

**Country Specific Information:
Democratic Republic of Congo (DRC)
Multi-Year Development Food Assistance Projects
Fiscal Years 2016-2020**

I. Introduction

The U.S. Agency for International Development's (USAID's) Office of Food for Peace (FFP) intends to award up to three cooperative agreements with the goal of improving food and nutrition security and economic well-being in vulnerable populations in DRC by assisting Congolese people to identify and take advantage of transformational opportunities to learn, mitigate, adapt, invest and thrive. FFP investments are intended to contribute to the achievement of USAID/DRC's Country Development Cooperation Strategy (CDCS), particularly in creating a foundation for durable peace in eastern Congo and improving lives through coordinated development approaches.

DRC is a pilot country for FFP's new process for development projects called Refine and Implement (R&I). Please see Annex II to the RFA for additional information on R&I for this application process.

Subject to availability, the anticipated funding for these new multi-year development food assistance projects is \$150 million (total resources for up to three awards) for an initial five-year period. The three project focus areas are: (1) Kalehe, Kabare, and Walungu territories of South Kivu; (2) Moba and Kalemie territories of Tanganyika¹; and (3) select locations in Kasai Central and/or Oriental provinces.² Applicants may include variable annual funding levels over the life of the activity, but the total amount awarded for all three awards combined will not exceed \$150 million. Due to the anticipated availability of Section 202(e) funds, **monetization of Title II commodities is not authorized**. USAID reserves the right to use Community Development Funds or other resources in lieu of Section 202(e) funds, if these become available.

To be eligible for assistance under this RFA, the project must use Title II food aid resources, specifically commodities, for direct distribution in the DRC. Exceptions will be considered for work in the Kasais. Applicants may include varying levels of direct distribution commodities over the life of the activity and may include direct distribution commodities in year one. If applicants propose a Through Bill of Lading, very strong justification for why it would make sense for the program is required. Applicants may also propose a shift to using Section 202(e) funds to locally procure and distribute nutritious foods during project years four and five. Applicants should describe how increased production of local foods, including value-added

¹ Tanganyika province is located within the area that was formerly Katanga province.

² Kasai Occidental and Kasai Orientale were recently split into the following provinces: Kasai, Kasai Central, Kasai Oriental, Sankuru, and Lomami. Please note that most of the data presented in this document pertains to the old provinces as data are not yet available for the new provinces.

processing, can sustainably respond to market forces as well as substitute for food aid interventions.

II. Country Context in the DRC

USAID/DRC CDCS 2015-2019 Development Hypothesis

If USAID and the international community writ large invest in institutional capacity to create a foundation, upon which Congolese reformers can build,

Then the Congolese will be equipped to take greater ownership of their country's future, ensuring citizens' basic needs are met, more equitable growth occurs, and stability increases.

This is a long-term transformation that will require incremental changes.

DRC remains a fragile state, with important pockets of conflict in eastern Congo. The Fragile States Index 2015 lists DRC in its category of greatest concern and urgency, "very high alert." Also, the present crisis in Burundi could affect stability in eastern Congo and particularly in South Kivu. In 2015, the Government of DRC (GDRC) began a process to increase the number of provinces from 11 to 26. This process, known as "decoupage," is complex, not proceeding smoothly, and controversial among Congolese. The creation of new provinces means the creation of new government positions, provincial ministries, and agencies, which injects substantial uncertainty into the relevant governmental structures involved in agriculture and health. The "decoupage" process does not affect South Kivu, but does impact the other two project focus areas. National elections are scheduled to be held in November 2016.

The overall political environment remains unstable as the DRC enters a highly controversial electoral cycle. Local elections that were initially scheduled for 2015 have become uncertain and the timing of provincial and national elections remains in flux. Moreover, factions within the Presidential majority, along with speculation about the current President's political ambitions, further destabilize the political climate. Many political analysts predict a high probability of continued instability and violence in the course of 2016 and beyond. These unpredictable factors could impact project implementation and should be taken into account.

DRC ranked as the hungriest country in the world in the International Food Policy Research Institute's Worldwide Hunger Index in 2011.³ Despite its vast agricultural potential, chronic malnutrition and food insecurity are widespread. The average rate of stunting across DRC is 43 percent, with rates even higher in South Kivu, Tanganyika, and the former Kasai Occidental and Kasai Oriental provinces. Wasting levels reach eight percent nationally¹. Recurrent conflict and subsequent internal displacement of persons, lack of improved agricultural inputs and techniques, pervasive crop and livestock diseases, poor physical infrastructure, gender inequity, and a rising fertility rate are among the many factors challenging food security in DRC.

³ DRC has not been ranked in the Hunger Index since 2011 due to a lack of data.

Potential awardees should refer to USAID/DRC's CDCS; USAID's Desk Review and Lessons Learned for North Kivu, South Kivu and Tanganyikaⁱⁱ; and USAID's Desk Review for the former Kasai Occidental and Kasai Oriental provincesⁱⁱⁱ for background information on food security, nutrition, health and exposure to shocks and stresses in targeted areas in DRC. Applicants should also refer to the FEWS NET Staple Foods Market Fundamentals Report for market analysis^{iv4}. Based on the findings of the analysis, challenges in food and nutrition security are due more to lack of access, sub-optimal utilization, and specific regional factors such as instability and armed conflict in eastern DRC, rather than absence of food in local and national markets. Therefore, FFP expects applicants to blend a combination of Title II commodities for distribution, local resources, and other transfer modalities to enable households to smooth consumption, participate in activities, and take advantage of opportunities which would otherwise be inaccessible but could lead to improved food security.⁵

III. Overarching Goal and Operational Principles of FFP Activities

The overarching goal of USAID/DRC's development food assistance projects is to improve the food and nutrition security and economic well-being of vulnerable households in South Kivu, Tanganyika, Kasai Central and Kasai Oriental provinces, thereby contributing to lasting development gains in some of the country's most challenged communities. By assisting Congolese to identify and take advantage of transformational opportunities to learn, mitigate, adapt, invest, and thrive, this project directly contributes to USAID's overarching goal of supporting DRC's long-term transition to more effective and empowering development.

Applicants are requested to develop a coherent, evidence-based theory of change (ToC) specific to each geographical area as the basis of project design. Proposals should be informed by a comprehensive understanding of the national and regional dynamics of food insecurity and the programmatic context in which the development food assistance projects will operate.

For each project, the applicant's logical framework (Logframe) should be supported by a ToC that is consistent with the goal to demonstrate substantial change in chronic and acute malnutrition, household food security, income, and adaptive capacity, as well as the factors contributing to them. In developing the ToC, the applicant should take into consideration the problems that are currently faced by youth⁶, gender inequality, weak institutional and governance structures and conflict in target areas and develop strategies to address them. The ToC should:

⁴ A Bellmon Estimation Study for Title II will not be completed prior to project launch. Applicants should utilize the information available in the FEWS NET Staple Foods Market Fundamentals Report.

⁵ Other potential modalities could include any combination of cash, vouchers, or asset transfers. Local procurement of commodities may also be proposed for project years four and five if deemed an efficient and effective component of an applicant's project.

⁶ The 2012 USAID Youth Policy notes that while youth development programs often focus on young people in the 15-24 year age range, the policy recognizes that USAID youth programs likely engage a broader cohort of 10 and 29 year olds; with the critical understanding that the transition from childhood to adulthood is not finite or linear and varies across and within countries.

https://www.usaid.gov/sites/default/files/documents/1870/Youth_in_Development_Policy_0.pdf

- **Use evidence-based design which draws from best practices.** In DRC, food insecurity, undernutrition, gender-based violence, high fertility, conflict and poverty are interrelated, multi-sector challenges which require a thorough understanding of contributing factors, potential drivers, potential change agents, existing bottlenecks, and opportunities. Applicants are encouraged to review FANTA and FEWS NET assessments, the midterm evaluations of current FFP projects in the DRC (available on the [USAID Development Experience Clearinghouse](#)), as well as USAID/DRC technical reviews that are available on the [USAID](#) website. Applicants should also review the wide range of resources available through the FFP-funded Technical Operational and Performance Support ([TOPS](#)), Food Security and Nutrition Network ([FSNNetwork](#)), and the BFS learning platforms (i.e. [Agrilinks](#) and [Microlinks](#)). Applicants are encouraged to extrapolate from other experiences and learning and propose innovative approaches, as long as proposed activities are supported by monitoring and learning.
- **Take a realistic but forward-looking approach to supporting good governance.** Community-based by mandate, FFP activities offer a platform for increased dialogue and engagement between communities and local authorities, as well as a means to increase the agency and voice of community members. Although DRC is facing a period of significant churning — both politically and administratively— this may actually provide awardees an opportunity to introduce or strengthen social accountability principles and processes that increase government transparency, increase citizen demand for public services, and improve the quality of those services as they seek to partner with public and private sector institutions.
- **Target sustainable opportunities and build on existing strengths.** FFP encourages the identification and promotion of self-financing and self-transferring models that will continue to spread under their own momentum both during and after the project because they have strengthened or changed the system in which they operate. In the context of DRC, where significant challenges exist to the efficient functioning of public and private sector systems of service delivery, it will be particularly important to identify those actors and institutions that offer the best opportunity for sustainable improvements and change. This includes supporting the legitimacy and accountability of government institutions, and strengthening existing community, private sector, and public sector pathways for product and service delivery.
- **Use resource transfers and subsidies carefully.** FFP supports the strategic use of appropriate resource transfers to enable severely food insecure households to participate in and benefit from activities aimed at building households' assets and improving nutritional outcomes. However, approaches that balance facilitation when possible with direct intervention when necessary will reduce the possibility of dependence and/or need for unrealistic exit strategies. Applicants should weigh carefully the use of unsustainable transfers as incentives, and have a clear vision of how transfers will be phased out prior to the end of the activity in a way that will not negatively impact the sustainability of activities or overall impact of the project. For example, market-based approaches that enhance household and community access to goods and services, without creating redundant and

unsustainable delivery systems, are more likely to lead to sustainable strengthening of livelihoods.

- **Plan and implement jointly for complementarity, impact, and sustainability.** FFP projects are an integral component of USAID/DRC's CDCS and in particular are complementary to Global Health (GH) programming in Kasai Central, Kasai Oriental, Tanganyika, and South Kivu provinces and to Feed the Future (FtF) efforts in South Kivu. Planning should be coordinated across activities to identify opportunities for increased impact by layering, sequencing, and integrating efforts. Sustainability requires taking into account linkages between and roles of communities, local government officials, markets, enterprises, and value chains, and relevant governmental ministries and institutes. In particular, the concept of an "institutional value chain," discussed in the CDCS, should be taken into account.
- **Promote real-time applied learning, collaboration, and adaptive management.** Regular partner meetings and portfolio reviews will provide opportunities to assess progress, identify constraints, and determine potential course corrections or opportunities to leverage additional impact. Applicants are encouraged to consider the importance of continuous monitoring, the development of feedback loops, and implementation of a learning agenda.
- **Support the empowerment and equality of women and take full advantage of their wisdom and knowledge.** Women continue to face disproportionate economic, social, and health challenges in DRC, including constraints to access income, land, education, and reproductive health care as well as pervasive gender-based violence and sexual violence. In spite of these constraints, women have been, are still, and will continue to be central to both family well-being and community resilience. Their knowledge, insight and skills will be essential to achieving project goals. Applicants should describe how they will draw on the know-how of Congolese women to guide project design and implementation. They should also describe how they will ensure project activities do not increase women's risk to gender-based violence.
- **Support the enfranchisement, aspirations, and agency of youth.** Young people are key development actors in their communities and in the country as a whole. Applicants should describe the role of youth in project interventions.
- **Lead by example.** Demonstrate a commitment to equity, diversity, and gender through the composition and training of staff.
- **Promote innovative approaches and technologies to facilitate sustainable "last-mile" service delivery.** The lack of roads, power, private sector actors, and government capacity poses significant challenges to the delivery of goods and services in much of the DRC. Creative approaches to addressing similar constraints are being piloted in other challenging environments, and range from leveraging IT innovations, to developing new,

private-sector models of extension. Applicants are encouraged to learn from these and pilot adaptations or innovative approaches as appropriate.

- **Leverage all pathways to better nutrition.** Sustained improvements in nutrition can be achieved through a variety of means. These range from successful social behavior change communication (SBCC), increased access to health and nutrition services and family planning methods, reduction of women’s workloads, improved sanitation and hygiene, increased incomes, and increased availability of nutritious foods. Applicants should carefully analyze the specific determinants of malnutrition in their proposed geographic area of intervention and design approaches that respond to those determinants.
- **Assume that shocks will occur during the project period.** The chronic food insecurity experienced by households and communities participating in FFP activities renders them more vulnerable to a variety of shocks, including environmental (e.g., crop disease, floods), social (e.g., conflict, insecurity) and economic (e.g., price fluctuations and market shifts). If the goal of this project is achieved, household and community resilience to many of these shocks will be increased; however, given the current context in DRC, it is highly likely that during the project period one or more of these potential shocks will occur, which, unanticipated or unmitigated, could undermine progress toward the goal. Therefore, whether it is conflict in South Kivu, price spikes in Kasai Oriental, or an outbreak of bacterial blight in Tanganyika, applicants should consider activities or contingency plans that reflect the assumption that one or more of the shocks likely to occur in a proposed geographic area of intervention *will* occur during the life of the project, rather than an assumption that they will not.
- **Implement climate-smart agriculture approaches.** USAID generally follows the FAO definition of climate-smart agriculture (CSA) which is composed of three main objectives, 1) sustainably increasing agricultural productivity and incomes; 2) adapting and building resilience to climate change; and 3) reducing and/or removing greenhouse gas emissions, where appropriate. CSA requires integrating climate change adaptation in both the near and longer term. Good agricultural practice inherently takes into account weather variability, environmental services (e.g., water availability), on-farm production and post-harvest handling and storage. Planning for weather variation constitutes an important first step toward resilience and longer term climate change adaptation. In addition, projects should look to long term trends in temperature, rainfall, and extreme events and prepare for higher temperatures, promote resource-use efficiency, and adopt new approaches to emerging threats, many of which are linked to climate change. CSA also takes into account increased levels of emissions associated with some types of agricultural development, and seeks to promote efficiency with respect to emissions as part of an overall approach that is acceptable and likely to be adopted by smallholder farmers.

IV. Common Operational and Programmatic Context For all FFP Activities

Supporting Sound Governance and Social Accountability

The Mission’s CDCS posits that:

When interventions better focus resources, leverage cross-sector and geographic synergies, build the capability of local institutions to deliver services to the Congolese people, and empower citizens to engage with governments on their needs, then there will be a transformation of the citizen-state relationship and improved, sustainable delivery of services that improve lives in the long-term.

The “transformation of the citizen-state relationship” will be at the heart of the success and sustainability of local development efforts, and will underpin conflict mitigation and increased stability. The challenges to this transformation are extreme and are likely to worsen during initial efforts to establish administrative systems in support of new provincial boundaries. In this context, USAID/DRC is committed to supporting the legitimacy and accountability of local government by facilitating its engagement as a development partner. Recognizing that coordination requires deliberate effort and dedicated resources, USAID will establish formal partner coordination processes, including convening meetings with provincial government authorities in provincial capitals. To ensure the regular and transparent flow of information, USAID partners will prepare annual work plan summaries and bi-annual summary reports in English and French to be shared with provincial authorities.

In areas that will not be part of a formal partner coordination process, such as Tanganyika, implementing partners will register their presence with local governments and other implementing partners and relevant stakeholders, share annual work plan summaries with local and provincial authorities, participate in relevant host country-led planning meetings, and, to every extent possible, facilitate the engagement of local authorities in the development activities of their communities. This is not to imply that relations between local and provincial authorities should be restricted to the above-listed interactions. Rather, the role of relevant government officials must be taken into account, and incorporated as appropriate, in project design and implementation, as discussed in the CDCS’ Development Objective 2 (DO2).

Programming for Collective Impact

The proposed development food assistance activities are not intended to be stand-alone activities, but rather they are expected to partner with, provide support to, and leverage complementary USAID, other donor, and/or GDRC investments. External actors’ expected outputs and outcomes that will contribute to achieving the project goal must be identified and included in the project’s ToC and annual work plans. The importance of the roles of partnership, coordination, and learning—within FFP projects, with other USAID activities, and with other development partners—cannot be overstated.

Through a consultative and analytical process, USAID selected implementation zones as the focus areas for multi-sectoral investments under the DRC CDCS DO2: *Lives improved through coordinated development approaches in select regions*, and Transition Objective (TO) 3: *Foundation for durable peace strengthened in eastern DRC*. In addition to food security and nutrition, a combination of governance, agriculture, health, education, energy, and private sector development will all be implemented in these target territories. All implementing partners will be held accountable for seeking out synergies, and coordinating and collaborating wherever

possible with other USAID partners. To facilitate coordination, USAID will convene quarterly meetings in relevant provinces approximately two months after the end of each USAID fiscal quarter. Two meetings per year will be co-convened with provincial government authorities and senior implementing partner representation will be expected.

Household and Community Targeting

Vulnerable households and communities in the territories to be targeted by the FFP activities are characterized by a variety of physical, economic, and social access constraints. These include limited access to markets, health services and sanitation infrastructure, formal and informal education, and extension, vocational training and other on and off-farm livelihood strengthening services. Achieving the goal of improving the food and nutrition security and economic well-being of vulnerable households in South Kivu, Tanganyika, Kasai Central and Kasai Oriental provinces will require community and household-level analysis to identify opportunities and constraints and work with communities to establish a clear understanding of the role and targeting of resource transfers. It is strongly recommended that projects use participatory tools and methodologies to identify target communities and/or households most requiring assistance, as well as those actors, whether individual or collective, most likely to drive system change.

FFP projects are also designed to address multiple drivers of food insecurity through integrated activities. While it is not possible or in most cases desirable for an individual to participate in all aspects of a FFP project, applicants should design interventions to strategically engage project participants so that households are exposed to numerous interventions.

Applicants are encouraged to propose whole administrative districts, at a feasible and appropriate level, to target with FFP activities rather than picking and choosing only select villages.

Sustainability

Consistent with DO 2 of the DRC CDCS, a key objective of FFP investments in DRC is ensuring that host country partners and project participants take ownership of their development processes and sustain project results. Applicants are reminded that baseline and final evaluations are *population-based*, reflecting the expectation that impacts extend well beyond specific participant households. Participatory development, where communities are empowered to take ownership of intervention activities, should be an important aspect of all proposed interventions and a guiding principle over the duration of the proposed activity. Elements to consider may include: community and government ownership and engagement, capacity building of local stakeholders, and clear plans for the management of collective assets. *While FFP applicants must focus on improving access to opportunity, knowledge, and assets for the very and extreme poor, this will only be achieved by strengthening and facilitating relationships and building trust between the individuals, groups, and institutions upon which the sustainability of that access depends.* Lessons which have emerged from an *ex-poste* review of previous FFP projects identified motivation, capacity, resources and linkages as critical to achieving sustainability.^v Applicants are strongly encouraged to test their ToCs and supporting project design against these factors.

Gender and Women's Empowerment

Gender equality, women's empowerment and women's education are proven drivers in reducing child stunting and increasing food security.^{vi} DRC has a very long way to go in this regard. Nationally, only 64 percent of female 15-49 year-olds are literate, compared to 88 percent of males of the same age.^{vii} Rural women on average have more than seven children (one of the highest fertility rates in the world), only one out of 20 uses a modern method of contraception, and many marry young, sometimes in polygamous unions. In the poorest economic quintile, more than four out of ten girls age 15-19 are already mothers or pregnant with their first child. Gender-based violence is of particular concern. In the project areas the percentage of women who have experienced physical violence is the highest in the country, ranging from 48 percent in South Kivu to 62 percent in former Kasai Occidental. Nationwide, one out of three Congolese women report having been sexually assaulted; figures are higher in the former Kasais and the two Kivus. The highest rates of spousal violence are also found in the project areas, with a staggering 68 percent of women in former Kasai Occidental reporting violence committed by their current or former husband/partner.^{viii}

At the same time, Congolese women make a tremendous contribution to what is considered the most promising foundation for establishing a food secure future in DRC: agriculture. More than eight out of ten (84 percent) Congolese women work in farming, compared to roughly six out of ten men (62 percent).^{ix} With male migration, changing cropping patterns, and other factors moving men out of farming, the ratio of female to male farmers in the DRC is likely to increase. Beyond their contributions in bearing and raising children, seeking water, gathering firewood, caregiving, and so much more, Congolese women play a vital role in food, nutrition and income security. FFP resources should facilitate, in all ways possible, Congolese women's contribution to their families and communities.

Successful applicants will (1) outline a process for ensuring equal access for women and men to project inputs and (2) provide examples of ways the triple role of Congolese women—as mothers and wives, as providers within the household and community, and as farmers and wage earners—could be supported and enhanced at points along the applicant's proposed theory of change. In particular, FFP encourages applicants to propose activities that reduce the time and energy burden of women. A gender analysis conducted in the project's first year will deepen understanding of the interplay between gender and the project's ToC enabling applicants to finalize a gender plan of action.

Conflict Sensitivity

DRC is listed in the Fragile States Index 2015 category of greatest concern and urgency, with pockets of conflict caused by the struggle for control of natural resources, access to land, ethnic tensions, and the activism of Congolese and foreign armed groups. DRC is home to a number of armed groups that have challenged security and stability in various areas for decades resulting in unpredictable and continuous population displacements. Significant concerns also exist regarding the potential for violence related to the Congolese presidential elections scheduled for 2016.

Further, the overall humanitarian situation remains dynamic and while some areas have improved in parts of eastern DRC, other areas have witnessed a clear deterioration. The United Nations reports 2.7 million internally displaced people (IDPs) exist within DRC due to the ongoing armed conflict in eastern DRC. Though emergency programming may specifically target these populations, successful applicants will have designed their projects in a way that remains flexible to the continuous movement of persons with the ability to absorb IDPs and/or returnees into project or early recovery activities throughout the life of the award.

Beyond the ‘do no harm’ principle that is integral to all FFP activities, applicants should use a conflict-sensitive programming approach in designing activities that will evaluate risks and provide strategies to mitigate conflict and build social cohesion within and among communities. Applicants must build contingency plans into project design for possible increases in insecurity, as well as coordination with any humanitarian activities in and around the project area which may occur during the course of implementation.

V. Programmatic Context, Opportunities, and Constraints for Selected Target Areas

A. South Kivu Activity - Kalehe, Kabare, and Walungu Territories

South Kivu enjoys favorable climate and soils, access to two major lakes, and linkages to markets; however, decades of conflict and insecurity have eroded its once enviable living standards.^x Nearly two-thirds of households in South Kivu are food insecure – the highest levels in DRC.^{xi} Although agriculture is a primary livelihood for many, landholdings are small⁷ and weak extension services do not encourage adopting improved inputs and techniques.^{xii} Pervasive crop and livestock diseases further deepen South Kivu’s dependence on food imports and erode income security for producers. High fertility rates,⁸ poor feeding practices, lack of sanitation, and poor hygiene practices contribute to the highest rates of chronic malnutrition in children under five⁹ across the three target areas. Conflict in eastern DRC and in neighboring countries has resulted in large populations of IDPs and refugees, and the potential for greater insecurity and further displacement lingers.

USAID/DRC’s CDCS aims to create a foundation for durable peace in eastern Congo through its TO 3. Following an analysis of multiple factors, USAID/DRC intends to build on previous investments in Kalehe, Kabare, and Walungu territories of South Kivu while also exploring promising new opportunities. The goal of this South Kivu activity is to improve food security, health, and nutrition of target populations and enable individuals to take advantage of local and regional economic opportunities through greater integration in select value chains. The FFP project will achieve this through partnerships with other USAID and donor investments so as to scale up (1) key nutrition and health capacities; (2) use of community-based, participatory approaches to sustainably increase community water, sanitation, and hygiene (WASH) access; (3) agricultural productivity and smallholder incomes, especially around value chains with

⁷ average of 0.5 hectares (ha) compared to national average of 2.5 ha

⁸ TFR of 7.7

⁹ 53 percent, DRC DHS 2013-14 (MPSMRM et al. 2014)

substantial market demand. Applicants should explicitly design linkages for FFP agricultural beneficiaries to engage with the geographically located FtF activity. The FtF activity will strengthen actors higher up the value chains, increase efficiencies, and create opportunities for the poor to engage in markets.

In addition activities in South Kivu should consider leveraging agriculture-to-nutrition pathways,¹⁰ with a particular focus on gender and especially women's time and energy constraints. Applicants are strongly encouraged to explore the lessons emerging from other projects, organizations, and countries when considering how to increase both the nutritional and income impact of agriculture for women and their families.

Applicants are requested to propose an activity that will address development challenges, capitalize on opportunities, and be flexible enough to absorb new IDP or returnee populations in the area over the course of the activity. In addition to the aforementioned *Overarching Goal and Operational Principles* (pages 3 to 6) and *Common Operational and Programmatic Context for all FFP Activities* (pages 6 to 9), applicants are requested to consider the following challenges and opportunities specifically for South Kivu.

Project Linkages

The FFP-funded activity in South Kivu will contribute to a 'joint-project' with FtF and GH on reducing extreme poverty and malnutrition. Please see Annex I for the results framework that has been developed for this joint-project.

Applicants should propose their own ToC and Logframe for the FFP-funded portion of this joint-project, and demonstrate how it feeds into the joint-project results framework. Awardees will be required to coordinate closely with FtF and GH awardees in the region, including on selection of indicators and project participants and development of joint work plans. While the FFP activity may support any of the sub-IRs under this results framework, it is expected that the FFP activity will focus primarily on the household and community level, while the FtF activity will focus on the commercial, market, and enabling environment level, and the GH activity will work primarily at the health center level. Applicants should refer to the related FtF activity for more information on the coordinated activities.

Agriculture, Livelihoods and Natural Resource Management (NRM): Context and Challenges

Food insecurity is a major issue in South Kivu. Fully 64 percent of the households in South Kivu are food insecure, which is the highest in DRC and is well above the national average of 54 percent.^{xiii} Despite this grim reality, there is considerable opportunity to reduce food insecurity. Agriculture, for example, is an important livelihood component in South Kivu. Food crop production and horticulture is practiced by 55 percent of the households.^{xiv} Raising livestock is also widely practiced.^{xv}

¹⁰ See <https://www.spring-nutrition.org/publications/briefs/understanding-and-applying-primary-pathways-and-principles>

While farming is the most commonly reported livelihood activity, the market plays the single most important role in food security as 68 percent of household food consumption in South Kivu comes from the market while only about 27 percent comes from their own production.^{xvi} Additionally, during the September to November lean season, approximately 60 percent of the households in South Kivu report experiencing “difficulties” in accessing food, which is significantly higher than the national rural average.^{xvii}

There are a large number of challenges facing agriculture, livelihoods, and NRM in South Kivu. Constraints include poor infrastructure, lack of access to knowledgeable sources of improved agriculture practices and use of improved inputs, limited availability and poor quality of agricultural inputs, sub-optimal post-harvest handling practices and storage, lack of human and financial capital, poor availability of governmental resources, plant and animal disease, and a reliance on less effective ‘traditional’ agricultural techniques.

Lack of knowledge of improved agriculture practices and the use of improved inputs, coupled with a lack of access to agricultural inputs appears to be a key constraint to increasing production in South Kivu. Less than 10 percent of the farmers in South Kivu use improved varieties of seed for staple crop production.^{xviii} Despite this apparent need for both seed and fertilizer, the Ministry of Agriculture reports that there is a huge unmet demand for improved seed and seedlings and that the private sector has not taken an active role in providing fertilizers as the market is too small and unstable.^{xix} Similarly, crop diseases, such as banana wilt and cassava mosaic and brown streak diseases, have reduced crop yields and forced farmers to plant other, less preferred or profitable crops due to a lack of access to disease resistant germplasm.^{xx} Considering these factors, it will be important for the implementer to work together with the FtF activity to support and strengthen the market demand for improved seeds and germplasm so that private seed and seedling multipliers and distributors can have viable businesses and farmers can have access to quality inputs at affordable prices.

The lack of human and financial capital limits effective investment in both farm and off-farm livelihoods. South Kivu has the second highest illiteracy rate in DRC at 36 percent, and 13 percent of girls in South Kivu have never been to school.^{xxi} In addition, at a national level, female heads of household are more likely to be illiterate (53 percent) than male heads of household (25 percent), and, given that one third of the households in South Kivu are female headed (the highest rate in all of DRC), this constraint disproportionately affects South Kivu.^{xxii} Even if human capital were to be improved, finding financial capital to invest in farm or off-farm livelihoods is a major constraint as financial services appear to be very limited and may be accessible primarily to the already better-off households. Government extension services are basically non-functional, with only 0.9 percent of farmers reporting that they received extension services from government personnel, further complicating the development of human capital or improving agriculture productivity practices.^{xxiii}

The state of the infrastructure in South Kivu is better than many places within DRC, but is still a major constraint to agriculture and livelihood development. Most commodities are transported slowly and expensively by foot or bicycle.^{xxiv} While significant trade ties exist between the two Kivus and across the border to Rwanda through Bukavu, trade with other

parts of DRC is very limited.^{xxv} Traders report buying maize and cassava flour from Rwanda due to a lack of processing capacity as well as storage in South Kivu.^{xxvi} One contributing factor to this lack of processing capacity is the lack of a predictably functional electrical supply. The limited amount that is processed using small-scale diesel-powered mills is much more costly.^{xxvii}

NRM, in particular soil erosion prevention and watershed management, will need to be assessed as part of the refine period of these awards. Some evidence exists that deforestation is a problem in South Kivu and that soil erosion in the Lake Tanganyika watershed has led to reduction of littoral fish stocks.^{xxviii}

Agriculture and Livelihoods and NRM: Opportunities for Intervention

Despite the complicated and intertwined nature of the constraints facing agricultural, livelihood and natural resource systems in South Kivu, there are many opportunities to increase productivity in these sectors. The opportunities include leveraging co-located USAID development activities, promoting non-farm employment, leveraging existing agricultural research capacity, making better use of sufficient rainfall for most of the year, promoting improved cropping systems, and enhancing NRM.

Within South Kivu, there are particular opportunities to partner with other USAID activities and leverage them for greater joint results. As described above under project linkages, the implementer will benefit from extensive USAID design and internal consultations to craft a joint results framework that leverages the respective strengths of FFP, FtF, and GH. The applicant should propose an approach that takes full advantage of this opportunity.

In addition to the shared results framework, USAID will coordinate its support to shared value chains. USAID identified dry beans and soybeans as particular opportunities for joint work between FFP and FtF in South Kivu. FFP will focus on productivity of targeted commodities and household capacity to engage in markets, while FtF will strengthen the higher levels of the value chains and supporting markets. In addition, FtF will focus on the coffee value chain by developing coffee productivity and quality, coffee cooperative development, and market linkages. The coffee communities targeted include potential FFP beneficiary households. While FFP will not directly support coffee production, it can help the vulnerable households in these communities to build skills in dry bean or soybean production and marketing, potentially even intercropping with coffee or marketing these beans to the coffee farmers for their consumption. FFP may also provide a package of supportive nutrition activities to the coffee farmers.

In general, applicants are encouraged to propose innovative approaches that will support the strengthening of value chains while simultaneously reducing the vulnerability and increasing the resilience of the most vulnerable households. Through a process of human capacity development aimed at enabling people to make their own decisions from a set of multiple options, applicants could work on giving people the skills they need to research their own livelihood options in order to determine their own ideal productive, stable, profitable and resilient set of livelihoods.

Considering that a relatively low proportion of households (HHs) are engaged in agriculture (55 percent) and that farm land is already scarce,^{xxx} it is vital to develop and strengthen off-farm livelihood opportunities. Applicants should develop a strategic approach to determine and achieve all of the necessary and sufficient conditions to create vibrant and sustainable off-farm livelihoods. Applicants should describe the analyses required to ensure that market-based approaches to alternative livelihoods development will succeed.

The National Institute for Agricultural Study and Research (Institute National pour l'Etude et la Recherche Agronomiques or INERA) has a research station located only 25 km from Bukavu. The station is large (1,100 ha) and has active research programs on bananas, maize, potatoes, legumes (beans and soy) and cassava. It also has an extensive herbarium of local plants and forestry species, and a soil lab. There are 14 researchers and 23 technicians.^{xxx} INERA researchers have experimented on technology transfer and concluded that more long-term links between researchers and farmers are necessary for long term impact.^{xxxi} Linking with INERA to help bridge the gap between the research done at the station and the potential end users of the research could have considerable impact on increasing productivity, improving government services and helping to generate new research topics that are directly applicable to farming and NRM in South Kivu.

Unlike many other places where FFP works, rainfall is not a severely limiting factor in South Kivu. Rainfall in South Kivu is sufficient in quantity and distribution to produce a wide variety of crops throughout most of the year. The abundance of rainfall and generally good agricultural climate allows for a large number of different varieties of plants, crops, forage, trees, etc., to be produced. New and more effective cropping systems, especially nitrogen-fixing crops and value-oriented agroforestry, could be researched as potential options for farmers.

Given the pressures on the limited agricultural land and forests to produce food and forest products, it is crucial to also develop and implement a strategic approach to NRM. NRM systems and practices that support resilient livelihoods, serve as a source of sustainable wealth for direct and indirect beneficiaries, and contribute to the effective and equitable governance of natural resources should be employed. Strategically-integrated proven and sustainable approaches to improving soil quality and forest/agroforest products while reducing erosion and flooding hazards should be proposed. It should also be noted that creating an atmosphere of investment, rather than entitlement, among the beneficiaries is an important component of any NRM strategy.

Health, Nutrition, and WASH

In addition to FtF, FFP awardees must coordinate and integrate with GH programming in South Kivu. The GH activity aims to comprehensively improve health conditions in the targeted health zones (HZs); however, for the purpose of the joint-project, mainly the components relevant to nutrition are reflected in the results framework. While GH will focus primarily at the health facility level, it will closely coordinate with FFP implementers on community level activities, such as improving WASH access and behaviors, availability of WASH services, improving access for family planning, and providing support to Community Management of Acute Malnutrition

(CMAM) activities. The FFP awardee will need to closely coordinate with the GH awardees to optimize rather than duplicate efforts in the same area. For example, awardees will need to ensure that SBCC messages are harmonized and to avoid over-burdening community health workers (Relais Communautaires) and others who may be engaged with both activities.

Maternal and Child Health and Nutrition (MCHN): Context and Challenges

Due to high levels of food insecurity, ongoing conflict and limited investment in health infrastructure, South Kivu possesses some of the lowest health and nutrition indicators in the country. In some cases, little or no progress has been made in the past 10 years. The DRC Demographic and Health Survey (DHS) for 2013-2014 found 53 percent prevalence of stunting in children under five in South Kivu, the highest in DRC. Wasting is 7 percent, slightly lower than the national average. The prevalence of anemia in children is 36 percent, and 23 percent among women of reproductive age. Women's undernutrition, or body mass index below 18.5, is 7 percent. Child mortality in South Kivu is the highest in the country at 139 per 1000 live births. From 2007 to 2013-14, the DHS indicates that the total fertility rate increased for South Kivu from 7.4 to 7.7.^{xxxii}

Access to quality health services remains limited. South Kivu itself is divided into five health districts and a total of 34 HZs. The health system suffers from frequent stock-outs of medicines, a lack of health promotion materials, limited transportation and other logistics to reach rural populations, and a lack of qualified health staff in areas such as nutrition beyond basic training in primary care. Gains in the areas of health and development are often just as quickly lost due to continued violent conflict, poverty, displaced populations, difficult terrain and lack of infrastructure.

High rates of undernutrition in children are due to myriad factors, including poor WASH access, suboptimal feeding practices, high levels of child illness, limited access to quality health services, and extremely high fertility rates. In South Kivu the median duration of exclusive breastfeeding is 3.6 months,^{xxxiii} while the prevalence of exclusive breastfeeding until 6 months of age is 39 percent.^{xxxiv} Infant mortality, at 92 per 1000 births, is the highest in the country, and could be reduced substantially if exclusive breastfeeding rates improve. In South Kivu, 15 percent have minimum diet diversity, 29 percent minimum feeding frequency, and only four percent minimum acceptable diet.^{xxxv} Children under 5 in South Kivu have high prevalence of diarrhea (22 percent), fever (38 percent), and acute respiratory infections (8 percent). Among those with these illnesses, less than half sought treatment from a health facility or provider. The proportion of households reporting having hand washing stations in South Kivu is only 3.2 percent. Some progress has been made in combatting malaria, however: 73 percent of households possess a bed net, while 58 percent of children sleep under a bed net.^{xxxvi} Coverage of vitamin A programs is fairly high, with 84 percent of children receiving supplements, although recent studies suggest that vitamin A deficiency is more prevalent in South Kivu than elsewhere in the country, affecting approximately 15 percent of the population, compared to 10 percent nationwide.^{xxxvii} The majority of children live in households consuming iodized salt.

The situation for women in South Kivu is far from ideal, and attention to the nutritional and health situation of women in all three provinces is essential. Poor nutritional and reproductive

health status of women not only affects the women themselves, but also their children. Only eight percent of women in South Kivu use a modern method for birth control and only 22 percent of married women express unmet need for spacing or limiting the number of births.^{xxxviii} Nearly one-fourth of women aged 15-19 have already begun child bearing. As in most of the country, very high rates (92 percent) of births are delivered by a medically trained provider. HIV is not a widespread problem in DRC or in the Kivus where less than 1 percent of men and women tested positive. While efforts to increase uptake in bed net use to prevent malaria have been successful, only seven percent of women receive the recommended dosage of malaria prevention during pregnancy. Finally, the gender issues that exist nationally are magnified further in South Kivu, where 28 percent of women never attended school and suffer high rates of both physical violence (31 percent) and sexual violence (18 percent).^{xxxix}

MCHN: Opportunities for Intervention

To the extent possible, FFP projects should prioritize alignment with the DRC national nutrition policy developed by the national nutrition program (Programme National de Nutrition or PRONANUT). The guiding principles of the plan include: leadership by the government, decentralization, integration of nutrition-specific and nutrition-sensitive interventions, greater accountability by local communities, inter-sectoral collaboration, equity, ethical delivery and monitoring of services, gender considerations, management transparency, partnerships, coordination, and sustainability. It is built around two main axes: (1) nutrition-specific interventions, divided into those for infants 0-23 months and 24-59 months, children 6-19 years, women of reproductive age, and pregnant and lactating women, and (2) nutrition-sensitive interventions involving food security, WASH sectors, education, family planning, and other sectors. Applicants are encouraged to propose approaches that support the national policy, while aligning with existing USAID efforts and refining approaches that address local determinants of poor health and nutrition. In addition, technical approaches should incorporate successful strategies employed in previous DRC health, nutrition and food security programs including lessons learned from past experiences by FFP in eastern DRC. A potential comparative advantage for FFP is to improve scale up, where needed, community MCHN programs to complement other USAID health investments in eastern DRC such as the Integrated Health Program (IHP) (see below).

Future FFP nutrition and integrated health efforts should target prevention of chronic undernutrition in the first 1000 days, including promotion of optimal maternal, infant and young child nutrition (MIYCN) practices, including infant and young child feeding, along with support to existing prevention, care, and treatment for sick children activities in South Kivu.

Currently, the USAID/DRC Integrated Health Project (IHP) provides key inputs to improve integrated health service delivery and HZ management in 27 of 34 HZs in South Kivu, while the USAID President's Malaria Initiative (PMI) Expansion Project provides support to implement the minimum package of malaria services in five more HZs. The USAID DRC mission is considering a new IHP to cover several areas of the country, including South Kivu and the former Tanganyika, Kasai Central, and Kasai Oriental provinces. The overall objectives of the IHP are to: strengthen health governance, leadership, and systems at provincial and HZ levels to increase delivery of high quality health services; increase access to quality, integrated health

services in target HZs; and improve uptake and sustained application of key healthy behaviors and integrated community-based and facility-based health services. FFP MCHN efforts should complement and scale up IHP activities in eastern DRC where possible and especially in the areas of SBCC, expansion of integrated community case management (iCCM), and provision of commodities to the health and community levels.^{x1}

The follow-on to USAID's IHP includes iCCM as a priority activity. Where coverage is limited or non-functional FFP will strengthen iCCM activities and to the extent possible FFP supported nutrition activities should be incorporated into iCCM packages. It is expected that within the life of the activity, shocks will occur that could cause a negative impact on the nutritional status of the most vulnerable. A strong community nutrition program should support and strengthen systems (e.g. nutritional surveillance and CMAM) that may mitigate any negative impacts on nutrition before, during, and following a crisis.

If new programming fails to address gender and the fertility/reproductive health of women, any gains in food security and nutrition outcomes will be lost. Both the high antenatal care (ANC) coverage rates and medically assisted deliveries present an opportunity to better support maternal nutrition. Delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow these girls to grow to their full potential, protecting their own nutritional status over the long term and improving their educational and economic status.

WASH: Context and Challenges

At a national level, WASH access in DRC lags behind most of sub-Saharan Africa, with somewhat higher access rates in South Kivu—61 percent and 15 percent access to improved drinking water and sanitation, respectively, 13 percent open defecation, and 3.1 percent access to handwashing stations.^{x1i} Rural Congolese are largely dependent on manual collection of drinking water from springs and shallow groundwater, and NGOs have largely relied on low-cost spring box capture to improve drinking water access in rural communities. WASH behaviors are characterized by a generally low level of knowledge, and certain cultural norms (e.g., the practice of keeping animals inside homes) may exacerbate already poor hygiene behaviors. Treatment of water sources, whether as household or centralized methods, is virtually non-existent: only 1.2 percent of households treat drinking water obtained from improved sources.^{x1ii}

The impact of poor WASH access and behaviors is pronounced—DRC has the third highest number of childhood deaths from diarrhea each year, and an estimated 45 percent of children under five years are stunted.^{x1iii} Significant reductions in both acute and chronic undernutrition are unlikely to be achieved or sustained in the absence of improved WASH access in South Kivu. Applicants should propose well-thought out WASH interventions that address — either directly or in partnership — the water, sanitation, and hygiene deficits that contribute to poor health and nutritional outcomes in communities. Applicants are encouraged to look for innovative and sustainable ways to reach the most vulnerable with improved WASH access; applicants should strive to design activities that reflect best practice and a high likelihood of

sustainability *ex-poste* (e.g. demand-driven WASH campaigns; articulate a clear oversight and management (O&M) plan for any infrastructure).

WASH: Opportunities for Intervention

Applicants should seek to understand and consider key challenges unique to South Kivu, particularly: (1) encouraging development approaches in an area accustomed to humanitarian assistance; (2) addressing community and ethnic tensions related to water access; and (3) designing WASH approaches that contribute to, not bypass, state-building and government accountability to citizens.

FFP activities in this area will be planned and coordinated with the USAID-supported IHP and its follow-on, which include limited WASH activities as part of a broader health services approach, and will leverage other donor investment whenever feasible. WASH is to be integrated in SBCC messaging across sectors.

Applicants should seek opportunities to link with key WASH actors in South Kivu, for example the DFID-supported *DRC WASH Consortium* (led by ACTED in South Kivu). Applicants are encouraged to investigate broader infrastructure actors who may also be contributing to Water and Sanitation hardware.

Existing gender and cultural norms in DRC have implications for improving WASH behaviors and practices (e.g. women's time poverty; minimal inclusion of women in village-level decision-making). Meaningful engagement of both women and men on gender and cultural WASH issues will be necessary to change practices.

There is low capacity and/or willingness to pay for water in rural communities, owing in part to the prevalence of 'free' water sources (e.g. unprotected springs, rivers, and lakes). Cost recovery models for water systems should be well thought out.

B. Tanganyika Activity - Kalemie and Moba Territories

FFP aims to build on previous investments in Tanganyika province, specifically in the territories of Kalemie and Moba. Since 2008, FFP has aimed to improve the long-term food security of vulnerable populations in those two zones through interventions that boost agricultural production, improve nutrition and health status of individuals, and help households become more resilient to natural and economic shocks. The goal of this new activity is to build resilience and significantly improve food, nutrition, and income security in vulnerable populations by enabling beneficiaries to mitigate and adapt to shocks and identify and take advantage of economic opportunities.

Despite its favorable climate known for agricultural production, livestock, and access to over 250 species of fish from Lake Tanganyika (the world's second largest lake both in terms of volume and depth), food insecurity remains an issue. Lack of improved seeds, poor agricultural techniques, and crop diseases lead to sub-optimal yields for small farmers and poor

infrastructure results in high transaction costs for getting goods to market. In addition, increasingly variable weather has curtailed the growing season and reduced crop production significantly. These factors, among others, have contributed to alarming rates of malnutrition. A 2012 baseline assessment conducted by Food for the Hungry found rates of severe acute malnutrition (SAM) of 2.6 percent and 3.4 percent in Moba and Kalemie, respectively. Roughly half of children under 2 years were found to be stunted and about a quarter were underweight in both regions. Recent inter-ethnic conflict has further exacerbated food security in the province for both IDP populations and host communities. Since 2013 fighting between the Luba and Twa communities has led to 200,000 IDPs.

USAID/DRC's CDCS includes Tanganyika in the geographic area covered by TO 3, with the objective of creating a foundation for durable peace. FFP is well-positioned to contribute to meeting this objective through expanding economic opportunities and improving food and nutrition security for vulnerable populations, including IDPs and returnees as appropriate, in these geographic areas. The CDCS is also predicated on the idea that multiple interventions in the same geographic areas or with the same participants will result in greater overall impact; therefore, awardees will be required to coordinate closely with the other USAID activities where applicable, including with humanitarian projects. Applicants should propose their own Logframes that clearly contribute to the larger TO 3 and CDCS frameworks.

In light of these development challenges, applicants are requested to propose activities that will address long term problems, capitalize on opportunities, and be flexible enough to absorb new IDP populations in the area over the course of the activity.

Agriculture, Livelihoods and NRM: Context and Challenges

Food insecurity is a major issue in Tanganyika¹¹. Fifty-seven percent of HHs in Tanganyika are food insecure, which is above the national average.^{xiv} Tanganyika also has the highest coping strategy index and the second-highest percentage (16 percent) of the population that is severely food insecure of any province in DRC.^{xv} Agriculture is a crucial livelihood component in Tanganyika and food crop production and horticulture is practiced by 86 percent of HHs in Tanganyika.^{xvi} Livestock farming is also widely practiced.^{xvii} Tanganyika is among the poorest provinces in DRC, with 63 percent of HHs falling below the national poverty line.^{xviii}

Both farming and markets play a crucial role in food security in Tanganyika: 62 percent of food consumption is from own production and 32 percent comes from the market.^{xix} During nine months of the year, the number of HHs experiencing "difficulties" in accessing food is much lower than the national rural average; however, during the December to February lean season, 40 to 50 percent of the HHs in Tanganyika report experiencing "difficulties" in accessing food, which is about 5-10 percent higher than the rural national average.ⁱ The most commonly reported coping strategy across DRC is to consume the seed stock held for next season, which is a negative coping strategy.ⁱⁱ

¹¹ Data are not readily available for Tanganyika district as it is not yet a province. This section of the CSI will assume that data from all of Katanga is a reasonable representation of the situation in the targeted areas of Tanganyika.

There are a large number of challenges facing agriculture, livelihoods and NRM in Tanganyika. The constraints include poor infrastructure, limited availability and poor quality of agricultural inputs, lack of human and financial capital, poor availability of governmental resources, plant and animal disease, and a reliance on traditional agricultural techniques. Additionally, Tanganyika is deficient in maize, its most important staple food, and imports large and increasing quantities of maize grain and maize flour from neighboring Zambia.ⁱⁱⁱ

Agriculture and Livelihoods and NRM: Opportunities for Intervention

Despite the complicated and intertwined nature of the constraints facing agricultural, livelihood and natural resource systems in Tanganyika, there are many opportunities to increase productivity in these sectors. The opportunities include existing agricultural research capacity, sufficient rainfall for part (if not most) of the year, improved cropping systems, aquaculture, non-farm employment, enhanced NRM, and possibilities to partner with other donor activities.

The INERA has a research station located outside of Bukavu. Linking with INERA to help bridge the gap between the research done at the station and the potential end users of the research could have a lot of impact in terms of increasing productivity, improving government services, and helping to generate new research topics that are directly applicable to farming and NRM in Tanganyika.ⁱⁱⁱⁱ In addition to the work that INERA is doing, the Belgian Technical Cooperation agency (BTC) has been active in the sector. Partnering with appropriate partners in this area could provide numerous financial, nutritional, and environmental benefits, assuming that the constraints noted in the USAID-funded Value Chain Assessment can be overcome.^{iv}

Unlike in many other places where FFP works, rainfall is not a severely limiting factor during part of the year in Tanganyika. Rainfall in Tanganyika is sufficient in quantity and distribution to produce a wide variety of crops during much of the year. New and more effective cropping systems, especially those utilizing nitrogen fixing crops and value-oriented agroforestry, could be researched as potential options for farmers.

Through a process of human capacity development aimed at enabling people to make their own decisions from a set of multiple options, the applicants could propose providing beneficiaries the skills they need to research their own livelihood options in order to determine their own ideal productive, stable, profitable and resilient livelihoods. Tying these activities to other actors, including but not limited to the African Development Bank and BTC, could multiply the impact.

Given the poor agricultural market linkages, the prevalence of relatively cheaper imported agricultural commodities, and the need to target youth and women, it is vital to develop and strengthen off-farm livelihood opportunities. Applicants should develop a strategic approach to determine and achieve all of the necessary and sufficient conditions to create vibrant and sustainable off-farm livelihoods.

It is also crucial to develop and implement a strategic approach to NRM. NRM systems and practices that support resilient livelihoods, serve as a source of sustainable wealth for direct and indirect beneficiaries, and contribute to the effective and equitable governance of natural

resources should be employed. Applicants should propose proven and sustainable approaches to improving soil quality and forest/agroforest products while reducing erosion and flooding hazards which are strategically tied into the other components of the overall project. It should also be noted that creating an atmosphere of investment, rather than entitlement, among the beneficiaries is an important component of any NRM strategy.

Health, Nutrition, and WASH

MCHN: Context and Challenges

As in other regions of the DRC, the health system suffers from stock-outs of medicines, a lack of health promotion materials, limited transportation and other logistics to reach rural populations, and a lack of qualified health staff. Poor nutrition and WASH practices further exacerbate the problem. According to the 2013 DHS, mortality rates in Tanganyika are approximately 121 per 1,000,^{iv} stunting and severe stunting rates exceed national levels (45 percent and 23 percent, respectively), and wasting prevalence (eight percent) was slightly above the national levels. In addition, the high infant mortality rates (72 per 1,000) point to the need for improved exclusive breastfeeding practices in the first 6 months.

Optimal complementary feeding practices are limited, while child illness and access to services exacerbates the cycle of infection and undernutrition. A lack of dietary diversity, micronutrient deficiencies, and a high prevalence of diarrhea, fever, and to a lesser extent acute respiratory infections are other major constraints.^{vi} Compounding these issues is the fact that less than half of children with the aforementioned illnesses access treatment from a health facility. Extremely high fertility rates (7.8 children per woman), along with poor nutritional status undermine household's ability to achieve food security.

MCHN: Opportunities for Intervention

FFP MCHN activities will contribute to USAID's overall contribution to the GDRC National Nutrition Plan and advancing health in Tanganyika. As described above in the South Kivu MNCH Opportunities for Intervention section, considerations for lessons learned and details regarding the National Nutrition Plan should be addressed. Key focus areas in Tanganyika will include the prevention of chronic malnutrition, linkages with the IHP, CMAM and iCCM, and family planning and reproductive health.

FFP encourages a sustainable method to combat chronic malnutrition while influencing infant and young child feeding, both at the individual and household level. Some considerations:

- SBCC activities should not only influence social and community norms (especially gender) around health and nutrition, but also provide opportunities for very vulnerable households to receive quality interactions with community volunteers trained in facilitation, counseling, and negotiation. Any use of SBCC materials should be harmonized and coordinated with other USAID-funded health activities.
- While a variety of food assistance modalities may be used to supplement individual dietary gaps, or to provide short term incentives to launch more sustainable nutrition sensitive activities, any provision of food assistance should have a viable exit strategy that would lead to the sustainable access and utilization of nutritious foods before the

project ends. Linkages with nutrition-sensitive activities will be critical to improving dietary diversity and diet.

FFP's MCHN component should support the IHP through complementary and synergistic activities carried out by the IHP. In the Kalemie and Moba territories future IHP investments will likely support HZ management, SBCC, the expansion of iCCM, and provision of commodities to the health and community levels. Support to other efforts such as PMI activities, should be considered. The follow-on to USAID's IHP includes iCCM as a priority activity. Where coverage is limited or non-functional, FFP will strengthen iCCM activities and, to the extent possible, FFP-supported nutrition activities should be incorporated into iCCM packages. It is expected that, within the life of the activity, shocks will occur that could cause a negative impact on the nutritional status of the most vulnerable. A strong community nutrition program should support and strengthen systems (e.g. nutritional surveillance and CMAM) that may mitigate any negative impacts on nutrition before, during, and following a crisis.

If new programming fails to address gender and the fertility/reproductive health of women, any gains in food security and nutrition outcomes will be lost. Both the high ANC coverage rates and medically assisted deliveries present an opportunity to better support maternal nutrition. Delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow these girls to grow to their full potential, protecting their own nutritional status over the long term and improving their educational and economic status.

WASH: Context and Challenges

Access to improved WASH services, including drinking water, is a persistent problem throughout Tanganyika, including in Kalemie and Moba, with 48 percent and 5.2 percent access to improved drinking water and sanitation, respectively, 13 percent open defecation, and 4.1 percent access to hand washing stations^{lvii}. Residents generally collect water from lakes, rivers, or other sources open to contaminants. As a result, waterborne illnesses, such as cholera, have become endemic in certain regions and necessitate emergency health programming, but long-term preventative WASH approaches are underexplored. WASH behaviors are characterized by a generally low level of knowledge, and certain cultural norms (e.g., the practice of keeping animals inside homes) may exacerbate already poor hygiene behaviors. Household treatment of water sources is higher than other provinces, but still only one in ten households in Tanganyika treats its drinking water.^{lviii}

WASH governance is characterized by low technical and financial capacity to deliver and maintain WASH services; unfunded provincial government agencies (water and sanitation accounts for 2.3 percent of total public expenditures including aid flows;^{lix} less than 1 percent of GDRC water and sanitation funds are committed to the eastern provinces); and a disjointed governance approach [the Ministry of Rural Development houses the National Service for Rural Water Supply, but the Ministry of Health (MOH) owns the UNICEF-led WASH program called Village Assaini]. At the local or village level, responsibilities for governance and maintenance fall to village chiefs and elders, with limited inclusion of women in community WASH issues.

The impact of poor WASH access and behaviors is pronounced—nationally, the DRC has the third highest number of childhood deaths from diarrhea each year, and an estimated 45 percent of children under five years are stunted.^{ix} Significant reductions in both acute and chronic undernutrition are unlikely to be achieved or sustained in the absence of improved WASH access in Tanganyika.

WASH: Opportunities for Intervention

Applicants should propose well-thought out WASH interventions that address either directly or in partnership the WASH deficits that contribute to poor health and nutritional outcomes in communities. Applicants are encouraged to look for innovative and sustainable ways to reach the most vulnerable with improved WASH access; applicants should strive to design activities that reflect best practice and have a high likelihood of sustainability *ex-poste* (e.g. demand-driven WASH campaigns; articulate a clear O&M plan for any infrastructure).

Applicants should seek to understand WASH issues unique to Tanganyika; notably: (1) endemic *V. cholera* in populations surrounding Lake Tanganyika and the cited need to link long-term WASH interventions to parallel emergency cholera response projects; and (2) regional volatility and likelihood of conflict, which decreases the odds of infrastructure sustainability.

Applicants should seek opportunities to link with key WASH actors in Tanganyika, for example through the DFID-funded DRC WASH Consortium (includes Concern International, ACTED, and Solidarites), the USAID-supported IHP program, and the UNICEF-supported (MOH-led) Village Assaini program. Applicants should seek to build upon these projects' lessons learned and best practices. Importantly, the inclusion of gender and environmental hygiene issues has been uneven under this model, and *ex-poste* analysis of certified communities has not yet begun.

Existing gender and cultural norms in DRC have implications for improving WASH behavior and practice (e.g. women's time poverty; minimal inclusion of women in village-level decision-making). Meaningful engagement of both women and men on gender and cultural WASH issues will be necessary to change practice.

There is low capacity and/or willingness to pay for water in rural communities, owing in part to the prevalence of 'free' water sources (e.g. unprotected springs, rivers, and lakes). Cost recovery models for water systems should be well thought out.

C. Kasai Central and Kasai Oriental Activity

The new provinces of Kasai Central and Kasai Oriental¹² represent a new geographic focus for FFP in DRC. For this reason, applicants are encouraged to consider a range of analyses to support their proposed ToC. Early in 2015, FFP technical and field staff undertook a rapid field assessment in the corridor identified by the Mission as a focus for the integration of development efforts — from Kananga, Kasai Central to Mbuji-Mayi, Kasai Oriental— and its findings are reflected in the sector specific discussions below. Applicants may propose specific

¹² Formerly part of Kasai Oriental and Kasai Occidental.

geographic areas to work in within these two provinces, but must target only those Health Zones that are supported by the current Global Health Integrated Health Project (IHP); Health Zones may be adjusted if necessary during the year one refinement period to allow better alignment with the IHP follow-on, planned for 2016.

Kasai Central and Kasai Oriental are characterized by the deterioration — or complete lack— of basic infrastructure, including improved roads. Lack of infrastructure and lack of access to services constrains development progress in all sectors, and contributes to some of the highest poverty rates and poorest nutrition and health outcomes in the country. At the same time, there are signs of change in the region. Work has begun on a road that will link the former Kasais to Angola in the south and to Lubumbashi in Haut Tanganyika Province in the southeast, and there is significant engagement by the African Development Bank, the World Bank, DFID, and the Global Fund, in addition to USAID’s ongoing rural health activities and the long-term commitment of a number of non-governmental actors, especially faith-based bodies. Please see FANTA’s “Desk Review For Kasai Occidental and Kasai Oriental” (<https://www.usaid.gov/documents/1866/food-security-desk-review-kasai-occidental-and-kasai-oriental-democratic-republic>) for an overview of these provinces.

USAID/DRC’s new CDCS signals the Mission’s intent to commit to a long-term development vision for Kasai Central and Oriental. It reflects the need to build on a foundation of service delivery that is “cobbled-together” from public, private, faith-based, NGO and other CSO providers, in order to advance toward a sustainable service delivery system. Interventions will strengthen collaboration among actors and between service providers and citizens to promote improved development planning, oversight, transparency, and accountability. Strengthening the social contract among government, civil society, and the private sector will be a critical cross-cutting theme of all activities in the Kasais, with a particular focus on ensuring that disadvantaged and disempowered women are actively involved in the decision-making that affects them. In light of this overarching framework, FFP’s program strategy for Kasai Central and Oriental is to reduce chronic malnutrition and food insecurity among vulnerable households, by reducing chronic malnutrition among children under five years of age, increasing household food availability and access through increased agriculture and livestock productivity, and increasing household incomes to improve household dietary diversity and economic well-being.

Project Linkages

FFP nutrition activities in the Kasais will be integrated with the IHP and other USAID health-related activities, where appropriate. This will entail joint work-planning and joint field monitoring. Several other opportunities for linkage and/or partnership exist as well. UNICEF’s programming was mentioned earlier. Malaria control may offer opportunities for partnership. DFID’s multi-sectoral programming and African Development Bank infrastructure investments in water and roads each offer opportunities for leveraging and partnership in the areas of livelihoods and WASH. The INERA is a potentially underutilized development partner, capable of supporting both public and private sector agricultural extension efforts. Applicants are strongly encouraged to consider linkages from both an immediate impact and a long-term

sustainability point of view—leveraging other donor investment may be an example of the former; facilitating public-private partnership, with INERA an example of the latter.

Gender: Context and Challenges

Trends fueling gender inequality and disempowerment elsewhere in DRC are magnified in the Kasais. Extremely low literacy rates, early marriage, and paternalistic practices and traditions weaken the rights of women and girls in this region and contribute to their poverty. Enrollment rates of girls in school are some of the lowest in the country and significantly diminish in secondary school. Only 9.9 percent of secondary school enrollments are girls.^{lxi} Nearly a quarter of girls in the Kasais have given birth by age 19. The Ministry of Agriculture (MINAGRI) estimates that 85 percent of women in DRC are engaged in agriculture, though they often farm on the least productive land.^{lxii} Because women have very little control over household resources, they often do not reap the full benefits of their own labor. The combination of a lack of education, high fertility, early marriage, and inequitable or no control of resources constrain women in the Kasais from increasing their own productivity, participating in politics, or finding formal employment. A significant amount of gender research and analysis was conducted during the development of USAID/DRC's CDCS 2015 -2019, and the FANTA desk review for the Kasais provides a good overview of recent studies.

Gender: Opportunities for Intervention

Applicants planning to work in the Kasais are strongly encouraged to use existing gender studies to inform their ToC, as well as to identify gaps in knowledge that may be critical to improving gender equity outcomes. In the same way that applicants are encouraged to plan for multiple communication channels for SBCC around nutrition and health, they are encouraged to reinforce gender equity across all sectoral interventions. As appropriate, applicants should consider any social or economic risks posed by current and proposed infrastructure investments to women's health and well-being, including those in the “required gender analysis” portion of their applications.

Agriculture, Livelihoods and Increasing Incomes: Context and Challenges

Former Kasai Oriental has the highest number of households nationwide who depend on agriculture as their primary livelihood (90 percent) and cultivate more than 2 ha (34 percent).^{lxiii} Agricultural production is equally important for the largely rural population in former Kasai Occidental, though most households farm on less than 2 ha (66 percent).^{lxiv} Because of the region's significant dependence on agriculture, increases in income and food security will be largely dependent on farmers' ability to increase the productivity and profitability of their agricultural enterprises. The two former provinces also have the highest percentage of households who own the land they cultivate, greater than 95 percent.^{lxv} Women in the Kasais are extremely active in the agricultural sector—55.7 percent in former Kasai Oriental and 56.2 percent in former Kasai Occidental—but they do not own land due to inheritance traditions.^{lxvi} In some cases, women's associations have appealed to provincial governors to farm parcels of land cooperatively.

Despite the prevalence of farming in the Kasais, fully 50 percent of household food consumption in both Kasais comes from the market, about 40 percent comes from their own

production, and the remainder comes from fishing/hunting or from gifts.^{lxvii} The average household in the former Kasai Oriental and former Kasai Occidental spends 36 percent and 27 percent, respectively, of their total food expenditures on cereals, and during the July to October lean season between 60 and 70 percent of the households in both former Kasais report experiencing “difficulties” in accessing food.

Lack of road networks restrict trade with other provinces, and most trade occurs in two market sheds—one surrounding Kananga and a second surrounding Mbuji-Mayi. Trucking is uncommon, and trade by bicycle is extensive. Locally produced commodities circulate within and between the two provinces, and between the two capital cities. However, without improved road networks connecting centers of demand to centers of production which are necessary to lower transaction costs, incentives for increased agricultural production and marketing will remain low.^{lxviii}

The lack of investment in improved agricultural practices is taking a devastating environmental toll in the Kasais. Traditional cropping methods, including cutting and burning of forests and brush, together with wood harvesting for charcoal, have significantly reduced original forest cover.^{lxix} Lack of access to inorganic fertilizers to compensate for the relatively poor soils in the Kasais is resulting in declining yields and increasing pressure to bring more land under production and shorten fallow periods, a vicious cycle which contributes to ever-declining yields. Other poor practices, such as broadcasting seed without significant thinning and use of unimproved seed, also contribute to declining yields. With low levels of support from agricultural extension, as more land becomes less fertile, farmers are turning to crops like cassava, which can tolerate poor soil but are less nutritionally dense. The trend toward extensification rather than intensification is controlled primarily by a lack of labor to work the land.

Agriculture, Livelihoods and Increasing Incomes: Opportunities for Intervention

Despite the serious constraints facing agricultural systems in the Kasais, there are many opportunities to increase agricultural productivity and incomes. Rainfall in the Kasais is sufficient in quantity and distribution to produce a wide variety of crops during most of the year. In addition, several large rivers, including the Kasai, Sankuru, Kasai Central, Lukeni and Lubilash, and several large lakes exist which could support irrigated agriculture. There is ample land available for agriculture and, with attention to the appropriate management of natural resources and small improvements in cropping practices, significant increases in yields could be expected. The soil and climate characteristics of the Kasais allow for a large number of different varieties of plants to be produced, and field observations confirmed that a wide variety of plants are produced by farmers in the Kasais and could be harnessed for even more productive uses.^{lxx} These included nitrogen-fixing plants like beans, which are not currently being fully exploited for human or animal consumption or as a compost feedstock for improved soil fertility. Bean production in the Kasais is particularly limited but represents a significant opportunity that could have large impacts on nutrition, income and soil fertility.^{lxxi}

INERA has a very large (3,000 ha) research station located in Ngandajika in Kasai Oriental (95 km from Mbuji-Mayi) with active research programs in cotton, maize, beans and cassava.

Linking with INERA to help bridge the gap between the research done at the station and the potential end users of the research could significantly impact small holder productivity, strengthen government services, and help to generate new research efforts that are directly applicable to farming in the Kasais.

Livestock also presents potential opportunities. Households own poultry, goats, pigs, and some cattle.^{lxxii} However, access to vaccines is extremely limited in the Kasais, and as a result, livestock mortality is high. Intervention in the livestock sector could be explored, possibly piloting successful models for increased access to affordable veterinary services from countries facing similar development challenges.

Fish tends to be a more widely available protein source than meat and poultry.^{lxxiii} Fishermen in the Kasais depend on the Kasai, Sankuru, Kasai Central, Lukeni, and Lubilash rivers and some lakes to fish. Inhabitants of Kasai Occidental are slightly more dependent on fishing, with 8 percent of households identifying it as one of their three primary livelihoods, compared to just 5 percent in Kasai Oriental.^{lxxiv} According to a market survey, fresh fish prices in Kasai Oriental (US\$5.50/kg) were the highest in the country while fresh fish prices in Kasai Occidental (US\$2.70/kg) were lower than the national average.^{lxxv} In both provinces, prices for smoked, dried, and salted fish were below the national average. Artisanal fisherman lack access to materials, markets, knowledge of improved fishing techniques, and credit.^{lxxvi} Infrastructure, particularly transport constraints, currently limit access to lucrative markets; however, small-scale fish farming and household fish ponds have had significant impact on household nutrition and incomes in similarly challenged environments. Opportunities to increase the availability of and access to fish, and to increase its profitability should be explored.

Applicants focusing in the Kasais should explore a variety of approaches to leverage agriculture in order to achieve improvements in both nutrition and household incomes. The diversity of products produced in the provinces offer a variety of possibilities. In addition to community-based approaches to forest and other NRM, forest-based livelihood strengthening could also be explored, including the rehabilitation of forests and development of harvestable wood-lots.

Finally, applicants are encouraged to study and explore other farm and off-farm livelihood diversification activities, and/or skills development that may offer viable economic opportunities—particularly to women and youth—and better prepare households to actively participate in the social and economic development of the Kasais.

Health, Nutrition and WASH

MCHN: Context and Challenges

Undernutrition in the former Kasais can be characterized as dire at multiple levels, with alarming rates of stunting, wasting and micronutrient deficiencies. In the former Kasai Oriental and Occidental provinces, the prevalence of stunting and wasting exceeds national levels, at 46 percent and 52 percent, and eight percent and seven percent, respectively.^{lxxvii} Pockets of vulnerability are well documented with regards to child malnutrition. For example, in the former Kasai Occidental, GAM rates were found to be highest in both the most secluded, hard-

to-reach areas in the far north and, paradoxically, the most productive areas of the province.^{lxxviii} Some of the major contributors to stunting include poor hygiene and sanitation, limited access to health and nutrition services, and lack of diverse and sufficient quantities of foods in the diet. Women's poor nutrition during pregnancy, coupled with very high fertility rates, is also a contributing factor that worsens the issue leading to undernutrition in utero. Most maternal infant and young child nutrition practices are exacerbated by gender barriers, including taboos associated with women's diet during pregnancy, expectations of use of women's time for labor, limited decision-making related to child feeding, and inability to control household income, among other factors.

Many key indicators of maternal and child health in the former Kasais are worse than the national average. Beyond the neonatal period, the main killers of children under five are malaria, diarrhea and pneumonia. Malaria poses a particularly severe challenge in the former Kasais. According to the latest DHS the prevalence of fever among children is extremely high (38 percent) in the former Kasais; however, only 34 percent of children were brought to a health facility to seek advice or treatment; less than a third received antibiotics or malaria treatment for their fever.^{lxxix}

Fertility rates for the former Kasai Occidental (7.7 percent) and Kasai Oriental (7.6 percent) are much higher than the national average (6.6 percent). Use of contraceptive methods is also extremely low, with only 6.5 percent of women in the former Kasai Occidental and 4.2 percent in the former Kasai Oriental using a modern method. Unmet need for family planning is 23 percent.^{lxxx} Despite high rates of ANC visits and deliveries in health facilities, maternal and neonatal health still pose significant challenges. The main causes of maternal mortality include post-partum hemorrhage, infection diseases, obstructed labor, abortion complications, eclampsia and preeclampsia.

Through the IHP, USAID has developed the technical and managerial capacity of healthcare providers to implement an integrated package of maternal, newborn and child health, family planning/reproductive health, nutrition, water and sanitation, malaria, TB, and HIV/AIDS services in both the former Kasai Occidental and Kasai Oriental provinces. Current IHP nutrition efforts, although limited in scope and geographic reach, focus on infant and young child feeding (IYCF) community support groups and counseling at clinics, as well as logistic support for ready-to-use therapeutic food (RUTF) and micronutrient supplementation.

A total population of about 5.7 million people is currently covered by the IHP, which has developed more than 300 iCCM sites in the former Kasais (97 in Occidental and 225 in Oriental). All iCCM sites are established in villages located at a distance of more than 5 km from a health center or in villages difficult to access. In iCCM sites, trained community health workers (Relais Communautaire) provide first-line treatment to children under five years suffering from malaria, respiratory infections and diarrhea, and screen for malnutrition with a mid-upper arm circumference (MUAC) tape. Severe cases of malnutrition are referred to health centers. Some iCCM have also integrated the provision of non-clinical family planning methods. Some iCCM sites are also collaborating with the IYCF support groups where IHP has established them, but coverage of promotional nutrition interventions (IYCF groups, etc.) at

community level within the entire IHP target population is estimated to be less than 15 percent, due to funding limitations.^{lxxxii}

MCHN: Opportunities for Intervention

As mentioned above, MNCH interventions will align with PRONANUT national policy. Given the situation in the former Kasais, FFP nutrition and integrated health efforts should consider focusing on prevention of chronic malnutrition and strengthening community health systems with linkages to existing platforms including other USAID-funded projects. Applicants are encouraged to extend community health services where none currently exist where feasible. FFP supports programming that addresses malnutrition holistically, understanding that there are high levels of both chronic and acute malnutrition.

Applicants should explore ways to increase the coverage of quality community nutrition activities, including an emphasis on Maternal, Infant and Young Child Nutrition SBCC, building on the model and platforms established through the IHP, with a particular focus on expanding and strengthening infant and young child feeding support groups at a community level. In order to address social norms related to gender roles and other socio-cultural barriers, SBCC related to nutrition, health, and family planning should be reinforced through multiple channels of communication and integrated in nutrition-sensitive WASH, agriculture, and livelihood activities. Normative change must be emphasized to ensure success of any SBCC efforts, e.g. addressing gender norms as they relate to adoption of optimal maternal, infant and young child nutrition, family planning, and WASH-related practices.

Greater attention should be given to integration of nutrition into iCCM, including SBCC activities related to feeding of the sick child and CMAM activities. These, as well as any community-based health and nutrition interventions, will be coordinated with health center development and health committees (CODESAs, i.e., Comité de Développement et de Santé), thereby linking health facilities to the community/villages. Special attention should be given to nutrition components of health systems, including quality, management and supervision, and improved collection and use of data related to treatment and prevention of malnutrition at both facility and community levels. Beyond IHP, applicants should explore ways to link with and provide technical and coordination support to existing efforts being implemented by MOH (including PRONANUT) and other partners such as UNICEF and humanitarian NGOs.

If new programming fails to address gender and the fertility/reproductive health of women, any gains in food security and nutrition outcomes will be lost. Both the high ANC coverage rates and medically assisted deliveries present an opportunity to better support maternal nutrition. Delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow these girls to grow to their full potential, protecting their own nutritional status over the long term and improving their educational and economic status.

WASH: Context and Challenges

At a national level, WASH access in DRC lags behind most of sub-Saharan Africa and WASH access in the Kasais of DRC is lower still.¹³ Across the Kasais, collection and distribution systems are virtually non-existent, and even in the provincial capital, Mbuji-Mayi, only 5 percent of people have access to improved drinking water. Rural Congolese, including Kasaiians, are largely dependent on manual collection of drinking water from springs and shallow groundwater. The hydrogeology between Kananga and Mbuji-Mayi is distinct, however, and aquifer depths reach more than 100 m in pockets—leaving significant populations wholly dependent on surface water, often at significant distances (i.e. > 10 km) from their homes. Household rainwater harvesting (RWH) appears to serve an important role in some rural communities where guttering and collection systems have been self-constructed. Treatment of drinking water, whether with household or centralized methods, is virtually non-existent, despite the prevalence of water- and vector-borne disease, and access to commercial products (e.g. Aquatabs) is limited even in commercial centers. Access to improved sanitation is virtually non-existent in both Kasais (< one percent in Occidentale; seven percent in Orientale). There is low awareness of environmental hygiene, and certain cultural norms (e.g., the practice of keeping animals inside homes) may exacerbate the health consequences of minimal WASH access.^{lxxxii}

The impact of poor WASH access and behaviors is pronounced—DRC has the third highest number of childhood deaths from diarrhea in the world each year, and an estimated 45 percent of children under five years are stunted.^{lxxxiii} Significant reductions in both acute and chronic undernutrition are unlikely to be achieved or sustained in the absence of improved WASH access in the Kasais. Applicants should propose well-thought out WASH interventions that address, either directly or in partnership, the WASH deficits that contribute to poor health and nutritional outcomes in communities.

WASH: Opportunities for Intervention

Applicants are encouraged to look for innovative and sustainable ways to reach the most vulnerable with improved WASH access; applicants should strive to design activities that reflect best practice and have a high likelihood of sustainability *ex-poste* (e.g. demand-driven WASH campaigns; articulate a clear O&M plan for any infrastructure).

Applicants should seek to understand and deliberately address key challenges unique to the Kasais, particularly: (1) the challenge of starting at minimal WASH access levels; and (2) the logistical challenges and lack of technical capacity as significant obstacles to construction of WASH hardware (e.g. one functional drill rig exists between the two Kasais; lack of adherence to construction codes).

FFP activities in this area will be planned and coordinated with the USAID-supported integrated IHP, leveraging other donor investment whenever feasible. WASH is to be integrated in SBCC messaging across sectors. Applicants should seek opportunities to link with WASH actors in the Kasais. For example, DFID is funding the DRC WASH Consortium in both provinces (ACF

¹³ 43 percent and 7.1 percent of households in Kasai Orientale have access to improved drinking water and sanitation, respectively; in Kasai Occidentale, 12 percent and 0.3 percent of households have access to improved drinking water and sanitation, respectively.

and CRS in Kasai Occidental; CRS in Kasai Oriental), and the African Development Bank is supporting two infrastructure projects, PADIR and PRISE, that include WASH hardware in both Kasais. However, given the extreme lack of WASH access in the Kasais, FFP activities will likely need to address a wider breadth of WASH hardware and software needs than in other regions.

The MOH's (UNICEF-led) Village Assaini model for beneficiary-driven WASH solutions has demonstrated success at achieving WASH behavior change. Applicants should build upon its lessons learned and best practices. Importantly, the inclusion of gender and environmental hygiene issues has been uneven under this model, and *ex-poste* analysis of certified communities has not yet begun.

Existing gender and cultural norms in DRC, and the Kasais in particular, have implications for improving WASH behavior and practice (e.g. women's time poverty; minimal inclusion of women in village-level decision-making). Meaningful engagement of both women and men on gender and cultural WASH issues will be necessary to change practice. Health centers and religious communities may also represent significant, if untapped, opportunities for behavior change interventions on WASH practices.

There is low capacity and/or willingness to pay for water in rural communities, owing in part to the prevalence of 'free' water sources (e.g. unprotected springs, rivers, and lakes). Cost recovery models for water systems should be well thought out.

Given the consistent rainfall patterns of DRC and the pre-existing community acceptance of RWH technology, it may be worthwhile to investigate larger-scale RWH as a viable solution for communities without spring/groundwater access.

References

ADRA. 2012. "Annual Results Report FY 2012: JENGA/JAMAA 2 Program." United States Agency for International Development (USAID). P.L. 480 Title II Multi-Year Assistance Program, FFP-A-11-00006. Goma, DRC. November 4.

Akakpo, Koffi et al. 2014. "Democratic Republic of Congo Comprehensive Food Security and Vulnerability Analysis (CFSVA)." World Food Programme.
<http://documents.wfp.org/stellent/groups/public/documents/ena/wfp266329.pdf>.

Alegre, Juan-Carlos, and Simon Makaya et al. 2011. "Integrated Health Project of the DRC (DRC-IHP) Baseline Survey Report." Integrated Health Project in the Democratic Republic of Congo, August 4. http://pdf.usaid.gov/pdf_docs/PA00JMSF.pdf.

Climate Data Organization. 2015. "Climate: Kalemie". <http://en.climate-data.org/location/1051034/>. Accessed September 28, 2015.

Famine Early Warning Systems Network (FEWS NET). 2015. "Democratic Republic of the Congo, Staple Food Market Fundamentals." <https://www.usaid.gov/documents/1866/democratic-republic-congo-staple-food-market-fundamentals>

Food for the Hungry. 2012. "Baseline Survey Report." United States Agency for International Development (USAID). P.L. 480 Title II Multi-Year Assistance Program, FFP-A-11-00007.

Institut National pour l'Etude et a Recherche Agronomiques (INERA). 2015. "Les Stations de L'Inera Classees par Provinces." <http://www.inera-drc.org/centres-et-stations.php>. Accessed September 27, 2015.

Micha, Jean-Claude. 2013. "Fish farming in the Congo basin, past, present and future." *Conference: International Conference Nutrition and Food Production in the Congo Basin*. Research Unit in Environmental and Evolutionary Biology (URBE), University of Namur.
<http://www.kaowarsom.be/documents/Conferences/MICHA.pdf>.

Ministry of Agriculture and Rural Development, Democratic Republic of Congo. 2009. "Etude du secteur agricole et rural (ESAR)."
http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/RDC_-_Etude_du_secteur_agricole_et_rural_ESAR_-_Rapport_d_ach%C3%A8vement_de_projet_RAP.pdf

Ministry of Monitoring, Planning and Implementation of the Modern Revolution (MPSMRM) , Ministry of Public Health (MSP),and ICF International. 2014. "Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings."
<http://dhsprogram.com/pubs/pdf/SR218/SR218.e.pdf>.

Ministry of Planning and United Nations Children's Fund. 2011. "Multiple Indicator Cluster Survey (MICS) DRC 2010." http://reliefweb.int/sites/reliefweb.int/files/resources/MICS-RDC_2010_Summary_Report_EN.pdf.

Mumbeya, Paulin Njingulula and Ngongo Mulangwa. 2007. "Initiating Rural Farmers to Participatory Research: Case of Soil Fertilization in Bushumba, East of DR. Congo." *Advances in Integrated Soil Fertility Management in Sub-Saharan Africa: Challenges and Opportunities*: 1047–1050.

Partow, Hassan. 2011. "Water Issues in the Democratic Republic of Congo: Challenges & Opportunities." United Nations Environment Programme (UNEP). http://postconflict.unep.ch/publications/UNEP_DRC_water.pdf.

"Prospective Activity named 'Integrated Health Program in DRC (IHP-DRC)'." 2015. Special Notice #OAA-660-20150819. August 19. United States Agency for International Development (USAID) in Democratic Republic of Congo. https://www.fbo.gov/?s=opportunity&mode=form&id=a0e44d3dc499b8e0abbececeeeabdb84&tab=core&_cview=0

Smith, Lisa and Lawrence Haddad. 2014. "Reducing Child Undernutrition: Past Drivers and Priorities for the Post-MDG Era." *World Development*. 68:180-204.

Sperling, Louise et al. 2012. "Seed Security Assessment: Northern Tanganyika (Kalemie and Nyunzu Territories): Democratic Republic of Congo." United States Agency for International Development (USAID) and US Office of Foreign Disaster Assistance. https://cgspace.cgiar.org/bitstream/handle/10568/53021/sssa_final_report_northern_Tanganyika.pdf.

Ulimwengu, John, Cleo Roberts, and Josee Randriamamonjy. 2012. "Resource-Rich Yet Malnourished: Analysis of the Demand for Food Nutrients in the Democratic Republic of Congo." IFPRI Discussion Paper 01154. International Food Policy Research Institute. <http://reliefweb.int/sites/reliefweb.int/files/resources/ifpridp01154.pdf>.

United Nations Educational, Scientific, and Cultural Organization (UNESCO). 2011. "Regional Overview Sub-Saharan Africa." *Education for All Global Monitoring Report 2011*. <http://en.unesco.org/gem-report/sites/gem-report/files/191393e.pdf>.

United States Agency for International Development (USAID). 2015. "Agriculture and Food Security." July 20, 2015. <https://www.usaid.gov/democratic-republic-congo/agriculture-and-food-security>. Accessed September 25, 2015.

United States Agency for International Development (USAID). 2015. "Assessment of the DRC's Agricultural Market Systems: Value Chains in the North & South Kivu and Tanganyika Provinces." Leveraging Economic Opportunities Report #16. <http://acdivoca.org/sites/default/files/attach/technical-publications/acdivoca-leo-assessment-drc-agricultural-market-systems.pdf>

United States Agency for International Development (USAID). 2015. “Democratic Republic of the Congo.” Online database. http://www.unicef.org/infobycountry/drcongo_statistics.html. Accessed September 27, 2015.

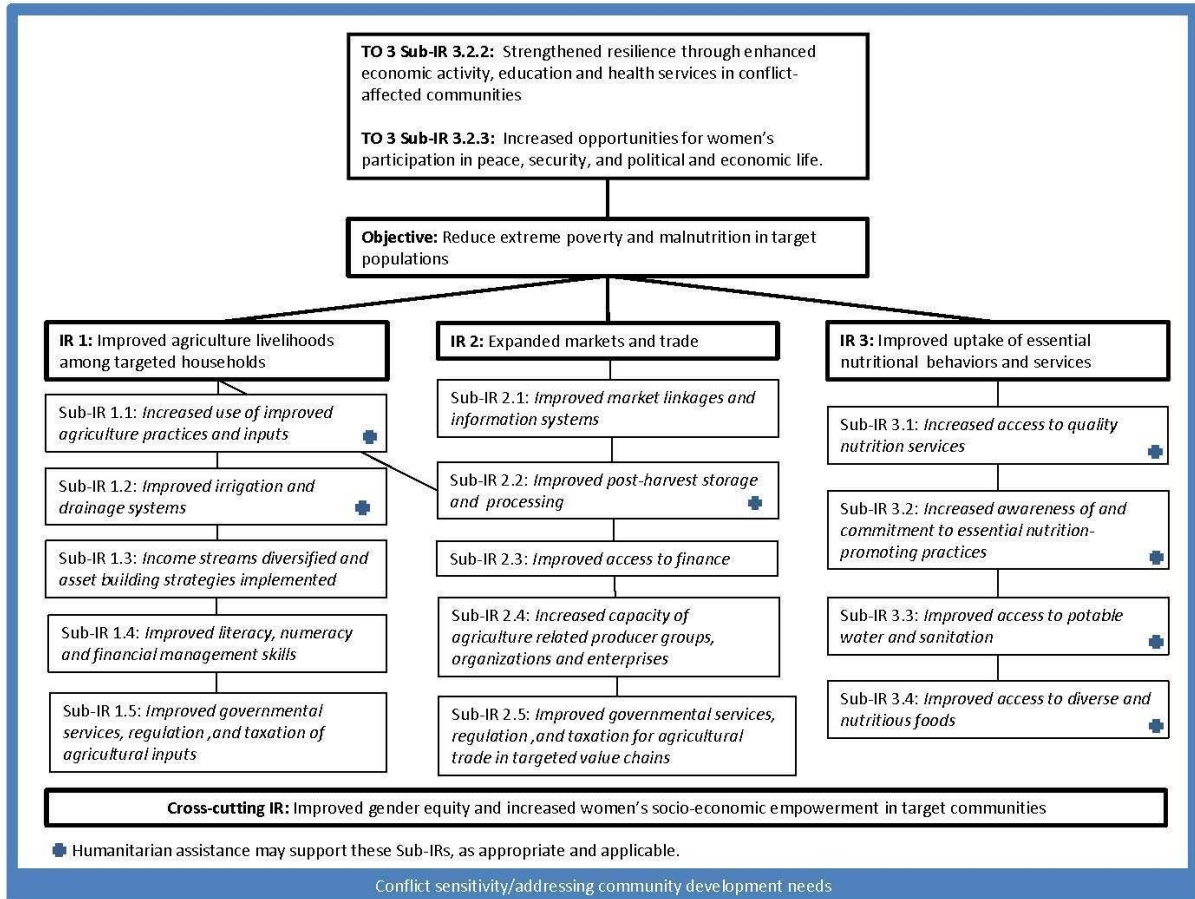
United States Agency for International Development (USAID). 2015. “USAID Office of Food for Peace Food Security Desk Review for Tanganyika, North Kivu, and South Kivu, Democratic Republic of Congo.” Food and Nutrition Technical Assistance (FANTA) Project. <https://www.usaid.gov/documents/1866/food-security-desk-review-katanga-north-kivu-and-south-kivu-democratic-republic-congo>

United States Agency for International Development (USAID). 2015. “USAID Office of Food for Peace Food Security Desk Review for Kasai Orientale and Kasai Occidentale, Democratic Republic of Congo.” Food and Nutrition Technical Assistance (FANTA) Project. <https://www.usaid.gov/documents/1866/food-security-desk-review-kasai-occidental-and-kasai-oriental-democratic-republic>

Washington Post. 2001. “Food For Thought.” November 28. <http://www.washingtonpost.com/wp-adv/specialsales/spotlight/congo/food.html>.

World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). 2011. *Joint Monitoring Program*. <http://www.wssinfo.org>.

Annex I: Results Framework for USAID/DRC TO 3 Activities in Kalehe, Kabare and Walungu territories of South Kivu



ⁱ Ministry of Monitoring, Planning and Implementation of the Modern Revolution (MPSMRM) , Ministry of Public Health (MSP),and ICF International, 2014. “Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings.” <http://dhsprogram.com/pubs/pdf/SR218/SR218.e.pdf>.

ⁱⁱ United States Agency for International Development (USAID), 2015. “USAID Office of Food for Peace Food Security Desk Review for Katanga, North Kivu, and South Kivu, Democratic Republic of Congo.” Food and Nutrition Technical Assistance (FANTA) Project. <https://www.usaid.gov/documents/1866/food-security-desk-review-katanga-north-kivu-and-south-kivu-democratic-republic-congo>

ⁱⁱⁱ Ibid.

^{iv} <https://www.usaid.gov/documents/1866/democratic-republic-congo-staple-food-market-fundamentals>

^v Rogers, Beatrice Lorge and Coates, Jennifer, 2015. *Sustaining Development: A Synthesis of Results from a Four-Country Study of Sustainability and Exit Strategies among Development Food Assistance Projects*. Washington, DC: FHI/360/Food and Nutrition Technical Assistance III Project (FANTA). <http://www.fantaproject.org/research/exit-strategies-ffp>

^{vi} Lisa Smith and Lawrence Haddad, 2014. “Reducing Child Undernutrition: Past Drivers and Priorities for the Post-MDG Era.” *World Development*. 68:180-204.

^{vii} MPSMRM et al., 2014.

-
- viii Ibid.
- ix United States Agency for International Development (USAID), 2015. "Agriculture and Food Security." July 20, 2015. <https://www.usaid.gov/democratic-republic-congo/agriculture-and-food-security>. Accessed September 25, 2015.
- x USAID "USAID Office of Food for Peace Food Security Desk Review," 2015.
- xi Koffi Akakpo, et al., 2014. "Democratic Republic of Congo Comprehensive Food Security and Vulnerability Analysis (CFSVA)." World Food Programme. <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp266329.pdf>.
- xii Famine Early Warning Systems Network (FEWS NET), 2015. "Democratic Republic of the Congo, Staple Food Market Fundamentals." <https://www.usaid.gov/documents/1866/democratic-republic-congo-staple-food-market-fundamentals>
- xiii Koffi Akakpo, et al., 2014.
- xiv Ibid.
- xv Ibid.
- xvi Ibid.
- xvii Ibid.
- xviii Food for the Hungry, 2012. "Baseline Survey Report." United States Agency for International Development (USAID). P.L. 480 Title II Multi-Year Assistance Program, FFP-A-11-00007.
- xix Ministry of Agriculture and Rural Development, Democratic Republic of Congo, 2009. "Etude du secteur agricole et rural (ESAR)." [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/RDC - Etude du secteur agricole et rural ESAR - Rapport d ach%C3%A8vement de projet RAP .pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/RDC_-_Etude_du_secteur_agricole_et_rural_ESAR_-_Rapport_d_ach%C3%A8vement_de_projet_RAP_.pdf)
- xx FEWS NET, 2015.
- xxi Koffi Akakpo, et al., 2014.
- xxii Koffi Akakpo, et al., 2014. and FEWS NET, 2015.
- xxiii ADRA, 2012. "Annual Results Report FY 2012: JENGA/JAMAA 2 Program." United States Agency for International Development (USAID). P.L. 480 Title II Multi-Year Assistance Program, FFP-A-11-00006. Goma, DRC. November 4.
- xxiv FEWS NET, 2015.
- xxv Ibid.
- xxvi Ibid.
- xxvii Ibid.
- xxviii USAID "USAID Office of Food for Peace Food Security Desk Review," 2015.
- xxix Koffi Akakpo, et al., 2014 and Mumbeya and Mulangwa, 2007.
- xxx Institut National pour l'Etude et a Recherche Agronomiques (INERA), 2015. "Les Stations de L'Inera Classees par Provinces." <http://www.inera-drc.org/centres-et-stations.php>. Accessed September 27, 2015.
- xxxi Paulin Njingulula Mumbeya and Ngongo Mulangwa. 2007. "Initiating Rural Farmers to Participatory Research: Case of Soil Fertilization in Bushumba, East of DR. Congo." *Advances in Integrated Soil Fertility Management in Sub-Saharan Africa: Challenges and Opportunities*: 1047–1050.
- xxxii Ministry of Monitoring, 2014.
- xxxiii MPSMRM et al., 2014.
- xxxiv Ministry of Planning and United Nations Children's Fund (UNICEF), 2011. "Multiple Indicator Cluster Survey (MICS) DRC 2010." http://reliefweb.int/sites/reliefweb.int/files/resources/MICS-RDC_2010_Summary_Report_EN.pdf.
- xxxv MPSMRM et al., 2014.
- xxxvi Ibid.
- xxxvii John Ulimwengu, Cleo Roberts, and Josee Randriamamonjy, 2012. "Resource-Rich Yet Malnourished: Analysis of the Demand for Food Nutrients in the Democratic Republic of Congo." IFPRI Discussion Paper 01154. International Food Policy Research Institute. <http://reliefweb.int/sites/reliefweb.int/files/resources/ifpridp01154.pdf>.
- xxxviii MPSMRM et al., 2014.
- xxxix Ibid.

-
- xi “Prospective Activity named ‘Integrated Health Program in DRC (IHP-DRC)’,” 2015. Special Notice #OAA-660-20150819. August 19. United States Agency for International Development (USAID) in Democratic Republic of Congo. https://www.fbo.gov/?s=opportunity&mode=form&id=a0e44d3dc499b8e0abbececeeeabdb84&tab=core&_cview=0
- xii Ministry of Planning, 2011.
- xiii Ibid.
- xiiii World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), 2011. *Joint Monitoring Program*. <http://www.wssinfo.org>.
- xlv Koffi Akakpo, et al., 2014.
- xlv Ibid.
- xlvi Ibid.
- xlvii Ibid.
- xlviii Ibid.
- xlix Ibid.
- l Ibid.
- li Ibid.
- lii FEWS NET, 2015.
- liii Jean-Claude Micha, 2013. “Fish farming in the Congo basin, past, present and future.” *Conference: International Conference Nutrition and Food Production in the Congo Basin*. Research Unit in Environmental and Evolutionary Biology (URBE), University of Namur. <http://www.kaowarsom.be/documents/Conferences/MICHA.pdf>.
- liiv USAID “Assessment of the DRC’s Agricultural Market Systems”, 2015.
- lv MPSMRM et al., 2014.
- lvi Ibid.
- lvii Ministry of Planning, 2011.
- lviii Ibid.
- lix African Ministers’ Council on Water, Snapshot of Drinking Water and Sanitation in Africa, 2010
- lx WHO and UNICEF, 2011.
- lxi United States Agency for International Development (USAID). 2015. “USAID Office of Food for Peace Food Security Desk Review for Kasai Orientale and Kasai Occidentale, Democratic Republic of Congo.” Food and Nutrition Technical Assistance (FANTA) Project. <https://www.usaid.gov/documents/1866/food-security-desk-review-kasai-occidental-and-kasai-oriental-democratic-republic>
- lxii Mathys Ellen and Sandra Remancus 2010, USAID Office of Food for Peace Food Security Country Framework for the DRC FY11-15, http://pdf.usaid.gov/pdf_docs/pdacw047.pdf.
- lxiii Koffi Akakpo, et al., 2014.
- lxiv Ibid.
- lxv Ibid.
- lxvi Ministry of Monitoring, 2014.
- lxvii Koffi Akakpo, et al., 2014.
- lxviii FEWS NET, 2015.
- lxix Ibid.
- lxx USAID “USAID Office of Food for Peace Food Security Desk Review,” 2015.
- lxxi FEWS NET, 2015.
- lxxii Koffi Akakpo, et al., 2014.
- lxxiii Ministry of Agriculture, 2009.
- lxxiv Koffi Akakpo, et al., 2014.
- lxxv Ministry of Agriculture, 2009.
- lxxvi Ibid.
- lxxvii Ministry of Monitoring, 2014.
- lxxviii PRONANAUT, Food Security and Nutrition Surveillance System bulletin, 2014.
- lxxix MPSMRM et al., 2014.
- lxxx Ibid.

^{lxxxi} Alegre, Juan-Carlos, and Simon Makaya et al. 2011. "Integrated Health Project of the DRC (DRC-IHP) Baseline Survey Report." Integrated Health Project in the Democratic Republic of Congo, August 4. http://pdf.usaid.gov/pdf_docs/PA00JMSF.pdf.

^{lxxxii} MPSMRM et al., 2014

^{lxxxiii} WHO and UNICEF, 2011.