

Crisis response revision of Democratic Republic of the Congo interim country strategic plan (2018–2020) and corresponding budget increase

	Current	Change	Revised
Duration	January 2018– December 2020	No change	No change
Beneficiaries	11 791 625	9 130 443	20 922 068
	<i>(USD)</i>		
Total cost	1 189 623 646	475 570 244	1 665 193,890
Transfers	988 543 690	429,640,023	1 418 183 713
Implementation	88 025 607	13 354 254	101 379 861
Adjusted direct support costs	40 448 210	3 550 553	43 998 764
Subtotal	1 117 017 508	446 544 830	1 563 562 338
Indirect support costs (6.5 percent)	72 606 138	29 025 414	101 631 552

Gender and age marker*: 2A

* <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/>.

Rationale

1. Inter-communal violence, disease outbreaks, and reduced access to agricultural lands and markets, all contribute to an extremely complex humanitarian situation in the Democratic Republic of the Congo (DRC). A sixth revision of the interim country strategic plan (ICSP) is needed in support of WFP's scaled-up response to population displacements; to address declining nutritional indicators; and to help contain the worst Ebola outbreak recorded in the country's history.
2. Based on the 17th Integrated Food Security Phase Classification (IPC) of August 2019, 15.6 million people, representing 26 percent of the rural population analysed, are facing crisis (IPC phase 3) and emergency (IPC phase 4) acute food insecurity. This is an increase from the previous IPC, where 13.1 million people were assessed to be in phases 3 and 4.
3. Projections from January to May 2020 show an increase in the proportion of the population in phases 3 and 4, from 26 percent to 28 percent. Reasons for the current food security situation include resurgence of armed and inter-ethnic conflicts, displacement, and poverty. Furthermore, agricultural production is expected to remain below average due to cumulative production deficits since 2016.
4. DRC has consistently had high global acute malnutrition (GAM) rates, standing at 7 percent at national level in 2018, and a severe acute malnutrition (SAM) rate of 2 percent. Nutrition surveys conducted in 2018 and 2019 by the Government of DRC, supported by the United Nations Children's Fund (UNICEF) and non-governmental organizations, found estimated GAM prevalence and under 5 mortality rates reaching emergency threshold levels in some areas of the Greater Kasai (Kasai, Kasai central, Kasai Oriental), Tanganyika, South Kivu, North Kivu and Ituri. Additionally, the prioritized health zones classified by the nutrition cluster as medium and high priority are increasing. In 2019, 76 health zones were classified as high priority; this will increase to 144 health zones in 2020. DRC's tenth Ebola outbreak, which started in 2018, is the worst recorded in the country's history, and the second deadliest globally. On 17 July 2019, the World Health Organization (WHO) declared



the outbreak a public health emergency of international concern. Although the number of new Ebola cases has shown consistent decline in recent months, reporting is contingent upon the level of access and security, which is limited in some areas. Fierce community resistance is further complicating access for response activities and compromising the safety of Ebola response teams.

5. This revision to the DRC ICSP responds to the ongoing Ebola outbreak and also takes into account the deteriorating humanitarian situation based on the IPC and nutrition surveys. Subsequently, the total number of beneficiaries targeted is increased from 11.8 million people to 20.9 million people.
6. Under strategic outcome 1, the delivery of assistance to shock-affected households through activity 1 will target 15 million people in accordance with the latest IPC results. For activity 2, WFP will target 1.3 million food-insecure people. This includes people affected by the Ebola outbreak, as well as victims of recent flooding.
7. In response to considerably higher needs than earlier anticipated, interventions to treat and prevent acute and chronic malnutrition (activities 3, 4 and 5 of strategic outcome 2) will be expanded.
8. Under strategic outcome 3, livelihood support under activity 7 will continue to be implemented, in line with the joint WFP/FAO strategy to shift towards longer-term conditional interventions. WFP foresees a shift from in-kind food to mostly cash-based transfers (CBTs) for this activity.
9. Under strategic outcome 4, WFP will strengthen the quality and reach of food security assessments. For strategic outcome 5, WFP will continue to provide on-demand logistics services to the Ministry of Health, WHO, and other partners supporting the Ebola response. United Nations Humanitarian Air Service (UNHAS) will also continue to play a vital role.

Changes

Strategic orientation

10. No changes will be made to the strategic orientation through this revision.

Strategic outcomes

11. No new strategic outcomes will be added; the revision seeks to scale-up WFP's response within strategic outcomes 1, 2, 3, 4 and 5.

Strategic outcome 1 – Targeted food-insecure populations affected by shocks in DRC are able to meet their basic food requirements in times of crisis

12. Following widespread conflict and resulting displacements, WFP will scale-up food and CBT assistance to an additional 6.5 million conflict-affected people under activity 1.



13. Although the number of cases has declined in recent months, the situation remains volatile due to insecurity in the North Kivu province, where most cases are reported. Such insecurity disrupts response efforts, limiting contact tracing, surveillance and vaccination efforts, potentially resulting in increased transmission rates. The budget revision will also strengthen activity 2 to accommodate an Ebola response in line with the Strategic Response Plans and scenario planning projections. An additional 441,800 people are targeted for assistance pursuant to Strategic Response Plan 4, which covers July to December 2019. WFP will provide food and nutrition assistance throughout the duration of the outbreak in 2020. WFP will also help maintain and protect the nutritional status of cured patients and to help facilitate their reintegration into communities.
14. This revision also incorporates cash assistance targeting 50,000 victims of recent flooding in the North and South Ubangi provinces.

Targeting approach

15. For activity 1, WFP will scale-up its response in Level 3 emergency classified provinces, based on the results of the latest IPC analysis. Internally displaced persons (IDP), returnees, disabled persons and vulnerable host families will be prioritized. WFP and the Office of the United Nations High Commissioner for Refugees (UNHCR) have also started targeting refugees based on their level of vulnerability as opposed to status.
16. Targeting for the Ebola-affected populations will be carried out in conjunction with the Ministry of Health and WHO in North Kivu, South Kivu and Ituri provinces.

Transfer modalities

17. WFP will continue to use a combination of in-kind food and CBT modalities under activity 1.
18. WFP will continue to provide food to Ebola-affected people, survivors and contacts under activity 2 according to the three pillars of care, contain, and protect.
19. CBTs will be used for the flood-affected population.

Partnerships

20. Partnerships with the Ministry of Health, WHO and UNICEF have risen to prominence through the Ebola crisis, and will require continued investment by WFP.

Strategic outcome 2 – Food-insecure and vulnerable populations in conflict and shock-affected areas have improved nutritional status in line with national protocols by 2021

21. Considering recent nutrition survey results, WFP will scale up moderate acute malnutrition (MAM) treatment (activity 3), prevention of acute malnutrition (activity 4) and prevention of chronic malnutrition (activity 5). WFP will provide maternal and child cash transfers where feasible.

Targeting approach

22. WFP will continue MAM treatment in the areas of highest GAM prevalence with aggravating factors and in health zones prioritized by the nutrition cluster.
23. WFP will continue to support community-based acute malnutrition prevention activities including the delivery of a package of high impact nutrition interventions such as supplementary feeding to pregnant and lactating women and girls (PLWG) and children aged 6 to 23 months, particularly during the lean season. Interventions will concentrate in areas where GAM prevalence is greater than or equal to 15 percent and where SAM prevalence is greater than or equal to 5 percent (or in areas covered by IPC phases 3 and 4). Targeting for the prevention of chronic malnutrition will remain the same.



Transfer modalities

24. There have been no changes to rations across the beneficiary groups.

Partnerships

25. Given the challenges faced by the treatment of acute malnutrition programs at facility level, WFP and the Government have agreed to pilot the simplified treatment of MAM. This is a new initiative which was conceived at a stakeholder consultation workshop held in September 2019.
26. Building on the lessons learnt from the integration of nutrition interventions into the cash assistance in Tanganyika and Kasai Central provinces in 2019, WFP will seek to further expand complementarity. Already, selected nutrition components have been integrated into cash assistance, including the addition of nutrition indicators in WFP's biometric registration system, SCOPE, to detect acute malnutrition among children and pregnant and lactating women and girls (PLWG) within households receiving cash assistance. Those screened and found to be malnourished are referred to health centres where they can receive WFP assistance.

Strategic outcome 3 – Smallholder farmers and vulnerable communities in targeted and crisis-prone areas, especially in eastern DRC, enhance their productive livelihoods and improve their food security and resilience by 2020

27. WFP will scale up the number of people benefitting from food assistance for assets (FFA) and cash assistance for assets (CFA) under activity 7 to support the joint WFP/FAO strategy to shift from relief assistance towards longer-term interventions across the humanitarian-development-peace nexus. This component will support smallholder farmers in asset creation activities such as water harvesting, reforestation, and infrastructure development. The scale-up is required to enable returnees, refugees, IDPs and local communities to invest in agriculture livelihood opportunities. WFP will increase the number of beneficiaries targeted for FFA and CFA activities under activity 7 from 1.26 million people to 1.6 million people.
28. WFP provides capacity strengthening to smallholder farmers through activity 6. The number of beneficiaries receiving food assistance will increase marginally from 13,000 to 20,000 as WFP expands its activities to North and South Ubangi provinces.
29. In eastern DRC, women and children are the most affected by poverty and food insecurity. They are often victims of gender-based violence and female illiteracy is one of the main causes of poverty and vulnerability. WFP especially targets rural women in FFA and CFA interventions as they constitute 75 percent of agricultural workers in DRC. Day-care facilities on asset rehabilitation sites enable mothers to participate in asset creation activities while their children are taken care of. Women also attend literacy and numeracy trainings and receive support for initiating non-agricultural income generating activities, such as small businesses.
30. To provide an integrated assistance package, the intervention also strives to strengthen community structures to promote peace and maintain social cohesion. WFP facilitates peace and integration using tools such as radio listening groups (Dimitra Clubs) and village peace committees.

31. In collaboration with the National nutrition program (PRONANUT), FFA and CFA interventions help address malnutrition through nutrition-sensitive activities that combine the promotion of nutrition-rich seed varieties with education and awareness raising campaigns to improve nutrition habits, hygiene and child care.

Targeting approach

32. Targeting covers areas in IPC phases 3 and 4. In North and South Kivu in particular, 60 percent of the households targeted are headed by women.

Transfer modalities

33. The transfer modalities under activities 6 and 7 will remain as planned.

Country office capacity

34. WFP will increase its staffing capacity to reach more communities with CFA.

Strategic outcome 4 – National institutions in the DRC have strengthened capacity to reduce food insecurity and malnutrition and respond to shocks by 2021

35. Activity 9 of the ICSP incorporates the food security cluster. With the observed deterioration in the food security situation in the country in 2019, there is a need to strengthen the quality and reach of food security assessments.

Strategic outcome 5 – The humanitarian community in the DRC have the capacity to effectively respond to shocks through strategic partnership by 2021

36. Although the number of Ebola cases reported has declined in recent months, such services remain important due to the volatile security situation which could lead to a resurgence in cases. Ebola hotspots have shifted from urban settings to more rural, hard-to-reach communities. These areas are prone to insecurity, limiting accessibility, and thereby often resulting in under-reporting. Violent attacks against Ebola response teams have been reported recently, jeopardizing progress made towards containing the virus. In this context, preparedness remains a critical component of the response. To ensure a rapid response, WFP will preposition critical equipment and have staff on standby. WFP will also build the logistics capacity of the national government and other partners leading the response.
37. UNHAS continues to play a vital role in providing a viable and safe option to reach affected populations.

Cross-cutting supply chain challenges

38. Supply chain challenges include high supply chain costs due to poor road conditions and significant in-country transport costs due to the remote locations in which WFP operates.

Monitoring and evaluation

39. The strategy will continue to emphasize the measurement of long-term impact on food insecurity and malnutrition including commissioning of the evaluation of purchase for progress activities in 2020.

Accountability to affected populations, protection, risks, restrictions of gender and disabilities

40. Training on protection issues, gender-based violence prevention and the promotion of gender equality is provided to WFP and cooperating partner staff. Gender equality is also promoted through technical support to the Government to advocate for the integration of a gender lens into nutrition-related national frameworks, policies, and legislation.



41. WFP ensures accountability to affected populations through information provision, consultation and complaints and feedback mechanisms. Following feedback received in 2019, WFP switched to providing rice to beneficiaries in Ebola-affected areas.
42. Three primary complaints and feedback mechanisms are used: suggestion boxes are available at distribution sites; complaints and feedback committees are established during distributions; and a toll-free hotline is available.

Proposed exit strategy

43. As part of the overall joint WFP/FAO strategy to support the recovery and rehabilitation of rural livelihoods, WFP will, where feasible, initiate resilience-building activities. These activities are currently implemented successfully in North Kivu, South Kivu, Tanganyika and North and South Ubangi provinces.
44. DRC has hosted refugees for decades. One quarter of these refugees live in camps, where they receive CBT assistance from WFP. As part of a corporate joint UNHCR/WFP strategy to enhance the self-reliance of refugees in protracted situations, WFP and UNHCR are shifting towards livelihood and agricultural support activities outside the refugee camps. Discussions between WFP and UNHCR are ongoing and implementation is likely to begin in mid-2020.
45. Considering that DRC is prone to Ebola outbreaks, WFP will continue to work with the government and humanitarian community to enhance preparedness. WFP will hold stocks of mobile storage units and other equipment in DRC or neighbouring countries.

Risk management

46. Insecurity, killings and kidnappings continue to pose challenges to humanitarian operations, especially in North Kivu, South Kivu and Ituri. The situation also remains volatile in Ebola-affected areas.
47. Despite a relatively peaceful presidential election and transition of power in 2019, the political situation remains uncertain and the new Government has yet to develop a comprehensive plan to address growing humanitarian needs. In particular, the Government has yet to develop a reintegration plan for demobilized militia groups, in the Kasai and Tanganyika provinces. This may encourage former militia men to take up arms once more, leading to a possible resurgence of conflict.
48. While funding remains a risk, WFP has been able to raise a reasonable level of funds since the ICSP started in 2018. The country office will continue engagement and advocacy with donors so that a reasonable level of funding will be maintained during the life of the ICSP.

Beneficiary analysis

49. This revision will increase the number of beneficiaries under activities 1, 2, 3, 4, 5, 6 and 7. The total number of beneficiaries (without overlap) will increase from 11.8 million people to 20.9 million people. Taking into account the latest IPC results, the most significant increase is reflected in activity 1, with an additional 6.5 million conflict-affected people, resulting in a revised total of 15 million people targeted. An estimated 57 percent of the overall beneficiaries are women and girls.

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME AND ACTIVITY

Strategic outcome	Activity	Period	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total	
1	1. Provide food assistance to conflict-affected populations	Current	2 996 599	1 381 313	2 898 027	1 266 568	8 542 507	
		Increase/decrease	794 740	1 654 803	1 542 104	2 515 376	6 507 023	
		Revised	3 791 339	3 036 116	4 440 131	3 781 944	15 049 530	
	2. Provide food assistance to populations affected by non-conflict shocks	Current	67 576	857	8 316	74 662	151 411	
		Increase/decrease	265 607	302 820	313 538	280 330	1 162 294	
		Revised	333 183	303 677	321 854	354 992	1 313 705	
2	3. Treat moderate acute malnutrition among vulnerable people, including children aged 6-59 months, PLWG and ART/TB-DOTS clients	Current	438 818	23 936	1 017 600	390 846	1 871 200	
		Increase/decrease	56 198	19 324	370 123	522 420	968 065	
		Revised	495 016	43 260	1 387 723	913 266	2 839 265	
	4. Prevent acute malnutrition among vulnerable groups, including children aged 6-23 months and PLWG	Current	509 899	-	823 673	235 336	1 568 908	
		Increase/decrease	242 499	-	216 272	368 267	827 038	
		Revised	752 398	-	1 039 945	603 603	2 395 946	
	5. Prevent chronic malnutrition among vulnerable groups, including children aged 6-23 months and PLWG	Current	41 224	-	55 152	14 122	110 498	
		Increase/decrease	36 931	-	26 169	34 131	97 230	
		Revised	78 155	-	81 320	48 253	207 728	
	3	6. Provide capacity strengthening to smallholder farmers	Current	3 228	3 901	3 498	2 825	13 452
			Increase/decrease	2 220	1 346	1 346	1 817	6 729
			Revised	5 448	5 247	4 844	4 642	20 181
7. Provide productive assets to smallholder farmers and food-insecure communities		Current	303 216	366 386	328 484	265 314	1 263 400	
		Increase/decrease	69 971	49 089	107 142	147 818	374 020	
		Revised	373 187	415 475	435 626	413 132	1 637 420	
Total (cumulative)		Current	4 360 560	1 775 536	5 134 749	2 249 673	13 521 376	
		Increase/decrease	1 468 166	2 027 382	2 576 694	3 870 159	9 942 399	
		Revised	5 828 726	3 803 775	7 711 443	6 119 832	23 463 775	
Total (without overlap)		Current	3 446 715	1 645 707	4 566 205	2 132 998	11 791 625	
		Increase/decrease	737 783	958 384	467 676	2 192 972	9 130 443	
		Revised	4 184 498	2 604 091	5 033 881	4 325 970	20 922 068	

* ART/TB-DOTS: anti-retroviral therapy/tuberculosis-directly observed treatment

Transfers

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY

	Strategic outcome 1										Strategic outcome 2							Strategic outcome 3	
	Activity 1			Activity 2							Activity 3				Activity 4		Activity 5	Activities 6-7	
Beneficiary type	GFD full ration	GFD reduced ration ^a	Students	GFD ^b	GFD ^c	GFD ^d	GFD ^e	GFD ^f	GFD ^g	GFD ^h	MAM treatment PLWG	Care-takers	MAM treatment 6-59 months	PLHIV/ TB	Prevention of acute malnutrition 6-23 months	Prevention of acute malnutrition PLWG	Stunting prevention 6-23 months	Stunting prevention PLWG	FFA
Modality	Food/CBTs	Food/CBTs	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food/CBTs	Food/CBTs
Cereals	400	300	120	400	350	350	150	150			-	400	-	-	-	-	-	-	400
Pulses	120	50	30	120	120	120	60	60			-	120	-	-	-	-	-	-	120
Oil	30	25	10	35	35	35	15	45		25	25	30	-	25	-	25	-	25	30
Salt	5	5	5	5	5	5	2.5	2.5			-	5	-	-	-	-	-	-	5
SuperCereal with sugar	-	-	-		60	60		250		250	250	-	-	250	-	250	-	250	-
SuperCereal Plus							200												
Plumpy'sup	-	-	-				100		100		-	-	100	-	-	-	-	-	-
Plumpy'doz	-	-	-								-	-		-	50	-	50		-
High-energy biscuits ⁱ	(333)	-	-		(500)						-	-	-	-	-	-	-	-	-
Micronutrient powder ^j	-	-	0.38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total kcal/day	2 132	1 470	628	2 181	4 477	2 227	1 420	2 104	535	1 175	1 175	2 132	500	1 175	281	1 175	281		2 132
% kcal from protein	16	10	10	60.4	127.9	65.4	64.8	64.8	14	38.9	13.2	16	10.2	13.2	8.6	13.2	8.6		16

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY																				
	Strategic outcome 1										Strategic outcome 2							Strategic outcome 3		
	Activity 1			Activity 2							Activity 3			Activity 4		Activity 5		Activities 6-7		
Beneficiary type	GFD full ration	GFD reduced ration ^a	Students	GFD ^b	GFD ^c	GFD ^d	GFD ^e	GFD ^f	GFD ^g	GFD ^h	MAM treatment PLWG	Care-takers	MAM treatment 6-59 months	PLHIV/ TB	Prevention of acute malnutrition 6-23 months	Prevention of acute malnutrition PLWG	Stunting prevention 6-23 months	Stunting prevention PLWG	FFA	
Modality	Food/CBTs	Food/CBTs	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food/CBTs	Food/CBTs
CBTs (USD/person/day)	0.50	0.35	-	0.50	-	-	-	-	-	-	-	-	-	-	-	-	-	0.67	0.50	
Number of feeding days	90	90	220	21	21	90 / 6	15 / 6	15	15	15	180	10	180	180	180	180	360	360	66	

^a A reduced ration will be provided during the second phase and to host families on the basis of assessed needs.

^b "Contain" – Ebola contacts as well as people affected by other and people affected by other pandemics and natural disasters.

^c "Contain" Ebola response 2 (People in contact).

^d "Protect" Ebola response 3 (Family Discharged and Patients Treatment Phase 2 (Stimulation) – Adults).

^e "Care" Ebola response 4 (Patients Treatment Phase 1 (Transition) and 2 (Stimulation) – 6-59 months).

^f "Care" Ebola response 5 (Patients Treatment Phase 1 – Adults).

^g "Protect" Ebola response 6 (Patients Discharged – 6-59 month).

^h "Protect" Ebola response 7 (Patients Discharged – Adults).

ⁱ High-energy biscuits are not part of the general distribution ration; they are only provided for the first three days after displacement of refugees and internally displaced persons.

^j Micronutrient powders will be provided every other day in accordance with guidelines.

GFD – general food distribution

PLHIV – people living with HIV



TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS AND VALUE						
	Current budget		Increase		Revised budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	197 685	107 537 440	111 453	60 247 452	309 137	167 784 892
Pulses	56 939	41 536 780	35 076	27 379 224	92 015	68 916 004
Oil and Fats	19 634	15 379 657	10 796	8 121 632	30 430	23 501 289
Mixed and blended foods	70 867	86 720 797	27 043	25 021 846	97 910	111 742 643
Other	3 371	727 240	4 806	1 810 481	8 177	2 537 722
Total (food)	348 495	251 901 914	189 174	122 580 636	537 669	374 482 550
CBTs and commodity vouchers	-	218 903 723	-	129 659 507	-	348 563 230
Total (food and CBT value)	348 495	470 805 637	189 174	252 240 143	537 669	723 045 780

Cost breakdown

50. The overall cost of the ICSP is increased from USD1.19 billion to USD1.665 billion. A significant portion of the increase (74 percent) is in 2020, to align the budget with projected needs for food assistance. In 2019, the increase accounts for USD122 million to capture the increased needs for food assistance until the end of the year, as well as WFP's response to the Ebola outbreak.
51. Ninety percent of the increase is associated with transfer costs while approximately 3 percent makes up implementation costs. Direct support costs have increased as the country office needs maintain the current staffing levels in 2019 and 2020. Over the past three years, DRC has managed to maintain moderate funding levels. This trend is expected to continue for the duration of the ICSP, as the country office expects to have at least 62 percent of the required funds.

TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)						
	Strategic Result 1	Strategic Result 2	Strategic Result 3	Strategic Result 5	Strategic Result 8	Total
Strategic outcome	1	2	3	4	5	
Focus area	Crisis response	Root causes	Resilience building	Resilience building	Crisis response	
Transfer	346 749 577	429 640 023	758 671	1 176 480	21 648 446	429 640 023
Implementation	13 445 575	13 354 254	148 517	-6 286	1 781 435	13 354 254
Adjusted direct support costs						3 550 553
Subtotal						446 544 830
Indirect support costs (6.5%)						29 025 414
Total						475 570 244

TABLE 5: OVERALL ICSP COST BREAKDOWN AFTER REVISION (USD)						
	Strategic Result 1	Strategic Result 2	Strategic Result 3	Strategic Result 5	Strategic Result 8	Total
Strategic outcome	1	2	3	4	5	
Focus area	Crisis response	Crisis response	Resilience building	Resilience building	Crisis response	
Transfer	945 712 747	265 011 111	81 513 704	6 864 302	119 081 849	1 418 183 713
Implementation	53 504 203	26 273 353	9 687 289	2 062 187	9 852 829	101 379 861
Adjusted direct support costs	28 890 212	8 471 587	2 625 176	261 186	3 750 602	43 998 764
Subtotal	1 028 107 162	299 756 051	93 826 169	9 187 675	132 685 280	1 563 562 338
Indirect support costs (6.5%)	66 826 966	19 484 143	6 098 701	597 199	8 624 543	101 631 552
Total	1 094 934 128	319 240 195	99 924 870	9 784 874	141 309 823	1 665 193 890

Acronyms used in the document

CBT	cash-based transfers
CFA	cash assistance for assets
DRC	Democratic Republic of the Congo
FAO	Food and Agriculture Organization of the United Nations
FFA	food assistance for assets
GAM	global acute malnutrition
ICSP	interim country strategic plan
IDP	internally displaced persons
IPC	Integrated Food Security Phase Classification
MAM	moderate acute malnutrition
PLW	pregnant and lactating women
PLWG	pregnant and lactating women and girls
PRONANUT	National nutrition program
SAM	severe acute malnutrition
UNHAS	United Nations Humanitarian Air Service
UNHCR	the Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WHO	World Health Organization