

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

REPUBLIC OF CONGO

Appeal no. 01.42/2003

Click on programme title or figures to go to the text or budget

	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	135,022	175,000
2. Disaster Management	27,647	30,000
3. Organizational Development	50,394	55,000
Total	213,602¹	260,000

Introduction

Since the civil war, when its volunteers were highly praised for their first-aid services to victims, the Congolese Red Cross has shifted its focus to supporting its population on a more structural basis, especially in the field of health. Of its 13,000 national society volunteers, many of whom gathered experience during the war, 626 have been trained in CBFA while 238 were trained to fight AIDS, and more than 850 to support polio, malaria or other activities.

The Republic of Congo Red Cross Society (CRC) is slowly recovering from the war when it lost nearly all of its assets and has again a national headquarters, as well as offices in Brazzaville, Pointe-Noire, Dolisie, Kinkala and Owando. In appreciation for the many services rendered by the volunteers, the national society received two vehicles and a subsidy allocated by the Government. Some regional authorities have furthermore allocated premises for regional offices but these will need to be renovated.

This appeal focuses on supporting the CRC in strengthening its basic health activities within the National Health Development Plan which sets out the official framework for health activities in the Republic of the Congo. All projects in this plan are designed to solve priority problems that were identified by the Government and include the fight against STDs/HIV/AIDS in Brazzaville and Pointe-Noire, fighting Ebola Haemorrhagic Fever in Cuvette Ouest and support for the health system in the region of Cuvette Centrale, frequently affected by floods. The Congolese Red Cross is involved in the Ministry of Health's coordination mechanisms. The appeal also seeks support to cover organisational development efforts and the promotion of humanitarian values.

The main beneficiary of the proposed programs is the Congolese population, in particular the nearly 650,000 young people in the four selected localities whose future is at risk in view of the HIV/AIDS pandemic.

Information will be provided and safe behaviour will be promoted through an STD/HIV/AIDS community-awareness network and through the establishment of discussion centres and AIDS

¹ USD 146,563 or EUR 145,227.

² These are preliminary budget figures for 2004, and are subject to revision.

clubs in an attempt to reduce the incidence of the virus. Persons living with AIDS, in particular those monitored in the two outpatient clinics at Pointe-Noire (850 clients) and Brazzaville (650 clients) and in the three health facilities at Dolisie and Owando, will benefit from psycho-social support both at the reference centres and at home.

An estimated 15,000 family members of AIDS patients, (5 persons per family for the approximately 3,000 sick persons being monitored) will be taught how to provide care at home. They will also receive food items and farming kits and benefit from income-generation micro-projects.

Further beneficiaries are the population of the flood-prone zones, the approximately 110,000 persons who are cyclically affected by flooding. There the health structures will receive financial, material and technical support to allow them to improve the health workers' working environment and training. The involvement of Red Cross volunteers in IEC, EPI and other activities that need social mobilisation will boost the outreach capacity of these centres. Volunteers will also be better prepared to respond to floods.

National context

The population of the Republic of Congo is estimated at 3,100,000 (2002), most of whom are young people (56%). Two-thirds of them live in the two large cities, Brazzaville and Pointe-Noire (The State of the World's Children 2001, UNICEF). Although the Congo is among the countries with an average human development, with a per capita GNP of US 680 (2000), its main social and health indicators are relatively low: life expectancy (48.8 years), infant mortality rate (81/1000 live births), mortality rate of children under 5 (108); maternal mortality rate (890 for 10,000 live births); persons with HIV between the ages of 15 and 49 (9.8%), number of doctors (49 per 100,000 inhabitants, literacy rate of young adults between the ages of 15 and 24 (96.7%), schooling by age group.

These indicators illustrate only part of the problems the Congo is facing, especially in the field of health. There is a high morbidity and mortality due to malaria, diarrhoea, measles, tuberculosis, meningitis. AIDS has become the primary cause of mortality. And while 9.8% of the population is HIV-positive, with peaks in Brazzaville (12%) and Pointe-Noire (22%), still 30% of men and 40% of women in these two have never heard of AIDS. (CAP survey on reproductive health. Report on the analysis of the results. Brazzaville. July 2000). Many remain unaware of its patterns of transmission and don't know how to protect themselves against the virus. Thus, in Brazzaville, only 75% of men and 64.5% of women are in favour of condoms.

The country frequently faces disasters of various types:

- Cyclical floods between December and February regularly cause serious material damage and sometimes take human lives in the Congo. According to the Congolese Meteorological Agency, flooding in 2001-2002 was exceptionally bad in the localities of Mossaka, Lokoleta and Ntokou in the region of Cuvette, and Mokotipoko in the Plateaux. Of the 72,648 persons who are living in 103 villages along the 700 kilometres of river bank, 33,855 of whom had to abandon their homes last year because of floods.
- For the first time in its history, the country suffered from an epidemic of Ebola Haemorrhagic Fever in the area bordering on Gabon in Cuvette Ouest. There were 4 epidemic episodes (3 in Mbomo and 1 in Kellé), with 61 cases (35 in Mbomo and 24 in Kellé), 50 of whom died (27 in Mbomo and 23 in Kellé), and more than 453 contacts (392 in Mbomo and 61 in Kellé). A team comprising the Government, WHO, MSF-Netherlands and the Congolese Red Cross responded to the emergency. The epidemic was brought under control by combining care for the sick, epidemiological surveillance of contacts and increasing the population's awareness.

The Congolese Red Cross, trained 62 volunteers in the three districts who continue to raise the community's awareness.

- Since April 2002, intense fighting has been reported between the loyalist forces and the former Ninja militia, in the region of Pool. This triggered large scale population displacements around Loutété in Bouenza, and Djambala in the Plateaux and Brazzaville. Since humanitarian organisations have no access to the area, it is difficult to have a precise idea of the number of affected people or of the conditions they are facing. For that reason it was decided not to include the support to this affected population in this appeal. A separate appeal might, however, be launched at a later stage if necessary.

National Society priorities

The Congolese Red Cross, strengthened by its experience and supported by its Red Cross partners (the Federation, the ICRC, Participating National Societies) as well as others including WHO, UNICEF, UNFPA and MSF, is increasingly balancing its emergency response efforts with a longer term support to the provision of basic health care to the population and is, for example, engaged in social mobilisation, home care for persons living with AIDS and the training of their relatives. It intends to consolidate the efforts of the past, including in Brazzaville and Pointe-Noire in a first phase and to extend the project to Dolisie and Owando in Cuvette Centrale in a second phase during which teams will be established to care for persons living with AIDS. Food will be distributed, anti-AIDS clubs will be set up in schools, at the university, in businesses, in the general administration and in the community.

The CRC remains the only humanitarian organisation with a presence in all regions of Congo. Indeed, wherever people live, there is at least one Congolese Red Cross volunteer. It is hence a key partner to the Republic of Congo authorities in matters of emergency relief and is often called upon to respond to disasters. It reacts quickly, even under difficult conditions as was the case in April and June 2002 when rebel forces attacked parts of Brazzaville and CRC was the only organisation to collect the wounded and help the sick, the elderly and unaccompanied minors. The Red Cross wants to further train its volunteers, in particular to allow them to respond to future episodes of Ebola Haemorrhagic Fever in Cuvette Ouest and to the recurrent floods in the region of Cuvette Centrale.

The promotion of humanitarian values is certainly relevant in a country that is still in the aftermath of civil strife and needs to be better supported.

To improve the sustainability of its efforts, the Congolese Red Cross needs to strengthen its management capacities and to improve its financial basis. The CRC has only a few operational income-generation projects, namely cafeterias in Brazzaville and Kinkala and a project to sell cards. The health centre at Pointe-Noire is also generating some minimal income.

Red Cross and Red Crescent Priorities

To guide the support to the CRC, the FEDERATION has drawn up an assistance strategy that takes into account limited (lack of) resources available to the Society on the one hand and the CRC's capacities to absorb and manage support on the other hand. Reorganisation of the CRC structures is urgently needed but can presently only be carried out to a certain extent in view of the difficulties the country is currently facing. Assistance will hence need to be based on priorities and the proposed program, for this reason focuses on the local branches in Brazzaville, Pointe-Noire, Dolisie, Nkayi, Owando, Kinkala and Cuvette Ouest.

The Federation will help the CRC develop structures and train volunteers in five selected branches in Cuvette Centrale, frequently affected by flooding. The main objective is to build the local committee's capacity to respond to the population's needs during floods.

The Federation and the Spanish Red Cross will boost the capacity of the CRC to support the Ministry of Health in fighting STD/HIV/AIDS, malaria, polio, sexual violence and Ebola Haemorrhagic Fever, and will help the branches in improving the hygiene and sanitary conditions in targeted localities.

Assisting the Society to restructure its will remain a key task for the FEDERATION and the ICRC for at least another two to four years. The process will be started from the bottom up and introduced in five selected branches as a pilot for a more global change process that needs to be implemented as soon as conditions permit. The process will be aimed at helping the CRC restructure its branches, facilitate the holding of provincial assemblies and expand its income base through the establishment of income-generation projects.

The ICRC continues to support the CRC in its activities to disseminate international humanitarian law in the armed forces, among the former militia and young people in general, as well as to improve the circulation of information in all directions.

Priority programmes for Secretariat assistance

1. Health and Care w<[Click here to return to the title page](#)>

Background and achievements/lessons to date

The 2003-2004 health programme is an integral part of the Congolese Red Cross's development programme and builds on lessons learned from the past when some major problems came up during programme implementation - lack of material and financial resources, management issues including complicated procedures for payment sometimes resulting in long delays and weaknesses in the volunteer management. The programme, however, also enabled the Congolese Red Cross to train some of its human resources, structure some of its local committees, develop a communications network with 8 HF radio stations, have audio-visual equipment and an office, and set up two discussion centres.

In carrying out the programme as proposed in this appeal, the CRC aims to continue and strengthen its co-operation with the Ministry of Health and other relevant partners. The Society has been working with quite a number of partners in the past. Since 1998 the reproductive health project has been financed by UNFPA and carried out in partnership with the International Rescue Committee (IRC), MSF and local NGOs, co-ordinated by the General Directorate for the Population. The AIDS programme was carried out with the support of UNFPA in 2001-2002. The AIDS network was involved in awareness activities and the training of peer educators. The "Improved Access to Care in the region of Pool" project was funded by the German Red Cross and UNICEF. The Ebola project was carried out jointly with WHO and MSF-Netherlands, co-ordinated by the General Directorate for Health.

Overall Goal

The Congolese Red Cross, through its network of volunteers, will have contributed to a reduction in the main diseases through its support to the Ministry of Health, strengthened partnerships with the other health actors, and the access given the population to good information on health related issues.

Programme Objective

The Congolese Red Cross will have been involved in the Ministry of Health's and the Regional Directorate for Health's coordination activities, and will have meaningfully involved its volunteers in community-based health activities.

Expected results

1. Persons living with HIV/AIDS and fighting STDs at Brazzaville, Pointe-Noire, Dolisie and Owando.

- Less transmission of HIV in the most exposed groups, namely young people, soldiers, prostitutes, lorry drivers and others, and better care for persons living with AIDS.
- Better reproductive health services.
- Better access to care in Cuvette Centrale and quality services at the six health centres receiving support.
- Access to good information on STD/HIV/AIDS advocating simple prevention measures changes the behaviour of 70% of the populations targeted.
- The outpatient clinic and other health centres in Brazzaville, Dolisie and Pointe-Noire have been supported in providing home care for persons with AIDS and have provided social support for persons living with HIV/AIDS.
- The 75 Congolese Red Cross volunteers trained have organised peer awareness sessions designed to change their behaviour with regard to HIV/AIDS, particularly among young people and people at risk.
- Two discussion centres have been created and are operational at Dolisie and Owando. The two centres at Brazzaville and Pointe-Noire continue to provide young people access to good information.
- 55 peer-educators trained have each organised on average two information, education and communication (IEC) sessions per week in their respective districts in Brazzaville and Pointe-Noire, i.e. a total of 5,280 educational talks.
- 22 volunteers trained have made 5,280 home visits to sick persons.
- 90% of persons with AIDS monitored have at least one relative or friend nearby, trained to help them regularly with good psycho-social support. All the sick persons monitored have received supplementary food rations every month during the 12 months of the project.
- The frequency of complications due to opportunistic infections have dropped by at least 50% among the sick persons monitored. The number of persons who drop out of sight of the outpatient clinics has decreased from 8.7% to 4%.
- 1 income-generation micro project is operational in 50% of the families of sick persons being monitored.

2. Disaster Management w<[Click here to return to the title page](#)>

Background and achievements/lessons to date

In recent years, flood waters have risen to unexpected high levels in the region of Bassin Central. Regions that had never been affected before were partially or totally submerged. Populations living on the riverbank, although well used to floods, find it difficult to cope with the evolution. Families, often highly vulnerable, suffered the destruction of their homes, loss of goods and belongings, loss of harvests, destruction of farming land and a significant increase in malaria, respiratory infections, diarrhoeal diseases and skin diseases. In March 2002, the CRC took part in a joint Government mission to assess the population's needs and capacities and decided to increase the operational capacities of its provincial committee in Bassin in order to better respond to heavy floods in the future. With its solid experience in first-aid and good contacts

with the various communities, the CRC is well placed to promote community based disaster-preparedness to cope with these floods.

Overall Goal

Communities living in the Cuvette better able to cope with effects of flooding and disease

Programme Objective

The Ministry of Health receives support in responding to cyclical floods in Cuvette Ouest from the existing but upgraded health teams, better management mechanisms and better intervention arrangements at the CRC regional committee.

Expected result

1. Support to services in the regions of Cuvette Centrale and Plateaux
 - 15 local Red Cross volunteers and 30 community members trained to better respond to floods in Cuvette Centrale.
 - The 45 people trained are continuously involved in community awareness activities
2. Fighting EBOLA Haemorrhagic Fever
 - Social mobilisation activities focusing on EHF have been carried out in the four districts exposed to the infection involving 82 volunteers.
 - Increased awareness among 100% of the population in the four districts and 75% have changed their view of EHV (accepted the disease exists).

3. Organisational Development W [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

The National Society has worked out a plan of action to guide its development in 2003 - 2004. Although the Society has been in existence for 38 years, it is still not a well-functioning National Society. There is no comprehensive development plan, prepared on the basis of objective data, no medium- or long-term planning, no clear separation between management and governance and no clearly defined health, disaster response or volunteer management policies. The commitment and potential of the organisation has nevertheless been proven, in particular during the relief operations in the successive conflict and post-conflict periods in the Congo.

Several programmes and projects (CBFA, polio, reproductive health, assistance to Cabindan refugees at Pointe-Noire, the fight against AIDS, improved access to care at Pool, Ebola in Cuvette - Ouest, Pirogue, etc.) have strengthened the National Society's capacities with regard to training, acquisition of equipment, income generation, improved partnerships with the other organisations and the Government, and its visibility and credibility among the population and other social partners has certainly improved.

This organisational development programme should contribute to further improve the image of the CRC among the public, and reduce its external financial dependence. By strengthening one of the few networks that is committed to the promotion of humanitarian values, one also invests in the stability of the country

Programme Objective

The Congolese Red Cross is financially and technically self sufficient and able to cope with the main challenges it faces using its network of volunteers and its infrastructure.

Expected result

1. Support the strengthening of the CRC's local branches, including:
 - Strong complementarity of management and governance at all levels (national, between the Management Committee and the General Secretariat, regional between the Bureau of the Regional Committee and the General Secretariat, and local between the Bureau of the Local Committee and the General Secretariat);
 - Human resources in place to boost the operational capacities of the central structure and the branches of the Congolese Red Cross;
 - A larger degree of material and financial self sufficiency of the National Society at the local, regional and national levels;
 - 5 communal and regional committees well trained and actively involved in resource development activities.
 - Better quality of project design and management at the various levels of the Society.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.42/2003

Name: Republic of Congo

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	4,000	3,500	0	0	0	7,500
Teaching materials	608	0	0	0	0	0	608
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	608	4,000	3,500	0	0	0	8,108
Land & Buildings	0	10,000	0	0	0	0	10,000
Vehicles	0	6,750	0	0	0	0	6,750
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	16,750	0	0	0	0	16,750
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	16,213	626	0	0	0	0	16,838
TRANSPORT & STORAGE	16,213	626	0	0	0	0	16,838
Programme Support	3,311	8,776	1,797	0	0	0	13,884
PROGRAMME SUPPORT	3,311	8,776	1,797	0	0	0	13,884
Personnel-delegates	5,640	0	0	0	0	0	5,640
Personnel-national staff	0	66,820	12,050	0	0	0	78,869
Consultants	0	0	0	0	0	0	0
PERSONNEL	5,640	66,820	12,050	0	0	0	84,509
W/shops & Training	1,250	4,400	8,000	0	0	0	13,650
WORKSHOPS & TRAINING	1,250	4,400	8,000	0	0	0	13,650
Travel & related expenses	9,000	9,050	0	0	0	0	18,050
Information	0	22,625	1,550	0	0	0	24,175
Other General costs	14,912	1,975	750	0	0	0	17,637
GENERAL EXPENSES	23,912	33,650	2,300	0	0	0	59,862
TOTAL BUDGET:	50,934	135,022	27,647	0	0	0	213,602