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Emergency Plan of Action (EPoA) DR Congo : Hunger Crisis

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRCD037	Glide n°:	CE-2022-000235-COD
Date of issue:	07 July 2022	Expected timeframe:	4 months
Operation start date:	07 July 2022	Operation end date:	30 November 2022
Category allocated to the disaster or crisis: Orange			
Amount of DREF allocated: CHF 273,815			
Total number of people affected:	5,400,000 people (IPC 4)	Total number of people to be assisted:	6,000 people or 1,000 households
Provinces affected:	Ituri, Kasai, Kasai Central, Kasai Oriental, Kwango and Tanganyika	Provinces/targeted regions:	Kasai, Kasai Central and Kasai Oriental
Presence of the host National Society(s): 26 provincial committees, 245 territorial committees and local coordination, more than 200,000 volunteers and staff throughout the country, 1 DM, 1 CVA focal point, a food security focal point at headquarters with relays in local branches			
Partners of the Red Cross and Red Crescent Movement actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other organisations actively involved in the operation: The Government, the Food Security Cluster			

A. Situation analysis

Description of the disaster

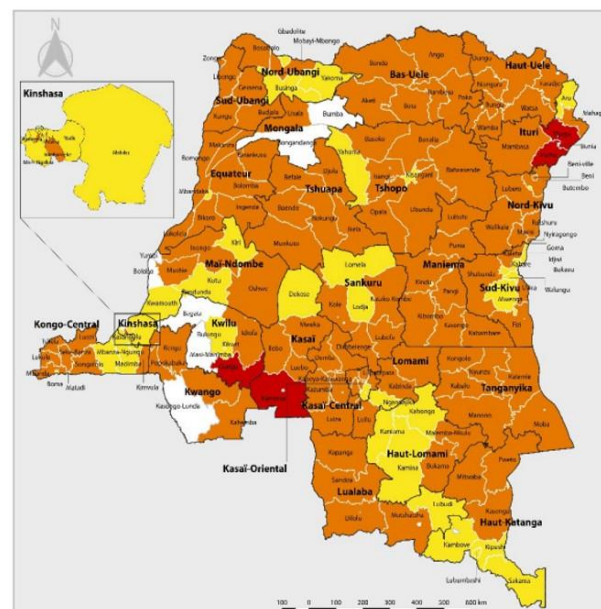
In 2022, the [Food Security Cluster](#) in the DRC is targeting 8.8M people, although an overall 27 million people are affected by acute food insecurity. This is mainly due to funding limitations. The strategy is based on three pillars including (i) provision of emergency assistance to save the lives of the most vulnerable, (ii) support the recovery and livelihoods of these people and (iii) develop social safety nets to build resilience and reduce the humanitarian needs in the country.

Analysis from [IPC's 20th cycle](#), issued in July 2021 and covering from September 2021 to August 2022, already projected for January to June 2022 that a total of 105 million people would be food insecure, with a total of 25 million people (25%) of population, would be in IPC 3+ stage due to deteriorating situation linked to active violence especially in the Eastern parts of the country, with 5.4 million in IPC 4. The most affected provinces are Ituri, with 12% of its population in IPC 4, Kasai (16%), Kasai Central (14%), Kwango (14%) and Tanganyika (10%).

Indeed, the Democratic Republic of the Congo (DRC) is experiencing one of the most complex and protracted humanitarian crises in the world, according to [OCHA](#). While the situation has remained relatively stable or improved in some areas in 2021, armed conflict and natural disasters continue to cause significant population movements in the east of the country, particularly in the provinces of North Kivu and Ituri where a [state of siege](#) was declared in April 2022 due to escalating attacks.

The above compounded situations have led the DRC to accumulate the highest number of displaced people in the world. The [European Civil Protection and Humanitarian Aid Operations \(ECHO\)](#), in a press release published in May 2022, indicated that the number of internally displaced persons (IDPs) in the DRC has increased to almost 6 million and the current violence and conflict are responsible for approximately 96.5% of these displacements, which is the main reason

Projected Acute Food Insecurity | January - June 2022



Name	Area Phase	Total # (pp)	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	P3+
		#	#	%	#	%	#	%
Total	Show Areas	105,251,041	31,540,609	30%	47,830,924	45%	20,461,608	20%
			5,415,900	5%	0	0%	25,879,508	25%

Figure 1 : IPC projections for January to June 2022 for DRC

why millions of Congolese are food insecure, reaching crisis (IPC 3) or emergency levels (IPC 4). The vulnerable population of the DRC are in dire need of assistance and with support of the IFRC DREF, the DRC Red Cross hopes to provide them with food assistance, through its 2019-2023 strategic plan which is in line with the [IFRC's pan-African Zero Hunger Initiative](#).

Summary of the current response

Overview of Operating National Society Response Action

The DRC Red Cross, with the support of the Spanish Red Cross, has been providing assistance, through in-kind distributions of food and non-food items, to the people of Kwilu province, more precisely in the towns of Bandundu city and Kikwit, since 2014. The beneficiaries of this assistance are community groups.

Through the above programmes, the Red Cross has built the capacities of its volunteers and departmental/provincial committees of Kasai, Kasai Central and Kasai Oriental provinces as follows and can now rely on them to support this operation:

- 81 staff members
- 750 volunteers trained in introduction to livelihoods.
- 110 RDRT
- 100 volunteers trained in cash and voucher assistance (CVA)
- 100 volunteers trained in food security
- 410 volunteers active in the provinces of Kwilu and Bandundu town.

In addition, food assistance is planned for 16,000 households or 96,000 people with funding from USAID's Bureau for Humanitarian Assistance (BHA) in the provinces of North Kivu and Tanganyika, where the number of food-insecure people is more than 4,000,000 people in need of food assistance.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC, through its Country Cluster Delegation in Kinshasa and Regional Office based in Nairobi, provide technical and strategic support to the National Society. The Federation will support the National Society with mobilizing necessary Surge personnel to support implementation of this plan of action, as well as provide resource mobilisation guidance to scale up the interventions, given the needs on the ground. The IFRC will, in addition, support the National Society through a media campaign, to ensure that the voices of the most vulnerable are heard.

The DRC RC receives support from four partner National Societies including the Spanish, French, Swedish and Belgium Red Cross Societies, who have in-country presence. These partners support actions aimed at responding to food insecurity either directly or indirectly (i.e., actions in the field of water, hygiene and sanitation that improve nutrition) through emergency or longer-term interventions with the objective of strengthening the resilience of communities. This includes:

- **Spanish Red Cross**, which has been working in Kwilu province, more specifically in the towns of Bandundu and Kikwit, since 2014 supporting food security and nutrition projects
- Belgium Red Cross, which supports the Kwango province with road safety projects and support to mothers' clubs through income-generating activities (IGAs).
- The **French Red Cross**, through the Pilot Programmatic Partnership supported by DG ECHO, will support communities to reduce their risks and be better prepared for disasters and health emergencies. Although the project does not provide for specific food security actions, the activities planned in this programme will contribute to improving the living conditions of the target populations.
- **Swedish Red Cross** supports DRC RC in the implementation of the Urban Risk Reduction Program in Kinshasa (Limete / Kingabwa)

The International Committee of the Red Cross (ICRC) intervenes in the regions through the ECOSEC programme, which mainly includes the distribution of groundnut seeds (15 kg), tomatoes (10 g), onions (10 g) and 120,000 FC (60 USD) per household targeting 1,240 returnee households (Kapakola), 280 households (Machapano) and 150 (Hembemoya) in the villages of Kopakopa, Machapano and Hembemoya. In addition, there was the distribution of food to households (719) in the BB Salamabila sector, Kabambare territory, Maniema Province.

In South Kivu, the ICRC's technical and financial support enabled the implementation of field activities by mothers' clubs in the following towns:

- Kamituga: groundnut cultivation with a space of one hectares;
- Mwenga: cassava and sugar cane farming;
- Luvungi: Cassava farming;
- Uvira: market gardening;
- Idjwi: bean and pineapple farming.

An IGA (farming and small trade) in Kilicha is implemented by the Red Cross branch of Fizi territory to sustain the activities of the *Maison d'Ecoute* of Kilicha. It consists of an allocation for farming with 10 female goats and a mill for processing cassava into flour and then selling the cassava flour.

In collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC) and other Movement partners, the DRC Red Cross has carved itself a niche as a key actor in epidemic prevention and preparedness, including through the "Community Epidemic and Pandemic Preparedness Program" (CP3) in the provinces of Kinshasa and Kongo Central, as well as through the "Expanded Program on Immunization" aimed at increasing immunization coverage in provinces of Haut-Katanga, Haut-Lomami, Ituri, Kasai, Kinshasa, Kwilu, Mongala, Tanganyika, and Tshuapa. The DRC Red Cross has further supported emergency response to the various Ebola outbreaks, as well as the response to other disasters, such as the Nyiragongo volcanic eruption in 2021. While the DRC NS has had some previous experience with the Food security and Livelihood sector, it remains relatively new across all movement partners in DRC making this DREF the opportunity for the RC to diversify and preposition as a strategic and technical partner in the Food security programming. In so doing, the delegation wishes for this action to strategically contribute to existing body of evidence in ways unique to the federation but not be thought of as business as usual or even worse as just an opportunistic attempt to divert from our community health niche.

Overview of other actors' actions in-country

At the governmental level, the National Society is under the supervision of the Ministry of Health and is a permanent member of several national commissions at both national and regional levels. It participates in various clusters, the cash working group and the regional Food Security and Livelihoods task force.

Regarding the United Nations agencies, DRC RC collaborates with UNICEF, UNHCR and WFP to alleviate the vulnerability of people. Considering the current response strategy in relation to the needs, the DRC RC during the four months of this operation, will ensure further strengthening of this coordination as well as looking for the possibility of extending this response for longer term assistance, in addition to this operation with DREF funding. Efforts are being made by both the National Society and the Delegation, looking at best possible ways to adopt longer-term solutions for the hunger crisis, in line with [IFRC's pan-African Zero Hunger Initiative](#). Regular communication will be established with other partners active in this response in the targeted areas of the country

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis; For a needs analysis specific to Phase 4 and/or 3 vulnerable provinces, the NS plans to conduct in-depth assessments as part of this DREF operation. However, based on secondary data from expert reports, the needs of the populations are mainly food-related, caused by several factors including insecurity, population displacement, poor water, hygiene and sanitation conditions, as highlighted below. An IPC report released in March 2022 reported 27 million a s severely food insecure in the DRC; this figure was later adopted by the HRP to represent the total number of people in need. Over a year later, there is a dark spot with regards to the inevitable evolution of the FS trends within the Country as well as the localities of interest. In the midst of a global economic depression resulting from the knock-on effects of Ukraine as well as new in-country crises like displacements in the east and new disease outbreaks, there's limited visibility into the context. In addition to the fuzzy information on the true impact of the situation on households and individuals, it remains unclear to what extent the food insecurity is impacting other sectors including health and WASH in which the National Society has invested lots of resources.

Food Security and Livelihoods; The DRC remains the world's largest country in terms of the number of acutely food insecure people, with 27 million people affected, according to [IPC analysis](#). People in crisis and emergency phases (IPC phases 3 or higher) are mainly in areas affected by conflict and population movements and epidemics, including COVID-19. Based on projections made end 2021 for January to June 2022, the situation of at least 26 million people or 25% of the analysed population in IPC Phase 3+, including 5.4 million in emergency (IPC Phase 4) in Djugu and Irumu (Ituri Province), Kamonia (Kasai Province) and Gungu (Kwilu Province) has deteriorated, changing the classification of these entire areas to emergency (IPC Phase 4) with respectively 65% and 45% of their populations facing critical levels of food insecurity as seen in below table.

IPC Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

Congo, DRC

IPC Analysis Acute Food Insecurity September 2021 (20ème cycle)

Create date: 20.6.2022

Country	Province	Area	Population Analysed		Analysis Period	First Projection											
			#	Area Phase		Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase P3+	
			#	Area Phase		#	%	#	%	#	%	#	%	#	%	#	%
Congo, DRC: Acute Food Insecurity September 2021 (20ème cycle)			105,251,041		Jan - Jun 2022	31,540,609	30%	47,830,924	45%	20,463,608	20%	5,415,900	5%	0	0	25,879,508	25%
Congo, DRC	Ituri	Djugu	1,909,000	4	Jan - Jun 2022	381,800	20%	381,800	20%	763,600	40%	381,800	20%	0	0	1,145,400	60%
Congo, DRC	Ituri	Irumu	1,057,543	4	Jan - Jun 2022	158,631	15%	211,509	20%	475,894	45%	211,509	20%	0	0	687,403	65%
Congo, DRC	Kasai	Kamonia	2,734,931	4	Jan - Jun 2022	546,986	20%	957,226	35%	683,733	25%	546,986	20%	0	0	1,230,719	45%
Congo, DRC	Kwilu	Gungu	580,203	4	Jan - Jun 2022	174,061	30%	145,051	25%	145,051	25%	116,041	20%	0	0	261,092	45%

Disclaimer: All national population figures are based on official country population estimates. IPC estimates are those published in country IPC reports. It is acknowledged that, in some cases, due to rounding and process related issues, figures at subnational level or for specific IPC Phases/Levels may not add up to totals.

Source: Integrated Food Security Phase Classification

Figure 2: Areas of DRC currently in emergency, IPC 4.

In its [monthly meeting notes](#) from 26 May 2022, the Food Security Cluster in DRC further highlights that in Djugu/Mahagi in Djugu territory (Ituri Province), where the number of displaced/returnees are estimated at over 200,000 people, the food crisis is exacerbated by armed attacks and clashes. Although humanitarian agencies including WFP and its partners, Samaritan's Purse, ACF, NRC, DRC, Mercy Corp, FAO, etc are responding, there are still an estimated 900,000 people in need. In the same vein, the [food consumption score](#) for Kasai and Kasai Central Provinces highlights that there is an increase in the proportion of households with borderline poor consumption in March 2022 (86.2%) compared to February of the same year. Likewise, the adoption of negative coping strategies also increased in March compared to the previous month but remains high at 86%. Almost 70% of households in the two Kasai provinces derive their income from farming, livestock or fishing. About 5.5% of households received food aid and 12.9% received financial aid, which means more than 80% of the population remains in need of immediate assistance and limited number of humanitarian actors to cover the ground.

Nutrition: According to [UNICEF's Humanitarian Situation Report No. 02](#), from January to April 2022, 57,243 SAM children under five (53 per cent girls) were treated. During the reporting months, 40,621 SAM children under five were treated in UNICEF and its partners supported 100 hospitals and 1,720 nutritional health centres in the provinces of North Kivu, Ituri, South Kivu, Kasai, Kasai Central, Kasai Oriental, Lomami, Tshuapa, Kwango and Tanganyika. Performance indicators for the treatment of SAM were in line with SPHERE standards: 90.8 per cent cure rate, 0.8 per cent death rate and 4.4 per cent dropout rate. In addition, [IPC Acute Malnutrition analysis](#) indicated that nearly 900,000 children under five and more than 400,000 pregnant or lactating women are likely to be acutely malnourished by August 2022 in the 70 health zones analysed out of a total of 519 health zones. These estimates include more than 200,000 severely malnourished children requiring urgent care. In addition to the prevailing insecurity which is the main driver of food insecurity in the DRC, the precarious nutritional situation can be imputed to poor feeding practices, high rate of disease in children (particularly diarrheal diseases, vector-borne diseases), repetitive epidemic outbreaks, weak health care infrastructure, poor hygiene conditions and limited access to potable water, amongst others.

Projected Acute Malnutrition | April - August 2022

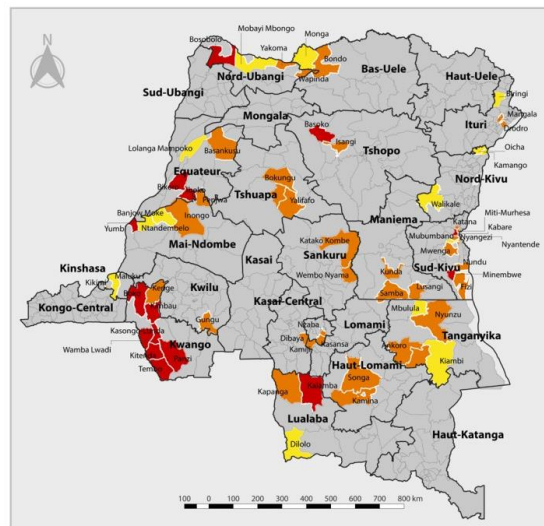


Figure 3: Projected malnutrition hotspots across DRC, April-August 2022

Agricultural production and food availability; In several provinces, household participation in agricultural activities has declined due to insecurity, which restricts access to fields. This situation jeopardizes any attempt at a normal recovery of the growing season and suggests that harvests will continue dwindling, compared to previous growing seasons. This situation is leading to consecutive declines in harvests with each growing season because of repeated displacements, and more territories are likely to remain in Crisis (IPC Phase 3) or slide into Emergency (IPC 4) until September 2022.

Market situation, price trends and household food access; According to [m-Kengela No 72](#) (which informs on the cost of minimum food basket across DRC) from March 2022, overall, basic food prices increased in March 2022 compared to February 2022. Comparing the average nominal prices at national level in March 2022 to the previous month, four (04) of the ten (10) food products monitored increased in price (imported rice +10%, local rice +9%, palm oil +6%, vegetable oil +6%), five (05), the cost remained stable for some (beans, cassava flour, salt, sugar, goat meat), while one (01) product decreased in price (maize flour -6%). In 12 of the 26 provinces, prices for most of the food products monitored were on the rise. These upward trends were most evident in the East of the country (Maniema, North Kivu), the Centre (Kasai Oriental), the South (Haut Katanga, Haut Lomami, Lualaba, Tanganyika) and the West (Kinshasa, Kwilu, Mai Ndombe).

According to Radio Okapi, the prices of several essential products have been rising for several days (May 2022) in Mbuji-Mayi (Kasai-Oriental). According to the same source, some resellers attribute this price hikes are due to the instability of the purchase prices and the unavailability of some products. As an example, a bag of sugar was sold at USD 75 but now costs USD 82.

Targeting

Based on the needs highlighted in secondary data, through this operation, the DRC RC will primarily target 6,000 people (1,000 households) in **Kasai and Kasai Central provinces**, which are amongst the most affected and in crisis or emergency phase. **Kasai Oriental** province will be included in the assessment, in preparedness for possible future longer-term activities.

The choice of these provinces as a starting point for the intervention is primarily guided by the needs compared to the minimal coverage of the crisis by humanitarian actors, in a bid to prioritise areas hard hit by the hunger crisis, but which do not receive sufficient support, contrasting with the attention the Eastern provinces receive. Another consideration for selecting this geographical area is access, as there is higher mobility of populations, especially traders who supply the markets which are mostly functional. This will ensure that DRC RC volunteers can deploy to collect data, kickstart the response and potentially scale up the intervention, while conducting advocacy for increased humanitarian support, in line with the [Food Security Cluster](#) and [IFRC Pan African Zero Hunger Initiative](#). Finally, the number of targeted households

is based on the availability of trained volunteers, logistical capacity of the branches to deliver, as well as complementarity with ongoing actions for greater impact.

The second stage of targeting, to determine the families to be reached with this initial phase of the response, will be done by triangulating the vulnerability criteria with the lists of humanitarian bodies in charge of food security, including the Cluster, for each territory. The selection criteria will include the most vulnerable groups such as: female heads of households, pregnant and lactating women, children under 5 years old, people living with functional disabilities, displaced persons without support and minorities who are victims of prejudice. The DRC RC will use Community Engagement and Accountability (CEA) approaches to ensure that communities are involved and participate as equal actors in the different processes. The selection criteria will also be discussed and validated with the communities in their diversity. In addition, specific tools adapted to the context will facilitate exchanges with the target groups and the wider community in the decision-making processes. In cases where access does not allow for targeting by personalised surveys, list checks will be carried out with the support of the branches and other partners present in the field. Disaggregated data will be made available after detailed assessments have been carried out.

Scenario Planning

Scenario	Humanitarian consequences	Potential intervention
Scenario1: As a result of the current combined action of Government and active partners, vulnerable households have access to food and can cover their food and nutritional needs by September 2022.	Food security data improves for June-December 2022 projections, local production improves due to adequate rainfall, and access to nutrition is guaranteed	The results of the evaluation are provided, requiring minimal revisions to this strategy, which allows the DRC RC to continue implementation as laid out in this plan.
Scenario2: Results of the assessment are provided, highlighting that the targeted communities require more humanitarian support. Markets continue to function at a minimum due to security incidents. The unavailability of food due to production shortfalls, while prices continuously soar, limits availability and access of households to safe and nutritious food. The food crisis continues to deteriorate beyond August 2022, more provinces falling into IPC 4 while a few reach IPC 5 levels.	<p>Inflation continues to reduce the purchasing power of already severely affected households.</p> <p>Local production is further reduced by the climatic, security and political-economic impacts which reduce access to arable land and the purchase of inputs for local producers.</p> <p>The Crisis in Ukraine and the international context related to COVID-19, further reduce access to international goods, due to inflation and impoverishment of production, increasing malnutrition and mortality especially amongst vulnerable groups.</p>	Following the Pan-African Zero Hunger Initiative and the DRC RC strategic plan, the DREF is revised and scaled up, with a request for second allocation while conducting advocacy with partners to fund a broader response covering response and recovery activities in different areas such as FSL, health etc., depending to the needs and gaps identified in the assessment results.
Scenario3: The situation described above, and the factors of food insecurity persist, leading to an acute and cyclical crisis of extensive famine. A rise in security incidents is recorded, resulting in massive population movements and the closure of markets, hindering access to certain areas by traders, financial service providers and humanitarian actors. Climatic and economic conditions do not improve in the country and all orange and red security regions are neglected by the actors.	<p>This leads to an extension of food insecurity to the famine phase (IPC 5) and/or a generalization of the emergency phase (IPC 4) to most parts of the country by December 2022.</p> <p>This situation will have the effect of limiting the interventions of humanitarian actors and throwing vulnerable people into a situation of famine.</p>	Continued resource mobilization for greater investment into the hunger crisis in Africa, with the launch of an Emergency Appeal, galvanized by Government, humanitarian and private partners in-country and beyond, to ensure access for DRC RC and its partners with the main objective to save lives and protect human dignity.

Operation risk assessment

Risks	Probability of occurrence	Severity of the impact of the risk	Mitigation measures
Epidemic outbreak of high threatening pathogen (VHF, cholera, plague) in operation areas.	High	Medium	<ul style="list-style-type: none"> - PPE for volunteers, tightening of IPC measures at health facility level, and set up of appropriate response to ensure operational continuity of food security/ nutrition intervention while addressing the outbreak. - Capacity building of volunteers to address epidemic outbreaks is strengthened through EPIC trainings.
Growing insecurity in targeted areas, jeopardizing the safety of communities and responding teams.	High	High	<ul style="list-style-type: none"> - Volunteers and staff responding will be briefed on operational safety. The movements of teams will be subject to a careful analysis by IFRC Cluster and NS security focal points, in coordination with RSU. - IFRC will cover insurance cost through this operation for all volunteers identified for this intervention - Close collaboration with the ICRC which provides technical security support will be maintained - Cash and voucher assistance (CVA) response modalities will be prioritized to avoid the exposure of beneficiaries with cash and in front of only the few existing withdrawal points, largely monitored by armed groups. - Community engagement and communication with local leaders through the creation of committees in the communes will help to anticipate a minimum on security alerts in addition to the experience of the NS to work in these areas.
Price inflation	High	Medium	<ul style="list-style-type: none"> - CVA will be implemented following a fast-tracked FSP contracting procedure to avoid another wave of inflation. The response modality will be determined following a market assessment. - An inflation margin is considered and applied to the MEB following the CWG to ensure access to essential items; the prices of the items will be negotiated in the terms of the contracts with the contracted traders and prices communicated to target group. - The terms of cash will be prioritized to avoid further weakening the functioning of the market system set up by local commercial actors and communities in terms of type of products, availability, hours, and conditions of opening according to calm days.
	Average	High	<ul style="list-style-type: none"> - A monitoring committee and a feedback mechanism will be set up. The Promotion of the Green Line will be done within the communities. - Volunteers will follow up with the beneficiaries
Insufficient supply of food in the markets	Average	Medium	<ul style="list-style-type: none"> - The intervention will ensure the availability of items on the market despite the increase in demand and by monitoring to ensure that real prices are respected and supporting traders in supplying markets.
Reluctance of the local population to let the Red Cross intervene	Low	Weak	<ul style="list-style-type: none"> - Volunteers will work with community leaders and discussions with communities will be made via Focus Groups, (FG) for the preparatory meeting on the content of the operation and throughout the implementation. - The response activity will be covered by a communication approach based on local awareness and community engagement.

B. Operational strategy

Overall objective

In line with the [Food Security Cluster](#) and [IFRC PanAfrican Zero Hunger Initiative](#), the primary objective of this operation is to conduct a meta-analysis of the food security situation in the selected provinces while providing immediate multi-purpose cash assistance to 6,000 people (1,000 households) in the provinces of Kasai and Kasai Central.

Moreover, the DRC RC will conduct an in-depth multisector needs assessment in Kasai, Kasai Central and Kasai Oriental Provinces, to understand the needs of the host and displaced populations. This initial phase of the operation is set to last 4 months. The DRC Red Cross has experience in emergency interventions through food and cash distributions. It has implemented several operations in contexts like those of the target areas.

The response objectives: Within the framework of this DREF, the actions will aim at:

Objective 1: Conduct an in-depth multi-technique meta-analysis of the food security situation in the selected provinces with the primary objective to define the Red Cross value proposition, building on current niches.

Objective 2: Provide immediate cash assistance to 1,000 of the most vulnerable households to restore and strengthen their livelihoods, as an initial response, with a bid to assist and assess, to enter the communities which are already suffering from hunger. The response modality (cash or voucher) will be determined after at least one market assessment.

Objective 3: Ensure infant and young child feeding (IYCF) knowledge, attitudes, and practices (KAP) study, screening and referral of malnutrition cases as well as assessment of referral systems and capacity at community level for children aged 6-59 months and pregnant and lactating women. These households will be systematically selected to receive cash and voucher assistance

Operational strategy

1. Conduct an in-depth multi-technique meta-analysis of the food security situation in the selected provinces with the primary objective define the RC value proposition (Target: Kasai, Kasai Central and Kasai Oriental provinces)

A detailed multi-technique food security and context analysis will be conducted in the provinces of Kasai, Central Kasai and Kasai Oriental, which are in phase 3 or 4 of the IPC projections. A team led by an experienced research expert and made up of DRC RC staff, volunteers and support personnel will conduct these assessments. The expert will present an inception report detailing the methodology and techniques s/he will use to conduct the situation analysis in light alignment with the deliverables outlined in the terms of reference (ToR). Upon approval of the inception report, the consultant will be assigned not more than 45 days to present preliminary findings and 60 days for the final knowledge products and deliverables. Priority will be given to internal Food Security research experts within the Federation to undertake these assignments while options to source for external experts remain open. Detailed ToR will be prepared upon approval of this DREF application.

Expected results

The expected results of this assessment will be, but not limited to:

- Conduct a micro-level desk review of existing food security reports from the UN and other formal/informal sources and use this to make statistical deductions, correlations and forecast trends to inform longer-term planning in response to the hunger crisis
- Triangulate existing secondary information with existing Federation program data, key informant interviews with relevant individuals/institutions as well as focus group consultations with various strata of the community
- Conduct a capacity needs assessment of the National Society's branches in the provinces of Kasai and, Kasai Central and Kasai Oriental, which are projected to be most at risk.
- Conduct a comprehensive mapping of existing food security partners and actors with interest in the selected provinces including their specific themes and gaps
- Collect human stories on the impact of hunger on communities, working with existing community networks to identify localized actions to mitigate the effects, of the hunger crisis
- Assess the impact of food insecurity on other sectors, particularly community health and WASH and how this may affect the implementation and results of ongoing Federation responses
- Identify the support provided and planned by Government and other partners in the country, especially in the regions in phase 3 and 4 and clarify the gaps to be filled by the Red Cross Red Crescent Movement in the response.
- Inform revision of the current strategy if there is a need to revise the plan, target or assistance mechanisms developed below or to develop a larger scale response.

- Make practical recommendations to the Federation on its true value proposition, building on existing strengths and previous experience

2. Provide Immediate cash assistance to the 1,000 of the most vulnerable households to restore and strengthen their livelihoods (Target: 6,000 people, or 1,000 households in Kasai and Kasai Central provinces)

The operation will start with targeting food-insecure areas to identify beneficiary households according to the defined vulnerability criteria as detailed in the targeting section above. The agreed selection criteria will be widely disseminated through reliable communication channels and a feedback mechanism will be set up through volunteers to address any questions or concerns regarding the selection criteria and those selected. Targeting will be coupled with screening for malnutrition in children aged 6-59 months and lactating women and girls.

Table 1: Estimate of daily basic food needs for MEB and SMEB

Commodity	MEB		SMEB	
	Daily ration g/pers/day	Energy (Kcal)	Daily ration g/pers/day	Energy (Kcal)
Maize flour	250	905	215	778
Cassava flour	250	400	200	320
Beans	180	605	150	512
Oil	22	194	22	194
Salt	5	0	5	0
Total		2,104		1,804

Table 2: MEB and SMEB components

Component	Commodity	Monthly quantity for 6 persons				Unit
		MEB		SMEB		
		urban	rural	urban	rural	
Hygiene	Laundry soaps (powder)	1		1		Kg
	Brick dish soap (whole bar) 3	3		1		Kg
	Hand washing or shower soaps	1		0		Piece
	Chlorine solution	1		0		Piece
	Firewood	8	4	8	4	Pile
	Charcoal	12	20	12	20	Pile
	Candles (pack of 12 pieces)	1		1		Pack
	Hygienic tapes	1		1		Pack
Energy Source	SNEL ⁵ bill /prepaid system (urban only)	1	N/A	1	N/A	10 kWh
	Big torch with batteries	1		1		Piece
Health	Consultation for common illnesses /adult	1		0		Consultation
	Consultation for common illnesses /child	2		1		Consultation
	Laboratory tests for common diseases	3		0		Test
	Anti-Malaria drugs (Quinine)	3		1		Pack/ drugs

At the end of the targeting, 1,000 households will be supported with cash or vouchers for one month to cover the survival minimum expenditure basket (SMEB), which is defined by WFP's [Minimum Expenditure Basket \(MEB\) analysis](#) of July 2020 as the absolute minimum required to maintain existence and cover lifesaving needs. Per WFP, it is necessary to have a SMEB threshold because needs often outstrip resources in the DRC. This helps to prioritize limited resources. The SMEB is calculated by removing all non-life-saving goods and services, to exclusively focus on a reduced food basket, a limited quantity of non-food items required for cooking, basic hygiene, and basic health costs, as detailed in the analysis.

The total SMEB amount to be distributed per household will be CDF 240,000 per month (CHF 115 or USD 120) pegged on the food costing highlighted in [m-Kengela No 72](#) of March 2022 and the other non-food items (see *table 2 on the right*) highlighted as SMEB components, while acknowledging that inflation has likely occurred since and prices within communities may be more or less accurate at the moment. The assessment team will ensure to update this for the specific intervention areas, during the market assessment.

Expected results

- Conduct a market assessment to establish availability of selected food basket items.
- Beneficiary identification and registration for cash disbursement to 1,000 HH. The initial distribution will be for two months, while the DRC RC works on an operational strategy.
- Training/retraining of volunteers in digital data collection and evaluation to conduct the survey. During these trainings, simulations will be done for a better appropriation of the data collection tools.
- Post-distribution monitoring by volunteers engaged in targeting and implementation as well as, to which will be added market monitoring.

The objective is to assess beneficiary satisfaction, to evaluate the process and to draw lessons with a view to making the necessary corrections and adaptations to improve the quality of future interventions.

3. Health and Nutrition (Target: 6,000 people or 1,000 households)

Screening for malnutrition in children aged 6 – 59 months will be carried out by trained community volunteers. This will be done concurrently with the survey/targeting. It will be done via the MUAC bracelet and bilateral pitting oedema check. Women of childbearing age as well as pregnant and lactating women will also be screened by calculating the body mass index in addition to the MUAC. Cases of severe acute malnutrition will be referred to health facilities, which all have a National Nutrition Programme services (PRONANUT) which deals with the management of malnutrition. Households with cases of malnutrition will be directly integrated into the priority targets and in the evaluation of the possibilities of taking care of children aged 6 to 59 months over a longer period. During screening, volunteers will ensure that mothers, pregnant women and heads of households are trained in the use of the bracelets so that they can carry out continuous screening during their various movements. An average of two bracelets will be given to each household and volunteers will monitor the use throughout the operation.

KAP surveys, observation of nutrition practices and KIIs will allow better understanding of nutritional practices along the life course. The surveys will include PLWS, WCBAs (women in childbearing age), men and the elderly. Appropriate IYCF messages and health promotion messages, particularly for prevention of new-born / childhood diarrhoea and immediate

referral of new-born / children with diarrhoea will be disseminated during household visits. Children under the age of 5 and PLWs under nutrition treatment will be followed up about adherence to treatment and defaulting risk factors, including socioeconomic factors.

Expected results

- Screening for malnutrition in children aged 6 to 59 months by measuring the brachial perimeter (BP) using the MUAC tape.
- Screening for malnutrition in PLWs by measuring the brachial perimeter (BP, cut off 23 cm) using the MUAC tape.
- Volunteers should also be aware of the eating habits of the communities in which they work so that they can reinforce good habits and combat bad ones. To this end, they should learn about the food and hygiene habits of the people, the food practices of the populations, eating habits of each child.
- Nutritional education to reinforce specific nutritional behaviours or practices, to change dietary habits that contribute to poor health, to establish desirable dietary and nutritional behaviour for the promotion of good health within communities.
- Health education for prevention of diarrheal diseases in children and to advise on importance of prompt referral of children with diarrhoea to CHWs/ volunteers/ Health centres for appropriate assessment provision of treatment.
- Culinary demonstrations based on local products will be organised by Red Cross volunteers for mothers/managers who have children showing signs of severe and moderate acute malnutrition.

Transition or Exit strategy

The results of the assessment will form the basis for a possible extension of this operation in the form of an emergency appeal (Federation-wide) or a longer-term project, implemented in line with the Africa Region's Zero Hunger initiative to respond more broadly to the most urgent needs, as well as to develop longer-term actions while building resilience.

The Cluster Delegation will continue to work around this humanitarian challenge in DRC as a key priority aligned to the [IFRC's pan-African Zero Hunger Initiative](#) and its strategic ambitions with partner humanitarian actors. The IFRC will coordinate and work on local and international advocacy for long-term initiatives/responses. This is to further promote community resilience in terms of food security and to provide timely support in the areas most at risk, including in terms of access, given the security situation. More specifically, this DREF operation aims to lay the groundwork for the development of a Federation-Wide Emergency Appeal to scale up the intervention, either in terms of emergency or long-term actions, in view of the growing needs in the country, whose target areas will be identified through assessments during the implementation of this operation.

In this regard, at the time of writing this emergency action plan, the strategy identified for the revision of the operation is to support communities in their sustainable livelihood activities with an emphasis on diversification, community-based means to boost local production to significantly reduce the incidence of hunger and poverty. This will be done through capital strengthening (human, social, physical, financial, and natural). Aware of the climate risks and their impact on the environment, all activities undertaken will respect ecological standards.

Operational support services

Human resources: This operation will be led by the Health and the Disaster Response and Preparedness Units of the National Society and supported by the Communication / CEA and Logistics departments of the National Society. The Food security and livelihoods focal point of the DRC RC will be deployed for three months to lead the assessment and oversee the overall operation, which will engage 50 volunteers.

The National Society PMER, WASH and communications focal points, will conduct punctual missions to support the assessment and provide monitoring. The finance focal point will conduct a three monthly mission to support financial management of the operation and collect documents to help with financial reporting. The WASH focal point will also support training of volunteers during the assessment and will conduct a monitoring mission at a later stage of the implementation, to support development of a long-term strategy. The Kasai and Kasai Central branch supervisors will also conduct monthly monitoring missions to ensure smooth implementation and adequate information sharing prior to any operational changes.

The IFRC will deploy one Operation manager with FSL experience (SURGE) to support the DRC Red Cross for 3 months. The support of the surge, who will work with National Society colleagues, will allow the timely implementation of the operation, the development of strategy for the Emergency Appeal, including through internal and external coordination within the Movement and the implementation of communications and advocacy actions. IFRC will also make available a consultant to focus on conducting an in-depth multi-technique meta-analysis of the food security situation in the selected provinces with the primary objective to define the Red Cross value proposition. This expert will be deployed for a period of 8 weeks.

Planning, monitoring, evaluation, and reporting (PMER): The planning, implementation, monitoring and evaluation of the programme will be carried out in close collaboration with all stakeholders under the leadership of the DRC PMER department. Participatory monitoring will be carried out at all levels between the DRC RC and the IFRC. A DREF training will be conducted for the implementing branches, to improve their understanding of the tool's new request process and

procedures, as well as its use for future crisis. A lesson learned workshop will be organised at the end of the operation. Coordination meetings will be held throughout the operation to ensure harmonised monitoring.

Logistics and procurement: The DRC will use its usual administrative and financial procedures for procurement and services for this operation, considering IFRC procedures. In addition, national tenders will be launched and local suppliers meeting the requirements will be strongly preferred. Logistical responsibilities will include the procurement of products and their transport to the target localities for distribution to beneficiaries.

Communication: The usual communication channels and media of the DRC, such as radio, social networks, and written media, will be used for the visibility of this intervention. A media campaign will be launched with support from both DRC RC and IFRC communications unit, to heighten the profile of this crisis to donors and the general public. Articles will be produced and disseminated in the written newspaper and on the various digital platforms of the DRC RC. The radio broadcasts that will be carried out during the implementation of this operation will also constitute privileged channels for the visibility of the movement's actions at the community and national levels.

Security analysis: The security situation of the Kasai region (Kasai, Kasai Central, Kasai Oriental provinces) is relatively calm since Kamuena Nsapu militia was disbanded. The threat of kidnapping remains high in Kasai province. In the Kasai, kidnappings have previously occurred in Kananga city and Kasai Central. Customary conflicts and land conflicts are too recurrent, and often the cause of tensions, displacement of the population and killings between rival villages. Although provincial and national authority is involved in the resolution of communal, institutional and political conflicts, the latter have a huge impact on daily activities and affect social life. In the last 3 months reports of several cases of extortion of motorcycles by armed men in the provinces and mainly in the city of Mbuji-Mayi Kananga and Tshikapa. Clashes related to the land conflict that have resulted in deaths and injuries are recorded in Demba territories in the Muanzangoma sector, Kazumba in the Kafuba and Matamba sectors and in Dibaya in the Dibanda sector. Kasai province has a good road and rail network but poorly maintained.

The IFRC regional security unit and Kinshasa Delegation Security Officer will actively support by conducting security assessment and analysis to enable the team to implement risk management measures considering the evolving situation, monitoring the security environment, providing technical advice and ensuring that any internal/external security incidents or emergencies are immediately and appropriately managed and reported.

To reduce the risk of DRC personnel falling victim to crime, extremism, violence and road hazards, active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment will be undertaken to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and an overall code of conduct will be put in place. The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will successfully complete prior to deployment the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security and Level 3 Security for Managers). The IFRC security plans will apply to all IFRC staff throughout the operation. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.

Despite the presence of the Ugandan and Burundian armies to support the DRC's armed forces, since the beginning of January 2022 there has been an increase in attacks by armed groups against civilians at sites for displaced persons in Nord-Kivu and Ituri, which are under siege, and in the highlands of Sud-Kivu.

Finance and administration:

Compliance with IFRC financial procedures will be observed. And ongoing monitoring and technical support will be provided by the IFRC to ensure effective and accountable management of financial resources. Funds and management tools will be made available over time and monitoring of the DRC finance teams will be put in place.

C. Detailed plan of the operation



Livelihoods and basic needs

People targeted: 6,000

Men: 2,400

Women: 3,600

Requirements (CHF): 128,710

Needs analysis: In most of the targeted geographical areas, people have lost their livelihoods. For the vulnerable populations identified, especially in the provinces in crisis situations and in areas affected by insecurity, immediate food assistance is needed. Especially for the most vulnerable segments of the population, including households with elderly people, malnourished children aged 6-59 months, children and FEFA.

Population to be assisted: Cash assistance to 1,000 households in Kasai and Kasai Central

Programme standards/benchmarks: DRC RC will seek to meet standards set by the standards Food Security Cluster.

P&B Output Code	Outcome Livelihoods and basic needs 1: Communities, particularly in disaster- and crisis-affected areas, restore and strengthen their livelihoods	% of assisted households that report the cash support was relevant and sufficient to meet their basic needs (80%)															
	Livelihoods and Basic Needs 1.2: Most affected communities receive assistance to meet basic needs to ensure livelihood security, including food	<ul style="list-style-type: none"> • # of trained volunteers (Target: 50) • # of SIM cards purchased and distributed (Target: 1,000) • # of households benefiting from cash for food distribution (Target: 1,000) • # of post-distribution monitoring (Target: 1) 															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP008	Detailed multi-sector needs assessment in Kasai, Kasai Central and Kasai Oriental																
AP008	Training/recycling of volunteers in cash, PDM and digital data collection using the CEA approach																
AP008	Community consultations to define selection criteria																
AP008	Targeting beneficiaries in consultation with communities or their representatives																
AP008	Financial service provider contracting																
AP008	Organize an analysis of the markets and in the targeted areas																
AP008	Sensitization of beneficiaries																
AP008	Post-distribution monitoring (PDM) and monitoring of costs on the markets																



Health

People targeted: 6,000

Men: 2,400

Women: 3,600

Requirements (CHF): 16,562

Needs analysis: The nutritional situation of children under 5 years of age remains a concern in the country.

Population to be assisted: 1,000 households with emphasis on children aged 0 -59 years.

Programme standards/benchmarks: Ministry of Health and WHO Standards

P&B Output Code	Health Outcome 1: Immediate health risks to affected populations are reduced	# of people sensitized on health risks and the detection of cases of malnutrition in children: at least (Target: 6,000 people)															
	Health output 1.1: The nutrition situation and immediate nutrition risks are assessed using agreed guidelines	<ul style="list-style-type: none"> # of trained volunteers (Target: 50) # of targeted and referenced beneficiaries (Target: at least 1,500 children) # of nutrition actors engaged (Target: 2) 															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP014	Participation in coordination meeting and mapping of nutrition actors																
AP014	Screening of U5 and PLWs by MUAC ribbons																
AP014	KAP surveys, KIIS and observation of nutrition practices																
P&B Output Code	Health outcome 4: The community nutrition and feeding practices are assessed and understood and messages are disseminated to improve IYCF	# of people sensitized on health risks and the detection of cases of malnutrition in children: at least (Target: 6,000 people)															
	Health Output 4.1: The target population benefits from IYCF messages	<ul style="list-style-type: none"> # of focus group with target groups (Target: 5) # of home visits with IYCF messages dissemination (Target: TBD) # of women groups or other community groups engaged (Target: 5) 															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	Mapping and engagement existing women clubs and other local association for dissemination of nutrition messages at community level to establish care groups																
AP084	Develop / update messages on IYCF, life course nutrition and health promotion during home visits and through care groups (with focus on diarrheal disease)																
AP084	Work with representative community groups (faith-based groups, women's associations, Red Cross Mothers' Club, civil society actors and traditional leaders/influencers) to identify and																

	support local and practical solutions to prevent the food insecurity.																		
AP084	Involve the community through community associations such as women's and men's associations, young people, and community leaders at all levels to have their active participation in the programme																		
P&B Output Code	Health Outcome 5: Less severe cases of illness or malnutrition are treated in the community, with referral pathways for severe cases.	% of target population achieved by health and hygiene promotion (target: 100%)																	
	Health Output 5.2: Cases of acute malnutrition are managed within the community, with a baseline set for severe cases.	<ul style="list-style-type: none"> • # of sensitization sessions on malnutrition (Target: 24 sessions (2 times a week for 3 months)) • # of cases of malnutrition referred to the health centre (Target: to be determined) 																	
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Training/retraining of volunteers on malnutrition and screening.																		
AP024	Referral of U5 / PLWs malnutrition cases to health centres.																		
AP014	Organize nutrition education sessions with communities																		
AP014	Support to the culinary demonstrations																		

Strategies for Implementation

Needs (CHF): CHF 128,544

P&B Output Code	S1.1: The objectives of National Societies in terms of capacity building and organizational development are facilitated so that National Societies have legal, ethical and financial bases, systems and structures, skills and capacities to plan and execute activities	<ul style="list-style-type: none"> • # of insured volunteers (Target: 50) • # of personal protective equipment distributed to volunteers (Target: 50) • # of operation manager deployed (Target: 1) • # of RC Branch monitoring missions (Target: 3 missions – 1 per month) • # of DRC RC staff monitoring missions (Target: 6 missions – 2 for WASH, 1 for PMER and 3 for Finance) 																	
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																		
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP042	Ensure that volunteers are insured																		
AP042	Provide visibility materials to volunteers																		
AP042	Providing personal protective equipment to volunteers																		
AP042	Increase the participation of the NS in the coordination mechanism at the country level (internal and external coordination: Cluster, CWG)																		

AP042	Deployment of DRC RC operations manager for 3 months.																		
AP042	Monitoring mission of Kasai and Kasai central Branches																		
AP042	Monitoring missions of DRC RC WASH, Finance and PMER staff																		
P&B Output Code	Outcome S2.1: Disaster Response and Risk Reduction Capacity Building Activities with the NS	# of IFRC Surge deployments (Target: 2)																	
	Output S2.1.1: Maintained effective preparedness for response and maintenance of the NS response capability mechanism in the event of an emergency	<ul style="list-style-type: none"> # of multi-sectoral needs assessments completed (Target: 1) # of product evaluation reports (Target: 1) # of IFRC monitoring visits (Target: 1) 																	
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP046	Deployment of FSL Surge for 3 months																		
AP049	Field deployment of consultant for assessment for 2 months																		
AP046	Organize an IFRC monitoring visit to work with DRC RC in Kinshasa and Kasai																		
P&B Output Code	Output S2.1.3: Improved compliance of NSs with principles and rules for humanitarian assistance	<ul style="list-style-type: none"> # of established community feedback mechanisms (Target: 1) # of DREF trainings held (Target: 1 training) # of lessons learned workshops organized (Target: 1 LLW) 																	
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	AP055	Training of DRC staff on the new DREF application process and ongoing changes in the guidelines																	
AP055	Lessons Learned Workshop																		
P&B Output Code	Output S4.1.4: Staff safety is a priority in all IFRC activities	<ul style="list-style-type: none"> # of visibility material available for teams (Target: 50) # of volunteers and staff briefed (Target: 50) 																	
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	AP066	Ensure the supply of visibility equipment for volunteers in the 3 provinces.																	
AP066	Security briefing for teams and volunteers deployed at the beginning and at each field activity in the 3 provinces																		

Funding Requirements

The total amount allocated for the implementation of this DREF operation is CHF 273,815 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss
Francs (CHF)*

DREF OPERATION

MDRCD037 - DR CONGO - HUNGER CRISIS

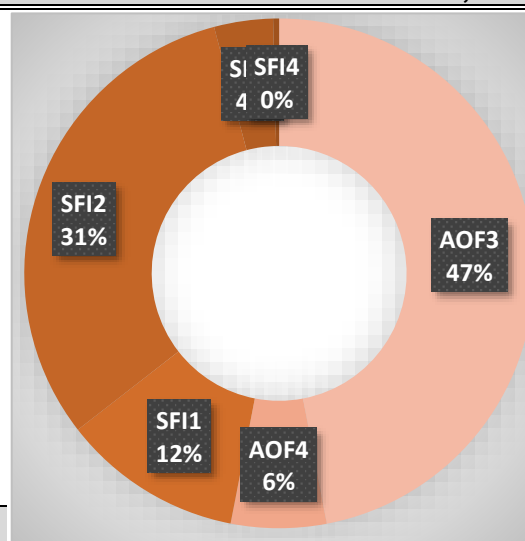
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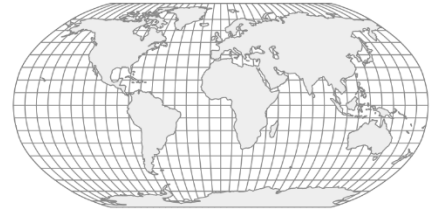
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	1,920
Medical & First Aid	2,400
Teaching Materials	4,800
Cash Disbursement	116,150
Relief items, Construction, Supplies	125,270
Transport & Vehicles Costs	8,447
Logistics, Transport & Storage	8,447
International Staff	23,038
National Society Staff	14,399
Volunteers	12,359
Personnel	49,796
Consultants	26,878
Professional Fees	1,920
Consultants & Professional Fees	28,798
Workshops & Training	16,895
Workshops & Training	16,895
Travel	7,199
Information & Public Relations	9,599
Communications	394
Financial Charges	768
Other General Expenses	9,938
General Expenditure	27,898
DIRECT COSTS	257,103
INDIRECT COSTS	16,712
TOTAL BUDGET	273,815

Budget by Area of Intervention

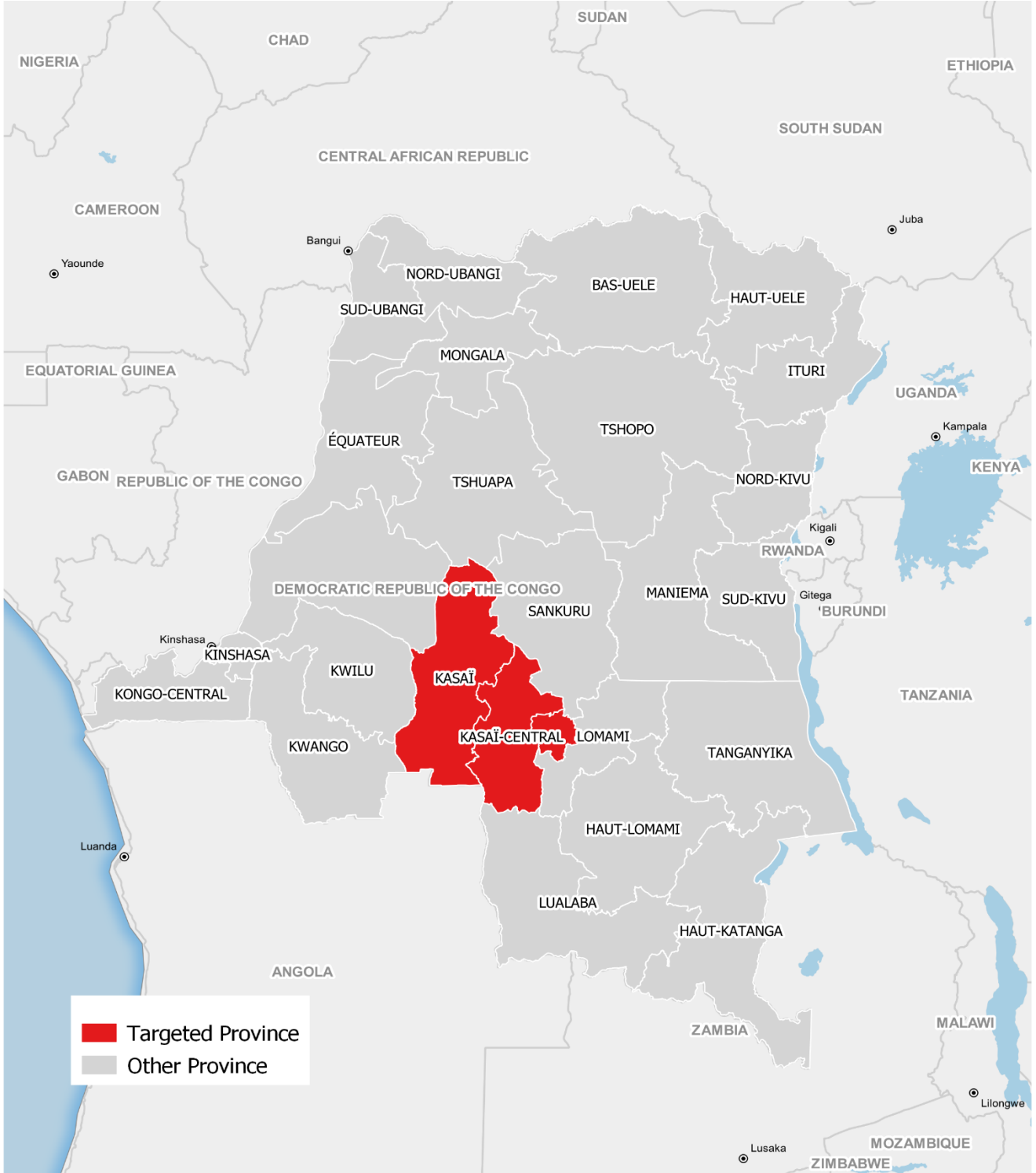
AOF3	Livelihoods and Basic Needs	128,710
AOF4	Health	16,562
SFI1	Strengthen National Societies	31,311
SFI2	Effective International Disaster Management	85,977
SFI3	Influence others as leading strategic partners	10,223
SFI4	Ensure a strong IFRC	1,033
TOTAL		273,815



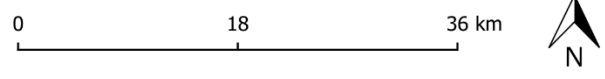


DRC - Hunger Crisis

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The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: GADM, DRC RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Contact information

Reference documents



Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate, and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace