

# ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## DEMOCRATIC REPUBLIC OF CONGO

31 May 2006

### In Brief

**Appeal No. 05AA035; Appeal target: CHF 1,586,382 (USD 1,258,533 or EUR 1,004,475); Appeal coverage: 84.2%.**

[Click here to go directly to the attached Financial Report.](#)

**Annual Appeal:** <http://www.ifrc.org/docs/appeals/annual05/05AA035.pdf>

**Programme Update no. 1:** <http://www.ifrc.org/docs/appeals/annual05/05AA03501.pdf>

**Programme Update no. 2:** <http://www.ifrc.org/docs/appeals/annual05/05AA03502.pdf>

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.*

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### Operational context

In 2005, the Federation continued to support the Red Cross of the Democratic Republic of Congo in the execution of its Programme Initiative Congo (PIC) in the Équateur, North and South Kivu, Kinshasa and Kasai Oriental province, in order to strengthen the operational capacity of the national society within disaster response and basic service supply water and Sanitation (WatSan). The main activities carried out in 2005, with the support of local partners and participating national societies (PNSs), include cholera prevention response in South Kivu (Bukavu) and in Kasai Oriental (Mbuji-Mayi), the construction of water wells and latrine slabs in Mbuji-Mayi, and the implementation of mothers clubs' micro projects. Other activities carried out include the promotion of basic hygiene and sanitation, disaster preparedness, awareness rising on sexual abuse, disaster relief, information and communication, gender and development, as well as youth and organizational development.

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The national society organized a Cooperation Agreement Strategy (CAS) workshop in Kinshasa from 26 to 27 September 2005. This workshop helped to outline future cooperation with various partners. An external financial and administrative audit was conducted, and the outcome and recommendations enabled the national society to launch its restructuring process, notably by adopting a manual of procedures and volunteer management policies, and by revising the articles of the statutes. A second reading of the Memorandum of Understanding that all the partners were expected to sign during the Seoul General Assembly of November 2005 prompted the reformulation of the recommendations in order to improve the content.

The various actions taken had been much appreciated by both beneficiaries and partners. A drastic reduction was observed in the impacts of the cholera outbreak in the Kasai Oriental, North and South Kivu provinces (the epidemic had reached peak levels in Nundu, Uvira and Baraka), as well as in Kalemie in the Katanga province. The effects of measles were also reduced considerably in Kinshasa, the Équateur, and Oriental provinces, with peak levels registered in the Bas Congo and Bandundu provinces, as well as in the Bunyakiri (Bukavu) health zone.

The relationships between the Red Cross of the Democratic Republic of the Congo and its traditional Movement partners, government, UN agencies and some embassies based in Kinshasa have been strengthened. Negotiations have been initiated in view of establishing new partnerships with the Danish and the French Red Cross national societies, private sector actors, and the civil society who all participated in the CAS workshop.

Despite the hygiene of the country and the enormous humanitarian needs, the level of achievements is rather satisfactory. The major constraints were the difficult access to some areas because of impassable roads, non availability of airport or landing runway, as well as unsecured zones where fighting and public unrest are continuing, as was the case in Mbandaka and Mbuji-Mayi in June and July 2005.

## **Analysis of 2005 programmes**

### **Health and care**

**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.**

#### **Achievements**

- 168 institutional and community-based leaders have been mobilized and sensitized on HIV/AIDS.
- 200 peer educators, volunteers and coaches have been trained and retrained in HIV/AIDS.
- 50 advocacy meetings have been organized in Kinshasa, Bandundu and Bas Congo.
- Eight educative talk sessions with the projection of films have been organized in Kinshasa in youth associations, churches, women associations, as well as associations of people living with HIV/AIDS (PLWHA), educative talk session also took place in Matadi (Bas Congo). This facilitated the sensitization of 1,921 people.
- The national society set up five theatre groups that performed 60 times in 2005.
- Red Cross volunteers paid 102 home visits to 63 PLWHA. They also paid 1,535 home visits to 1,139 vulnerable PLWHA in order to provide psychosocial support and train 275 parents on basic home care techniques. They also distributed some supporting kits on the occasion.
- Red Cross volunteers distributed 62 survival kits to extremely vulnerable PLWHA. The kits included seven mattresses, seven pairs of bed sheets, seven towels and three cartons of "Le Coq" soap. The kits were donated by MSF/Belgium.
- 21 radio and 11 television announcements have been made.

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- Red Cross volunteers conducted 258 sensitization sessions in bars, hotels and markets of Kinshasa, sensitizing 2,430 persons to the use of condoms, and distributing 8,241 condoms to sex workers and their potential clients. Five more sensitization sessions took place at provincial level, one in Matadi and four in Bandundu, and a total of 392 persons were sensitized.

### **Impact**

- The population has become more aware of the pandemic and is willing to learn more about HIV/AIDS.
- Relatives of PLAWHA and the community in general have begun to accept PLWHA.
- PLWHA have expressed greater satisfaction and comfort following Red Cross action.
- Secondary and university students are progressively adopting responsible sexual behaviours.

### **Constraints**

- Lack of educational materials (leaflets, posters, video bands and megaphones);
- Transportation difficulties to ensure coordination and supervision;
- Lack of funding to carry out activities in Kasai Oriental and North Kivu.

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

### **Expected result 1: Malaria morbidity and mortality incidence is reduced in the target provinces.**

#### **Achievements**

- Community-based relays have been trained and retrained in Kinshasa.
- 36 households with children under five and pregnant women have been identified and 72 persons have been sensitized to the use of impregnated mosquito nets through information, education and communication (IEC).
- Three sanitation sessions have been organized in Bandalungwa council.
- 65 households and 410 persons have been sensitized to hygiene and sanitation in Ngiri-Ngiri (Kinshasa).
- Red Cross volunteers removed refuse from the streets, and carried out weeding in four health zones in the Kimbanseke, Bandalungwa and Ngiri-Ngiri councils.
- Mosquito nets impregnation centres have been set up.
- Red Cross volunteers performed promotional sale of impregnated mosquito nets.
- 241 Red Cross volunteers in the Équateur and Kasai Oriental provinces have been trained in the promotion of hygiene and disease control (including malaria).

#### **Impact**

- Households are now aware of the relevance of environmental sanitation and the use of impregnated mosquito nets and better able to protect themselves against a number of diseases

#### **Constraints**

- Insufficient sanitation materials;
- Shortage of educational materials;
- Lack of input for the impregnation of mosquito nets;
- Limited volunteer's motivation.

### **Expected result 2: 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 in Kinshasa and other target provinces are improved.**

#### **Achievements**

- 37 victims of sexual abuse have been oriented to medical care and psychosocial support centres.
- 180,000 persons have been sensitized on the consequences of rape and sexual abuse.
- Members of the 11 clubs that were set up to monitor and prevent sexual abuse in Goma and the surrounding areas, Bukavu, Uvira territory (South Kivu), organized 28 educative talk sessions in the

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North and South Kivu provinces to sensitize 1,500 persons to the consequences of sexually transmitted infections (STIs) and HIV/AIDS .

- 11 clubs have been set up to monitor and prevent sexual abuse, in five clubs in Goma and its surrounding, and six in Bukavu and Uvira territory. The clubs (composed of representatives of the various organized groups present in each of the zones) sensitized the populations to the consequences of sexual abuse. The 110 members of the 11 operational clubs have been briefed, and 40 of them have been trained in communication techniques (clubs in Goma and its surrounding).
- In November 2005, ICRC organized a workshop to train 50 volunteers.
- Three women and two youth's associations have been supported to carry out activities within the framework of the project. This facilitated the sensitization of about 2,300 persons.
- Three focal groups have been set up to harmonize sensitization messages for Goma and its surrounding (North Kivu).
- Three posts to welcome and direct victims of sexual abuse have been set up and are operational in Monigi, in the Nyiragongo territory, in Karisimbi Council (Goma, North Kivu), and in Kadutu (South Kivu). 53 women have been welcomed at the posts and referred to health centres.
- Thanks to the technical support of ICRC, 16 volunteers attended a workshop for victims of the sexual abuse.

Note: The socioeconomic aspect of the project is yet to be addressed because mechanisms to identify beneficiaries of the project are still being developed.

### **Impact**

- Victims of sexual abuse now easily have easy access to support through the centres set up to take care of them with the support of other organizations.
- Red Cross leadership is growing in the area of sensitization to sexual abuse.

### **Constraints**

- Because of limited funding, recruitment of staff to provide psychosocial support to the victims of sexual abuse has not been possible.

**Expected result 3: Through the PIC, the surveillance and response to diseases with epidemiological potential have improved in the target provinces.**

### **Achievement**

- Community-based diseases surveillance and hygiene promotion activities were carried out in the Kasai Oriental, Équateur, and South Kivu provinces. Relief materials have been also put at the disposal of the Kasai Oriental and Équateur provinces preparedness of cholera outbreak. Both provinces have also been equipped with sanitation materials for the cleaning of gutters as part of the environmental hygiene campaign and floods preparedness.

### **Impact**

- Disease surveillance has improved, especially the surveillance of cholera in zones where it is endemic.
- Partnerships have been reinforced, particularly with World Health Organization (WHO) in Kasai Oriental and South Kivu

### **Constraints**

The limited number of delegates and the absence of a head of delegation for over half a year hindered the support to the national society in provinces such as Kinshasa.

**Expected result 4: 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.**

### **Achievements**

- 10 Red Cross and community-based volunteers have been trained on the PHAST process in Mbuji-Mayi (Kasai Oriental province).

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- 180 Red Cross volunteers have been trained on disease surveillance (including cholera) and on hygiene promotion in Mbuji-Mayi. Each trained volunteer has been ensuring follow up visits in about 20 houses, sensitizing a total of 40,000 persons.
- Image boxes have been multiplied for sensitization on water and sanitation issues WatSan in Mbuji-Mayi.
- 50 water wells have been rehabilitated in the Misesa neighbourhood (Mbuji-Mayi) to reduce the risks of faecal-borne pollution.
- Water well owners were sensitized on the regular maintenance of their wells.
- 250 latrine slabs have been constructed and distributed to the populations in Mbuji-Mayi.
- 230 women from seven mothers' clubs were trained in family health and how to sensitize their peers within their respective communities. They also initiated income-generating activities to set up a health solidarity fund.
- A stock of cholera-related materials and equipment has been constituted.
- The national society conducted a survey in Mbuji-Mayi to assess the health situation.

### **Impact**

- The rehabilitation rate of water wells increased from 13% in May 2005 to 88% in January 2006. This means that over 90% of the population now have access to safe water. In addition, over 95% of the latrines constructed within the framework of this project followed the minimal health standards. Approximately 70% of the population has been sensitized. The percentage of the people who wash their hands after defecating and before eating increased from 28% (Source: Baseline study of May 2005) to 40% (Source: the survey of January 2006).

### **Constraints**

- The insecurity that prevailed in the country in May and June 2005, and the delay in the disbursement of funds prevented the national society from implementing the plan of action (especially regarding the sensitization on hand washing).
- The hard nature of the soil complicated the construction of latrines and water wells in Kasai Oriental.
- Building materials were very expensive, especially in Kasai Oriental.

### **Expected result 5: The PIC application in target provinces has improved the quality of water supply and environmental sanitation for the vulnerable populations.**

#### **Achievements**

- Three public water wells have been rehabilitated in Mbandaka (Équateur province).
- Over 5,000 persons have been sensitized to the promotion of hygiene at Red Cross committee and mothers' club level.
- 61 volunteers were trained on hygiene promotion and disease surveillance (including cholera) in Gemena.
- 100 latrine slabs were constructed in Mbandaka.
- Community-based sanitation was carried out in Kinshasa.
- 45 latrines were rehabilitated and maintained on the basis of 30 in Rusayo and 15 in Muja (the peripheral area of Goma).
- Dustbins were installed in households, refuse was disposed of in public squares, public trash cans were installed, and a refuse disposal system was organized in Goma and the surrounding areas.
- Members of three PIC teams conducted 22 proximity sensitization sessions on garbage management.
- Red Cross volunteers ensured the follow up of 31 public dustbins installed in Alanine and Mikeno markets (Goma), and in Saké market (28 km from Goma, in the Masisi territory).

The following water and sanitation activities were carried out within the framework of the emergency appeal in response to the cholera outbreak in South Kivu.

- 250,760 persons have been sensitized on hygiene promotion.
- Two street fountains have been built (one in Bukavu and one in Uvira), and water sources have been improved.
- Public latrines have been built for the daily use of 175 persons.

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- In South Kivu, volunteers have been trained on cholera, early detection of cases, communication techniques, key messages to combat the disease, social and household mobilization on public squares, cholera treatment centres (CTC) and households level.
- 350 volunteers have been trained to carry out early detection of cholera cases and to refer patients to the nearest health centres. They also carried out water chlorination at water points, conducted proximity sensitization in public squares such as markets, churches, schools, water supply points, and households, sensitizing a total of 65,320 persons. Nearly 300,000 families in Bukavu, Uvira, Sange, Baraka, and Fizi benefited from water treatment.
- Red Cross volunteers followed up the management of the two street fountains that were constructed in Bukavu, as well as the maintenance of the three water sources that were rehabilitated in Bukavu and Uvira.
- Red Cross volunteers ensured the management of the two public pit latrines that were constructed using the dry masonry technique in Funu and Beach Maendeleo markets (in Bukavu and Uvira respectively). The latrines have four boxes each.

### **Impact**

- Beneficiaries are highly motivated and involved in the various actions undertaken by the NS.
- The localities targeted by the programme in the Équateur and South Kivu provinces have improved their access to quality water.
- The visibility of the national society has substantially increased and it is now looked upon as the leading organization in the area of water and sanitation in the Équateur and Uvira provinces.
- The national society contributed to controlling the cholera in South Kivu.
- Sanitation has improved in markets through the management of refuse in Saké, Goma, Muja, Monigi and Rusayo.

### **Constraints**

- The high frequency of rains in the Équateur province slowed down the process of carrying out activities as planned.
- The national society lacked sufficient funds to implement its programmes.

## **Disaster management**

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

### **Achievements**

- The process of developing risk maps which started in Kinshasa in 2002, and was extended to Mbandaka in 2003, stopped because of technical problems with the geographical information system service provider that was assigned the job.
- Nevertheless, vulnerability and capacity assessment studies have been carried out in South Kivu and Équateur provinces. Disaster management teams have been set up in the Équateur (fighting floods), South Kivu and Kasai Oriental (fighting cholera), and in North Kivu (early alert mechanism against the Nyiragongo volcano).
- The Federation's Delegation supported the national society in developing a contingency plan prior to the socio-political unrest of June 2005 following the pushing forward of the elections.

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### **Impact**

- The communities have mastered specific disaster prevention activities in the zones where disaster management groups have been set up and have been empowered to better prevent and respond to potential future disasters.

### **Constraints**

- The insufficiency of funds to execute disaster management projects prevented the purchase of communication equipment as planned.
- The absence of a disaster management delegate has been hindering the smooth coaching of the national society given that the country is big and disasters occur frequently.

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

**Expected result: Disaster mitigation training activities are carried out in the selected provinces.**

### **Achievements**

- The major activities carried out include the training of volunteers in community-based first aid (CBFA), and other thematic or targeted training, all aimed at building the capacities of Red Cross local branches to enable them to better assist communities in emergency situations in areas such as epidemic control, social mobilization against the HIV/AIDS pandemic, the respond to current epidemics and diseases such as malaria, and participation in national immunization days.
- 40 CBFA training sessions were organized all over the country for 1,820 first-aid workers. Two hundred and ninety (290) emergency intervention team leaders were trained in Buda, Kanyabayonga and Kipushi, and 478 volunteers were trained in novitiate.
- Red Cross volunteers trained staff at the SHELL Company in the Democratic Republic of the Congo on how to save lives. They also trained disabled persons on CBFA in the Kintambo council (Kinshasa).
- The national society also implemented the new module on secured access and the search for missing persons in Bandundu. Red Cross volunteers welcomed and victims floods from Inkisi (Bas Congo province), and distributed 110 first-aid kits donated by ICRC.
- Red Cross volunteers facilitated the repatriation of war internally displaced people (IDPs) along the road Kinshasa-Mbandaka-Kisangani under the patronage of government. They also provided first aid in 7,770 road and other accidents.

### **Impact**

- The operational capacities of the national society have been built in the domain of emergency relief intervention.
- The visibility of Red Cross activities has been consolidated vis-à-vis the populations.
- New volunteers have joined the Democratic Republic of Congo Red Cross.

### **Constraints**

- Insufficiency of material and didactic aids;
- Insufficiency of relief materials to cover provincial needs within the framework of the contingency plan that was developed prior to the forthcoming elections. The needs include stretchers, first-aid kits, blankets, etc.
- Poor communication systems and lack of communication means with rescuers during interventions.

## **Humanitarian Values**

**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.**

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**Expected result: Through the PIC application, discrimination is reduced and humanitarian values are respected.**

### **Achievements**

- Apart from the activities related to the fight against sexual abuse, the integration of pygmies in the Équateur province, and to the reduction of stigma against PLWHA, the national society also carried out the following activities with the support of Movement partners, including the Federation:
- Dissemination of IHL and the Red Cross Movement in the Bandalungwa, Matete, Lemba and Ndjili councils (Kinshasa) through 247 internal and external sessions.
- 34,080 persons, including university students have been sensitized on the Movement and its Fundamental Principles.
- Sixteen radio programmes have been broadcasted.
- Pictures were exposed at the Matonge artists' square (Kinshasa) on the occasion of the World Red Cross and Red Crescent Day.
- 10,000 copies of the information bulletin *Échos De La Croix Rouge* were published during the first quarter of 2005 with to the support of the ICRC.
- Red Cross activities were promoted on the occasion of FIKIN 2005.
- 231 communicators, 172 distributors, and 180 primary school directors and teachers in Kinshasa were trained and retrained in international humanitarian law (IHL).
- Two Red Cross message posts and 3 branches were opened.
- Red Cross message coordination and branch offices have been equipped with 820 canteen materials, 382 field materials, 12 motorbike kits, 14 bicycles and four motorbikes.
- 304 volunteer messengers were trained and retrained.
- 164,102 Red Cross messages were collected and 154,761 of them were distributed.

### **Impact**

- The capacities of publishers and communicators have been increased.
- Volunteers and other Red Cross members have changed their behaviours.
- The visibility of the Red Cross has been strengthened.
- Behavioural change has been noted *vis-à-vis* the use of Red Cross emblem.

### **Constraints**

- Lack of diffusion materials and documentation.
- Lack of transportation means to get to diffusion points.
- Lack of documentation to distribute to targeted persons.

## **Organizational development**

**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.**

**Expected result 1: From lessons learnt through the PIC, the national society has improved governance and management in the identified provinces.**

### **Achievements**

Thanks to the technical coordination of the Federation, the Red Cross of the Democratic Republic of the Congo received substantial support from partners to prepare the CAS workshop organized by the Executive Council in the Équateur, North Kivu and Kasai Oriental provinces. The workshop took place in September 2005. It was expected to serve as a framework for the signing of the Memorandum of Understanding between the national society and its partners. This was postponed at a future time pending the fulfilment of some preconditions by the national society.

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### **Impact**

- Government supports Red Cross of the Democratic Republic of the Congo activities in favour of vulnerable people.
- Movement partners support the development projects of the NS.
- The populations have taken over the management of projects that were initiated by the NS within the framework of the PIC and ECOSEC programmes in target provinces.
- Soldiers and police officers have changed their behaviours vis-à-vis the volunteers and the Red Cross emblem.

### **Constraints**

- Poor communication concerning the dates of provincial assemblies;
- Limited support compared to the needs;
- Absence of micro project supervisors in South Kivu;
- Management problems of the Katanga, Maniema, Mbandaka and Kisangani local committees.

**Expected result 2: Coordination of PIC and multiplier mechanisms are developed and managed by the national society with the Federation's support.**

### **Achievements**

- PIC has been duplicated in Gemena and Boende (Équateur province);
- Launching of PIC in the South Kivu province;
- Red Cross volunteers have been trained on the project cycle, development of income-generating projects, and financial management;
- The Office of the Kasai Oriental provincial committee has been refurbished.

### **Impact**

- Human and material resources capacities have been built in the areas where PIC has been duplicated.

### **Constraints**

- Logistical costs turned out to be much highlighted than expected in some provinces.

## **Project: Financial resource development and partnerships**

**Expected result 1: In line with the PIC multiplier approach, the national society is committed to developing financial resources.**

The activities that were scheduled at national level, especially in the Kinshasa province, were not carried out due to lack of Federation human resources to coach the national society.

**Expected result 2: Through the CAS, the national society's partnership, coordination and management capacities are strengthened.**

### **Achievements**

- Through the Cooperation Agreement Strategy (CAS) process, the national society has been able to diversify its funding sources. In fact, they received funds from the Global Funds locally to carry out HIV/AIDS control activities.
- In the Équateur province, the provincial committee, supported by MONUC (the UN Observation Mission in DRC) rehabilitated the theatre of the Wangata General Hospital (Mbandaka). Other provinces such as Kinshasa benefited from the same funding from MONUC for various purposes, including refuse collection, and building the capacities of a Red Cross health centre.
- The Équateur provincial committee took an active part in the preparation of the CAS as they presented a water and sanitation project.

### **Impact**

- The Red Cross of the Democratic Republic of the Congo is progressively diversifying its funding sources.

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### **Constraints**

- The national society delayed the implementation of the audit recommendations which are expected to culminate with the signing of memorandums of understanding between the national society and its partners.

## **Coordination, cooperation and strategic partnerships**

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

### **Achievements**

- In 2005, and in line with its mandate, the Federation's Delegation for both Congos coached the Red Cross of the Democratic Republic of the Congo in the execution of PIC. As far as the representation and promotion of Red Cross values are concerned, the Delegation seized every opportunity to speak on behalf of the Federation, advocating for vulnerable people within the country and promoting the activities of the national society before government and the various representatives of the international community in the country. The following activities were also carried out in 2005:
  - The delegation was involved in the preparation of the CAS workshop. It played a facilitating role during the workshop, and sensitized partners to the necessity of supporting the activities of the national society.
  - The delegation took part in inter agency, government, and Movement meetings. The delegation supported the national society in the development of the contingency plan to prepare elections in the country.
  - The delegation provided technical support to the ERDAC resource persons that were deployed within the framework of the Sahel, Benin and Chad operations.
  - The delegation supported the governance committee. A presentation on separation of powers, transparent management of resources, as well as on good working relations at every level was made in September 2005 before the members of the Central Committee.
  - The delegation financed the auditing of the national society, and the publication and diffusion of the final report. It also facilitated the exploitation of proposed recommendations.
  - The delegation met with ICRC delegation on a regular basis to harmonize views on support to be provided to the national society, and to assess the security situation in the country.
  - The Federation's field delegate met with the heads of ICRC sub delegations in Goma and Bukavu on several occasions. Two technical meetings were held with the ICRC psychosocial unit in Bukavu to harmonize the project on "Sexual Abuse".
  - The delegation met with several officials, including the Representative of the Swedish Embassy, the heads of ECHO and OCHA, the UNAIDS programme manager, the representative of WHO, and the Acting Minister of Health.

### **Impact**

- Red Cross of the Democratic Republic of the Congo is now aware of the need and minimum requirements of good cooperation.
- Local partners (Global Funds and OCHA), and participating national societies (PNS) pledged n their continued support of the programmes of the Red Cross of the Democratic Republic of the Congo.
- The CAS process has been placed at the centre of the implementation of PIC, and is likely to lead national society on to the path of becoming a well-functioning national society.
- Working relations have significantly improved between governance and management members, and conflicts among governance members are now being settled.

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### **Constraints**

- Insecurity and lack of reliable means of communication made it difficult to access the regions that needed humanitarian aid the most.
- Owing to the insufficiency of qualified personnel to better coach the national society, field delegates at times had to come to Kinshasa to act as head of delegation.
- The information distribution system of the national society is ineffective, and the staff is demotivated.
- The delay in the replacement of the head of delegation, the limited number of number of staff, some of whom are under qualified, explained some of the shortcomings that were observed.
- The poor information and communication system of the national society prevented the delegation from making available timely information on the various emergencies that occurred in risky areas.

*[Final financial report below; click here to return to title page and contact information.](#)*

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA035
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	622'317	182'622	9'550	758'096	13'797	1'586'382
B. Opening Balance	-35'269	13'151	71'138	-2'190	191	47'020
Income						
Cash contributions						
British Red Cross	243'069			32'353		275'422
Canadian Red Cross Society	69'832	25'605		137'337		232'774
Danish Red Cross	32'679					32'679
Irish Government				90'577		90'577
Swedish Red Cross	303'050		17'000	352'381		672'431
C1. Cash contributions	648'631	25'605	17'000	612'647		1'303'883
Outstanding pledges (Revalued)						
TNS-Global Market				100		100
C2. Outstanding pledges (Revalued)				100		100
Other Income						
Miscellaneous Income				1'199		1'199
C6. Other Income				1'199		1'199
C. Total Income = SUM(C1..C6)	648'631	25'605	17'000	613'946	0	1'305'182
D. Total Funding = B + C	613'361	38'756	88'138	611'756	191	1'352'202

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	-35'269	13'151	71'138	-2'190	191	47'020
C. Income	648'631	25'605	17'000	613'946	0	1'305'182
E. Expenditure	-339'979	-36'257	-75'136	-479'799		-931'170
F. Closing Balance = (B + C + E)	273'383	2'499	13'002	131'957	191	421'032

International Federation of Red Cross and Red Crescent Societies

CONGO, DEMOCRATIC REPUBLIC

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA035
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		622'317	182'622	9'550	758'096	13'797	1'586'382	
<b>Supplies</b>								
Shelter					1'254		1'254	-1'254
Construction			14	557	402		974	-974
Clothing & textiles	13'000				623		623	12'377
Food	12'000		947		58		1'006	10'994
Water & Sanitation	54'720	63'296			31'794		95'090	-40'370
Medical & First Aid	31'064		5'708		106		5'814	25'250
Teaching Materials	5'500			204			204	5'296
Other Supplies & Services	76'148	2'103		864	3'232		6'199	69'949
<b>Total Supplies</b>	<b>192'432</b>	<b>65'399</b>	<b>6'669</b>	<b>1'626</b>	<b>37'470</b>		<b>111'164</b>	<b>81'268</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	4'480				4'762		4'762	-282
Computers & Telecom	7'694			1'105			1'105	6'589
Office/Household Furniture & Eq		1'521			8'615		10'136	-10'136
<b>Total Land, vehicles &amp; equipment</b>	<b>12'174</b>	<b>1'521</b>		<b>1'105</b>	<b>13'377</b>		<b>16'003</b>	<b>-3'829</b>
<b>Transport &amp; Storage</b>								
Storage		367		1'036	1'277		2'680	-2'680
Distribution & Monitoring		2'724	120	6'368	208		9'418	-9'418
Transport & Vehicle Costs	143'850	21'215	3'344	7'300	51'938		83'797	60'053
<b>Total Transport &amp; Storage</b>	<b>143'850</b>	<b>24'305</b>	<b>3'463</b>	<b>14'704</b>	<b>53'422</b>		<b>95'895</b>	<b>47'955</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	235'170	68'834	14'138	19'064	76'769		178'805	56'365
Delegate Benefits	202'110	67'070	4'531	15'498	79'708		166'807	35'303
National Staff	392'665	25'575	84		38'424		64'083	328'581
National Society Staff		18'093	3'227	4'622	42'046		67'988	-67'988
Consultants	7'296				-24		-24	7'320
<b>Total Personnel Expenditures</b>	<b>837'241</b>	<b>179'573</b>	<b>21'980</b>	<b>39'184</b>	<b>236'922</b>		<b>477'659</b>	<b>359'581</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	77'678	3'485	1'220	4'917	10'284		19'907	57'771
<b>Total Workshops &amp; Training</b>	<b>77'678</b>	<b>3'485</b>	<b>1'220</b>	<b>4'917</b>	<b>10'284</b>		<b>19'907</b>	<b>57'771</b>
<b>General Expenditure</b>								
Travel	66'631	13'730	2'048	1'603	24'310		41'690	24'941
Information & Public Relation	41'672	362		261	17'330		17'953	23'719
Office Costs	100'591	8'608	37	2'864	20'977		32'485	68'106
Communications		8'243	66	4'152	13'872		26'333	-26'333
Professional Fees		11'664		1'662	33'050		46'376	-46'376
Financial Charges		-4'941	-500	-2'216	-7'008		-14'665	14'665
Other General Expenses		93		392	9'296		9'780	-9'780
<b>Total General Expenditure</b>	<b>208'894</b>	<b>37'758</b>	<b>1'650</b>	<b>8'717</b>	<b>111'827</b>		<b>159'952</b>	<b>48'942</b>
<b>Depreciation</b>								
Depreciation	10'999							10'999
<b>Total Depreciation</b>	<b>10'999</b>							<b>10'999</b>
<b>Program Support</b>								
Program Support	103'115	22'099	2'357	4'884	31'187		60'526	42'589
<b>Total Program Support</b>	<b>103'115</b>	<b>22'099</b>	<b>2'357</b>	<b>4'884</b>	<b>31'187</b>		<b>60'526</b>	<b>42'589</b>
<b>Operational Provisions</b>								
Operational Provisions		5'838	-1'083		-14'690		-9'935	9'935
<b>Total Operational Provisions</b>		<b>5'838</b>	<b>-1'083</b>		<b>-14'690</b>		<b>-9'935</b>	<b>9'935</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'586'382</b>	<b>339'979</b>	<b>36'257</b>	<b>75'136</b>	<b>479'799</b>		<b>931'170</b>	<b>655'213</b>
<b>VARIANCE (C - D)</b>		<b>282'339</b>	<b>146'366</b>	<b>-65'586</b>	<b>278'297</b>	<b>13'797</b>	<b>655'213</b>	