# *DRC PROGRAM*

*Bridging the Gap: Providing Water and Sanitation and Non-Food Item Assistance to Returnees, IDPs and Host Communities in North Kivu*

FIRST QUARTERLY REPORT
*(July 16 – September 30, 2009)*
October 30, 2009

COOPERATIVE AGREEMENT NO.: DFD-G-00-09-00230-00

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## I. EXECUTIVE SUMMARY

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| *Program Title*: | *Bridging the Gap: Providing Water and Sanitation and Non-Food Item Assistance to Returnees, IDPs and Host Communities in North Kivu* |
| *Cooperative Agreement No.*: | DFD-G-00-09-00230-00 |
| *Country*: | Democratic Republic of Congo (DRC) |
| *Time Period Covered*: | July 16 to September 30, 2009 |

The Bridging the Gap project has an official start date of 16 July 2009, and CRS initiated start-up activities immediately following the signing of the agreement on 24 July. The project is designed to last one year, with an expected end date of 31 July 2010.

Catholic Relief Services coordinated with the non-food item (NFI) and Water, Hygiene and Sanitation cluster leads at UNICEF and participating agencies in the North Kivu Province of the Eastern Democratic Republic of the Congo to identify gaps in humanitarian assistance. The area is currently experiencing a complex transition phase, in which population displacements persist in some zones, while stability in others is encouraging some Internally Displaced People (IDPs) to return home. In response to this situation, and in recognition of the need for strengthening coordination among humanitarian actors to provide greater coverage and complementary solutions for the short to medium term, CRS has conceived a program to respond to the water, hygiene and sanitation and non-food item needs of displaced and returnee families and host communities. CRS' program will complement the UNICEF-funded Rapid Response Mechanism, and will ensure that the impact of the initial wave of assistance is improved and sustained, in keeping with the 2009 Humanitarian Action Plan for the DRC.

Start-up activities conducted during this period can be summarized as follows:

- Project kick-off meetings between CRS and Caritas conducted;
- Meetings with the Clusters and local politico-administrative authorities to present and explain project conducted;
- Draft partnership agreement with the Caritas Goma developed;
- Job descriptions for select project staff developed, and corresponding staff identified and/or recruitment initiated;
- CRS Project Manager confirmed; and expat WASH engineer identified;
- Initial assessments conducted;
- Plans for baseline survey developed;
- Initial NFI Fair preparations completed;
- Program management tools, such as Detailed Implementation and monitoring plans, developed;
- Collaboration with IRC on response to Cholera epidemic initiated;
- Procurement of project equipment and materials initiated;
- Operating base in Ngungu identified;
- Preparations for partner finance assessment and training initiated;
- Participation in cluster meetings continued.

## II. PROGRAM OVERVIEW

The *Bridging the Gap* project was developed to respond to the needs and gaps identified in coordination with the NFI and WASH clusters. CRS interventions in these areas are encouraged and supported by the

cluster members and CRS' local implementing partner Caritas Goma. The WASH and NFI activities are designed as follow on support to emergency relief assistance provided by RRM partners. CRS has closely coordinated with RRM partners on the planning of these interventions. The WASH interventions in particular are a combination of emergency relief—to take up where RRM has left off—and transitional assistance to support the returning populations' short- to medium-term reinstallation in their communities. The WASH strategy is in line with DRC's 2009 Humanitarian Action Plan (HAP) for providing emergency and transitional support to IDPs and returnees. CRS' proposed NFI assistance also corresponds with the appeal for continual non-food item assistance to displaced populations and initial NFI assistance to returnees.

## A. Program Goal/Objective

The overall **goal** of the Bridging the Gap project is that morbidity and mortality are reduced and human dignity is restored among internally displaced persons (IDPs), returnee populations and the host populations affected by war and displacement in North Kivu.

The specific **objectives** of the program are:

1. The health and dignity of IDPs, returnees and host community populations in North Kivu is improved.

2. Newly displaced persons (IDPs) have improved capacity to meet their basic needs.

## B. Target Population Profile

The WASH components of this project will benefit all the population currently residing in the two health zones of Karuba and Ngungu: 25,733 permanent residents and 9,500 IDPs. The number of returnees benefiting from the WASH interventions is assumed in the host population count, as it is difficult to determine which residents were excluded due to displacement.

The NFI component of this project will benefit 5,000 families; CRS will prioritize assistance for recent IDPs and returnees (those who have been displaced or have returned within the past three months).

CRS is broadly targeting the greatest needs and gaps in WASH and NFI assistance based on information gathered via humanitarian coordination and field assessments. CRS is flexible to adjust the programming size according to available resources.

## C. Geographic Locations

The project will be implemented within the Ngungu and Karuba health zones of Masisi Territory, and in select communities in the territories of Walikale and Lubero in the province of North Kivu. For the NFI component, specific community locations, likely in Walikale and/or souther Lubero Territories, will be determined in consultation with OCHA, UNICEF and the NFI cluster members.

## III. PROGRAM PERFORMANCE

### A. Progress Achieved Toward Objectives

During this reporting period, activities were mostly related to program start-up, and therefore are not broken down by objective. As noted above, because the project did not effectively begin until late July, this report covers approximately two months of project implementation. During that time, CRS and partner staff conducted a variety of start-up activities, as follows:

Meetings and Project Planning

CRS and Caritas Goma staff held project kick-off meetings to review project documentation, agree on the details of the sub-agreement, and discuss any changes in context that could affect the project. Staff subsequently held meetings with government and other key stakeholders to present and explain the Bridging the Gap project, and to solicit input and support. Finally, staff developed detailed implementation and Monitoring plans to facilitate high quality program management.

Staffing

The primary CRS program manager for this project is already on site, and is expected to spend approximately 40 percent time, on average, on this project. As of the writing of this report, the expat WASH engineer position had been filled and the person, already located in Eastern Congo, is expected to begin by mid-November. CRS is also in the final stages of recruitment for one additional WASH national staff.

Six veteran water technicians were recruited with CRS' implementing partner, Caritas Goma. For CRS, an experienced national staff has been supporting this project since inception. A national staff program officer, already on CRS' staff and working on a UNICEF-funded NFI Fair project has been identified to lead the NFI fair component of this project. Moreover, a team of 15 seasoned Caritas field agents have been identified to assist in the implementation of the fairs.

Assessments

A senior CRS WASH technical advisor, based at CRS headquarters in Baltimore, spent two weeks in September on temporary assignment to the DRC in support of this project. During this period, he provided important technical support and guidance to CRS' local engineer and partner technicians, created tools for the two subsequent assessment missions, drafted material lists in support of the technical implementation of the project, and assisted CRS in the development of the plan for the baseline mission.

Three field missions were conducted during this period, for the primary purpose of reassessing target intervention zones for the WASH component. Six communities in the Ngungu health zone were targeted for these intensive assessments, during which the CRS team: (1) met with local authorities and community leaders to discuss target areas and other project details; (2) visited nearby health centers to gather updated information on water-borne health problems and to assess the capacity of existing community health and hygiene promoters; (3) conducted participatory in-depth community mapping of each of the six communities; (4) conducted direct observations of existing infrastructure and hygiene behaviors; and (5) conducted informal analysis of the political and social context.

NFI Fair Preparation

During the reporting period, the above-mentioned NFI team received refresher training on the NFI voucher fair methodology. What is more, in close collaboration with the members of the North Kivu NFI cluster, CRS has determined that the associated NFI fairs will follow an initial tier of RRM assistance. Toward that end, and unless other more pressing emergency needs arise in the region, these fairs will take place, as originally proposed, in Walikale during the first quarter of 2010.

WASH Activities

As was stated in the proposal, the Ngungu health zone is an endemic cholera area. Late in the reporting period, a cholera outbreak was suspected in the region and CRS immediately began collaboration with IRC teams (also working in the area) to address the issue. A joint assessment mission was conducted with IRC to identify 16 proposed chlorination intervention sites as well as to identify and train the community health promoters who will serve as chlorinators. These community health promoters are members of the existing community health committee functioning in the Ngungu health zone. As of the writing of this report, CRS staff were preparing to assume all IRC chlorination and hygiene activities in the geographic focus area.

Procurement

Several items, including furniture, computers and a vehicle, are needed for this project. The procurement process for these items was initiated during this period.

Administration

An appropriate operating base in Ngungu has been identified and contract negotiations are currently under way to secure the location.

Partner Finance Assessment/Training

Given the need to ensure compliance with CRS and USAID/OFDA rules and regulations, project and finance staff worked together to plan for an assessment of Caritas' current finance systems and procedures, to be followed by training designed to improve those areas that are identified as needing further strengthening.

Coordination

Ongoing and overall, both the CRS WASH team and NFI team participate regularly within the WASH and NFI clusters respectively, sharing information on interventions and assessments as well as updates on relevant epidemics

## B. Obstacles Encountered

Population Movements

During this reporting period, UNHCR directed the closure of five long-standing IDP camps on the periphery of Goma: Buhimba, Bulengo, Kibati and Mungungu I and II. These closures were reportedly based on a UNHCR census, which found that over 15,227 households manifested interest in a voluntary return. The closure of these camps at the time, however, was generally not expected by the humanitarian community. A massive flow of IDPs within the region resulted. OCHA statistics indicate that many of the already existing IDPs in North Kivu – 166, 911 or 24% of the 945,736 total displaced in the region – stem from areas of southern Masisi (which includes Ngungu). These camp closures therefore compound an already complex situation, as CRS now must address an even higher population concentration in the target areas.

Competing WASH Priorities

There are competing WASH priorities in the six communities comprising the Ngungu health zone. Given that the approved project is narrower in scope than was originally proposed, prioritizing is proving to be a challenge. However, CRS has established criteria and is moving forward with planning that will allow for the most effective, and highest impact, intervention possible.

Cholera

Lastly, compounding these challenges is the previously mentioned cholera epidemic in the target zone. With the increased number of people now returning to the region, it is possible that the situation may further deteriorate before it improves. This recent cholera outbreak has proven to be a challenge for CRS as staff have attempted to activate an emergency intervention before being fully operational on the ground. That being said, with solid collaboration with IRC and other partners (including health structure staff), CRS has begun contributing to education, prevention and treatment efforts.

## IV. ACTIVITIES PLANNED FOR NEXT QUARTER

During the months October 1—December 31, 2009, CRS plans to implement the following activities:

**General**

- Complete baseline survey
- Solidify monitoring and evaluation plan in light of baseline

**Objective I**

- Finalize recruitment process of one assistant water and sanitation engineer
- Complete community action plan (CAP) process
- Finalize selection of 30 springs and two gravity-fed water systems to be rehabilitated
- Assume responsibility for IRC's chlorination activities in the region
- Establish 15 community-based water management committees
- Develop or procure tools to be used in hygiene-promotion activities
- Conduct hygiene promotion and sensitization training for 20 hygiene promoters
- Conduct training for core WASH team on the technical and logistical requirements of establishing and managing chlorination points
- Continue regular participation and collaboration within WASH cluster

**Objective II**

- Conduct initial beneficiary targeting for NFI voucher fairs
- Conduct security analysis in identified region
- Conduct market feasibility study in identified region
- Continue regular participation and collaboration within NFI cluster