DRC HF THANKS ITS DONORS FOR THEIR GENEROUS SUPPORT IN 2021

CREDITS

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

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Despite access constraints and COVID-19 restrictions, the DRC Humanitarian Fund (DRC HF) conducted 36 field programmatic monitoring exercises, and 13 on-site financial spot-checks (FSC) in the first half of 2021, as per the operational modalities.

51 per cent of programmatic monitoring exercises assessed HF-funded projects as performing well and 29 per cent as underperforming but for reasons beyond the partners’ control.

From January to June 2021, coordinators/coordinators and co-facilitators were involved in 8 field programmatic monitoring missions and 55 desk review exercises.

Key challenges to monitoring of DRC HF-funded projects mainly included access constraints (insecurity or bad road conditions), travel restrictions due to the COVID-19 pandemic, difficulties with national customs, non-operational complaints mechanisms, limited local banking institutions in intervention areas.

31 per cent of programmatic monitoring exercises involved projects with Protection components.

The HFU received six alerts of underperformance and potential mismanagement by funded partners through the available and operational hotline.
TABLE OF CONTENTS

5 OVERVIEW

7 MONITORING FRAMEWORK

8 MONITORING MODALITIES
8 PROGRAMMATIC MONITORING
10 FINANCIAL SPOT-CHECKS

11 MONITORING AND PARTNER PERFORMANCE

12 MONITORING FINDINGS
13 PROGRAMMATIC FINDINGS

15 CLUSTER SPECIFIC FINDINGS
15 PROTECTION
16 WATER, SANITATION & HYGIENE
17 HEALTH
18 FOOD SECURITY
19 SHELTER & NON-FOOD ITEMS
20 NUTRITION
21 EDUCATION
21 COORDINATION

22 FINANCIAL SPOT-CHECK FINDINGS

23 PROJECT REVISION

24 ACCOUNTABILITY TO AFFECTED POPULATIONS

24 WAYS FORWARD

25 ANNEXES
26 LIST OF PROJECTS MONITORED
OVERVIEW

The Humanitarian Fund in the Democratic Republic of the Congo (DRC) was established in 2006 and has been a key funding mechanism ever since, addressing critical humanitarian needs, aligned with interventions prioritized in the DRC Humanitarian Response Plan (HRP). The Fund makes funding directly available to humanitarian partners operating in the country so that they can provide timely and effective humanitarian assistance to those most in need, in line with the Global Handbook for Country-based Pooled Funds (CBPFs).

Donor contributions to the DRC HF are unearmarked and are allocated by the Fund to eligible humanitarian partners through an inclusive and transparent process.

In 2020, the DRC HF received US$57.1 million, with top five donors being Germany, the Netherlands, Belgium, Sweden, and Canada. These contributions and the carry-over of $42 million from 2019 allowed the Fund to allocate $75 million to 111 projects, with 75 still under implementation in 2021.

In line with the overall reduction in HRP funding in 2020, the fundraising target for the DRC HF was set at $60 million for 2021, of which $43.7 million had already been paid or pledged by June 2021.

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Allocations</th>
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<tbody>
<tr>
<td>Population movement in North Kivu: 55,000 people move to the town of Beni due to armed violence in Beni territory.</td>
<td>Reserve allocation to support the implementation of the national strategy for the Protection from sexual exploitation and abuse (PSEA).</td>
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<td>Population movements in North Kivu: 35,000 people flee insecurity caused by armed groups in the Walikale territory.</td>
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<tr>
<td>Population movements in Ituri: Nearly 55,000 people are displaced following incursions by suspected ADF elements on the Komanda Luna axis in Ituri territory.</td>
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<td>Food insecurity: 27.3 million people acutely food insecure for the period February to July 2021 (IPC19).</td>
<td>Standard Allocation in response to the increased needs, to support multisectoral assistance targeting the most vulnerable populations in the provinces of Ituri, Maniema, North Kivu, South Kivu, and Tanganyika.</td>
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<tr>
<td>Proclamation of the State of siege in North Kivu and Ituri.</td>
<td>Reserve Allocation to address urgent needs of the populations affected by the eruption of the volcano Nyiragongo, in North Kivu.</td>
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<tr>
<td>Natural disaster: eruption of the volcano Nyiragongo, in North Kivu (22 May, 2021).</td>
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2021 TIMELINE
During the first half of 2021, the DRC continued to face a long and complex humanitarian crisis, marked by population movements, acute food insecurity, acute malnutrition, epidemics, and protection issues.

In addition, the COVID-19 pandemic has had negative impact on socio-economic development in a country where most people already live in extreme poverty and lack basic social services. Cholera and measles outbreaks are recurrent, and the twelfth Ebola outbreak was declared in May 2021.

While an estimated 19.6 million people require humanitarian assistance in the country in 2021, the humanitarian response in the DRC is still severely underfunded.

As of July 2021, the DRC HRP was only 20 per cent funded, with $387 million received out of the $1.98 billion required. In that context, programmable funds reached by the DRC HF in the first half of the year allowed the Humanitarian Coordinator to launch three allocations amounting to $35.5 million, including a Standard allocation, a Reserve allocation to support the implementation of the national strategy for the Protection from sexual exploitation and abuse (PSEA); and a Reserve allocation to address urgent needs of the populations affected by the eruption of the volcano Nyiragongo, in North Kivu.

The mid-year monitoring report provides an overview of the DRC HF monitoring activities, conducted from 1 January to 30 June 2021, including programmatic monitoring and financial spot checks. It also aims to highlight some of the most common challenges faced by the Fund and its partners, as well as good practices and lessons learned.

According to the results of the programmatic monitoring conducted between January and June 2021, while 17 per cent of projects monitored demonstrated outstanding performance, and 51 per cent performed well, 29 per cent underperformed but this was justified by the operational context, and 3 per cent underperformed and this was not justified by the context.

For the financial spot checks, 29 per cent of the monitored projects demonstrated good performance while 54 per cent underperformed but for reasons beyond the partner’s control, and 17 per cent underperformed and this was not justified by the context. The DRC HF has taken the necessary follow-up actions on the monitoring results to ensure the most effective project delivery possible.

Key challenges for the DRC HF monitoring in the first half of 2021 include late implementation of activities due to access constraints (insecurity or bad road conditions), travel restrictions due to the COVID-19 pandemic, difficulties with national customs for procurement, non-operational complaints mechanisms, constraints on money transfers and withdrawals due to limited local banking institutions.
MONITORING FRAMEWORK, MODALITIES, & PARTNER PERFORMANCE
**MONITORING FRAMEWORK**

**Monitoring** is defined as a systematic and regular process of collecting, verifying, and triangulating information to assess progress against set project outcomes and activities, keeping in mind accountability to affected people and donors. The information collected is used to make informed decisions and to strengthen partnerships and coordination. Project monitoring is a critical part of the DRC HF programme cycle and a key component of the Fund’s accountability framework.

Based on these principles, the DRC HF monitoring and reporting exercises have the following key objectives:

1. **Verify partner’s progress** in implementing the project (in relation to the logical framework and work plan), the beneficiary targeting process, resource utilization (according to budget), and internal monitoring and reporting systems.

2. **Triangulate the information received**, identify potential gaps and trends in humanitarian interventions and reflect on lessons learned and good practices from the findings and recommendations made. Collected information should be used for risk management, results management, and public information.

3. **Reinforce partnerships and coordination** between the HFU, implementing partners (IP) and local authorities as well as engage in the examination of feedback from affected communities.

**Monitoring plan**

A monitoring plan is developed by the HFU at the time allocation decisions are made. The plan reflects minimum requirements based on the risk level assigned to the partner, the duration of the project activities and the size of the project budget, as articulated in the DRC Operational Manual. If necessary, the HFU may add extra monitoring exercises beyond the requirements from a risk management perspective.

The methods and tools used for monitoring are identified according to the partners’ risk level and takes into consideration other contextual and operational aspects, such as the type of activity funded and the location of the implemented projects.

The monitoring plan may be adjusted according to changes in the operating environment throughout the implementation phase and may also be affected by changes in the project timeline, as well as by additional risks that may arise either at the implementation level (risks related to the type of interventions, type of activities, or related to procurement) or at the partner level (underperformance of the ongoing project, poor audit report, alerts from other UN Agencies on underperformance and potential fraud).

**Programmatic and financial exercise**

In 2021, the HFU continued the monitor activities to increase compliance rates to 100 per cent.

With the transition of the Fund’s financial capacity from UNDP to OCHA, improved internal coordination between the different components of the HFU (Programme, finance, monitoring, risk management) has been provided while ensuring accountability to donors. It has facilitated real-time sharing and cross checking of information.

Complementarity in the coordination and planning of monitoring exercises (programmatic and financial) has allowed the HFU to conduct in-depth analyses and to base their recommendations to partners on a more comprehensive overview of project implementation.
MONITORING MODALITIES

The HFU adapted the CBPF global remote monitoring tools to the DRC context. The remote monitoring modality was eventually used in 35 per cent of the required exercise.

The HFU continued using both monitoring modalities: Field monitoring (conducted by HFU and/or the cluster for programmatic monitoring) and remote monitoring.

**Programmatic monitoring** is completed by the HFU monitoring team. During the first six months of 2021, 100 monitoring activities were planned and conducted, among which 67 finalised and 33 activated.

Over 56 per cent of the projects funded in 2020 were implemented by high or medium risk level partners. In addition, 88 per cent of those projects have a duration of more than six months. As a result, almost all the HF-funded projects have been monitored frequently, and often several times. While two programmatic monitoring exercises were already conducted for 19 projects, the second visit for some projects was planned in the second semester.

**Field visits**

In addition to a core team based in Kinshasa, the HFU has also staff based in four hubs in the field – Goma, Bukavu, Kasai and Kalemie. The monitoring officers oversee the monitoring of projects and ensure close collaboration and communication with implementing partners in the field.

Field monitoring includes the following steps:

1. **DESK REVIEW**
   - Desk review with staff involved in project implementation, at least five days after confirmation of partner's availability.

2. **PREPARATION**
   - Preparation of field work includes the identification of key stakeholders (local administration and authorities, members of the civil society) and beneficiaries (direct and indirect) to be contacted during the monitoring, as well as the preferred locations.

3. **FIELD VISIT**
   - Field visit usually takes three to four days for one project (including travel arrangements).
   - From a cost-effectiveness perspective, a field visit can cover other projects implemented in the same geographical area. Relevant clusters are encouraged to join the monitoring field visit, as their technical expertise is invaluable.

4. **ANALYSIS**
   - Analysis of the verification documents and information collected. A report is drafted and shared with the partner for feedback, within one to two weeks after return from the field.

5. **VALIDATION**
   - Validation of the monitoring report by the legal representative of the organisation and the Fund manager (introduced in 2020 for the DRC HF).

6. **GMS**
   - Upload of the monitoring report and related recommendations on GMS.

7. **FOLLOW-UP**
   - Follow-up on the recommendations to be implemented by either the partner or any other relevant stakeholder, when relevant. Some recommendations may require a specific timetable to be agreed with the partner.
Remote monitoring

Remote monitoring is used when it is not possible to conduct field visits. It is also used as a last resort when there are no other options, while ensuring that enough sources of information are used to enable meaningful monitoring. This is not uncommon, as CBPFs tend to operate in insecure and highly volatile environments with limited access.

The process follows the same steps as for the field visit monitoring. However, Step 3 is replaced by verification calls and online focus groups with beneficiaries and key stakeholders.

The following limitations have been identified in this approach:

- Network coverage may be uneven and phone ownership may not be clearly attributable.
- The reliability of telephone numbers can vary considerably depending on the target group.
- May result in biased feedback – does not ensure that all groups are reached equally and that all responses are truthful, which may exclude some groups of respondents.
- The lack of face-to-face exchanges can limit qualitative feedback.
- May experience respondent fatigue and lack of acceptance if there is no follow-up or if several agencies use the same system in parallel.

However, this remains an interesting option with the following advantages:

- Flexibility - phones are widespread, cheap and easy to use
- Not dependent on access to project locations
- Helps to verify specific project deliverables
- Enables efficient and systematic processing
- Enhances accountability to affected populations by allowing direct interaction with beneficiaries and a wide reach.

Since its introduction in 2020, the remote monitoring has allowed the HFU to conduct extensive discussions and interactive voice recordings with implementing partners, make in-depth analysis of the means of verification, and triangulate the information collected from beneficiaries and key informants with data from previous monitoring reports and partner narrative reports, among others. It also allowed the HFU to continue the monitoring activities in accordance with the operational modalities, despite access constraints and challenges related to the COVID-19 pandemic and recurring conflicts in eastern DRC.

Coordination meetings

In addition to assurance exercises that meet operational modalities, the HFU also holds regular meetings with partners in the field covering the four main hubs and other specific locations such as Ituri and Hauts-Plateaux. The purpose of these meetings is to ensure better coordination for an integrated response between HF partners and to keep the HFU informed about the implementation of projects and the challenges faced by partners.

Participation and contribution of the cluster coordinators/co-facilitators

Clusters participate in monitoring field visits to support the technical assessment of implemented projects in order to ensure that technical standards are met for project activities.

Working with cluster coordinators/co-coordinators and co-facilitators ensures that monitoring is undertaken in close coordination with other cluster monitoring activities.

From January to June 2021, despite their limited capacity to respond to all queries related to the Fund, the relevant coordinators/co-coordinators and co-facilitators were involved in the overall monitoring process, including participation in 55 desk review exercises and 8 field visits.

As mentioned in the DRC HF 2020 Annual report, the coordinators/co-coordinators and co-facilitators proposed in July 2020 to develop technical guidance documents per cluster that would assist the HFU during the monitoring exercise. However, this was not possible due to their overloaded schedules, particularly their wide support to the DRC HF and CERF allocations' processes.

This report will allow for an in-depth discussion with the clusters in order to decide on the best approach to adopt regarding their support to DRC HF monitoring exercises, depending on their limited capacities.

Furthermore, the OCHA Evaluation of CBPFs recommended in its report that the "CBPF global guidance makes it clear that HFUs should work with clusters to monitor CBPF program quality. However, cluster coordinators have different interpretations of their role and different levels of resources/capacity to undertake monitoring, which is a key risk. While this is a system-level constraint, it has important implications for the CBPFs, which will need to be managed". The issue has been taken into account in the revision of the Global Handbook for CBPFs, pending further clarity in the new version which is expected to be rolled out in the first quarter of 2022.
FINANCIAL SPOT-CHECK

**Financial spot check (FSC)** is undertaken by the HFU finance team. It aims to assess the soundness of internal controls and the accuracy of financial records of partners by project as well as to ensure that recommendations from previous spot check and audit exercises are taken into consideration and addressed by non-UN partners.

FSC should be conducted based on the risk level of the partner and the operational modality of the DRC HF, in accordance with Operational Handbook for CBPFs - Annex 12. Additional financial spot checks may be carried out when warranted due to concerns about the functioning of the partner’s internal controls. This can be triggered at any stage of the project, either after the financial reports have been submitted or because the financial reports are not submitted on time.

It is advisable to carry out at least one FSC per partner per year to better understand the partners’ situation and constraints and to provide necessary guidance before the audit is closed. In this way, FSC helps to strengthen partnership and build relationship and trust.

In addition, FSC helps to ensure the timely identification of potential errors in financial reporting and issues of concern regarding fraud and/or corruption. It should be noted that FSC is not an audit, has its limitation and needs to be complemented by other assurance activities such as audit report, financial and narrative reports, among others.

FSC include the following steps:

1. **PREPARATION**
   - After partners confirm availability, preparation takes place one week prior to FSC, following three steps:
     1. Request of necessary documentations (list of projects staffing and contracts, accountings, banking books, and lists of transactions).
     2. Review of relevant information (budget and programme plan, previous spot checks, narrative and monitoring reports, audits and financial reports).
     3. Selection of expenditures, using a risk-based approach; select at least one transaction from each expense category that is cumulatively equal to or exceeds 10 per cent of actual expenditures.

2. **FIELD WORK**
   - Field work usually takes three for one project, and includes the review of internal controls, petty cash, and procurement processes, as well as the verification of selected expenditure supporting documents, service contracts and discussion with the partners on previous recommendations and recruitment processes.

3. **RESTITUTION**
   - Restitution takes place following the fieldwork.

4. **DRAFT REPORT**
   - The draft spot-check report summarises the findings and observations, and also includes recommendations to partners based on the fieldwork and discussions.

5. **VALIDATION**
   - Validation of the spot check report by the authorised signatory reported on GMS and the HFU manager.

6. **GMS**
   - Upload of the monitoring report on GMS, for tracking.

7. **FOLLOW-UP**
   - Follow-up on recommendations and action plans (capacity building), when relevant and needed with partners, finance and risk management teams.

1 According to the context at country level, CBPFs may consider postponing some of the audits, rather than conducting remote audits. This decision will be taken on a case-by-case basis in consultation with OCHA-HQ.
2 Especially during the allocation period to minimize time of exercise.
MONITORING AND PARTNER PERFORMANCE

As of June 2021, the list of partners eligible for DRC HF funding included 125 members: 79 National NGOs (NNGOs), 35 international NGOs (INGOs), 10 UN Agencies (including UNDP and OCHA) and 1 national Red-Cross movement.

As partners receive funds and implement projects, the risk rating is determined by partner performance. While the system encourages improving capacity - partners can move to lower risk levels through good performance and by addressing identified weaknesses - the system also records poor performance reflected across the cycle of the project (quality of project proposal, monitoring, audits, etc.), which could result in a higher level of risk to the Fund.

Note that UN Agency projects are also scored for their performance in all areas except audit. Partner Performance Index (PPI) was updated in April 2021:

- 15 partners had their risk level updated (5 NNGOs, 5 INGOs, and 5 UN agencies), with only one partner achieving a lower risk level.
- 26 partners who had not received any funding in the last 2 years were made ineligible, following the closing of the 2021 Standard Allocation (as requested by the Advisory Board).

Scoring
Projects can be scored on the following scale:

1. **Outstanding performance** – assigned when monitoring results indicate that project implementation and intervention quality have exceeded expectations, and project is on track to exceed project targets.

2. **Good performance** – assigned when results indicate that project implementation has progressed well against the work plan, is on track to meet project targets and demonstrates good quality of implementation.

3. **Underperforming but justified** – assigned when project progress is below expectations against the work plan, but there is a valid justification for the underperformance.

4. **Underperforming and not justified** – assigned when project progress is below expectations against the work plan and the IP has no valid justification for underperformance.

5. **No performance** – assigned when there is no tangible progress in implementation.

Monitoring results are shared and discussed with the HFU Risk Management team when underperformance issues and concerns are raised. Depending on the case, 1) an action plan may be developed to support the partners concerned and ensure that they meet their objectives, 2) further verification may be required, 3) the issue is referred to the CBPF Oversight and Compliance Unit for guidance on the action to be taken by the HFU.

Programmatic vs FSC monitoring
Performance results may vary depending on the monitoring exercise. In the first half of 2020, four partners (3 INGOs and 1 INGO) performed well in the programmatic and FSC. In contrast, while four INGOs performed well in the FSC, they performed less well in the programmatic monitoring. Similarly, while 11 projects (implemented by 3 INGOs and 8 NNGOs) were rated as “underperforming but justified” in the FSC, they performed well in the programmatic monitoring.
MONITORING FINDINGS

Nyunzu, Province of Tanganyika
Partner providing assistance in nutrition. March 2021
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MONITORING FINDINGS

Monitoring reports developed by the HFU describe challenges identified in the activities monitored, best practices, lessons learned, and recommendations for future implementation. The reports are shared with partners and clusters for their review and action to address the recommendations agreed upon.

PROGRAMMATIC FINDINGS

100 monitoring exercises activated between January and June 2021, including 81 projects, implemented by 58 partners:

- Outstanding performance: 17
- Good performance: 51
- Underperforming but justified: 29
- Underperforming and not justified: 3

Commonly observed monitoring findings (January-June 2021)

Good practices identified (good performing projects)

- Good overall integration into the communities:
  Close collaboration, open and transparent communication with community members and local stakeholders, including local authorities, health care structures and other humanitarian actors active in the area, allowed for better integration and helped to build ownership of the project. Some organisations known in the intervention area had higher credibility and received less complaints regarding the selection of beneficiaries, even when implementation was delayed.

- Recruitment of local staff also strengthened the ownership of the project by community members.

- For projects implemented in response to the COVID-19 situation, the partner’s well-established presence in the intervention area was an asset. Due to the many rumours around the pandemic, it was easier to raise awareness when the organization was already known and trusted.

- The presence of field-based staff/partners living in the area facilitated the continuity of some activities and monitoring, even when roads were closed due to insecurity.

- Good risk management system in place by some partners.

- Careful planning of future activities based on evaluations.
Main weaknesses and challenges identified (projects with underperformance)

- **Security and logistical access constraints**: inability to access some areas due to bad road conditions and/or insecurity, which also led to traders leaving the area. The ferry at Nyemba, for instance, often breaks down and causes traffic to be suspended for weeks. Security and access constraints may also mean a late start to activities.

- **COVID-19 related constraints**: restriction of movement that lengthened delivery processes, causing delays in commercial traffic and delays in arrival of supplies. For projects funded in response to the COVID-19 pandemic, late return of PCR test results caused a delay in the activities.

- **Delays in procurement** due to challenges with national customs.

- **Poor implementation of programming** due to weak project management capacity of partners (management or quality of recruitment).

- **Complaint mechanism not operational**, due to lack of a toll-free number, confidentiality not guaranteed, no feedback provided to beneficiaries; lack of a database with complaints received and feedback provided.

- **While collaboration with humanitarian and state actors** was very good in general, some partners did not coordinate well in the field, which led to poor understanding of the activities and acceptance difficulties by the community.

- **Constraints on money transfers and withdrawals** due to **limited local banking institutions**.

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**PROPORTION OF CLUSTER COMPONENTS WITHIN MONITORED PROJECTS**

*January - June 2021*

- Protection: 31%
- WASH: 28%
- Health: 22%
- Food Security: 22%
- Shelter/NFI: 21%
- Nutrition: 12%
- Education: 4%

*One project monitored may include more than 1 cluster, which is why the total does not amount to 100 per cent.*
The HFU monitored 25 projects with Protection components through 29 monitoring exercises with 17 INGOs, 5 NNGOs and 1 UN Agency.

The main activities included identification, provision of documentation, family tracing and reunification for unaccompanied and separated children (UASC) and children associated with armed forces and armed groups; protection case management and referral services; provision of medical and psychosocial support services, including for survivors of gender-based violence (GBV); awareness raising activities; reinforcing protection structures and providing training for community workers on GBV and child protection; identifying temporary host families for UASC and organising Child friendly spaces; securing access to housing and land rights for returnees; establish a hotline in response to the COVID-19 pandemic.

Of the monitored projects, 69 per cent performed well and 31 per cent underperformed for reasons beyond the partner’s control.

The most common findings were:

**Good practices**
- Protection, Protection/GBV: integration of local structures and associations in activities such as awareness raising and trainings, especially associations of women.
- Child protection: key involvement of parents.
- Housing, land and property: Awareness raising and discussion forums led for local leaders to better understand land properties, enhancing community engagement.

**Challenges**
- Insecurity and limited access to areas still controlled by armed and non-state groups slowed down several activities.
- Many health care facilities lack the needed medical inputs for proper care, such as Post-exposure prophylaxis (PEP) kits, vaccinations, and medicine.
Cluster specific findings

WATER, SANITATION & HYGIENE

The HFU monitored 23 projects with WASH components, by way of 30 monitoring exercises with 9 INGOs, 8 NNGOs, and 1 national Red Cross. The main activities included rehabilitation and/or construction of sanitation facilities (latrines, showers) and water sources, distribution of WASH kits, including hygiene kits and aqua tabs, establishment of water management committees, and training community workers and communities on good hygiene practices.

According to the findings, while 70 per cent of monitored projects performed well, 27 per cent underperformed but for reasons mostly beyond the partner’s control, and 3 per cent underperformed but it was not justified.

The most common findings were:

**Good practices**
- Good coordination and collaboration with other actors (governmental and humanitarian) in the region allowed for good complementarity of projects as well as a rationalization of activities, thus increasing the sustainability of projects.
- Some partners anticipated challenges such as rainy season, road deterioration, delays in contracting, which allowed them to better plan and avoid delays in implementation.
- Involvement of beneficiaries in water quality verification and compliance with WASH Cluster norms and standards.

**Challenges**
- Insecurity slowed down project implementation.
- Unpredictable weather conditions and bad quality of roads limited access to project sites.
- Weak coordination among some humanitarian actors and internally was observed.

Implementation performance of monitored projects with WASH components.

<table>
<thead>
<tr>
<th>Performance</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Outstanding performance</td>
<td>20%</td>
</tr>
<tr>
<td>Good performance</td>
<td>50%</td>
</tr>
<tr>
<td>Underperforming but justified</td>
<td>27%</td>
</tr>
<tr>
<td>Underperforming and not justified</td>
<td>3%</td>
</tr>
<tr>
<td>No performance</td>
<td>0%</td>
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January - June 2020
Cluster specific findings

HEALTH

From January to June 2021, the HFU monitored 18 projects with health components, conducting 22 monitoring activities. The projects were implemented by 8 INGOs, 2 NNGOs, 2 UN Agencies and 1 national Red Cross. The main activities included provision of primary health care, training and capacity reinforcement for health care staff and community workers, supply of medicines, equipment and materials to health structures.

Nine monitored projects, funded through the 2020 Reserve allocation responding to the COVID-19 pandemic, included activities such as setting up isolation centres and triage units, provision of Prevention Control Infection (PCI) kits to health structures, capacity reinforcement for health care and community workers on how to curb the spread of COVID-19 and other infectious diseases, training of community workers trusted by the communities (usually community relays) to spread information and raise awareness among communities.

Of the monitored projects, 23 per cent were scored with “outstanding performance”, 45 per cent had a “good performance”, 27 per cent were “underperforming but justified” and 5 per cent were “underperforming and not justified”. Particularly good scores were assigned to projects funded through the COVID-19 allocation, with six projects with “outstanding performance” and nine projects with “good performance”.

The most common findings were:

**Good practices**

- Timely procurement of medical kits and supplies.
- Operating costs given to health centres and performance bonuses to support free health care.
- Some partners used social media to share relevant information and fight misinformation, which was appreciated by the communities. One partner set up a WhatsApp group with contacts from different intervention sites to facilitate information sharing and monitoring of activities.

**Challenges**

- Procurement and supplies: lack of medicines and essential drugs due to bad programming. In some cases, supplies were not adapted to the conditions of health facilities because some molecules required medical supervision.
- The impact of some activities is limited to the project implementation phase, as morbidity and mortality rates have increased in some areas after project closure.
- Low level of coordination between some partners and local health authorities led to confusion among beneficiaries and health care structures.
- Difficulties in implementing awareness raising campaigns due to misinformation and rumors about COVID-19 spread among the population. In some areas, local authorities have even ignored the pandemic, making it more difficult for partners to do their work.
Cluster specific findings

FOOD SECURITY

From January to June 2021, the HFU monitored 12 projects with Food security components, through 14 monitoring activities. Implemented by 6 INGOs, 4 NNGOs, and 1 UN Agency, the main activities monitored were delivery of food and cash/voucher assistance to beneficiaries, distribution of agricultural inputs and gardening tools, awareness raising on nutrition and food hygiene practices, trainings on sustainable agricultural techniques, and supporting the establishment of farming associations.

While 66 per cent of the monitored projects performed well, 29 per cent underperformed for reasons mostly beyond the partner’s control, and 5 per cent underperformed and it was not justified.

The most common findings were:

**Good practices**
- Involving community members in the selection of beneficiaries allowed for better acceptance of partners among the community.
- The establishment of farmer associations improved social cohesion within the community.
- Selecting a local seed supplier based in the region allowed a partner to meet the agricultural calendar (thanks to shorter delivery time), control the quality of seed during processing and promote local economy.
- Beneficiaries were sensitized to seed saving for the following planting season.
- Alternative for transporting supplies to intervention area: by air instead of by land when considered too risky.

**Challenges**
- The limited scope of coverage created tensions among the vulnerable population not receiving food assistance.
- Due to the unavailability of the required quantity of seeds on the local market, partners had to carry out another procurement process that took longer than expected, given the security constraints. As a result, the agricultural calendar was not respected, and the impact of the intervention was diluted. Beneficiaries chose to save seeds for the following planting season, which may affect seed quality.
- Some seeds did not adapt to climatic conditions.
- Some projects experienced movement of beneficiaries after implementing activities (planting seeds) because of insecurity in the area.
Cluster specific findings

SHELTER/NON-FOOD ITEMS

From January to June 2021, 17 projects with Shelter/Non-Food Items (NFI) components were monitored, through 22 monitoring exercises with 7 NGOs, 4 INGO and 1 national Red Cross. The main activities included distribution of shelter and NFI kits to targeted vulnerable populations (including Internally Displaced People – IDPs, and host communities), upgrading of host population shelters and construction of new shelters for IDPs with technical support for construction, and distribution of cash for rent and/or multipurpose cash.

While 23 per cent of the monitored projects scored an “outstanding performance”, 46 per cent had a “good performance” and 31 per cent were noted “underperforming but justified”.

The most common findings were:

**Good practices**

- Involvement of community leaders in the selection of beneficiaries and verification of vulnerability criteria through community shelter committees established by some partners.
- Thorough pre-implementation needs assessment and timely post-distribution follow-up.
- Well-organised and planned procurement process (some suppliers joined together to transport their goods to reduce costs), which resulted in a significant reduction in delivery time.
- Impact of cash assistance on local economy: distribution of NFIs in cash led to the development of a local market with new suppliers for NFIs, including clothing, pots and pans, and cloth plates.
- Some partners adapted the shelters to the size of the beneficiary families.

**Challenges**

- Weak beneficiary selection processes for projects implemented by partners with limited staff capacity, and no division of labor (for instance, same staff doing targeting, NFI kit distribution, and post-distribution monitoring).
- While all partners were required to comply with the COVID-19 restriction, risk of crowding at certain distribution sites.

**IMPLEMENTATION PERFORMANCE OF MONITORED PROJECTS WITH SHELTER/NFI COMPONENTS**

January - June 2021

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding performance</td>
<td>23%</td>
</tr>
<tr>
<td>Good performance</td>
<td>46%</td>
</tr>
<tr>
<td>Underperforming but justified</td>
<td>31%</td>
</tr>
<tr>
<td>Underperforming and not justified</td>
<td>0%</td>
</tr>
<tr>
<td>No performance</td>
<td>0%</td>
</tr>
</tbody>
</table>
Cluster specific findings

NUTRITION

From January to June 2021, 10 projects with activities in nutrition were monitored, through 11 monitoring activities. Implemented by 8 INGOs and 2 NNGOs, the projects mainly included the following activities:

• Providing nutritional inputs to health structures, as well as anthropometric materials and reporting tools for the adequate management of severe acute malnutrition (SAM).
• Mass screening of children under five; referral and free treatment of malnutrition cases.
• Organization of infant and young child feeding support groups, raising awareness of good nutrition and hygiene practices and COVID-19 prevention measures through cooking demonstrations, radio programs and educational talks.
• Reinforcing technical capacity of health care providers and community workers, on the national protocol for integrated management of acute malnutrition (PCIMA), infant and young child feeding (ANJE) in emergencies and prevention against COVID-19.
• Implementation of a minimum WASH package in nutritional units.
• Nutrition indicators to monitor malnourished children with the Cluster and local governmental actors.

Of the monitored projects, while 64 per cent performed well, 36 per cent underperformed (27 per cent justified, 9 not justified).

The most common findings were:

**Good practices**

• Good evaluation of children’s needs.
• Respect of the Cluster’s standards.
• Enhanced coordination with health care providers and local state actors.
• Close follow-up by staff with multidisciplinary skills in the intervention areas.
• The good collaboration between organizations (nutrition/WASH) made it possible to target the same geographical areas, ensuring an integrated intervention and contributing to early prevention of malnutrition at the community level.

**Challenges**

• Lack of scales to weigh infants was observed for interventions implemented in Djugu and Mahagi territories, and lack of incinerators (as part of WASH-in-nutrition package) in most health centres supported through one project.
• Some storage locations for Plumpy’Nut in health care centres were not adapted compared to the stock quantity received. Poor storage conditions may alter inputs, and there is a risk of stock-outs at the health centers when partners keep supplies in their own stores.
• Weak institutional support for free nutritional care services in health care centres.
• Lengthy customs clearance of nutritional inputs.
Cluster specific findings

**EDUCATION**

The HFU monitored three projects with Education components, implemented by 2 NGOs and 1 INGO.
The main monitored activities included rehabilitation of schools, equipping classrooms, provision of school supplies for children, enrolment of children to schools, community sensitization on children education, and psychosocial support for children.

While two projects performed well, one project underperformed but with justification.

The most common findings were:

**Good practices**
- High participation of girls in school.
- Enhanced hygiene practices in schools, such as the presence of handwashing facilities with soap.

**Challenges**
- Some teachers and school directors showed discrimination against displaced children and children from other communities.
- Low involvement of parents’ committees in activities, despite awareness-raising efforts, due to parents’ workload in the fields.

**IMPLEMENTATION PERFORMANCE OF MONITORED PROJECTS WITH EDUCATION COMPONENTS**

January - June 2020

For projects funded through the 2020 Reserve allocation supporting coordination, the monitoring exercise was planned to take place during the second half of the year.
**Commonly observed findings (January-June 2021)**

The 28 spot check exercises carried out by the HFU finance team involved 21 partners (11 NNGO, 9 INGO, and 1 national Red Cross).

More attention has been given to the follow-up of observations and recommendations on the monitored activities and to the adjustment of partners’ non-compliance.

In the second half of 2020, a financial survey was launched to identify weaknesses and financial control systems among partners. As a result of this exercise, the HFU identified 14 partners requiring close follow-up through performance plans to ensure that their financial management of a potential allocation of funds is minimised.

**Good practices identified (good performance)**

**Strengthening of internal control mechanisms**
- Well-detailed and updated policy and procedure manual, availability of supplier database and contract management.
- Defined level of delegation of authority.
- Unplanned control taken into account.
- Compliance with financing agreement and DRC HF operational manual.

**Good cash and payment management system**
- Availability of accounting software with the ability to automatically generate financial statements.
- Few payments by cashier.
- Efficient mechanism for monitoring advances to staff.
- Systematic payment of expenses by bank.
- Good budget monitoring policy.
- Good policy for allocating shared costs.

**Competitive and transparent procurement process for goods and services**
- Systematic use of competitive purchasing process.
- Good use of the supplier database and good monitoring of contracts.
- Wide consultation of suppliers for major purchase.
- Separation of tasks in the preparation, purchase and reception of goods and services.
- Implementation of the declaration policy for Conflict of interest.

**Good policy and management of equipment**
- Updated inventory status.
- Daily monitoring of the location of equipment.
- Equipment tagged with source of funding.
Main weaknesses and challenges identified (underperformance)

- Recurring excessing cash holdings and payments.
- Non-compliance of some budget lines without the authorization of the HFU (as per the Global handbook).
- Lack and or unavailability of supporting documents for expenditure.
- Ineligibility cost (households, food allowance, entertainment).
- Lack of archiving and classified documentation.
- Lack of competitive process and appropriate justification during procurement.
- Staff salaries paid in cash.
- Unauthorised or absence of signatories on supporting documents.
- Inconsistency between amounts recorded in the financial report, documentation, and payment amounts.
- Lack of banking and/or microfinance structures in the intervention area:
  - Limited number of suppliers in the area.
  - No specific account, but the partner has an accounting mechanism to ensure the traceability of funds.
  - Existence of policy and procedure manual, which does not however ensure that goods and services are procured to the highest standards of quality, transparency, economy and efficiency.
  - No effective mechanism to monitor advances to staff for activities in remote areas.
  - No monitoring mechanism for contract with service providers.

38 financial audits were planned for the second half of the year. This would be the first audit exercise commissioned by OCHA HFU management since the transition of the Fund’s Managing Agent which took place in January 2020.

Critical monitoring results (programme and FSC) were shared with the auditors for follow-up and extended verification as necessary.

PROJECT REVISION

Between January and June 2021, 71 new revision requests were submitted by partners, and 75 were approved by the HFU (including revision requests submitted before the reporting period). Most revision requests approved included no-cost extension, budget revision, reprogramming of activities, and change in target beneficiaries and locations.

No-cost extensions were mainly requested due to insecurity; delays in programmatic process, procurement, recruitment, disbursement of funds, finalizing PPA, securing supplies from pipeline; as well as because of preventive closure of the office due to COVID-19, and continuing the provision of logistics support to the humanitarian community.

The approved revision requests concerned 35 projects from INGOs, 20 projects from NNGOs, 6 projects from UN Agencies and 1 project from the national Red Cross.
ACCOUNTABILITY TO AFFECTED POPULATION
(Feedback and Complaints Mechanisms)

The DRC HF put efforts into strengthening communication channels with beneficiaries and other stakeholders to track all incidents, complaints, and possible allegations.

Since June 2020, a hotline (+242(0) 818 900 039) has been operational and available to all stakeholders for all types of complaints related to HF processes and HF-funded projects. Complaints can also be emailed to CBPF-DRC-request@un.org. The HFU Risk management team manages the calls and tracks the complaints and comments received.

During the first six months of 2021, the HFU received six alerts of underperformance and potential mismanagement by funded partners, through the hotline (as opposed to three alerts in 2020). Two alerts were related to INGOs, three alerts to NNGOs, and one alert to a UN agency.

Based on the nature of the complaint received, appropriate actions were taken by the HFU to analyse the situation. The HFU reviewed complaints, sometimes contacting beneficiaries or relevant partners to obtain additional information and make recommendations. In the event of serious breaches such as fraud, the case is treated in accordance with CBPF Standard Operating Procedures (SOPs) on Response to Concerns of Fraud or Misuse of Funds by Partners.

Regarding the partners complaint mechanisms, as mentioned in the Operational review of exposure to corrupt practices in humanitarian aid implementation mechanisms in the DRC, conducted in 2020, “the monitoring exercises and monitoring activities are exposed to the failure of existing complaint mechanisms to detect corrupt practices and the manipulation of monitoring reports” in the DRC. The weakness or absence of complaint mechanisms may affect the results of the projects. Therefore, in the second half of the year, the HFU has conducted a survey of all complaint mechanisms among eligible HF partners. The results will be used to discuss how to proceed and to take appropriate actions in consultation with the Advisory Board.

15 projects were impacted by 18 security and natural disaster incidents reported by 13 different partners (6 NNGOs, 7 INGOs).

- 1 incident related to natural disaster caused a financial loss of $1,385.
- 3 other incidents related to resurgence of armed conflict and/or petty crime had a financial loss of $3,972.

Auditors will determine if this amount should be refunded to the DRC HF upon the finalization of the projects.

WAYS FORWARD

The HFU considers this first mid-year Monitoring Report as a potential tool for the various stakeholders of the DRC HF. It will clearly kick off a roadmap of actions to be undertaken by the HFU (such as tailored capacity building exercises with partners, and updating the Risk management framework, among others).

It will also help examine how to improve the quality of the monitoring exercise, while considering the results of the audits in order to strengthen the DRC HF accountability framework.

An in-depth analysis of observations made in the monitoring exercises will also be provided in the 2021 Annual Report, together with action points for the coming year.
# LIST OF DRC HF PROJECTS MONITORED

**(JANUARY-JUNE 2021)**

<table>
<thead>
<tr>
<th>Monitoring Type</th>
<th>Implementing Partner</th>
<th>Clusters</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Spot check</td>
<td>MAGNA (Magna Enfant en Péril)</td>
<td>Health WASH Protection</td>
<td>Réponse urgente multisectorielle (Santé, Protection et EHA) au COVID-19 dans 20 FOSA et dans la communauté de 225 de Kinshasa.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td></td>
<td>Health WASH Protection</td>
<td>Prévention et contrôle de l’infection au COVID-19 dans des quartiers à risque et défavorisés de la ville de Kinshasa.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>OXFAM GB</td>
<td>Food security</td>
<td>Projet d’appui d’urgence en Sécurité alimentaire aux ménages affectés par les conflits armés dans la zone de santé de Aungba, territoire Mahagi en Ituri.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Solidarités International</td>
<td>Food security</td>
<td>Réponse en SECAL aux populations les plus vulnérables du territoire de Djugu, province de l’Ituri.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Association pour la Promotion de l’Hygiène et le Développement Intégral des vulnérables (APROHDIV)</td>
<td>Nutrition</td>
<td>Prise en charge d’urgence de la Malnutrition Aiguë Sévère dans la ZS de MANGALA en Ituri.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>CARITAS DEVELOPPEMENT MAHAGI-NIOKA (C.D.M)</td>
<td>Nutrition</td>
<td>Réponse d’urgence en nutrition en faveur des populations vulnérables affectées par les conflits armés dans la zone de santé d’AUNGBA en Province de l’Ituri.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Cooperazone Internazionale (COOPI)</td>
<td>Protection</td>
<td>Réponse d’urgence en protection pour les enfants affectés par le conflit armé dans les territoires de Djugu et Mahagi.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>INTERSOS</td>
<td>Protection</td>
<td>Réponse multisectorielle d’urgence en protection et violences basées sur le genre en faveur des personnes déplacées, retournées et des familles d’accueil affectées par les conflits en territoires de Mahagi et de Djugu.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Programme de Promotion des Soins de santé primaires (PPSSP)</td>
<td>WASH</td>
<td>Assistance en EHA et lutte contre la COVID-19 en faveur de personnes déplacées et familles d’accueil se trouvant en Territoire de Mahagi (ZS Rimba et Mahagi) Province de l’Ituri.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>Actions et Interventions pour le Développement et l’Encadrement Social (AIDES)</td>
<td>WASH</td>
<td>Appui à la réintégration des personnes affectées par les conflits dans les villages d’accueil des zones de Santé de Fataki et Rety en Territoire de Djugu en Ituri.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>Croix Rouge RDC /Tanganyka (CRRDC/DT)</td>
<td>NFI WASH</td>
<td>Assistance en EHA, abris et AME dans les milieux de retour et de déplacement en faveur des personnes vulnérables dans la zone de santé de Nyunzu provincie du Tanganyika.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Actions et Interventions pour le Développement et l’Encadrement Social (AIDES)</td>
<td>WASH</td>
<td>Soutien aux communautés victimes de la crise humanitaire du Territoire de Nyunzu, Province de Tanganyika.</td>
</tr>
<tr>
<td>Financial Spot check</td>
<td>Action pour le Promotion de la Santé de la Mère et de l’Enfant (APSMOE)</td>
<td>Health</td>
<td>Réponse d’urgence d’accès aux soins de santé aux populations vulnérables de la zone de santé de Ferekeni dans la province du Maniema.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Agency for Technical Cooperation and Development (ACTED)</td>
<td>NFI</td>
<td>Assistance en faveur de la population des Zones de santé de Fizi et Nundu, Territoire de Fizi, affectée par le conflit armé et les catastrophes naturelles, à travers une intervention garantissant l’accès à des logements sûrs.</td>
</tr>
</tbody>
</table>
### Annexes

<table>
<thead>
<tr>
<th>Programmatic monitoring</th>
<th>Financial Spot check</th>
<th>NFI</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Association Locale pour le Développement Intégral (ALDI)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>NFI</strong></td>
<td><strong>Projet d’Assistance en AME aux ménages vulnérables déplacés, retournés et familles d’accueil en territoire de Rutshuru, Province du Nord-Kivu.</strong></td>
</tr>
<tr>
<td><strong>Association pour le Développement Social et la Sauvegarde de l’Environnement (ADISSE)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>NFI</strong></td>
<td><strong>Assistance en AME à travers des modalités mixtes en faveur des populations affectées par les crises en Ituri dans les territoires d’Irumu, Djugu et Mahagi.</strong></td>
</tr>
<tr>
<td><strong>RACOJ Nord-Kivu</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>NFI</strong></td>
<td><strong>Assistance en AME en faveur des populations vulnérables (déplacées, retournées) dans la Zone de Santé de Pinga, en territoire de Walikale, Nord-Kivu.</strong></td>
</tr>
<tr>
<td><strong>Caritas Développement Goma (CADEGO)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>NFI</strong></td>
<td><strong>Appui multisectoriel aux ménages vulnérables affectés par les crises dans les zones de santé de Pinga, Kibua et Itiebera, en Territoire de Walikale, Province du Nord-Kivu.</strong></td>
</tr>
<tr>
<td><strong>Action Aid International RD Congo (AAI)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Protection</strong></td>
<td><strong>Assistance aux populations affectées par les conflits armés dans les ZS de Minembwe, Territoire de Fizi, province du Sud-Kivu et ZS de Saramabila et Lusang.</strong></td>
</tr>
<tr>
<td><strong>Norwegian Church Aid (NCA)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>WASH</strong></td>
<td><strong>Projet d’assistance EHA en faveur des communautés affectées par les épidémies et les catastrophes naturelles dans la zone de santé de Ruzizi en territoire d’UVIRA dans la province du Sud-Kivu.</strong></td>
</tr>
<tr>
<td><strong>Action Solidaire aux Vulnérables (ASDV)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>WASH Food security</strong></td>
<td><strong>Appui à la réponse intégrée EHA dans la ZS de Ferekeni, et Sécurité alimentaire dans les ZS de Puthia, Ferekeni et Lubuta, dans la Province du Maniema.</strong></td>
</tr>
<tr>
<td><strong>APSME</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health</strong></td>
<td><strong>Projet d’appui d’urgence à la réponse contre l’épidémie COVID-19 dans les provinces de Kinshasa, Kivu et Sud-Kivu.</strong></td>
</tr>
<tr>
<td><strong>Save the Children (SCI)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health Protection</strong></td>
<td><strong>Contenir et contrôler la propagation du COVID-19 dans le District de la Tshangu en Ville province de Kinshasa.</strong></td>
</tr>
<tr>
<td><strong>Médecins du Monde Belgique (MdMBE)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health Protection WASH</strong></td>
<td><strong>Protection des populations vulnérables, en particulier les enfants en situation de rue et survivant.e.s de violences sexuelles, face à l’épidémie de COVID-19 à Kinshasa et Bukavu.</strong></td>
</tr>
<tr>
<td><strong>Croix Rouge RDC /Tanganyika (CRRDC/DT)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>WASH</strong></td>
<td><strong>Intervention contre la propagation du COVID-19 dans les zones de santé frontalières de Moba et de Kansimba au Tanganyika.</strong></td>
</tr>
<tr>
<td><strong>Action Contre la Faim (ACF)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health WASH Protection</strong></td>
<td><strong>Projet d’urgence multisectorielle pour réduire les risques de propagation de la maladie COVID-19 dans la ville provinciale de Kinshasa.</strong></td>
</tr>
<tr>
<td><strong>Norwegian Church Aid (NCA)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health WASH Protection</strong></td>
<td><strong>Renforcer l’accès aux services EHA et promouvoir l’hygiène et l’accès au soutien en santé mentale dans 4 zones de santé et 16 établissements de santé en préparation d’une riposte au virus COVID-19 dans la province du Sud-Kivu.</strong></td>
</tr>
<tr>
<td><strong>War Child UK (WC UK)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Protection</strong></td>
<td><strong>Provision de services de protection adaptés en faveur des enfants, de jeunes et parents pendant la période de riposte COVID-19 dans les villes de Goma et de Kinshasa.</strong></td>
</tr>
<tr>
<td><strong>United Nations Population Fund (UNFPA)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Health</strong></td>
<td><strong>Amélioration de l’accès aux Soins de Santé Primaires (SSP) et de Santé Reproductive (SR) des populations vulnérables des zones de santé de Bambu et Mahagi en Province de l’Ituri.</strong></td>
</tr>
<tr>
<td><strong>Collectif Alpha Ujovi (CAU)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Education</strong></td>
<td><strong>Accès à l’éducation inclusive, et de qualité dans un environnement d’apprentissage sûr et protecteur pour les filles et garçons déplacés, retournés et autochtones affectés par des mouvements de population ainsi que par les épidémies de Choléra et de COVID-19 sur l’axe Bambu-Kishihue-Butare-Kabizi-Kameru dans le Territoire de Rutshuru</strong></td>
</tr>
<tr>
<td><strong>Norwegian Refugee Council (NRC)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Education Protection</strong></td>
<td><strong>Assistance multisectorielle aux communautés touchées par les conflits en Ituri, au Sud-Kivu et au Tanganyika.</strong></td>
</tr>
<tr>
<td><strong>Cooperazione Internazionale (COOPI)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Food security</strong></td>
<td><strong>Intervention en sécurité alimentaire pour les populations affectées par la crise humanitaire dans les ZS de Rethy et de Mahagi dans les territoires de Djugu et Mahagi.</strong></td>
</tr>
<tr>
<td><strong>People In Need (PIN)</strong></td>
<td><strong>Programmatic monitoring</strong></td>
<td><strong>Food security</strong></td>
<td><strong>Intervention en sécurité alimentaire ciblant les communautés de retour, d’accueil et les déplacées dans la ZS de Kaithe, Shabunda, Sud-Kivu.</strong></td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Food security</td>
<td>Amélioration des conditions de vie et restauration des moyens d’existence des ménages les plus affectés par la perte des biens et ayant un accès limité aux services essentiels, des territoires de Kazumba et de Luiza, Kasai Central.</td>
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<tr>
<td>Solidarités International</td>
<td>Food security</td>
<td>Projet visant à réduire l’impact des crises sur les populations affectées dans les ZS de Rethy et Fataki, territoire de Djugu, province de l’Ituri.</td>
<td></td>
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<tr>
<td>Action pour le Bien-être Communautaire (ABCom ONGD)</td>
<td>Food security</td>
<td>Assistance alimentaire d’urgence et appui à la relance agricole en faveur des populations les plus vulnérables affectées par les conflits armés dans les Zones de santé de Pingo et Kibua en territoire de Walikale, Province du Nord-Kivu.</td>
<td></td>
</tr>
<tr>
<td>Action pour la Promotion du Bien Etre Social (APROBES)</td>
<td>Food security</td>
<td>Appui multisectoriel à la sécurité alimentaire, en Protection et renforcement des capacités de résilience des populations en insécurité alimentaire aiguë et en privation des droits en matière de LTP dans les Zones de Santé de Ndekesha et Dibuya, Province du Kasai Central.</td>
<td></td>
</tr>
<tr>
<td>Vijana ya Panda Tujenge (VIPATU)</td>
<td>Food security</td>
<td>Amélioration de la couverture alimentaire et renforcement des moyens de subsistance des populations vulnérables des zones de santé de Maltema, Mulongo et Mukanga.</td>
<td></td>
</tr>
<tr>
<td>Association des Jeunes Islamiques pour le Développement (AJID)</td>
<td>Food security</td>
<td>Amélioration de la production agricole d’urgence, soutien aux moyens de subsistance et renforcement de la cohésion sociale en faveur des expulsés, retournés de l’Angola et population hôte dans la zone de santé de Kolonda Ouest, Territoire de Kamonia, Province du Kasai.</td>
<td></td>
</tr>
<tr>
<td>Food and Agriculture Organization of the United Nations (FAO)</td>
<td>Food security</td>
<td>Assistance multisectorielle pour un accès durable aux services vitaux de gestion des cas de violences basées sur le genre, autonomisation juridique et socio-économique des femmes et des filles et sécurité alimentaire de ménages déplacés et familles d’accueil en territoire de Miabi et Kabeya Kamuanga.</td>
<td></td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>MIDEFEHOPS ASBL</td>
<td>NFI</td>
<td>Renforcement de résilience des communautés déplacées à travers la mise en place des paquets d’assistance en AME dans la zone de santé de Pinga, Groupement Ihara en Territoire de Walikale.</td>
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<tr>
<td>Programmatic monitoring</td>
<td>CARBUNIA (Caritas Bunia)</td>
<td>NFI</td>
<td>Assistance d’urgence en AME aux ménages retournés, déplacés et familles d’accueil affectés par les atrocités sur l’axe Mangala-Bambu-Drodro en Territoire de Djugu, Province de l’Ituri.</td>
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<tr>
<td>Programmatic monitoring</td>
<td>APROSHAV</td>
<td>NFI</td>
<td>Assistance immédiate en AME aux populations déplacées et autochtones les plus vulnérables victimes des inondations dans le territoire d’Uvira, Sud-Kivu.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Actions et Interventions pour le Développement et l’Encadrement Social (AIDES)</td>
<td>NFI</td>
<td>Assistance en abris aux populations déplacées internes et communautés hôtes affectées par les mouvements de population dans les zones de santé de Massai et Oicha au Nord-Kivu.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Association pour le Développement Social et la Sauvegarde de l’Environnement (ADISSE)</td>
<td>NFI</td>
<td>Assistance multisectorielle immédiate en AME et SECAL à travers le cash ou coupons aux déplacés les plus vulnérables des zones de santé de Nyunzu, Moba, Kyambi et Kabalo, dans la province du Tanganika.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Cooperazione Internazionale (CODIP)</td>
<td>Food security</td>
<td>Prise en charge et prévention de la malnutrition aiguë modérée et sévère dans les Z5 de Bena Dibele et de Kole dans le territoire de Kole en province de Sankuru.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>The Johanniter Unfall-Hilfe (JUH)</td>
<td>Nutrition</td>
<td>Intervention nutritionnelle d’urgence pour les populations locales, déplacées et retournées des 16 aires de santé des zones de santé de Pinga, Kibua et Katoji au Nord-Kivu.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Adventist Development and Relief Agency (ADRA)</td>
<td>Nutrition</td>
<td>Réponse nutritionnelle d’urgence en faveur des enfants de moins de 5 ans déplacés et familles d’accueil dans les Z5 de Angumu, Mahagi, Njarambe, Litha, Kethi et Linga en province d’Ituri.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Magna Enfant en Péril (MAGNA)</td>
<td>Protection</td>
<td>Renforcement de la protection et de l’accessibilité à une assistance multisectorielle de qualité des populations vulnérables dans 3 zones de santé de la Province du Kasai Central.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>WC Holland</td>
<td>Protection</td>
<td>Projet de réintégration sociale et économique des enfants en situation d’exclusion, particulièrement des EAFGA et des SVS, dans la zone de santé de Bambo.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Save the Children (SCI)</td>
<td>Protection</td>
<td>Projet «Ulinzi » en territoire de Fizi au Sud-Kivu pour les populations déplacées et les communautés hôtes affectées par le conflit à Minembwe.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Helpage Programme RDC</td>
<td>Protection</td>
<td>Projet de prévention et protection aux personnes déplacées internes, retournées et communautés hôtes les plus vulnérables affectées par les crises foncières et les VBG dans le territoire de Kamonia en province du Kasaï.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Centre D’Accompagnement des Filles Déseuvenées (CAFID)</td>
<td>Protection</td>
<td>Appui à l’accès au logement, terre et propriété (LTP) pour les populations affectées par les conflits intercommunautaires dans la Province du Tanganika, Territoire de Kalemie.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Ligue de la Zone Afrique pour la Défense des droits des Enfants et Elèves (LZADEEL)</td>
<td>Protection</td>
<td>Renforcement des capacités de résilience et appui à la prise en charge holistique des femmes et jeunes filles victimes des violences sexuelles dans la ville de Kananga et les territoires de Diabaya et Kazumba au Kasaï Central.</td>
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<tr>
<td>Programmatic monitoring</td>
<td>Danish Refugee Council (DRC)</td>
<td>Protection</td>
<td>Réponse intégrée en Protection et Abris pour les personnes déplacées affectées par les conflits vivant dans des familles d’accueil et sites de déplacés au Nord-Kivu.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Associazione Volontari per il Servizio Internazionale (AVISII)</td>
<td>Protection</td>
<td>Accès aux services de protection et nutrition en faveur des populations vulnérables, y inclus les enfants et les femmes dans les zones affectées par déplacement et conflits du territoire de Rutshuru, zones de santé de Kibizi, Bambo, Birambizo.</td>
</tr>
<tr>
<td>Programmatic monitoring</td>
<td>Organisation</td>
<td>Sector</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------</td>
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<tr>
<td>Comitato Internazionale per lo Sviluppo dei Popoli (CISP)</td>
<td>WASH</td>
<td>Amélioration des conditions d’accès à l'EHA aux personnes les plus affectées par la crise nutritionnelle dans la province de Sansirhu, territoire de Kole, zones de santé de Bena Dibele et de Kole.</td>
<td></td>
</tr>
<tr>
<td>Action des Volontaires Unis pour le Développement et la Santé (AVUDS)</td>
<td>WASH</td>
<td>Renforcement d’accès aux services EHA aux populations affectées par les crises dans la zone de santé de Kilwa en territoire de Pwoeto, province du Haut-Katanga.</td>
<td></td>
</tr>
<tr>
<td>Rebuild Hope for Africa (RHA)</td>
<td>WASH</td>
<td>Assistance en EHA en vue de l’amélioration des conditions socioéconomiques et du renforcement de la résilience des personnes déplacées, retournées et familles hôtes dans la zone de santé de Punia en Province du Maniema.</td>
<td></td>
</tr>
<tr>
<td>Hydraulique Sans Frontière (HYFRO)</td>
<td>WASH</td>
<td>Réponse humanitaire EHA en faveur des déplacés internes, retournés et communautés hôtes des Zones de santé de Bambo et Birambizo dans le Territoire de Rutshuru en Province du Nord-Kivu.</td>
<td></td>
</tr>
<tr>
<td>Caritas Développement Diocèse d’Uvira</td>
<td>WASH</td>
<td>Amélioration d’urgence à l’accès à l’EHA en faveur des populations retournées, déplacées et familles d’accueil victimes des conflits armés et communautaires dans la zone de santé de Mwenga, Province du Sud-Kivu.</td>
<td></td>
</tr>
<tr>
<td>Groupe La Colombe (GLC)</td>
<td>WASH</td>
<td>Assistance en EHA aux populations victimes des inondations de la Zone de Santé d’Isangi dans la Province de la Tshofo.</td>
<td></td>
</tr>
<tr>
<td>Helpage Programme RDC</td>
<td>WASH Shelter, NFI</td>
<td>Réponse en EHA, AME et Abris aux personnes déplacées internes, retournées et communautés hôtes les plus vulnérables dans les provinces de l’Ituri (Mahagi et Itumu) et du Nord-Kivu (Uvira, Masisi et Walikale).</td>
<td></td>
</tr>
<tr>
<td>Actions et Interventions pour le Développement et l’Encadrement Social (AIDES)</td>
<td>WASH NFI</td>
<td>Renforcement de la participation des communautés des Territoires de Fizi, Kalehe, Uvira au Sud-Kivu.</td>
<td></td>
</tr>
<tr>
<td>INTERSOS</td>
<td>Nutrition Protection</td>
<td>Réponse multisectorielle d’urgence en protection et nutrition visant à la prévention de MAS et MAM et le suivi de la situation de protection dans les zones de santé de Minembwe, Itombwe et Hauts plateaux, dans la province du Sud-Kivu.</td>
<td></td>
</tr>
</tbody>
</table>