

2017

HUMANITARIAN RESPONSE PLAN

JULY-DECEMBER 2017

July 2017



**REPUBLIC OF
CONGO:
POOL REGION**

POPULATION OF POOL REGION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET (US\$)	# HUMANITARIAN PARTNERS
300,000	166,000	138,000	23.7 M	16



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FOREWORD BY

THE MINISTER OF SOCIAL AFFAIRS, HUMANITARIAN ACTION AND SOLIDARITY AND THE UNITED NATIONS RESIDENT COORDINATOR

Nearly one in three people in the Pool region are in an emergency situation, forced to seek refuge with friends and relatives. Thousands of children have been deprived of education, and thousands of sick people or pregnant women can no longer access basic care in their respective districts. Malnutrition rates exceeding the emergency threshold have been recorded among displaced children in the Pool region or in the neighboring region of Bouenza. Young women suddenly find themselves heads of household.

This is the partial and painful toll of several months of insecurity in some districts of the Pool region. The nutritional survey carried out in May 2017 demonstrates the urgency of a humanitarian response to save lives and prevent the deterioration of conditions for people affected by this crisis.

This situation not only affects the Pool region but the entire country as well. Supplies are disrupted as the railway between Pointe-Noire and Brazzaville has been cut, and security forces from various regions of the country have been killed. The solution to this situation cannot just be humanitarian, but there are lives at stake and action has to be taken urgently.

The Ministry of Social Affairs, Humanitarian Action and Solidarity, as well as other relevant Government institutions, in close collaboration with the United Nations system and other partners, have prepared a focused and integrated humanitarian response that takes into account the needs of different populations affected by the situation.

The emergency response plan aims at saving lives and strengthening the resilience of affected populations while respecting their rights and dignity. It will need to be updated regularly to integrate ongoing assessments and adapt to evolving circumstances. It should also be complemented by longer-term actions to stabilize a region that has long suffered various types of violence. This is to facilitate the sustainable development of the region – one of Congo's breadbasket regions.

This plan is addressed to all people, institutions or organisations who are committed to assist in reducing the suffering of those populations in need.

H.E Antoinette Dinga Dzondo

MINISTER OF SOCIAL AFFAIRS, HUMANITARIAN ACTION AND SOLIDARITY

Mr Anthony Kwaku Ohemeng-Boamah

UNITED NATIONS RESIDENT COORDINATOR IN THE REPUBLIC OF CONGO

OVERVIEW OF THE

HUMANITARIAN CONTEXT

The Pool region has been experiencing violence and insecurity since April 2016, resulting in the displacement of nearly one in three people in the affected areas. Eight of the region's 13 districts so far remain inaccessible. The difficult living conditions faced by the displaced are worsened by their isolation, as they are cut off from the rest of the country and their access to basic services and health care has considerably deteriorated.

Context

The Pool region is home to approximately 300,000 people, 51.2 per cent of whom are women (2014 projection based on the 2007 National Institute of Statistics census). The population of the eight districts affected by insecurity is estimated at 166,000. Around 62 per cent of households depends on agriculture for subsistence.

The region was among the hardest hit during the country's civil war in the late 1990s. These events have left painful scars. Once considered among the country's breadbasket regions, Pool has since been unable to find stability conducive for economic and social development.

The resumption of violence in April 2016 affected not only the security forces but also the civilian population. Displacement of entire villages has been observed, either towards the main towns or to the bush or forests where survival is harsh. The areas initially affected by this insecurity were the districts of Goma Tse Tse, Kinkala, Mayama, Kindamba and Vindza. Thereafter, the districts of Kimba, Mbandza Ndounga and Mindouli were also affected.

The continuing deterioration of security has contributed to a rapid increase in the number of displaced persons. According to the Ministry of Social Affairs, Humanitarian Action and Solidarity, the number has increased sixfold in less than a year, going from 12,986 in June 2016 to 81,000 in May 2017. Movements are either towards the district capitals or to neighboring regions such as Bouenza or Brazzaville.

A multi-faceted impact

Families have been separated because members were subject to threats, while others preferred to go to the capital Brazzaville. Many households among the displaced are headed by women. Some villages have been completely destroyed and there are no prospects of return for displaced populations in the short term.

Populations remaining in their village or locality of origin are particularly at risk and have seen their living conditions deteriorate in recent months. Movement to and from those areas is very difficult due to insecurity and ongoing military operations. Access to health care, education and markets has become increasingly limited. Seventeen out of the 54 health centres in the affected districts are closed or partially operational. Most teachers and health workers have abandoned their posts, as well as some village leaders.

Nearly a third of the population of the eight districts affected by violence have been displaced, and general living conditions of the inhabitants in the Pool region are deteriorating.

Global rate of acute malnutrition has been recorded at 20.4% among displaced children in Bouenza

Displaced households face great difficulties in accessing food and markets. There is a high volatility in the prices of staple foods in the affected areas. In May 2017, the nominal price per kilo of fofou (staple food from cassava flour) increased by 85 per cent in Mindouli and 10 per cent in Loutété (locality hosting displaced persons in Bouenza region). The same trends are observed for the price of rice, which increased by 55 per cent over the same period in Mindouli and by 25 per cent in Kinkala.

The food price instability has led to a dramatic deterioration of the nutritional condition of the most vulnerable. A nutritional and food security survey was carried out in mid-May 2017 in certain accessible localities of the Pool region that host displaced persons (Kinkala, Mbandza-Ndouna, Louingui, Boudzouka, Voungouta) and in the neighboring region of Bouenza (Loutété, Moutélé and Sonel villages in the Yamba district).

CHRONOLOGY

April 2016: Following attacks on public infrastructures in the southern districts of Brazzaville, for which the Government hold the former Ninjas militia accountable, populations in the districts of Goma Tse Tse, Vindza, Kinkala and Mayama left their villages as a precautionary measure.

May 2016: Attacks on security forces, transporters, and ongoing military operations, led to further displacements of populations and the destruction of property and houses, including in Soumouna (Kinkala).

May 2016: CARITAS conducted initial assessments in some of the areas affected by the violence.

June 2016: Populations began to return to their homes in Mayama, Kindamba and Vindza.

June 2016: First joint multisectoral assessments by the Government, UN and NGO partners. 12,986 people in need of assistance were identified (residents of Soumouna and some of Mayama).

In late June 2016: Almost 13,000 displaced persons were identified.

August - September 2016: Escalation of attacks and increase in the number of security forces killed or wounded. The Pointe Noire - Brazzaville railway line was cut off following sabotage and attacks.

October - December 2016: Assistance to some of the displaced persons by the Ministry in charge of humanitarian action

November 2016: US\$2.3 million allocated by the Central Emergency Fund (CERF) to meet the needs of 12,986 displaced persons. Multisectoral assessments conducted in Kinkala, Mindouli in the Pool region and in Loutété, Yamba, Madingou and Nkayi in Bouenza. A deterioration of the living conditions of the displaced documented.

In late November 2016: The number of displaced persons exceeded 15,000.

December 2016: CARITAS launched an identification process of the displaced persons in Brazzaville.

April 2017: The number of displaced persons increased to 29,860.

May 2017: A nutritional and food security survey indicated a global acute malnutrition rate beyond the emergency threshold among displaced people in the Pool (in Kinkala) and Bouenza regions.

May 2017: The figure of 81,000 displaced persons was reached and confirmed by the Government and its partners.

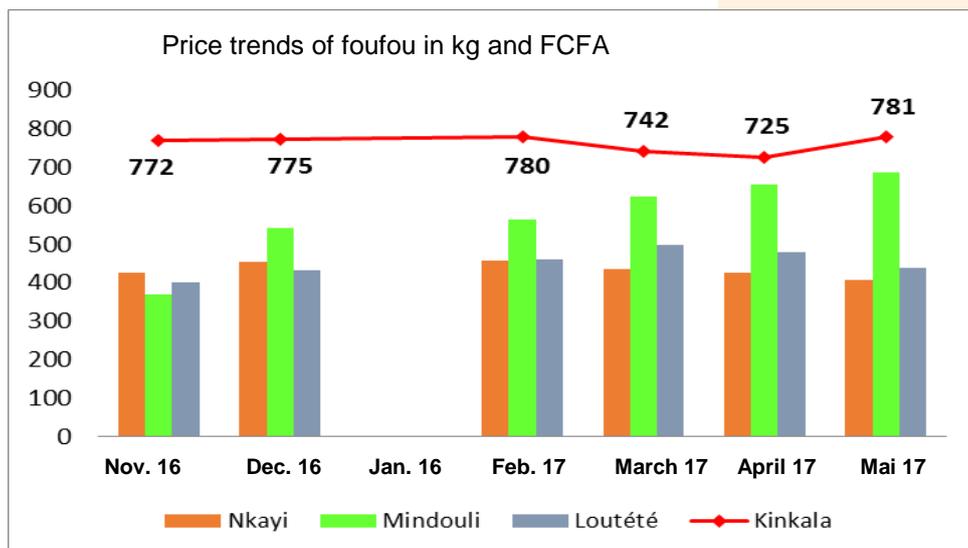
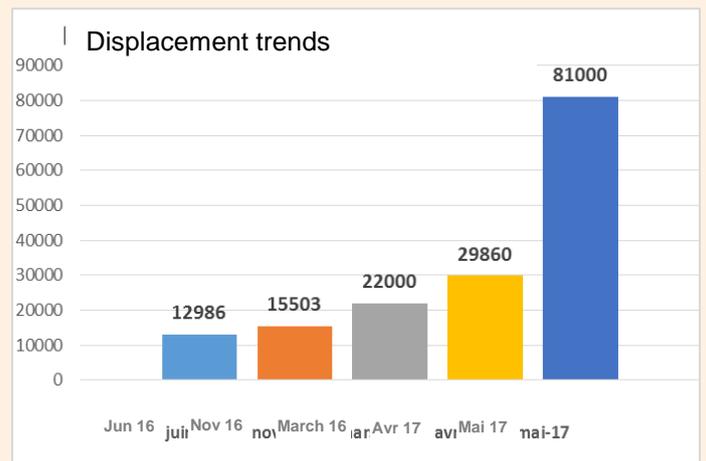
June 2017: The results of the nutrition survey were officially presented by the Government and the UN.

The results reveal alarmingly high rates of acute malnutrition among displaced children under 5 years, reaching 17.3 % and even 20.4 % for displaced persons in the Bouenza region. In April, 30 children with acute malnutrition and their accompanying parents were airlifted from Kibossi (Kinkala) to Brazzaville for treatment at a therapeutic center. The situation seems to be just as alarming for children who remained in their places of origin in the eight districts.

The instability in the Pool region has an economic impact on the whole country. The numerous act of sabotage and attacks on the Pointe Noire - Brazzaville railway line completely paralyzed rail traffic, disrupting fuel and domestic gas supply to the capital and the north of the country. Road transport is also affected, and carriers require heavy and costly Government escorts to cover the stretch of road between Mindouli - PK Rouge. As a result, airlines are forced to make a stopover in Pointe Noire for refueling and the capital Brazzaville experienced gas shortages for several weeks in May.

KEY ISSUES

-  Protection/armed violence
-  Nutrition and food security crisis
-  Lack of access to basic services
-  Population displacement



STRATEGIC

OBJECTIVES

This response plan aims to provide emergency assistance, enhance protection and build resilience of vulnerable populations in the affected areas and to those who have sought refuge in neighboring regions.



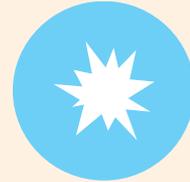
1 Emergency assistance

Provide coordinated, integrated and responsive assistance to people in emergency situations



2 Protection and respect for rights

Improve the protection and respect of people's fundamental rights in emergency situations and strengthen national capacities (at a central and local level) for the protection of those affected in order to promote respect for and access to their rights in accordance with humanitarian principles



3 Recovery and strengthen resilience

Ensure the strengthening of resilience and recovery of affected populations and help restore and strengthen their livelihoods

Three strategic objectives underpin the design of the response plan and serve as the framework for related projects. Although a crucial component of the plan is to provide emergency assistance, it also exists to strengthen the protection and respect for people's rights in emergency situations. The recovery and resilience building component is specially designed for the affected districts of the Pool region and Bouenza. The former has in fact never experienced stability and development over the past 20 years. Structural and social problems must be tackled pragmatically under this strategy. However, other solutions also need to be sought to bring about longer lasting outcomes.

RESPONSE**STRATEGY**

This initial humanitarian planning will focus not only on the emergency response, but also on the need to seek durable solutions. It will primarily target the most vulnerable people, taking into account the evolving political and security situation and the response capacity of the actors on the ground. Meanwhile, from the perspective of supporting resilience, this response will complement the actions of the Government of Congo and its partners.

Planning data

The response plan takes into account the situation in late June 2017 and does not anticipate an expansion of the insecure areas beyond the eight districts of the Pool region already in an emergency situation: Goma Tse Tse, Kinkala, Mbandza-Ndounga, Mayama, Mindouli, Kindamba, Vindza and Kimba. Boko, Louingui and Loumo districts unaffected by the crisis are hosting displaced people. In Bouenza region, the displaced have found refuge in Kingoue, Mouyondzi, Yamba, Loutété and Madingou districts. However, their exact location is still not determined (see map on page 2).

At this stage, displaced persons in Brazzaville who are believed to be in need (as well as their host families) are not included in the response plan. This category of people will be the subject of ad hoc needs assessments and approaches adapted to the urban context.

Should further displacements occur in the eight districts already affected, populations currently targeted as resident populations would become displaced; the total number of people in need would not change, but response activities should be adjusted accordingly.

Data collection has so far been carried out by the Regional Directorates of Humanitarian Action with the support of CARITAS and the Congolese Red Cross field teams. A more precise and stable mechanism has been put in place to refine the figures and the location of people in need. Complementary multisectoral assessments in the affected districts should also provide important information. Two out of three people are considered as displaced under current considerations. The methodology will be verified by subsequent assessments.

For host and resident populations, the 2007 census and an annual growth rate of 1.1 per cent provided by regional sources have been used.

Target populations in need

53,000 displaced persons including 31,800 women and girls

7,800 host families (35,000 people)

50,000 residents (remain in their places of origin)

138,000 people targeted

Large percentage of female heads of households among the IDPs

Women and girls make up sixty percent of the displaced population and the proportion of women heads of family is extremely high, with some 40% of IDP households headed by a woman. This higher than average proportion among IDPs results from observations made by field assessment teams and the disaggregated figures obtained (to be completed and verified as a matter of priority). The nutritional and food security survey carried out in May 2017 also revealed the deeply precarious conditions of this type of households and the particular humanitarian needs associated with it, which will be considered during the next evaluations.

Sectoral approaches and strategies

This response plan highlights the cross-cutting issues of protection that need to be addressed in all sectors: Health, Nutrition, Food Security, Water, Sanitation and Hygiene, Shelter and Non-Food Items, Education and Early Recovery.

As such, the objective of improving the living conditions on the sites (often parishes) must carefully take into account the specific needs of women and girls in shelters such as water and sanitation, food distributions or education, all of which can impact positively on the safety and protection of displaced women and girls.

Fostering an integrated response that supports those in need wherever they are and supporting a peaceful, temporary integration

The response strategy for displaced persons also focuses on the priority given to improving living conditions wherever these people are. Up to two-thirds of the displaced persons are in host families where improved sanitation and nutrition, shelter and disease prevention will be supported. Inevitably, the approach will have to take into account host families that carry a heavy burden. The prevention of inter-community tensions or conflicts will also be an important issue.

KEY SECTORS



Protection



Health



Nutrition



Food security



Water, Sanitation & Hygiene



Shelter & Non-Food Items

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On existing sites, most of which are parishes or churches, the above-mentioned conditions will have to be improved, while considering alternative medium-term solutions in order to relieve congestion on certain sites. Support for back-to-school and the enhancement of livelihoods of displaced households (including market gardening and income-generating activities) are also among the priorities.

Cash transfers will be preferred whenever they offer a comparative advantage, especially for food and non-food items, but also for income-generating activities. Ongoing programs with a mobile operator have shown their effectiveness.

Support for recovery will depend to a large extent on improving the security situation and the gradual return of displaced people. However, even in the emergency phase, particular attention is being paid to strengthening the resilience of displaced populations as well as that of their hosts.

Implementation and plan review

This response plan covers six-months from July to December 2017. However, the plan will need to be adjusted and revised once urgently-needed multi-sectoral assessments can be carried out in currently inaccessible areas.

Implementation will involve decentralized services such as the Regional Directorate for Humanitarian Action of the Pool and Bouenza regions, humanitarian partners present in those regions or operating from Brazzaville.

OPERATIONAL CAPACITY

The deterioration of the situation in Pool comes in the context of a particularly difficult economic environment, which has forced some operational partners to reduce their activities. Nonetheless, the initial response financed by the CERF in November 2016 made it possible to reactivate operations of key humanitarian partners still present in the Congo.

The capacities of UN agencies are being developed with the support of temporary emergency staff and a readjustment of program priorities. However, much of the implementation capacity rests on a limited number of partners, such as CARITAS, the Ministry of Humanitarian Action, the Congolese Red Cross and Médecins d'Afrique.

CARITAS has bases and teams in almost all districts, and can be mobilized quickly. The Congolese Red Cross also has bases in Kinkala (undergoing reinforcement with the ICRC), Mindouli and Kindamba. The Regional Directorate of Social and Humanitarian Affairs has teams of social workers in Bouenza, but not yet in the Pool.

The relative proximity of the Pool districts to Brazzaville, where UN agencies are based, can allow field missions or distributions in one day, except in more remote districts such as Kindamba, Vindza or Kimba.

National coordination mechanisms (sectoral groups and intersectoral coordination) are complemented by regional crisis committees (currently only in Pool), which include the relevant technical services (health, education, agriculture, humanitarian action, etc.) and the partners present in the field. These committees need to be formalized and should also be extended to the Bouenza region.

Food distribution in Moutélé, Yamba District, Bouenza Region, © UNICEF Congo / 2017



HUMANITARIAN

ACCESS

Out of the 13 districts of the Pool region, access to eight has been limited since July 2016.

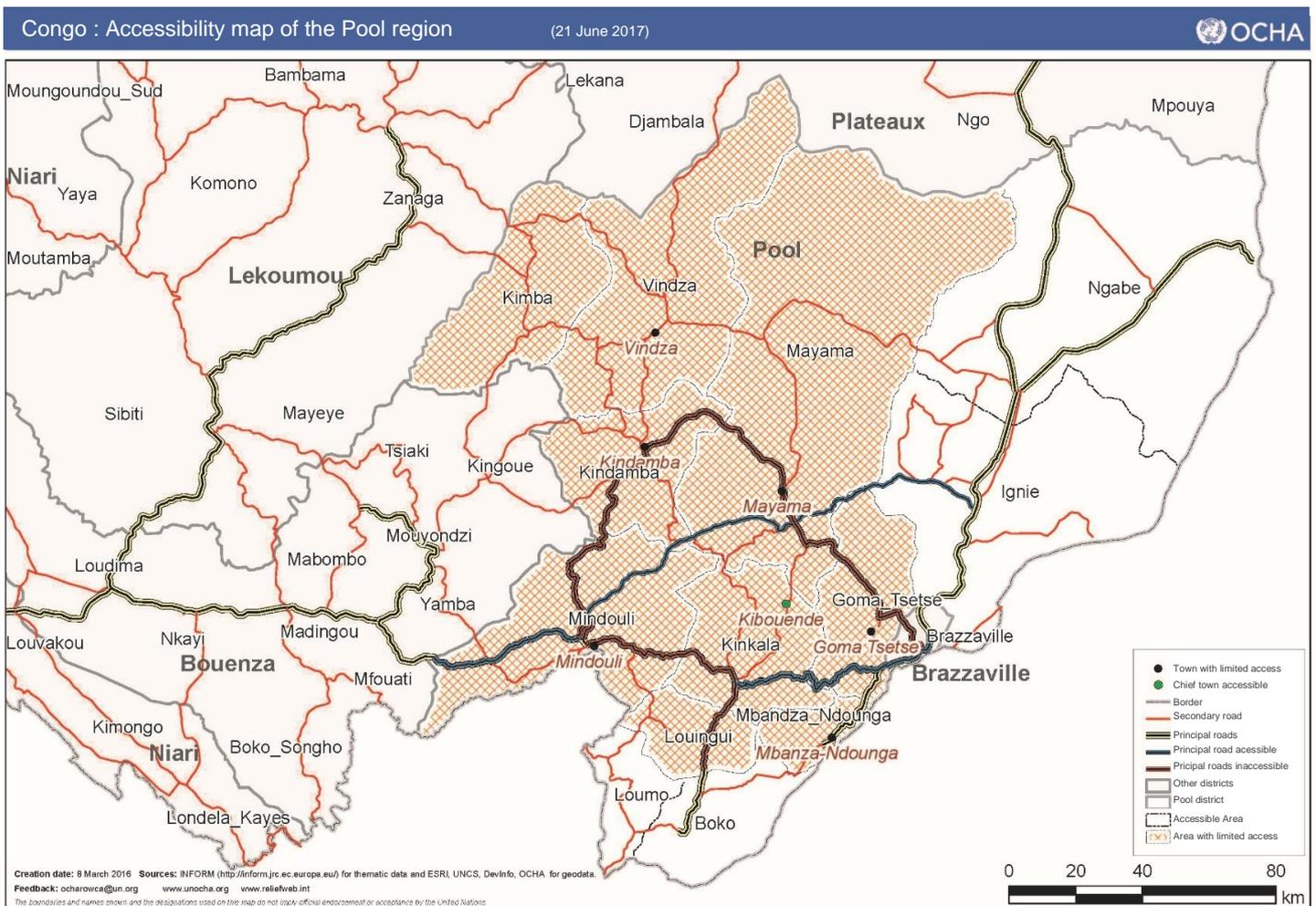
The main challenge for implementing this response plan is the access constraints in many areas of the Pool region affected by instability. Although there is no formal ban, the prevailing security conditions prevent increased presence. The establishment of access arrangements can allow a complementary multisectoral assessments to be organized in compliance with humanitarian principles to partly improve this situation.

Alternative approaches should also be explored, including the more systematic use of phones for remote monitoring and evaluation, the training of the team of the Humanitarian Action office, of CARITAS and that of the Congolese Red Cross. A network of focal points in the landlocked areas is being established.

OF ARMED
ATTACKS
BETWEEN
APRIL 2016 AND
JUNE 2017
(POOL)

80

13



RESPONSE

MONITORING

Following-up and monitoring of the response involves combining local resources in emergency areas and the regular deployment of specialized teams.

Direct and remote monitoring

The Pool region is large with a low population density of about seven inhabitants per km². This calls for maximizing the resources available for following-up, monitoring and strengthening the capacities of the teams in the field. Monitoring the response needs to rely not only on the capacity of humanitarian partners to deploy in the eight districts affected by insecurity, but also on strong local networks.

There will be an emphasis on a more systematic use of local networks for remote assessments and monitoring, training of teams from the office of Humanitarian Action, CARITAS and the Congolese Red Cross. Systematic consolidation of disaggregated data on displaced persons by equipping the Regional Directorates of Humanitarian Action and partners with standard tools and forms will also be undertaken.

Calendar and reporting

The complementary multisectoral evaluations to be carried out as soon as security permits should also allow the establishment of sectoral monitoring mechanisms and strengthen decentralized coordination at the departmental level.

A monthly inter-agency progress report produced by the UN Resident Coordinator's Office will be the consolidated monitoring tool based on the monitoring of sectoral indicators (see sectoral response plans in Part II).

Update of the plan

The response plan may be updated periodically depending on the availability of key additional data and information that may come from future assessments and response tracking.

The possible extension of the response plan in 2018 will be decided in consultation with the Government and partners in the last quarter of 2017.



SUMMARY OF

NEEDS, TARGETS AND REQUIREMENTS

PEOPLE IN NEED



166,000

PEOPLE TARGETED



138,000

REQUIREMENTS (US\$)



23.7 M

Response Strategy

The response plan targets the following categories of people based on their status:

- 53,000 displaced persons, including 31,800 women and girls (12,370 girls under 15, 13,706 girls and women between 15 - 49 and 5,724 women over the age of 50)
- 35,000 displaced persons in host families.
- 7,800 host families (35,000 people) including 25,000 in Pool and 10,000 in Bouenza.
- 50,000 residents (who stayed in their place of origin) in the eight Pool districts affected by instability.

A total of 138,000 people in need are targeted, with a higher proportion of women and girls than the national average due to the high number of female heads of families among the displaced persons (over 40 per cent compared to the national average of 25 per cent).

The most pressing humanitarian needs are food security and nutrition, improved living and hygiene conditions for displaced persons and host families, and access to basic health care. Cross-cutting protection needs, particularly those related to the risks of sexual violence, must also be urgently addressed.

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	TOTAL		PER STATUS				PER SEX & AGE			REQUIREMENT	
	Persons in need of assistance	Persons targeted	IDPs (in sites)	IDPs (in host families)	Resident population	Others	% women	% children, adults, elderly		Total	
Food security	166.0K	100.0K	20.0K	10.1K		69.9K	60%	20%	78%	3%	\$11.0M
Nutrition	47.5K	47.5K	6.1K	12.2K	17.2K	12.0K	60%	62%	38%		\$1.5M
Education	16.7K	16.7K	5.6K	11.2K			49%	100%			\$0.9M
WASH	166.0K	78.0K	18.0K	17.5K	25.0K	17.5K	55%	25%	66%	9%	\$2.2M
Protection	166.0K	43.4K	18.0K	10.0K	5.0K	10.4K	60%	55%	36%	9%	\$1.0M
Health	166.0K	138.0K	18.0K	35.0K	50.0K	35.0K	60%	17%	74%	9%	\$2.0M
Early Recovery	166.0K	61.7K	18.0K	14.6K	7.3K	21.9K	60%	17%	74%	9%	\$2.5M
Shelter - NFI	55.0K	31.8K	10.0K	15.0K		6.8K	60%	57%	35%	9%	\$2.5M
Coordination & support services											\$0.1M
TOTAL	166.0K	138.0K	18.0K	35.0K	50.0K		59%	32%	61%	7%	\$23.7M

PART II : OPERATIONAL RESPONSE PLANS



Health



Nutrition



Food Security



Education



Protection



Shelter and Non-Food Items



Water, Sanitation & Hygiene (WASH)



Early Recovery





PEOPLE IN NEED



166,000

PEOPLE TARGETED



138,000

REQUIREMENTS (US\$)



2M

OF PARTNERS



06

HEALTH OBJECTIVE 1:

1 Strengthen the capacities of actors and health structures to meet health needs in the emergency contexte in the region affected by the crisis in the Departments of Pool and Bouenza.

HEALTH OBJECTIVE 2:

2 Ensure access to basic health care for children, pregnant and nursing mothers in vulnerable populations residing in affected areas or displaced, and host populations.

HEALTH OBJECTIVE 3:

3 Reduce the risk of epidemics related to vaccine-preventable diseases and diseases of acute epidemic potential

HEALTH

Response Strategy

The precarious health situation in the Pool region is accentuated by the effects of the continuing crisis and the weak health system. About 35 per cent of health facilities (FOSA) are closed mainly because of looting, destruction, delapidation and lack of health personnel. Despite the efforts by the Government, UN agencies and NGOs, the still functioning FOSAs offer only very poor quality curative consultations due to the lack of essential medicines, equipment and technical supplies, limiting access to basic health care and services.

The inadequacy of health infrastructures, sanitation services and the low vaccination coverage of populations have led to the resurgence of epidemics, particularly measles and cholera. The lack of reporting of epidemic-prone diseases raises fears of further epidemics.

With the instability, most pregnant women find themselves at high risk of inadequate management of pregnancy, childbirth and postpartum follow-up.

The primary objective of the health sector response is to increase the access of vulnerable populations to quality basic health care. It will be necessary to provide the FOSA with medicines and to boost their technical capacity. Priority will also be given to strengthening the capacity of health personnel to deal with cases of common diseases, epidemic-prone diseases, medical care to survivors of sexual violence and provide basic hygiene and sanitation.

The second objective is to increase access to basic health care for children, pregnant and nursing mothers, including emergency obstetric and neonatal care (EmONC). The target FOSA will be provided with reproductive health kits (delivery kits, women's hygiene supplies and other essential medicines) and equipment for the SONUs. The provision of care through the community networks should be consolidated in order to better take charge of the promotion of primary health care, the dissemination of messages on essential health practices, the empowerment of families to carry out first aid at home in case of diarrhea, fever and recognition of other signs of danger of disease.

The third objective is to increase the capacity of the health districts of the Pool and Bouenza Regions in preventing, detecting and responding to epidemics and other public health emergencies while ensuring the continuity of curative care for priority diseases. This will include prevention activities, the early detection system and the response to event-based surveillance.

Categories of people in need and targeted (number):

By status:

- Displaced in sites: 18,000
- Displaced in host families: 35,000
- Residents (at home): 50,000
- Host families: 7,800 families or 35,000 people

By sex & age:

- % women (60%) = 82,800
- % children under 5 (17%) = 23 513
- % elderly (8.6%) = 11 868

CONTACT

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PEOPLE IN NEED



47,460

PEOPLE TARGETED



47,460

BUDGET (US\$)



1.5M

OF PARTNERS



04

NUTRITION OBJECTIVE 1

1

Provide nutritional support through access to appropriate malnutrition treatment and prevention services for boys and girls under 5 years of age and pregnant / nursing women, including displaced persons, host and resident population

NUTRITION OBJECTIVE 2

2

Contribute to the resilience of communities through preventive and promotional activities

NUTRITION OBJECTIVE 3

3

Strengthen the institutional, technical and operational capacities of implementing partners

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NUTRITION



Priorities

Data from the latest food security and nutrition analysis conducted in the Bouenza and Pool regions in May 2017 showed a prevalence of 17 per cent of global acute malnutrition, including 5.3 per cent of the severe form in children under 5 years among displaced persons and host families. Global acute malnutrition among host family children and those of the population of the targeted localities is at 6.4 per cent, according to the MICS 2014-2015 survey of whom 1.7 per cent suffer the severe form.

Based on these data, the Nutrition Sector Group will target 100 per cent of the needs for acute malnutrition management and nutrition prevention interventions. Thus, the sector group is expected to reach 47,460 people, of whom 2,780 children under 5 years suffering from acute malnutrition (1,116 cases of SAM and 1,664 cases of MAM), 26,241 children at risk of malnutrition, and 8,832 pregnant women and nursing mothers who need support for infant and young child feeding and nutritional supplements.

The target populations are those of the affected areas of the Pool and those of Bouenza hosting displaced persons.

Implementation

- Nutritional care of children under 5 years through regular and systematic screening in sites and in communities. This will make it possible to detect cases of acute malnutrition in time so that they are quickly taken care of. Accessibility will be improved with mobile clinics. Thus, the capacities of actors at all levels will be strengthened in terms of screening and integrated management of acute malnutrition.
- Prevention of malnutrition among the most vulnerable groups (children under 5, pregnant and lactating women) through the promotion of appropriate infant and young child feeding practices as well as the provision of micronutrients supplements. These high impact interventions will thus improve the quality of food and contribute to the reduction of acute malnutrition. Relating to the WASH sector, other strategies such as WASH in Nut will also be implemented in the nutritional recovery units of malnourished children.
- Establishment of effective leadership for the coordination of the nutrition cluster. This will provide a framework for guidance to all partners on common standards, strategies and approaches, which will ensure the identification of all critical nutritional deficiencies and vulnerabilities. It will also provide information on roles, responsibilities and accountability to ensure that all deficiencies are addressed without duplication of activities. Liaisons will also be established with other sectoral groups.
- Strengthening the system for assessing and monitoring the nutritional situation. This system will provide data to inform the decision-making process, including the magnitude and severity of nutritional and its underlying causes.

PEOPLE IN NEED



166,000

PEOPLE TARGETED



100,000

BUDGET (US\$)



11M

OF PARTNERS



05

FOOD SECURITY.
OBJECTIVE 1:

1

conflicts

Provide food assistance to displaced people affected by Pool

FOOD SECURITY
OBJECTIVE 2:

2

Strengthen the capacity of affected populations in agricultural production (food crop production and short cycle farming) and fisheries by providing quality agricultural inputs and providing the necessary technical support

FOOD SECURITY
OBJECTIVE 3:

3

Capacity building of government and other partners involved in project implementation

FOOD SECURITY



Response Strategy

The Food Security sector plans to develop two components simultaneously: food assistance and agricultural production, led respectively by WFP and FAO. The response planned by these two agencies aims to significantly reduce the prevalence of food insecurity and malnutrition of affected households.

The support envisaged under this response plan will consist, on the one hand, of making cash transfers for the purchase of food over six months in the affected areas. Caritas will support field staff of the Ministry of Social Affairs to identify beneficiaries and establish lists. These lists will be validated by all stakeholders. WFP is considering introducing SCOPE (Beneficiary Management Database) in collaboration with Caritas to manage the lists of beneficiaries and strengthen program accountability. Women heads of households will be particularly targeted due to the high rate of food insecurity for this type of household. A partnership with the telecom company Airtel will also be concluded to offer the affected populations electronic vouchers in exchange for food.

On the other hand, FAO will provide farm tools and inputs to those affected to help them gradually supplement their food ration with the agricultural commodities they produce. This support will be reinforced by training sessions on good agricultural production practices. To achieve this, an agreement will be signed with the Bomboko Agropastoral Center and ACTED to support beneficiaries.

Social Behavior Change Awareness activities will be developed in collaboration with the Ministry of Social Affairs at the same time as the implementation of the food security activities themselves. The aim of the awareness-raising exercise will be to provide methods of preparing healthy and nutritious meals.

Coordination of sectoral activities will be led by the UN agencies and the Ministry of Social Affairs, Humanitarian Action and Solidarity which has already acquired experience in the implementation of money transfer programs, and the Ministry of Agriculture, Livestock and Fisheries. Training will be offered to the staff of the Ministry of Social Affairs, Humanitarian Action and Solidarity and to Caritas to strengthen their capacity for distribution in emergencies.

The Ministry of Social Affairs, Humanitarian Action and Solidarity, as well as the Ministry of Agriculture, Livestock and Fisheries, WFP and FAO will ensure the establishment of rigorous monitoring and evaluation and regular data collection for post-distribution monitoring. Focus groups and questionnaires will be used to collect data and assess the specific needs of beneficiaries, particularly the most vulnerable.

CONTACT

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PEOPLE IN NEED



16,748

PEOPLE TARGETED



16,748

BUDGET (US\$)



918,400

OF PARTNERS



03

EDUCATION OBJECTIVE 1:

- 1** A Ensure uninterrupted access to school, in a protective environment, to girls and boys aged 5 to 19, displaced in the Pool and in the Bouenza

EDUCATION OBJECTIVE 2:

- 2** Improve the educational/pedagogical framework and academic performances of the displaced boys and girls

EDUCATION

Response Strategy

The strategy aims to prepare the return to school of 16,748 boys and girls who are of school age (5-19 years), with special attention given to girls and children with disabilities. The activities target the regions of Pool and Bouenza. The priority localions in the Pool region are Kinkala's main town, Louingui, Mbanza-Ndounga, Mindouli, Loengo, Kindamba, Kibouende, Goma Tse-Tse (Kibossi), Mayama town and Madzia; Those of Bouenza are Yamba and Loutété and others to be identified.

To ensure access to school for these children, programmes will focus on raising awareness among local authorities and communities, identification of beneficiary children, purchase, transportation and distribution of school kits. The strategy also considers increasing the capacity of educational opportunities by establishing temporary learning spaces, in particular in Mindouli, Kinkala and Kindamba, where there are many displaced persons.

Concerning the quality of learning, focus will be on training teachers in emergency education and the implementation of pedagogical supervision and support measures for 10 per cent of students in difficulty to improve learning and success.

A collaboration with the Protection, WASH and Food Security sectors will be considered and will ensure trauma counseling support of pupils who have been victims of violence. Also, water sources and separate toilets for girls and boys will be put in place and food will be provided for displaced students in order to increase school retention.

Categories of people in need and targeted (number of people):

By status: total 16 748 people

Internally displaced: 100 per cent of displaced boys and girls aged 5-19: 5,583

Pool: 2,574, Bouenza: 3,009

Displaced in host families: 100 per cent of displaced children and boys aged 5-19: 11,165

Pool: 5,147, Bouenza: 6,018

By gender and age:

100 per cent of boys and girls aged 5-19, 16,748 of whom:

Pool: total of 7,720 of whom 51.2 per cent boys (3,954) and 48.8 per cent girls (3,766)

Bouenza: a total of 9,027, of whom 51.22 per cent boys (4,624) and 48.78 per cent girls (4,403)

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PEOPLE IN NEED



166,000

PEOPLE TARGETED



43,350

BUDGET (US\$)



1M

OF PARTNERS



08

PROTECTION OBJECTIVE 1:

1 Ensure protection of populations affected by the situation, especially children and women by reinforcing community mechanisms of prevention and response against violence, abuse, exploitation and family separation

PROTECTION OBJECTIVE 2:

2 Provide specialized services adapted to the needs of affected populations, especially children and women survivors of violence or those separated from their families.

PROTECTION OBJECTIVE 3:

3 Reinforce local capacities in protection and human rights.

PROTECTION



Response Strategy

Protection needs have been exacerbated by the instability. Tensions and violence in the Pool region have had a direct and significant impact on protection needs especially for children (girls and boys) and women. These populations are survivors who were exposed to attacks, sexual violence, loss of or separation from family members.

Many internally displaced children are without birth certificates, while risks faced by children associated with armed groups should not be overlooked. The violence has led to the destruction and looting of properties and to the loss of livelihood in families. Many people were forced to leave their residence to live in IDP sites or with host families. Some families are still living in inaccessible communities at risk and lack access to basic services, such as health and education.

The proposed strategy of the protection sector is to reinforce the prevention, response and protective environment especially for children and women in Pool and Bouenza based on the following priority activities:

- Collect and analyze data on protection needs
- Reinforce community protection mechanisms especially through the development of a network of community workers and child friendly spaces
- Support and develop identification and referral mechanisms of protection cases especially those involving children and women
- Strengthen the identification, documentation, family tracing and reunification system for unaccompanied and separated minors and ensuring their foster/temporary care and follow up in foster families
- Ensure activities to prevent human rights violations including violence against children and women especially through advocacy
- Identify survivors of violence and ensure they receive medical, psychological and legal support based on their needs
- Ensure psychosocial support and care for people affected by the instability
- Reinforce the coordination and information management system for protection

These activities will be undertaken under the coordination of the Protection sector group supported by child protection and sexual violence groups. The Ministry of Social affairs, Humanitarian action and Solidarity will lead the sector.

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PEOPLE IN NEED



55,000

PEOPLE TARGETED



31,800

BUDGET (US\$)



2.5M

OF PARTNERS



02

SHELTER/NFI OBJECTIVE

1:

1 Provide assistance for essential NFIs to vulnerable populations to save lives in affected areas

SHELTER/NFI OBJECTIVE

2:

2 Distribute tents and shelter kits to communities to build or extend community shelters, individual tarpaulins for most vulnerable households for the building of family shelter according to standards

SHELTER AND NON FOOD ITEMS (NFIS)

Ensure conditions of dignity for affected populations

Affected populations in Pool and Bouenza regions are generally enduring serious deprivation due to the violence that occurred. Infrastructures to shelter internally displaced persons who fled areas of insecurity are almost nonexistent and IDPs are in distress.

Ensuring access to dignified living conditions by providing shelter and essential basic household items is the aim of this project.

The Pool and Bouenza regions are the target areas, with priority being given to people living in sites followed by those in host families. As such Mindouli and Kinkala are priority locations, then Kindamba, Goma Tse Tse, Kibounde etc.

The strategy is based on two priority objectives:

- Provide essential household items to affected populations to save lives in affected areas
- Provide appropriate safe and semi-permanent emergency shelters to vulnerable households in sites

Main activities

The first objective will be the provision of essential household items of basic necessity to the affected population to allow them to live in dignified conditions. IDPs will be targeted as a priority to ease their harsh living conditions. Support will also be provided to host families. Cash transfers and/or vouchers will be used depending on localities, especially with regards to household items to ensure respect for dignity of the beneficiaries and contribute to the recovery of the affected areas

The second objective regarding households living in displacement sites is to distribute to communities not only tents or shelter kits for the building or the extension of community shelters for families, but also tarpaulins for individual shelters for vulnerable households to build family shelter according to standards. These families will receive help from the community to build their shelters. Some displaced families in communities and with host families will receive tarpaulins to help them address additional housing needs and reduce promiscuity in households. Priority will be given to women heads of household while drafting the response strategy, in the beneficiary selection, and identification of needs and items.

Regular data collection and needs analysis of targeted populations will contribute to guide sectorial activities and respond to gaps in identified needs and priorities whenever possible.

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WATER, SANITATION AND HYGIENE



PEOPLE IN NEED



166,000

PEOPLE TARGETED



78,000

BUDGET (US\$)



2.2M

OF PARTNERS



03

WASH OBJECTIVE 1:

1 Ensure access to quantity and quality drinking water for displaced men, women and children, hosts and most vulnerable residents

The immediate and adequate response to water, sanitation and hygiene (WASH) needs is essential in reducing mortality rates due to the resurgence of diarrheal diseases such as cholera and fecal-oral route diseases. The sanitary conditions at the settlement sites of the displaced persons are dire and a deterioration of the nutritional situation, in particular women and children, has been documented. WASH needs have increased as a result of a rapidly increasing number of displaced persons and the associated high level of malnutrition. Improving access to water, sanitation and hygiene is critical for the IDPs, host and resident communities, as well as in educational and health structures.

The strategy underpinning the WASH sector is to deliver quality services to the affected people by taking into account the specific needs of women and girls in terms of protection. Inter-partner consultation mechanisms will be put in place to ensure harmonized and efficient delivery of services. Through the use of communication for behavioral approaches, the capacities of affected populations will be reinforced to encourage ownership of the interventions and contribute to and behavioral change in hygiene practices.

The intersectoral approach is taken into account through the integration of WASH dimension in the proposed interventions of other social sectors such as health, education, nutrition and child protection. Increased attention will be paid to men, women and children living in displacement sites to provide WASH services that meet the required standards and rules.

WASH OBJECTIVE 2:

2 Improve access to sanitation of displaced men, women and children, hosts and most vulnerable residents

Sectoral approach

Access to water, sanitation and hygiene will be effective and will take into account the specific needs of girls and women in displacement sites, host communities, schools and health centers through the construction/rehabilitation of water sources, installation of storage tanks, the construction/rehabilitation of latrines, distribution of water treatment kits, installation of washbasins and garbage bins, and distribution of specific hygiene kits for women and girls.

WASH OBJECTIVE 3:

3 Improve knowledge of displaced men, women and children, hosts and residents for the adoption of good hygiene practices

Communication activities will be conducted to bring about behavioral change, including hand washing with soap, and the use of latrines, as well as support for the management and maintenance of WASH facilities. At the community level, focus will be placed on mobilization and social change to improve knowledge and skills, participation, commitment to stop open defecation, adoption of good hygiene practices and water ownership, sanitation and hygiene facilities.

WASH OBJECTIVE 4

4 Ensure a favorable WASH environment in public spaces, health centers and school structures

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PEOPLE IN NEED



166,000

PEOPLE TARGETED



61,788

BUDGET (US\$)



2.5M

OF PARTNERS



05

EARLY RECOVERY
OBJECTIVE 1:

1 Maintain intra and inter-community social cohesion during the intervention, through awareness raising, mobilization and dialogue between communities

EARLY RECOVERY
OBJECTIVE 2:

2 Promote access to livelihoods for displaced persons, people from host communities and resident persons, including 60 % of women

EARLY RECOVERY
OBJECTIVE 3:

3 Enable families / households, including 60% women-headed, to undertake income-generating activities for better integration and socio-economic resilience

EARLY RECOVERY

The assistance focuses on early recovery in support of the conflict-affected people

The focus will be on building social cohesion, peaceful coexistence within communities, assistance to access subsistence and the conducting of income-generating activities to tackle their vulnerability.

The sectoral response strategy is structured around awareness raising, mobilization and dialogue for social cohesion and peaceful coexistence of communities; the stabilization of communities' livelihoods and local economic integration. In doing so, the project will: identify and address regulatory bottlenecks and cultural impediments to activities, assess gender and youth dimensions in order to provide appropriate and relevant support, protect the environment, encourage respect for human rights and develop the capacities of civil society and institutional partners.

Activities

1- Awareness-raising, mobilization and dialogue for social cohesion and peaceful coexistence

This comprises (1) awareness raising and mobilization of communities, (2) strengthening mechanisms for dialogue and management (3) the organization of cultural and recreational events. Their first result will be to improve social cohesion among the 138,000 people through awareness-raising, mobilization and dialogue as means of conflict resolution. These activities will help restore confidence among communities and impact the relationship between host communities and men in parties to the conflict.

2- Stabilization of the livelihoods of IDPs and other violence affected groups (host communities and resident populations)

The activity will target the creation of 52,200 short term and temporary jobs (three months) and the payment of temporary subsistence allowance to 9,588 most vulnerable people, including female heads of families. It targets conflict-affected people (displaced, resident and 60 per cent of women) who will have access to livelihoods and will save a part of their income.

3- Socio-economic integration to increase family resilience and recovery of local economies

A market study will be conducted as well as support for the creation of small businesses and other income-generating activities. The objective is that 12 000 households or families (of the 31 195 - 6,000 displaced families, 4,000 host families and 2,000 resident families) develop income-generating activities to secure smooth socio-economic integration (more than 40 per cent are women headed families).

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BUDGET (US\$)

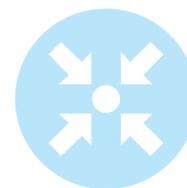


115,600

OF PARTNERS



21



COORDINATION

At the national level

The intersectoral monitoring and reporting for this response plan will require a temporary strengthening of the UN System Coordination Office to play its full role among the authorities, agencies and partners. Some agencies have already temporarily deployed staff in support of the internal emergency coordination. The Office of the Coordination is also supported by a gender advisor to support the integration of this crosscutting dimension.

COORDINATION OBJECTIVE 1

1

Sectoral and intersectoral coordination mechanisms ensure a coherent, complementary and structured response.

At the sectoral level, each group has a Government focal point and a focal point from a UN agency. Members of the groups also include partners such as NGOs or the Red Cross. The work of these groups is coordinated by a small flexible team composed of the General Directorate of Humanitarian Action, the Coordination of the UN system and emergency coordinators from agencies.

COORDINATION OBJECTIVE 2

2

Following-up and monitoring allow an effective adjustment of the response

The coordination team should also monitor the developments and the implementation of the response plan. A monthly situational report will narrate the achievements, the gaps, the monitoring of sectoral indicators and trends. The team will be in charge of informing the sectoral teams on changes as to access to inaccessible areas, as well as displaced people from Brazzaville, thus preparing future multisectoral evaluation missions to be conducted in these areas. At the end of 2017, the institutions and the organizations involved in the response will have to come up with suggestions for its extension or not for the year 2018, and to decide on the need to integrate the Likouala's population in this response plan.

At the decentralized level

It is essential that the Government formalizes the coordination committees for the Pool and Bouenza regions (prefects, regional departments and partners). This structure should be a key link for the collection and updating of information and data on displaced persons and other persons affected by the situation. Support will be given to them in the areas of information management and humanitarian response monitoring.

A National Humanitarian Coordination Officer will be posted in the Bouenza region in support of humanitarian partners and the management teams of regional office of Social Affairs and Humanitarian Action. The staff member will cover the Bouenza districts which host displaced persons but also the neighboring districts of the Pool region. The support will focus on the consolidation and analysis of information and data (including the location and the number of the displaced persons), the needs assessments, the monitoring of response and the operational coordination.

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PART III: APPENDIX



What if? ... we fail to respond

WHAT IF?

..... WE FAIL TO RESPOND

THE NUMBER
OF PERSONS IN
ACUTE FOOD
INSECURITY
SITUATION WILL
CONTINUE TO INCREASE



The crisis has led to serious disruptions in agricultural production, markets and prices. Without urgent support to absorb these shocks, the deterioration of food security conditions will affect an increasing percentage of displaced persons as well as residents.

LACK OF
APPROPRIATE
SANITARY
SERVICES WILL
CONDUCT TO
THE IRRUPTION OF EPIDEMICS



The large number of closed health facilities and the interruption of vaccination campaigns pose a clear health risk. An urgent health response coupled with hygiene improvement activities for displaced persons is critical to preventing epidemics.

THE STUDENTS
ARE LIKELY TO
MISS A SECOND
SCHOOL YEAR



Whether children are residents (staying in affected districts) or displaced, many have missed a school year. Due to the lack of support for education activity in emergencies situation, they may not be able to participate in the September school year and lose a second school year.

