

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

THE DEMOCRATIC REPUBLIC OF THE CONGO

Appeal no. 05AA035

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

For further information please contact the Federation Secretariat, Africa Department: Christophe Grosperre, Acting Regional Officer for West and Central Africa, email christophe.grosperre@ifrc.org, phone 41.22.730.43.13. Please also refer to the full contact list at the end of this Appeal, or access the Federation website at <http://www.ifrc.org>

Click on the title below to go to the relevant text; click on the figure to go to the programme budget

| Programme title | 2005 in CHF |
|---|------------------------------|
| Strengthening the National Society | |
| Health and care | 622,318 |
| Disaster management | 182,622 |
| Humanitarian values | 9,550 |
| Organizational development | 758,095 |
| Coordination and implementation | 13,797 |
| Total | 1,586,382¹ |

¹ USD 1,260,000 or EUR 1,021,800.

National Context

The Democratic Republic of Congo (DRC) has been characterized by very weak governance and great instability which caused the collapse of all public services and infrastructures and large-scale erosion of its national resources. Refugee influx also led to the political instability which began in 1997. Although the intensity of the conflicts has lately declined, the situation is still a source of concern. Since mid-2003, there have been renewed clashes in South Kivu and in the Ituri between Hema and Lendu. These conflicts have led to several deaths and forced displacement from home. The affected populations living in the eastern province and parts of Kasai and Equateur provinces live in conditions of utmost poverty, with levels of malnutrition and virtual absence of primary health care facilities.



Human Development Indicators at a Glance

| Category | Dem.Rep. of Congo | Sub-Saharan Africa | World |
|---|-------------------|--------------------|---------|
| Total population (millions) | 51.2 | 641.0 | 6,225.0 |
| GDP per capita (USD) | 111 | 469 | 5,174 |
| Life expectancy at birth (years):Female - Male | 42.4 – 40.4 | n.a. | n.a. |
| Infant mortality rate, per 1,000 live births | 129 | 108 | 56 |
| Maternal mortality per 100,000 live births (adjusted ratio)(2000) | 990 | n.a | n.a |
| Population (%) with sustainable access to an improved water source (2000) | 45 | 57 | 82 |
| HIV prevalence (% , ages 15-49) (2003) | 4.2 | 7.7 | 01.1 |
| Adult literacy rate (% , ages 15 and above) Female - Male | 51.8 – 74.2 | n.a | n.a |

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

Armed conflict, disease and malnutrition, combined with the inability to meet their families’ needs, force many women to turn to prostitution thus exposing themselves to HIV/AIDS. Only 12% of women in the DRC have adequate HIV/AIDS prevention knowledge. Consequently, there is a high HIV/AIDS prevalence of especially among the unemployed. The HIV/AIDS constitutes a serious public health problem in the DRC. An estimated 5% of the adult population aged 15 to 49 years is infected.

Most often, rape victims give testimonies after their release. A 17 year-old girl who was released in March 2004 gave a moving testimony of her three-month ordeal: “Each of us was raped not less than 9 times per day, with the peak at night time. The military would exchange partners when they felt like it...; we had to show a sign of obedience.” Several women and younger girls are victims of these degrading actions which lead to loss of the joy of living; trauma and infections by HIV/AIDS/STI and other diseases.

Their socio-economic reintegration remains a puzzle for many organizations working in Congo. Feeling of fear, hatred, loneliness and guilt take root in the victims. This is aggravated by stigmatization, marginalization and loss of dignity. Given these humanitarian challenges and violence resulting from the war started in 1997, a national peace culture is encouraged particularly, in the four Eastern provinces: Oriental, Maniema, North and South Kivu.

Democratic Republic of Congo; Annual Appeal no. 05AA035

Health services in eastern Congo have collapsed completely, leaving little hope for medical care for victims of rape and other acts of sexual torture and little possibility of screening or treatment for the HIV/AIDS virus. Some experts suggest that the HIV/AIDS prevalence could exceed 50% among the military in the region. In such circumstances, rape is tantamount to a death sentence. The report also provides information on how husbands, families and communities have rejected rape victims because they were suspected of being infected with AIDS.

There is a very marked increase in the incidence of STI, commercial sex and maternal mortality. The number of abortions has also risen; DRC is among the countries with the highest child mortality.

The national society with financial support from the Federation and available human resources has strengthened its activities and helped the target populations to improve their understanding of HIV/AIDS/STI prevention through simple measures and home care as well as reduce stigmatization through the creation of anti-AIDS clubs in schools and universities. These activities are conducted in collaboration with the PNLS. The Red Cross of DRC volunteers have taken part in the annual vaccination campaigns through which four million children have been vaccinated annually in four provinces - Kinshasa, Lower Congo, Bandundu and Katanga.

For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

| | |
|--|---|
| CAP – UN Consolidated Appeal Process | IHL – International Humanitarian Law |
| CAS – Cooperation Agreement Strategies | Movement - International Red Cross and Red Crescent Movement. |
| CBFA – Community-based first aid | |
| CBH – Community-based health | PIC – Congo Initiative Programme |
| DMG – Disaster Management Group | PLWHA - Persons living with HIV/AIDS |
| DRC – The Democratic Republic of the Congo | PNLS – National AIDS Control Programme |
| HF / VHF – High frequency / Very-high frequency (radio) | PNS - Partner National Society(ies) |
| IDP – Internally-displaced person(s) | STI / STD - Sexually-transmitted infections / diseases |
| IEC – Information, Education, Communication | VCA – Vulnerability and capacity assessment |
| | |
| ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/ | |
| ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/ | |
| FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/ | |
| Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp | |
| Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp | |
| Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp | |

Red Cross and Red Crescent Priorities

National Society Strategy/Programme Priorities

The Red Cross of the Democratic Republic of the Congo⁵ carried out a thorough diagnosis of its financial and administrative systems with Federation support which revealed that the Swiss Red Cross-funded organizational development (OD) activities needed strengthening. The diagnosis also revealed the national society's dependence on contributions from the government, PNS, the Federation and the ICRC. While the ICRC contributes to 29% of its income, 16% comes from the Federation, 8% from the Belgian Red Cross, 7% from the Spanish Red Cross and 19% in government subsidies.

⁵ Red Cross of the Democratic Republic of Congo - <http://www.ifrc.org/where/country/check.asp?countryid=187>

Democratic Republic of Congo; Annual Appeal no. 05AA035

The Red Cross of DRC at a glance

| | YEAR | COMMENTS |
|----------------------------------|---------------------|---|
| Statutes | 2000 | A task force is being set up to revise the statutes for discussions in 2006 |
| National disaster plan | 2002, 2003 and 2004 | Mapping of risk zones in Kinshasa, Mbandaka and Mbuji Mayi |
| National development plan | 2004-2008 | |
| Self-evaluation | 2002, 2003 and 2004 | |
| Elections | 2000 | |
| Audit Annual | N/A | |

A 2004-2008 five-year strategic plan has been drawn up based on the recommendations of a needs assessment mission conducted in 2002; the recommendations point to managerial financial diagnosis and the logical framework approach to produce more concrete, high impact programmes. The Congo Initiative Programme (PIC) guides this plan using a community-based approach, through VCA and branch self analysis, capacity building, selection and implementation of activities in selected provinces. The PIC continues to focus on:

- Strengthening operational capacities and the national society's management through volunteer base enlargement, community involvement and use of local human resources. Others are strengthening partnerships and management improvement, promoting humanitarian values and the fundamental principles and a system of evaluation, reporting, financial, administrative and volunteer management.
- Disaster preparedness/response through the high-risk zones' mapping and community-based disaster management. It also involves the development of minimum resources for rapid needs evaluation, rapid disaster response and the creation of non-Red Cross disaster management (DM) groups in the targeted zones.
- Supply of basic services to the community such as WatSan, community support for Red Cross micro and income-generating projects, identification of local communities' health risks, establishment of CBH activities according to the Red Cross action priorities defined in ARCHI 2010 as well as attention to the needs of rape victims.

This appeal is based on the five-year plan, focusing on supporting the national society in reconstructing known and respected branches networks. The national society's is actively working to improve their projects and programmes' planning, implementation, management and monitoring capacities. To achieve these aims and effectively launch the programmes, three Federation delegates were recruited; the WatSan delegate to launch the PIC in Equateur province; while in 2003, two other delegates joined the team in Mbuji-mayi (Eastern Kasai) and Goma (North Kivu) to implement the PIC programme. These delegates have collaborated with their counterparts, coaches and provincial committees to improve management techniques at the national level and in the target provinces through appropriate training. The Federation will continue to support realization of the PIC programme in 2005.

Apart from the nearly resolved institutional controversies, (see below under OD) the national society's capacity has clearly improved at central, intermediary and local levels. The secretary general continues to implement the 2004-2008 strategic plans. Reporting has considerably improved due to trainings provided by the Federation.

Democratic Republic of Congo; Annual Appeal no. 05AA035

Movement Context:

| Partners | Health | First Aid | Disaster Management | Humanitarian Value | Organizational Development | IT/ Logistics | Others |
|-----------------------|---------------|------------------|----------------------------|---------------------------|-----------------------------------|----------------------|---------------|
| Federation | XX | XX | XX | XX | XX | XX | |
| Australian Red Cross | | | XX | | | | |
| Belgian Red Cross | XX | | XX | XX | XX | | |
| British Red Cross | XX | | XX | | XX | | |
| Danish Red Cross | XX | | XX | | XX | | |
| German Red Cross | | | XX | | XX | | |
| Finnish Red Cross | | | XX | | | | |
| Netherlands Red Cross | | | | | XX | | |
| Norwegian Red Cross | | | XX | | | | |
| Spanish Red Cross | XX | | | | XX | | |
| Swedish Red Cross | XX | | | | XX | | |
| Swiss Red Cross | XX | | | | XX | | |
| ICRC | XX | | XX | XX | | | |
| Other | | | XX | | | | |

Programme Initiative Congo (PIC)

The external group PIC evaluation in March 2004 (report available upon request) a year and a half after its launching is as a result of the fully justified implementation process; its ownership at the national and local levels within the four pilot provinces as well as the first results obtained in terms of impact on the population, the functioning of Red Cross culture and shared concerns on development.

The team report shows that the PIC structures at both central and intermediate levels generally have a good understanding of the programme. Although more effort needs to be made at some intermediate and local levels, in general, commitment is high at most levels.

The PIC second major orientation entailing communities' involvement and responsibility on related problems is yielding results. The concept of emphasising community participation in needs identification, planning, implementation and activities consolidation is increasingly becoming more visible. Provinces are sharing one or several successful experiences of community involvement.

Some meaningful and fruitful activities have been reproduced without Red Cross support in regions facing similar vulnerability. The population is already sensitized and local coaches are prepared to bring their own experiences.

In 2005, the Federation will continue to support the PIC program in Equateur, North and South Kivu, Kinshasa, Kasai, Oriental and Katanga provinces in redeveloping operational capacities, strengthening the disaster response and watsan procurement to improve the quality of services to the vulnerable with a better impact based upon relevant multiplication strategy.

Strengthening the National Society

Health and Care

Background and Achievements

Based on the Ouagadougou Declaration, the national society has since 2000 been committed to implementing the ARCHI 2010 health strategy, with emphasis on HIV/AIDS. It aims at making food security a strategic priority given that it is directly related to fundamental issues such as poverty and HIV/AIDS among others.

The ARCHI 2010 strategy has been applied in volunteer selection and organization of activities in the health zones in Kinshasa, Bandundu and Matadi provinces. In each programme, a coordinator supervises and monitors volunteers in their field activities. The national society implements other activities linked to programmes such as dissemination of Red Cross messages, street children care and rehabilitation of child soldiers among others, with support from partners such as: the Kalembelembe Orthopaedic Centre and Paediatric hospital. This has enhanced the national society's visibility and public image. Several partner national societies are interested in the Red Cross of DRC. This approach has enabled the top to bottom approach and proper volunteer management in various communities. Through the PIC multiplier approach, the health programme has focused on supplying basic health services to the community through identifying local health risks and setting up CBH activities in line with the Red Cross action priorities defined in the ARCHI 2010 process.

Goal: Improve the target populations' state of health in the four target provinces of the DRC.

Objective: The target vulnerable populations of Kinshasa, Equateur, and Eastern Kasai and North Kivu provinces have access to adequate health services as a result of the contribution of the Red Cross of DRC with partners' support.

Project: HIV/AIDS (Community-based approach through the PIC application to combat HIV/AIDS)

Expected Results:

The PIC in the target provinces has reduced the prevalence of HIV/AIDS.

- 100 trained and retrained volunteers per year.
- Awareness raising meetings have increased the general knowledge of the HIV/AIDS pandemic in the country.
- Through partnership with the Ministry of Health, 144,000 people learn about HIV/AIDS annually.
- Observation posts and discussion centres have facilitated access to HIV/AIDS information and services. Condom distribution has reduced the number of new cases of STI/HIV/AIDS.
- HIV/AIDS patients receive annual home visits. PLWHA and their families have a greater understanding of HIV/AIDS leading to behavioural change.
- The Congolese public has been sensitized on the necessity to support infected people leading to acceptance by families and the community. The awareness of Red Cross volunteers and staff and their families has increased. The number of infection cases among Red Cross members is markedly reduced.
- Appropriate information, education and communication (IEC) material is available to Red Cross members. A strong information officers' network exists in each of the four pilot provinces (Kinshasa, Goma, Mbandaka, Mbuji-Mayi) and the other new PIC provinces such as Bukavu and Katanga). Regular reports are received from these officers.
- Concerted action plans to combat STI/HIV/AIDS in Kinshasa, Goma, Mbandaka, Mbuji-Mayi, Bukavu and Katanga are implemented in the communities.

Democratic Republic of Congo; Annual Appeal no. 05AA035

Project: Malaria prevention (Community-based services through the PIC/ARCHI 2010)

Expected Results:

Malaria morbidity and mortality incidence is reduced in the target provinces.

- 686 grassroots IEC sessions have been held. The populations of Kinshasa, Lower Congo, Mbandaka and Bandundu are informed about malaria prevention. Twenty Red Cross volunteers are trained in malaria prevention techniques. They are actively involved in mass communications to reduce the malaria incidence.
- Four accessible mosquito net impregnation centres have been set up; three at Kinshasa and one Mbandaka. The malaria morbidity and mortality have been reduced. 3,000 Insecticide Treated Nets (ITN) are sold at the four centres.
- Concerted action plans to combat malaria through promoting ITN and proper sanitation have been set up in Goma Saké. The project is evaluated and duplicated in another province.

Using best practices from the PIC, sexual violence and discrimination against specific groups in the provinces of North and South Kivu are reduced. Reproductive health services to Kinshasa and other target provinces are improved.

- Ÿ Two quarterly sensitization sessions in the target communities of Rutsuru and Walikale in North Kivu and in the territories of Walungu, Kabaré and Fizi in the South Kivu help reduce sexual violence.
- Ÿ Peer education carried out by the anti-discrimination clubs established in the 50 localities targeted in North and South Kivu has helped to inform the public on the negative consequences of sexual violence and reduce discrimination against victims.
- Ÿ 80 % of targeted rape victims are provided with medical assistance in the five local health structures in Rutsuru, Walikale, Fizi, Walungu and Kabare.
- Ÿ 50 female victims of sexual violence and children born from rape and/or rejected by their fathers or husbands would be socially and economically reintegrated into the target communities.
- Ÿ Partnership between the Red Cross and the PNSR has strengthened the reproductive health services of Kinshasa. 45 trainers at Kinshasa are trained in IEC, counselling and condom distribution.
- Ÿ Two observation posts created at Kinshasa and IEC activities are carried out there.
- Ÿ Thirty nurses and 10 coaches in 10 (of the 25) Kinshasa health zones have been trained. A reference health centre at Kinshasa has medical equipment and specific essential drugs.
- Ÿ Two health centres have been refurbished at Mbandaka and Mbuji-Mayi.

Through the PIC, the surveillance and response to diseases with epidemiological potential have improved in the target provinces.

- Thirty supervisors at the national level and in four provinces (Eastern Kasai, North Kivu, Equateur and Kinshasa) are trained and capable of carrying out surveillance and response to diseases with epidemiological potential.
- 150 volunteers and community members trained and capable of carrying out surveillance and response to diseases with epidemiological potential.
- A functional epidemic management structure is set up in the chosen four provinces.
- An epidemics preparedness and response plan is drawn up in each province.
- Maps of the epidemic risk zones exist and are used in four provinces.
- Communication aids and a volunteer's manual for epidemics exist and are used in four provinces.
- Strategic relief stocks and sanitation equipment exist and are used in four provinces.

The PIC application has reinforced the communities and the local Red Cross capacities in Mbuji Mayi, particularly in the locality of Misesa to prevent, mitigate and respond to cholera.

- The communities have analysed the problems and developed a plan of action to fight against cholera.
- The populations have been sensitized and apply the rules of hygiene.
- Latrines are available in households and accessibility to potable water has improved.
- A system of community surveillance of cholera is in place in Misesa and in the rest of Dibindi. Coordination and monitoring mechanism is established.
- The project provincial committees' capacities are reinforced.
- Construction of latrines and sanitation measures in the town of Mbuji Mayi to combat cholera.
- Strategic relief stocks and sanitation equipment exist and are used in Mbuji Mayi.

Democratic Republic of Congo; Annual Appeal no. 05AA035

The PIC application in target provinces has improved the quality of water supply and environmental sanitation for the vulnerable populations.

- The populations' watsan needs are determined and activities are in progress in the identified zones.
- The number of people with access to potable water increase; sanitation activities in the identified zones have substantially increased.
- Red Cross counterparts, coaches and volunteers received training for the task.
- The activity has been duplicated in two other provinces.
- 500 volunteers in Mbandaka and Boende have a better understanding of WatSan.
- The populations are well sensitized, have good hygiene practices and actively participate in the projects.
- A kit (picture box) for awareness-raising sessions is available.
- Six wells are constructed and 15 sources provided at Mbandaka; the population has access to drinking water.
- Five public latrines and 800 family latrines constructed.
- 800 families acquired good hygiene practices.
- The provincial committee has sanitation equipment.

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC HIV/AIDS>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035HH.pdf

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Community Health>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035HC.pdf

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC ARCHI>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035HA.pdf

Disaster Management (DM)

Background and Achievements

The Red Cross of DRC has invested much time in volunteer training in disaster response in all provinces. Since 2001, the national society, with Federation and the ICRC support, has trained 105,000 volunteers in CBFA. Other areas include the ARCHI process, needs identification of the vulnerable, VCA and disaster preparedness. These techniques have been used in disaster response (population movements, Nyiragongo volcanic eruption at Goma, floods at Mbandaka and Kinshasa).

The provincial committees have worked with the Federation and local authorities to evaluate disaster situations. They have relayed information to the authorities and provided relief to the affected populations. The Red Cross provincial branches of Kinshasa, Mbuji Mayi and Mbandaka have provided relief to flood victims in Kinshasa, Mbandaka, Mbuji Mayi and other provinces. During population movements and other disasters, the North and South Kivu, Lower Congo, Bandundu and Equateur branches responded rapidly with food and non-food items.

The national society has carried out a risk mapping exercise (floods and erosion) in several communities of Kinshasa and Mbandaka leading to the production main risk zones maps and the corresponding capacities of the Red Cross and the health services. The national society is now reproducing the same exercise in two other provinces in the next two years. The Red Cross of DRC works with the communities and volunteers to develop disaster response plans at community and provincial levels. The Society's Secretariat and provincial committees' disaster preparedness plans are coordinated with other agencies and organizations to include tracing activities, first aid teams, early warning teams and community evacuation plans.

One of the key lessons learned in 2004 (PIC report - April 2004) was that besides the "first-aider" role that local authorities like very much, with PIC, a Red Cross member is given a "development" mission, which for some is a serious shift. The member becomes a resource person, a trainer and accompanying agent with a challenge of getting much done with limited means. Integrated in the community, the individual is a catalyst with a double dimension. Community approach also implies using non-Red Cross member volunteers, for example, during VCA or, in sensitization missions. Therefore, this volunteer network becomes a force to facilitate initiatives "anchorage". This dimension is yet to be well understood in all pilot provinces and effective solutions need to be provided.

Democratic Republic of Congo; Annual Appeal no. 05AA035

In addition to creating disaster management groups (DMG) and building capacities, the Red Cross encourages the local community to prepare their own local response mechanisms towards emergency situations in case of disasters. Using PIC's multiplier method, the disaster management programme aims at developing improved risk maps, community-based disaster management, supply of minimum resources (human, structural and material) necessary for rapid evaluation and response to needs caused by disasters, and the creation of non-Red Cross disaster management groups in target zones of identified provinces.

Goal: The target provinces are in a position to predict, prepare and respond to disasters that impact their daily lives.

Objective: Through the PIC, selected communities of Kinshasa, Mbandaka, Mbuji Mayi, Goma, Bukavu and Lubumbashi are informed on the risks and are better positioned to predict and manage disasters with the local authorities' coordination and partners' support.

Project: Disaster knowledge and planning through the PIC approach

Expected Results:

Risk mapping and disaster planning are carried out in the targeted communities.

- Following the successful mapping exercise at Kinshasa and Mbandaka, the new terms of reference is accepted by the Congo Geographic Institute and Mettelsat to support the provincial committees to undertake mapping exercises and use the results for disaster planning.
- The provincial committees of North Kivu (Goma), Eastern Kasai (Mbuji-Mayi) and two other provinces have agreed with their respective local authorities and some NGOs to carry out the mapping exercise.
- With the support of the Federation's disaster preparedness delegate, the provinces of North Kivu, Western Kasai (Mbuji Mayi) and two other provinces undertake mapping of risk zones.
- Twenty-five Red Cross volunteers from each of the newly targeted provinces are trained in risk mapping techniques using ARCHI tools, VCA and other research techniques.
- Each of the 50 Red Cross coaches is assigned a specific community to train and coach non-Red Cross disaster management groups to set up preparation of risk mapping and develop response plans.
- Following the preparation of risk maps, each of the targeted provinces has developed a database of the existing risks.
- The vulnerability and capacity of the communities and institutions in South Kivu and Katanga are analyzed, known and taken into account in planning activities.
- Concerted action plans to reduce vulnerability are set up in the communities.
- The Red Cross coach has guided the DMG in the preparation of community disaster response plans and manuals. The Red Cross and DM groups presented these plans and manuals to the local authorities and have come to an agreement with them. The local authorities have used the plans to develop provincial preparedness and response plans.
- The DMG have organized simulation exercises to test and modify their disaster preparedness plans.
- The secretariat assists headquarters in the search of support to supply each of the two newly identified provincial committees with stocks of relief materials such as first aid kits, stretchers, uniforms, blankets and boots. The provinces have taken steps to replenish their stocks with the funds from income-generating micro-projects.
- Various provincial committees have provided the DMG with basic disaster response equipment. The DMG will mobilize resources to replenish the stock of these items.
- The process in the two provinces is evaluated and conclusions shared with the provincial committees. In return, the committees have determined the need for replication in other communities. The headquarters' coordination committee has decided in which province(s) the project is to be replicated.
- A special detachment is deployed to analyse all existing DM guidelines and rules. The central committee has discussed and approved the draft DM policy project. All provincial committees have been provided with a policy document and guidelines for this project.
- Effective multi-disciplinary DM committees exist at national level (Kinshasa) and in the two provincial committees and selected communities. The heads of disaster preparedness and response departments at secretary general level and in the two provinces have effectively contributed to the questions raised at disaster

Democratic Republic of Congo; Annual Appeal no. 05AA035

coordination meetings (OCHA, UN and others). The Red Cross serves in several sectoral disaster management detachments.

- The headquarters and selected provinces are well equipped with VHF and HF radios, facilitating communication between the headquarters and the provinces.
- The selected communities in five provinces have become more aware of disasters and their impact on the environment thus action is being taken to mitigate local disasters. There is a marked decrease in the malaria incidence in the selected communities.
- A database of the most popular media exists at the headquarters and in the three provinces. The Red Cross of DRC has good relations with the media. Press releases and articles on Red Cross disaster activities are continuously broadcast.
- The Federation's World Disasters Report, launched by the Ministry of Health, is widely disseminated and appreciated by specific groups.
- Disaster awareness days in schools, communities, government and other institutions have influenced attitude change towards disaster issues.

Project: Using best practices from PIC to strengthen operational DM capacities.

Expected Results:

Disaster mitigation training activities are carried out in the selected provinces.

- A Red Cross of DRC approved training strategy guides all actions in relation to development of human resources.
- An effective system of appropriate training to first aid workers and personnel is established at the provincial level (South Kivu and Katanga).
- 1,750 first aid workers in the selected provinces are trained or retrained. The human resources base has increased in size.
- 3,750 new volunteers received CBFA training organised in the five provinces.
- 300 volunteers in each province (1,500 in all) are actively involved in disaster mitigation awareness raising techniques resulting in a decline of national disasters.
- 1,750 experienced volunteers are actively involved in lifesaving first aid services in the event of river accidents and continue to educate the populations living along the banks of the Congo River on disasters.
- Five communities in each of the target provinces have been trained in ARCHI 2010, CBFA and the fundamental principles of the Red Cross. Supported by the Red Cross coach, the DMG have set up disaster response teams which actively respond to local disasters.
- 30 members of governance and management have been trained in disaster preparedness, mitigation and response. They provide more support to the disaster preparedness and response department.
- Project evaluation has been positive and the cycle is repeated in two other provinces.

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035DM.pdf

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Disaster Preparedness>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035DP.pdf

Humanitarian Values

Background and Achievements

The ICRC, with the Federation's collaboration, supported the national society in carrying out activities to improve its image, promote Red Cross knowledge and ensure visibility. The national society needs to promote humanitarian values as defined in Strategy 2010 to achieve this goal. Concretely, the action consists in promoting IHL and the fundamental principles as well as protecting the emblem through preventing its misuse. The humanitarian standards need to be disseminated in schools to enhance similar projects undertaken in Kinshasa in collaboration with the Belgian Red Cross. Furthermore, to cope with the increase in discrimination and violence, the national society has reviewed its strategies over a five-year period (2003-2008) to consolidate its relations with grassroots communities, government and opinion leaders.

Following the July 2002 Barcelona commitment to combat discrimination and reduce HIV/AIDS related stigma, the national society will focus on prevention, awareness-raising in the communities to promote advocacy and a reduction in HIV/AIDS.

Goal: There is an improvement in respect for human life, more effective solidarity with the vulnerable, their families and groups and a more cohesive community.

Objective: Discrimination, stigmatization and rejection are reduced in the provinces of Eastern and Oriental Kasai, North and South Kivu and Katanga

Project: Using the PIC approach to understand local realities better as a way of combating discrimination.

Expected Results:

Through the PIC application, discrimination is reduced and humanitarian values are respected.

- Traditional, political and administrative authorities, schools, churches and mosques are sensitized on the issue of integration of pygmies;
- The volunteer base within the pygmy communities has grown;
- Schools, churches and mosques are sensitized to PLWHA stigmatization issues.
- Communities are sensitized to non-discrimination on ethnic grounds as well as respect and non-violence towards women;
- The Red Cross journalist clubs for advocacy against discrimination and stigmatization are strengthened.

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Humanitarian Values>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA035HV.pdf

Organizational Development

Background and Achievements

The Red Cross of DRC has been faced with another serious institutional crisis following the publication of a memorandum of three key members of its Steering Committee which raised serious accusations against the president of the national society. It was addressed to the Central Committee in November 2003 and a nine-man committee was set up to investigate these issues (report is available upon request).

In July 2004, the Central Committee approved the committee's report and recommendations. It entrusted a special committee to follow up on the reviews and strengthening of the financial procedures and in mediating between members of the Executive Committee. This committee is comprised of three delegates from the three partners; the government delegate (Ministry of Health), the Central Committee member and the Legal Advisor.

The concerned parties are obliged to sign and respect a written commitment in which they agree not to do anything that could compromise the national society's future. There is hope that these new decisions will restore calm within the national society. The Movement's components, the Federation in particular, are expected to continue to accompany the national society in this very fragile reconciliation process.

The national society's own resources make up only 20% of total receipts. Diminishing donor support to overhead expenses over programmes, is putting the national society in a very precarious position. It continues to strengthen

Democratic Republic of Congo; Annual Appeal no. 05AA035

its human and material resources but lacks regular funding to maintain these structures. This poses a serious long-term threat unless timely measures are taken. The national society has scaled down its human resource base and self-administered a diagnosis which showed that 63% of the headquarters costs are used to cover volunteer allowances. Consequently, the strategic plan stresses scaling up revenue generation activities to maintain operating costs. For example, more than 80% of planned activities in the first six months in 2001 and 2002 could not be carried out due to inadequate funding.

More qualified people mainly from the business sector now constitute the fund-raising committee. The committee had to identify clearly defined strategy and fund-raising policies for the next five years. Income-generating activities such as the sale of membership cards, sale of bus passes, moderate rates charged at the Red Cross medical centres, as well as some sanitation activities, training and the refurbishing and transfer of ownership of its restaurants, have been stepped up. The ICRC, the Federation and other partners have manifested their interest in contributing to income generating projects. With greater financial autonomy, the national society will demonstrate more ownership of their programmes as the partners contribute less to overheads and more to programmes.

The Federation helped the national society build its capacities by improving its human and material resource management as well as its financial management systems in 2003. Seven fairly used computers were donated to the headquarters and the Federation will be assisting in the installation of an integrated system, with internet connection with a view of providing wider access for its branches. The HIV/AIDS campaign was launched with funds from the second half of 2003 in the provinces of Kinshasa, Bandundu and Lower Congo. Furthermore, with the financial support of the Federation, the Canadian Agency for International Development (CIDA) and the British Red Cross, the national society organized simultaneous national polio vaccination days successfully in the three pilot provinces.

The Red Cross of DRC will increase the volunteer base and community involvement through the employment of local human resources, strengthening of external relations and the promotion of humanitarian values and fundamental principles in collaboration with the Federation and the ICRC.

The Red Cross of DRC has been working in partnership with several governmental and non-governmental organizations. Besides the government, its main partners are from within the Movement. Some diplomatic missions, the UN agencies and some companies are among its major partners.

Following the adoption of a five-year strategic plan, the national society developed a new vision towards better cooperation with the Movement partners and others. So far, the objective is to get a larger adherence of the current partners to the PIC programme and to raise more partners for a coherent and effective action. Thus, in February 2004, a new process to develop a CAS was initiated with the Federation's technical assistance. The national society's partnership workshop convened in Kinshasa 19-21 April 2004 with the support of the Federation and other partners, constituted one of the major stages in the definition process of the partnership framework at the national level.

The national society considers the CAS process as a means of raising support in favour of the PIC priorities listed in its strategic plan. The process may also be used in defining means for a more effective management of partners' collective resources in the DRC. The CAS process may serve as a framework for negotiations between the national society and its partners, and to avoid the existing "overlapping of interests".

The Federation continues to guide the national society in the implementation and strengthening of coordinating mechanisms as well as in project multiplication. The delegation closely controls this program because it believes that it will continue to provide opportunities to define the lessons which may be applied in similar situations in other provinces.

Goal: The Red Cross of DRC becomes a well-functioning national society.

Objective: Through the PIC in the target provinces, well-functioning governance and management teams exist in the target provinces in 2005.

Democratic Republic of Congo; Annual Appeal no. 05AA035

Project: Governance and management through PIC.

Expected Results:

From lessons learnt through the PIC, the national society has improved governance and management in the identified provinces.

- The national society has carried out self-evaluation exercises with the central committee defining minimum performance standards for provincial committees.
- The general assembly, the central and management committees hold regular sessions.
- Considerable progress is made in implementing the national society's statutory bodies' decisions.
- All 11 provinces have sufficient copies of the new statutes and financial, logistic and administrative procedures which are regularly consulted.
- 20 members of the general secretariat and three members of each of the provinces of Kinshasa, Eastern Kasai, North Kivu, Equateur, South Kivu and Katanga have been trained in financial/project management and project reporting. The projects are defined and managed normally and reporting standards have improved.
- The central committee has approved the strategic plan setting out priorities, resources, and monitoring and evaluation mechanisms. The four core areas of the Federation's Strategy 2010 have been taken into account in the programme.
- The development unit has carried out an evaluation of the national society's training programmes and proposed corrective actions. All training must be evaluated to determine effectiveness, non duplication and quality.
- The youth department updated the appropriate instruction manuals for youth coordinators and instructors. The youth leaders use them in various activities.
- In line with the international youth policy, the Red Cross of DRC youth participate in the international training and fair to address issues relevant to young people. Experiences are shared with other youths and other sister national societies.
- Women participate effectively in decision-making and activities.
- Trained youth patrols continue to ensure road safety programmes for pedestrians in Kinshasa and Lubumbashi.
- Criteria have been designed to survey volunteers in selected provinces; a database with the actual numbers, specialization, localization, active or passive status of volunteers has been prepared.
- Headquarters and some provinces use the criteria to manage their volunteers.
- A volunteer management strategy has been approved by the central committee which all provincial committee members use for implementation and programme management.
- The local structures are operational in the target provinces of Kinshasa, Eastern Kasai, North and South Kivu, Equateur and Katanga.
- The principles of good governance and management have improved at provincial level committee in the target provinces.

Coordination of PIC and multiplier mechanisms are developed and managed by the national society with Federation's support.

- A national PIC management group exists and works in collaboration with field and Kinshasa delegates, provincial coaches, national experts and partners (Federation, UN agencies, NGOs and authorities).
- There is good cohesion in execution and approaches in the different provinces, communities and districts, territories and sections and where pilot projects are introduced. The national and provincial character of the programme is maintained.
- Monitoring and evaluation mechanisms for the PIC process in the provinces of Equateur, North Kivu, Eastern Kasai, Kinshasa and two other provinces are in place.
- An effective multiplier system which makes it possible for the initial programme to exist is gradually introduced in many branches that form the basis for a dynamic and well-trained organization that focuses on service to the population.
- Exchanges take place between the counterparts and provincial coaches in the provinces of the PIC.
- Operational capacities and management in the provinces of Kinshasa, Eastern Kasai, North Kivu, Equateur, South Kivu and Katanga have improved.
- The volunteer base has increased and has improved.
- The national and provincial groups are implementing the recommendations of the PIC evaluation carried out in 2004. The PIC is making good progress.
- Two provinces have been chosen in 2005 on the basis of the baseline study.

Democratic Republic of Congo; Annual Appeal no. 05AA035

Project: Financial resource development and partnerships

Expected Results:

In line with the PIC multiplier approach, the Society is committed to developing financial resources.

- Fund-raising policy and guidelines are approved and used at headquarters and the provinces. A national fund-raising plan has been developed.
- In the target provinces, supervisors and volunteers are trained in fund-raising and marketing techniques and are managing these activities in line with the new fund-raising plans. A commercial first aid training programme has been designed and approved by the fund-raising committee.
- A fund-raising concert featuring the a well-known musician is held in early 2005.
- The Red Cross restaurant, the “Baobab” is refurbished and rented out to a new tenant in 2005.
- A good feasibility and viability study is carried out on income-generating activities for the group of vulnerable women at Kinshasa and the project takes off in 2005.
- Existing income-generating micro-projects have become profitable and others are created at provincial, communal and territorial level.
- The internal resource development and management system is set up in the target provinces.

Through the CAS, the national society’s partnership, coordination and management capacities are strengthened.

- With the Federation’s support, the national society continues with the constructive PIC implementation, Strategy 2010, Ouagadougou Declaration and other regional decisions.
- The national society controls a well developed strategic cooperation/development plan with the Federation’s support.
- An identification and analysis of present and potential partners is carried out and a summary of major orientations on cooperation strategy is available.
- The national society at all levels comprehends the concept and realise the importance of developing partnership at the national, provincial and local levels.
- The national society’s capacities to negotiate, manage its partners and to avoid the overlapping of consolidated interests is improved.
- A support from present and future partners in favour of defined priorities in the strategic plan 2004-2008 is assured.
- Means to better manage partners’ defined collective resources is available.
- A good and fruitful collaboration with ICRC in compliance with the Seville Agreement and the existing Movement norms exists.
- There is fruitful relationship between operational partners and the Red Cross.
- The Federation’ activities are integrated in the national society’s.
- A productive working environment exists between the Federation staff and the national society’s personnel resulting in mutual learning.
- The Federation has developed human resources exchange among health resource persons, the DM and the information departments of the Red Cross of DRC and the Congolese Red Cross. The regional office has also utilized the DRC health and disaster management to support the other national societies in the region.

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Governance>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA035GM.pdf

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Finance Development>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA035FD.pdf

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Country Agreement Strategy>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA035CS.pdf

Coordination, Cooperation, and Strategic Partnerships

Background and Achievements

The Federation delegation for DRC and Congo provides support to both the Red Cross of DRC and the Congolese Red Cross and provides relief to IDP and refugees in Lower Congo, Kinshasa, Pointe-Noire, the Pool region and other sites, to reinforce the national societies' required capacities.

The Federation has established working relations and continues to build partnerships with UN agencies (UNHCR, WFP, UNICEF, WHO, OCHA) and others such as EU/ECHO, Rotary International and other international organizations present in the DRC towards alleviating human suffering. These collaborations are done under the CAP and Good Humanitarian Donorship (GHD) in the DRC.

In the next two years, the delegation will participate in Federation meetings and regional conferences on food security, disasters, HIV/AIDS and other fields to offer the delegation opportunities to promote Strategy 2010, the Africa review, the Ouagadougou Declaration and the change strategy. In addition to participating in the sixth Pan African Conference in September 2004 in Algiers, annual events will be organized by the Federation delegation to improve partnership with the Movement, delegation personnel and representatives of the UN and Embassies.

The Red Cross of DRC and the Congolese Red Cross will advocate in favour of the most vulnerable within the four core areas of Strategy 2010, which the Federation secretariat considers part of the basis on which to build advocacy initiatives at regional and international levels. The Federation delegation is exploring the potential for more cooperation between the two national societies and other useful regional and sub-regional organizations such as the African Union, the Economic Commission for Africa and the African Development Bank.

With the Federation's support, national societies will continue to consolidate their relationship thereby sharing resource persons and experiences between management teams as well as building new partnerships. They will consolidate contacts with the UN representatives and members of the Interagency Committee, as well as other international organizations, to study cooperation possibilities.

To promote knowledge sharing, the Federation has financed three missions whereby senior members of the Congolese Red Cross have spent considerable periods in the DRC to study the Congo Initiative Programme (PIC). Through this, the Congolese Red Cross hopes to learn from the Red Cross of DRC and prepare the way forward to the introduction of more community-oriented programmes in target branches in the Congo Republic.

The national societies are also building a better understanding of funding sources, potential techniques and other types of activities and capacity building with the Federation's support. The delegation will continue to work with the two national societies to support a structured dialogue with the governments of both the DR Congo and the Republic of Congo based on the Plan of Action adopted at the 27th International Conference in 1999.

Goal: Stakeholders in Democratic Republic of Congo are familiar with Federation values and programmes.

Objective: The delegation represents the Federation at national, regional and international levels to promote Red Cross values and have its programmes appreciated.

Project: Effective representation and advocacy

Expected Results:

The Federation's profile in the DRC is established through the promotion of PIC, Strategy 2010 and the Ouagadougou Declaration.

- A structured dialogue with both the DRC and the Republic of Congo governments is maintained and the two national societies have the support of their respective governments, thus enhancing their capacities to play their roles.
- The UNDP, UNHCR, WFP, FAO, MONUC, UNFPA and OCHA have a better understanding of the work of the Federation. The Federation and the Red Cross of DRC are considered solid, trustworthy partners in health, DM and development programmes. OCHA is coordinating its disaster preparedness activities (in anticipation of a possible volcanic eruption at Goma) with the Federation and the Red Cross of DRC.

Democratic Republic of Congo; Annual Appeal no. 05AA035

- Within the CAP framework and through Good Humanitarian Donorship (GHD) in DRC, the Federation and Red Cross of DRC are considered as solid and faithful partners in Health, Disaster Management and development programmes.
- The potential for cooperation between Red Cross DRC and sister national societies and appropriate regional and sub-regional organizations such as the African Union, Economic Commission for Africa and the African Development Bank is continuously explored.
- The annual dinner organized by the Federation and the Red Cross of DRC has strengthened relations with UN agencies and the embassies of the USA, Japan, China and Germany at Kinshasa. The national society has created new potential partnerships with these embassies.
- Through active participation at conferences on food security, the Federation supports the national society in playing an important role on the national food security plan. The Ouagadougou Declaration has been distributed to the major food security agencies. The Federation has been designated to serve on the national food security platform.
- The Ministry of Health and the major actors coordinate actions and collaborate effectively with the Federation and the Red Cross of DRC on issues related to HIV/AIDS reduction in the country. These actions provide opportunities for the delegation to promote the Ouagadougou Declaration in respect of HIV/AIDS.
- Annual events organized by the Federation delegation, staff and the national society have improved partnerships within the Movement, delegation personnel, and representatives of the UN agencies and embassies.

<Refer to the PPP Logical Framework Planning Matrix (in French): DRC Representation>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA035ER.pdf

For further information please contact:

- *In DRC: Matthieu Musepulu, Secretary General, Red Cross of the Democratic Republic of the Congo, Kinshasa; croixrougerdc@hotmail.com; Phone 243.98.22.52.14*
- *In DRC: M. Momodou Lamin Fye, Federation Head of Congo Delegation, Kinshasa; Email hod.kinshasdel@wireless.ifrc.org; Phone 243.81.884.55.82*
- *In Geneva: Christophe GrosPierre, Federation Acting Regional Officer for West and Central Africa, Africa Department; Email christophe.grosPierre@ifrc.org; Phone 41.22.730.43.13; Fax 41.22.733.03.95*

[<Appeal budget below - Click here to return to title page>](#)

BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA035

Name: CONGO, DEMOCRATIC REPUBLIC OF

PROGRAMME:

| | Health & Care | Disaster Management | Humanitarian Values | Organisational Development | Coordination & Implementation | Emergency | Total |
|---------------------------------|----------------|---------------------|---------------------|----------------------------|-------------------------------|-----------|------------------|
| | CHF | CHF | CHF | CHF | CHF | CHF | CHF |
| Shelter & construction | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clothing & textiles | 13,000 | 0 | 0 | 0 | 0 | 0 | 13,000 |
| Food | 12,000 | 0 | 0 | 0 | 0 | 0 | 12,000 |
| Seeds & plants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Water & Sanitation | 54,720 | 0 | 0 | 0 | 0 | 0 | 54,720 |
| Medical & first aid | 31,064 | 0 | 0 | 0 | 0 | 0 | 31,064 |
| Teaching materials | 1,000 | 4,500 | 0 | 0 | 0 | 0 | 5,500 |
| Utensils & tools | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other relief supplies | 59,988 | 10,160 | 0 | 6,000 | 0 | 0 | 76,148 |
| SUPPLIES | 171,772 | 14,660 | 0 | 6,000 | 0 | 0 | 192,432 |
| Land & Buildings | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vehicles | 4,480 | 0 | 0 | 0 | 0 | 0 | 4,480 |
| Computers & telecom | 5,294 | 2,400 | 0 | 0 | 0 | 0 | 7,694 |
| Medical equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other capital exp. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAPITAL EXPENSES | 9,774 | 2,400 | 0 | 0 | 0 | 0 | 12,174 |
| Warehouse & Distribution | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transport & Vehicules | 23,407 | 18,055 | 0 | 102,388 | 0 | 0 | 143,850 |
| TRANSPORT & STORAGE | 23,407 | 18,055 | 0 | 102,388 | 0 | 0 | 143,850 |
| Programme Support | 40,451 | 11,870 | 621 | 49,276 | 897 | 0 | 103,114 |
| PROGRAMME SUPPORT | 40,451 | 11,870 | 621 | 49,276 | 897 | 0 | 103,114 |
| Personnel-delegates | 105,740 | 76,400 | 0 | 255,140 | 0 | 0 | 437,280 |
| Personnel-national staff | 134,269 | 40,797 | 500 | 217,099 | 0 | 0 | 392,664 |
| Consultants | 2,431 | 0 | 0 | 4,865 | 0 | 0 | 7,296 |
| PERSONNEL | 242,440 | 117,197 | 500 | 477,104 | 0 | 0 | 837,240 |
| W/shops & Training | 57,494 | 10,489 | 0 | 9,695 | 0 | 0 | 77,677 |
| WORKSHOPS & TRAINING | 57,494 | 10,489 | 0 | 9,695 | 0 | 0 | 77,677 |
| Travel & related expenses | 8,956 | 310 | 1,640 | 46,175 | 9,550 | 0 | 66,631 |
| Information | 22,345 | 1,108 | 4,889 | 12,830 | 500 | 0 | 41,672 |
| Other General costs | 45,679 | 6,533 | 1,900 | 54,628 | 2,850 | 0 | 111,590 |
| GENERAL EXPENSES | 76,980 | 7,951 | 8,429 | 113,633 | 12,900 | 0 | 219,893 |
| TOTAL BUDGET: | 622,318 | 182,622 | 9,550 | 758,096 | 13,797 | 0 | 1,586,382 |