MDA	\$1,171,448
44	DRC-20/HCG10/SA1/HLT-NUT-WaSH/INGO/17035	WASH (14%) Nutrition (18%) Health (68%)	ACF	\$1,200,000
45	DRC-20/HCG10/SA1/HLT-PROT/UN/16855	Protection (25%) Health (75%)	UNFPA	\$2,223,332
46	DRC-20/HCG10/SA1/NFI/INGO/16773	Shelter/NFI	ACTED	\$555,000
47	DRC-20/HCG10/SA1/NFI/NGO/16724	Shelter/NFI	ALDI	\$229,439

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
48	DRC-20/HCG10/SA1/NFI/NGO/16752	Shelter/NFI	ADSSE	\$432,245
49	DRC-20/HCG10/SA1/NFI/NGO/16905	Shelter/NFI	MIDEFEHOPS ASBL	\$111,005
50	DRC-20/HCG10/SA1/NFI/NGO/16971	Shelter/NFI	Caritas Bunia	\$234,205
51	DRC-20/HCG10/SA1/NFI/NGO/16990	Shelter/NFI	RACQJ Nord-Kivu	\$301,204
52	DRC-20/HCG10/SA1/NFI/NGO/16993	Shelter/NFI	APROSHAV	\$198,198
53	DRC-20/HCG10/SA1/NFI/NGO/16995	Shelter/NFI	AIDES	\$693,024
54	DRC-20/HCG10/SA1/NFI-FSEC/NGO/16957	Shelter/NFI (47%) Food Security (53%)	ADSSE	\$538,802
55	DRC-20/HCG10/SA1/NFI-PROT/NGO/16948	Shelter/NFI (29%) Protection (71%)	CADEGO	\$1,086,992
56	DRC-20/HCG10/SA1/NUT/INGO/16937	Nutrition	COOPI	\$1,345,415
57	DRC-20/HCG10/SA1/NUT/INGO/16960	Nutrition	JUH	\$1,045,244
58	DRC-20/HCG10/SA1/NUT/INGO/17031	Nutrition	ADRA	\$1,048,044
59	DRC-20/HCG10/SA1/NUT/UN/16959	Nutrition	UNICEF	\$1,299,334
60	DRC-20/HCG10/SA1/PROT/INGO/16667	Protection	MAGNA	\$465,000
61	DRC-20/HCG10/SA1/PROT/INGO/16920	Protection	HEAL Africa	\$300,000
62	DRC-20/HCG10/SA1/PROT/INGO/17012	Protection	AAI	\$499,986
63	DRC-20/HCG10/SA1/PROT/INGO/17044	Protection	Helpage Programme RDC	\$400,001
64	DRC-20/HCG10/SA1/PROT/NGO/16769	Protection	CAFID	\$249,005
65	DRC-20/HCG10/SA1/PROT/NGO/16896	Protection	LIZADEEL	\$250,001
66	DRC-20/HCG10/SA1/PROT/UN/16854	Protection	UNFPA	\$699,995
67	DRC-20/HCG10/SA1/PROT-NFI/INGO/16852	Shelter/NFI (33%) Protection (67%)	DRC	\$899,871
68	DRC-20/HCG10/SA1/PROT-NUT/INGO/16793	Nutrition (40%) Protection (60%)	AVSI	\$1,218,909
69	DRC-20/HCG10/SA1/WaSH/INGO/16824	WASH	NCA	\$335,087
70	DRC-20/HCG10/SA1/WaSH/INGO/17024	WASH	CISP	\$766,061
71	DRC-20/HCG10/SA1/WaSH/NGO/16692	WASH	AVUDS	\$570,500
72	DRC-20/HCG10/SA1/WaSH/NGO/16706	WASH	RHA	\$300,000
73	DRC-20/HCG10/SA1/WaSH/NGO/16743	WASH	HYFRO	\$629,063
74	DRC-20/HCG10/SA1/WaSH/NGO/16766	WASH	CDU	\$582,560

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
75	DRC-20/HCG10/SA1/WaSH/NGO/16859	WASH	Groupe La Colombe	\$493,808
76	DRC-20/HCG10/SA1/WaSH-FSEC/NGO/16862	WASH (28%) Food Security (72%)	ASOV	\$703,999
77	DRC-20/HCG10/SA1/WaSH-NFI/INGO/16997	WASH (42%) Shelter/NFI (58%)	Helpage RDC	\$1,193,359
78	DRC-20/HCG10/SA1/WaSH-NFI/NGO/16888	Shelter/NFI(30%) WASH (70%)	AIDES	\$1,500,000
79	DRC-20/HCG10/SA1/WaSH-PROT/UN/16841	Protection (50%) WASH (50%)	UNICEF	\$1,026,883
80	DRC-20/HCG10/SA1/HLT-NUT/INGO/16779	Nutrition (20%) Health (80%)	Mdm Belgique	\$902,031
81	DRC-20/HCG10/SA1/PROT/INGO/16719	Protection	War Child UK	\$299,998
82	DRC-20/HCG10/SA1/PROT/INGO/16911	Protection	War Child Holland	\$300,000
83	DRC-20/HCG10/SA1/PROT/INGO/16985	Protection	SCI	540,000
84	DRC-20/HCG10/RA3/FSEC/INGO/17151	Food Security	OXFAM GB	\$500,000
85	DRC-20/HCG10/RA3/FSEC/INGO/17155	Food Security	SI	\$519,155
86	DRC-20/HCG10/RA3/HLT/UN/17187	Health	UNFPA	\$699,996
87	DRC-20/HCG10/RA3/NFI/NGO/17180	Shelter/NFI	ADSSE	\$800,000
88	DRC-20/HCG10/RA3/NUT/NGO/17176	Nutrition	APROHDIV	\$256,413
89	DRC-20/HCG10/RA3/NUT/NGO/17193	Nutrition	C.D.M	\$250,349
90	DRC-20/HCG10/RA3/PROT/INGO/17175	Protection	COOPI	\$245,000
91	DRC-20/HCG10/RA3/PROT/INGO/17203	Protection	INTERSOS	\$450,000
92	DRC-20/HCG10/RA3/WaSH/NGO/17153	WASH	PPSSP	\$400,000
93	DRC-20/HCG10/RA3/WaSH/NGO/17185	WASH	AIDES	\$300,000
94	DRC-20/HCG10/RA4/NFI/INGO/17411	Shelter/NFI	ACTED	\$700,000
95	DRC-20/HCG10/RA4/NFI-WaSH/O/17303	WASH (43%) Shelter/NFI (57%)	CR RDC /Tanganyika	\$700,000
96	DRC-20/HCG10/RA4/WaSH/NGO/17325	WASH	AIDES	\$600,000
97	DRC-20/HCG10/RA5/Multi/INGO/17670	Coordination	FHIDAH	\$850,012
98	DRC-20/HCG10/RA6/NFI-WaSH/INGO/17966	Shelter/NFI (44%) WASH (56%)	NRC	\$699,999
99	DRC-20/HCG10/RA6/WaSH/INGO/17969	WASH	CDU	\$420,000
100	DRC-20/HCG10/RA6/HLT/INGO/17976	Health	ADRA	\$1,070,300
101	DRC-20/HCG10/RA6/NUT-PROT/INGO/17981	Nutrition (80%), Protection (20%)	INTERSOS	\$668,635

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
102	DRC-20/HCG10/RA6/NFI-EDU-PROT/INGO/17972	Shelter/NFI (31% Education (37%) Protection (32%)	AVSI	\$940,361
103	DRC-20/HCG10/RA7/PROT/NGO/17986	Coordination	AJEDEC	\$50,000
104	DRC-20/HCG10/RA7/PROT/NGO/18000	Coordination	SOFEPAI	\$193,606
105	DRC-20/HCG10/RA7/WaSH/INGO/17984	Coordination	ACF	\$290,050
106	DRC-20/HCG10/RA7/NFI-FSEC/INGO/17985	Coordination	ACTED	\$367,385
107	DRC-20/HCG10/RA7/NFI-PROT/INGO/17990	Coordination	NRC	\$365,138
108	DRC-20/HCG10/RA7/CASH/INGO/17989	Coordination	Mercy Corps	\$188,000
109	DRC-20/HCG10/RA7/EDU-PROT-HLT/INGO/17991	Coordination	SCI	\$401,067
110	DRC-20/HCG10/RA7/NUT/INGO/17987	Coordination	COOPI	\$188,000
111	DRC-20/HCG10/RA7/HLT/INGO/17988	Coordination	MDA	\$125,721

ANNEX E

DRC HF ADVISORY BOARD

STAKEHOLDER	ORGANIZATION
Chairperson	Humanitarian Coordinator
NNGO	Caritas Congo
NNGO	ALDI
NNGO	AIDES
INGO	ACTED
INGO	NRC
INGO	Forum ONGI
UN	United Nations Children's Fund (UNICEF)
UN	World Health Organization (WHO)
UN	World Food Programm (WFP)
Donor	The Government of the United Kingdom
Donor	The Government of Sweden
Donor	The Government of the Kingdom of The Netherlands or of Belgium
Observer	GenCap Advisor
DRC HF/OCHA	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

ANNEX F

ACRONYMS & ABBREVIATIONS

AAI Action Aid International RD Congo	FAO Food and Agriculture Organization of the United Nations
AB Advisory Board	FHIDAH Fédération Handicap International. Direction Aide Humanitaire
ABCOM ONGD Action pour le Bien-être Communautaire	FORUM ONGI Forum des ONGs internationales
ACF Action contre la Faim	GBV Gender-based Violence
AAP Accountability to Affected Populations	GMS Grant Management System
ACTED Agency for Technical Cooperation and Development	HACT Harmonised Approach to Cash Transfers
ADRA Adventist Development and Relief Agency	HC Humanitarian Coordinator
ADSSE Association pour le Développement Social et la Sauvegarde de l'Environnement	HCT Humanitarian Country Team
AIDES Actions et Interventions pour le Développement et l'Encadrement Social	HEAL AFRICA Health Education Action and Leadership
AJEDEC Association des jeunes pour le développement communautaire	HF Humanitarian Fund
AJID Association des Jeunes Islamiques pour le Développement	HFU Humanitarian Financing Unit
ALIMA Alliance for International Medical Action	HRP Humanitarian Response Plan
ALDI Association Locale pour le Développement Intégral	HYFRO Hydraulique Sans Frontière
APROBES Action pour la Promotion du Bien Etre Social	JHFU Joint Humanitarian Financing Unit
APROHDIV Association pour la Promotion de l'Hygiène et le Développement Intégral des vulnérables	LIZADEEL Ligue de la Zone Afrique pour la Défense des droits des Enfants et Elèves
APROSHAV Action pour la Protection de la Santé Humaine, Animale et Végétale	IASC Inter-Agency Standing Committee
APSME Action pour la Promotion de la Santé de la Mère et de l'Enfant	ICN Inter-cluster National
ASOV Action Solidaire aux Vulnérables	IDP Internally Displaced Person
AVSI Associazione Volontari per il Servizio Internazionale	IM Information management
AVUDS Action des Volontaires Unis pour le Développement et la Santé	INGO International Non-Governmental Organization
BOA Board of Auditors	IOM International Organization for Migration
CADEGO Caritas Développement Goma	IRC International Rescue Committee
CAFID Centre D'Accompagnement des Filles Désœuvrées	JUH The Johanniter Unfall Hilfe
CAU Collectif Alpha Ujui	MA Managing Agent
CBPF Country-Based Pooled Fund	MAGNA Magna Enfant en Péril
CERF Central Emergency Response Fund	MDA Médecins d'Afrique
C.D.M. Caritas Développement Mahagi	MDM BELGIQUE Médecins du Monde Belgique
CDU Caritas Développement Diocèse d'Uvira	MOU Memorandum of understanding
CISP Comitato Internazionale per lo Sviluppo dei Popoli	MPTFO Multi-Partner Trust Fund Office
COOPI Cooperazione Internazionale	NCA Norwegian Church Aid
CPF Common Performance Framework	NCE No-cost Extension
CRIO Comité Régional Inter-Organisations	NFI Non-Food Items
CRRDC/TANGANYIKA Croix-Rouge RDC du Tanganyika	NGO Non-Governmental Organization
CWG Cash Working Group	NRC Norwegian Refugee Council
DFID UK Department for International Development	OAI Office of Audit and Investigation
DRC Conseil Danois pour les Réfugiés	OCHA Office for the Coordination of Humanitarian Affairs
DRC Democratic Republic of the Congo	OM Operational manual
EVD Ebola Virus Disease	OXFAM-GB Oxfam Grande Bretagne
ERC Emergency Relief Coordinator	PIN People in Need
	PSEA Prevention of Sexual Exploitation and Abuse
	PPI Partner Performance Index
	PPSSP Programme de Promotion des Soins de santé primaires
	PUI Première Urgence Internationale
	PWSN People with special needs

ANNEX F**ACRONYMS & ABBREVIATIONS**

RA	Reserve Allocation
RHA	Rebuild Hope for Africa
RRPM	Rapid Response to Population Movements
SGBV	Sexual and Gender-based Violence
SCI	Save the Children International
SI	Solidarités International
SOFEPADI	Solidarité Féminine pour la Paix et le Développement Intégral
SRC	Strategic Review Committee
SO	Strategic Objective
SOP	Standard operating procedure
TPO	Transcultural Psychosocial Organization
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNMAS	United Nations Mine Action Service
VIPATU	Vijana ya Panda Tujenge
WASH	Water, Sanitation and Hygiene
WC H	War Child Hollan
WC UK	War Child UK
WFP	World Food Programme
WHO	World Health Organization
WHS	World Humanitarian Summit
WOA	Women of Africa

DRC HF

Democratic Republic
of the Congo
Humanitarian Fund

unocha.org/country/drc

drc.unocha.org

gms.unocha.org

fts.unocha.org

SOCIAL MEDIA

 [@UNOCHA_DRC](https://twitter.com/UNOCHA_DRC) | [@unocha](https://twitter.com/unocha)

 facebook.com/UNOCHADRC

[#InvestInHumanity](https://twitter.com/UNOCHA_DRC)