

# Appeal 2001-2002

 International Federation  
of Red Cross and Red Crescent Societies

## Republic of Congo (Appeal 01.08/2001)

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

	<i>In CHF</i>
1. Disaster Response	681,374
2. Disaster Preparedness	609,969
3. Health and Care	1,191,354
4. Institutional Development	59,828
5. Co-ordination & Management	544,847
<b>Total</b>	<b>3,087,372</b>



## Introduction

### National Context

While the continuous fighting in the Republic of Congo has had a serious impact on the Congolese Red Cross (CRC), there are indications that the situation in the country has improved and the focus is now on working to heal the scars left by the recurrent wars of recent years. Considerable progress has already been made, for example, with the railway line linking Brazzaville and Pointe-Noire reopened and negotiations with international fund providers such as the World Bank, the International Monetary Fund, and the European Union resumed. Nonetheless, the population is still in great need. Most of the country's infrastructure was destroyed during the fighting. A matter of even greater concern is the seriously weakened state of the social fabric following the mass exodus of over a third of the Congolese population, forced to flee from the fighting to take refuge in the bush, remaining there for more than a year. Instability in the region and, more particularly, the clashes occurring in Equateur province, are threatening to upset the fragile peace now reigning in the country.

At the beginning of 2000, following the signing of the agreement bringing the hostilities to an end, the CRC took part in relief operations undertaken by the ICRC to assist some 200,000 people returning to Brazzaville. The involvement of the national society in this operation with 350 volunteers marked the start of the first phase of an extensive plan to rebuild its basic structures. With the support of the Federation, the CRC formulated a development plan identifying priorities for a programme to provide assistance to the country's population while at the same time taking action to strengthen its operational capacities.

Having assessed the needs of the population and the scope of its own resources, the CRC targeted the most vulnerable groups in the communities requiring Red Cross assistance. The national society then launched a

nation-wide health education programme (community-based first aid). In addition, the CRC also initiated specific projects aimed at helping people with no direct access to health care, victims of sexual violence, street children and refugees.

In order to carry out this ambitious programme, in 2000 the Federation has put technical and financial resources at the disposal of the CRC, in addition to human resources specialised in health, community health, disaster relief and management. At the end of the first year, the overall balance has been positive. Over 561 relief volunteers have received training in community-based first aid (CBFA) and are carrying out activities to mobilise communities in the country's two largest cities, Brazzaville and Pointe-Noire, and in 6 of the country's 10 regions, with regard to health education and the culture of peace.

Technical assistance and equipment will continue to be provided to the CRC with a view to achieving the following overall aims:

- Strengthen the operational capacity of the national society with regard to human resources in the five local branches so that the CRC can rely on a pool of 500 volunteers to participate actively and effectively in disaster preparedness and relief operations as well as health education and health service provision.
- Build the National Society's operational capacity with regard to resource management and development in the five local branches through training, infrastructure support, the establishment of income generating projects and organization of general assemblies

CRC activities focus primarily on emergency relief action:

- In accordance with the Seville Agreement, the CRC is taking an active part in relief operations conducted by the ICRC in the Congolese capital. The Brazzaville local branch provides some one hundred volunteers to distribute food and essential goods and manage displaced people sites.
- In Pointe-Noire, the local branch has been involved since 1992 in supervising several sites of Angolan refugees in cooperation with the UNHCR and the Federation.

### **Priorities and objectives for Federation assistance**

To support the CRC, the Federation has formulated an assistance strategy on the basis of the current situation in the Republic of Congo and on the premise that this situation will gradually improve. The strategy takes into account the extremely limited capacities of the CRC and the scarcity of funds available at present. There is no doubt that CRC's structures need to be fully re-organized. At this point and in view of the difficulties the country is currently undergoing, this restructuring process can only be carried out at the grassroots level. Therefore, assistance will be focused on the five local branches of Brazzaville, Pointe-noire, Dolisie, Nkayi and Kinkala. More specifically, the Federation will implement the following programmes:

- **Disaster Response:** The Federation will provide assistance to the national society so that they have structures and trained volunteers in the selected five branches. The main objective is to strengthen operational capacity so that CRC volunteers will participate actively and effectively in ICRC relief operations - beneficiary surveys, distributions and site management.
- **Disaster Preparedness:** The Federation will assist the national society in the five selected branches. The objective is to strengthen the CRC preparedness capacity by improving monitoring preparedness and response volunteers.
- **Health and Care:** Federation assistance to the national society will focus on strengthening the capacity of the CRC to run health education exercises on malaria, diarrhoeal diseases, malnutrition and a special programme to assist victims of sexual abuse; to assist the branches in conducting hygiene and sanitation exercises in selected neighbourhoods.
- **Institutional and Resource Development:** The Federation has a key role over the next two to four years to assist the national society in its re-structuring. The strategy for this will be to work with the grass-roots and the five selected branches so as to introduce a change process from the bottom up. The main objectives will be to assist the national society with the refurbishing of the branches; to facilitate the holding of regional general assemblies; to broaden the income base of the national society through the establishment of income generating projects.
- **Coordination and Management:** The aim of the programme is to ensure that the Delegation continues to function effectively and flexibly so that it can adapt to the country's situation as it develops and to the needs of the CRC. Constantly seeking new tools and new means of cooperation, and in close consultation with the

Regional Department at the Secretariat, the Delegation will optimise its human, financial and material resources, in order to provide quality assistance to the national society.

[return to top](#)

# 1. Disaster Response

## Point Noire, Cabinda & Urban Refugees

### Background and progress to date

In 1993, unrest in the Angolan enclave of Cabinda gave rise to a mass exodus of refugees to the province of Kouilou. The Congolese Red Cross (CRC), through its regional committee based in Pointe Noire, immediately took the necessary steps to receive and assist these refugees. At the request of the CRC, the Federation established contacts with the United Nations High Commission for Refugees (HCR) in order to ensure sufficient resources to take charge of the refugees. A partnership contract was signed with the HCR for the provision of multiple forms of assistance based on the construction and management of three sites (Kondi-Mbaka, Komi and Mavoadi). To give effective assistance to the CRC in the management of this programme, the Federation has opened a sub-delegation at Pointe-Noire.

For almost four years successive CRC teams, assisted by Federation delegates, have been implementing assistance programmes. These programmes, which initially covered all the needs of the refugees, have gradually been reduced and relative food self-sufficiency has made it possible to discontinue food distributions. In 1997, and for nearly three years, the troubles in the Republic of Congo considerably complicated the implementation of these different activities.

Parallel to the project to assist Cabindan refugees at Kondi-Mbaka, Komi and Mavoadi sites a smaller project was launched in July 1998 for urban refugees in Pointe Noire. This project got off to a difficult start due to the unrest in the Republic of Congo. The CRC and Federation teams, in cooperation with UNHCR, got it going again at the beginning of 2000. The CRC and the Federation were thus able to provide the refugees with the means and expertise to gradually become independent.

It goes without saying that this project has enabled the Federation to considerably strengthen the operational capacities of the CRC regional committee. In terms of image, the involvement of teams of national society volunteers has helped to make the national society known and appreciated throughout the region. Among other results, the authorities have recognised the efforts of the CRC and officially given its regional committee some premises. The enterprises present in Pointe Noire contribute each year to the financing of World Day celebrated on 8 May. The experience it has gained has enabled the national society to intervene in favour of the displaced persons by running a site at Pointe Noire and conducting a census of the populations that have sought refuge in the country's second city. More recently, the CRC regional directors, drawing on the lessons learned from the refugee project, have identified and formulated a number of programmes based on the guidelines of its central committee in Brazzaville and Strategy 2010. This is an important step, for by 2010 the refugees from Cabinda will have attained sufficient autonomy to no longer require assistance and the CRC will be able to start on a series of new programmes.

**Goal** Assist 6120 refugees in the sites of Kondi-Mbaka, Komi and Mavoadi by strengthening the capacity of the refugees to take charge of their own lives, thereby gradually reducing their dependence on assistance programmes. Through these programmes, the CRC will be able to strengthen its own operational capacities.

### Objectives and Activities planned

**Objective 1** Ensure that at least 50 of the most vulnerable refugees have a minimum of articles for domestic use. Activities to achieve this are:

- Update the lists of the most vulnerable people at the three sites and establish what they need.
- Buy and distribute these articles to the most vulnerable.

**Objective 2** Ensure that all the refugees and the populations of the surrounding villages have access to drinking water.

Activities to achieve this are:

- Buy and install a Vergnet pump and three manual pumps (JAPPY type).
- Drill two bore holes (Komi and Kondi-Mbaka).
- Develop and maintain four water sources.
- Carry out maintenance of old pumps.
- Train the refugees to manage and maintain the pumps, bore holes and water sources.
- Install a water management committee at the sites.
- Organise monitoring and external inspection for water problems at the sites.

**Objective 3** Ensure that the refugees have access to basic health services, implement the Bamako Initiative effectively at the three sites.

Activities to achieve this are:

- Set up and train health committees at the sites in the Bamako Initiative approach.
- Give basic health care to the refugees and the populations of the surrounding villages.
- Refer or evacuate the more serious cases to specialised centres.
- Sell drugs at the sites and at Pointe Noire, at the same time giving advice, in conformity with the Bamako Initiative.
- Set up a nutrition hut.

**Objective 4** Have teams of refugees trained in the work of building and maintenance at the three sites.

Activities to achieve this are:

- Associate the refugees with all the work of building and maintenance of shelters, schools, dispensaries and tracks.
- Rehabilitate and build shelters for the most vulnerable at the sites.
- Rehabilitate the dispensaries and schools at the sites.

**Objective 5** Establish with the refugees a social programme of solidarity to be executed by them for the benefit of the most vulnerable.

Activities to achieve this are:

- Initiate the refugees in community solidarity.
- Get the refugees to participate effectively in non-remunerated community activities.
- Train the groups of refugees at the sites in community health.
- Create and redynamize co-operative groupings.

**Objective 6** Provide for the schooling of the refugee children at the sites.

Activities to achieve this are:

- Ensure that the school system at the sites is adapted and integrated into the Congolese educational system and taken over by the Congolese State.
- Get parents to contribute to the purchase of materials needed for school and to pay their children's insurance.
- Train the teachers among the refugees at the sites and organise supervision seminars for them.
- Buy and distribute school materials to the refugee schoolchildren.
- Encourage the refugee children and children from the surrounding villages to start and continue their primary and secondary education and pay their school enrolment fees.
- Set up a small library for each school at the sites.
- Seek donations from other organisations for school materials.

**Objective 7** Increase the independence and self-sufficiency of the refugees in regard to food.

Activities to achieve this are:

- Buy and distribute seeds, ploughing implements and phytosanitary products to the refugees
- Ensure the refugees contribute to the purchase of seed, ploughing implements and phytosanitary products
- Organise training seminars on agriculture and animal husbandry
- Buy and allocate animals for animal husbandry
- Create co-operatives for animal husbandry and agriculture.

**Objective 8** Environmental protection

Activities to achieve this are:

- Ensure that the refugees and the populations of the surrounding villages use the land and forest placed at their disposal by the authorities in a rational manner.
- Make the refugees aware of the problems relating to the protection of the forest.

- Take steps to prevent erosion and environmental degradation.
- Buy and plant 600 young fruit trees.
- Organise training and awareness seminars on the environmental protection.

**Objective 9** Strengthen the capacity of the refugees to implement micro-projects so as to increase their independence.

Activities to achieve this are:

- Finance 30 new agriculture and animal husbandry micro-projects at the three sites for the benefit of the most vulnerable (women, disabled and elderly).
- Organise practical training for the refugees in the fields of the micro-projects to be financed.
- Provide logistic support for the acquisition of materials for the micro-projects.

**Objective 10** Increase the refugees' legal knowledge.

Activities to achieve this are:

- Carry out a census of the refugees and establish basic data.
- Organise campaigns to raise awareness among the refugees of the need to obtain identity documents.
- Raise awareness and educate the refugees about Congolese laws and administrative procedures.

**Objective 11** To provide the most needy refugees' most urgent needs, in particular, food, shelter and basic household supplies, for one year.

Activities to achieve this are:

- Provide a subsistence assistance to the most vulnerable.
- Guarantee shelter for the most vulnerable.
- Make sure the most vulnerable have basic household supplies.

**Objective 12** To ensure urban refugees have access to health care.

Activities to achieve this are:

- Organise health education sessions designed to prevent disease and to improve the refugees' health.
- Care for and accompany sick refugees and refer the most serious cases to specialised centres.
- Allocate a subsistence assistance to sick persons in hospital.
- Ensure the Bamako Initiative (cost recovery for basic health care by the population) is applied to all the refugees, gradually having them assume responsibility for their medical expenses and the cost of medicaments.

**Objective 13** To ensure basic community services for urban refugees.

Activities to achieve this are:

- Facilitate the organisation of subsistence assistance, shelter and household support for the most vulnerable.
- Initiate the refugees in community solidarity and get them to take part in non-remunerated community activities.
- Guide the refugees so that they find lasting solutions adapted to their situation.
- Train the refugee groups at Pointe Noire in community health.

**Objective 14** To ensure access to schools for the children of urban refugees.

Activities to achieve this are:

- Register pupils for State examinations.
- Increase parents' awareness that they should contribute to the purchase of school supplies and to the payment of the children's insurance.
- Request donations of school supplies.
- Help refugee children pursue higher education.
- Grant finance subsistence assistance to ten pupils among the most vulnerable as a contribution to the cost of examinations, the purchase of school supplies, lodging and food.

**Objective 15** To enable the refugees to become familiar with how to manage an income-generation project so as to increase the family income of the beneficiaries and to reduce their dependence on the assistance programme.

Activities to achieve this are:

- Support the micro-projects financed in 2000.
- Finance at least 20 new micro projects.
- Train the refugees in micro-project management.
- Organise practical training for refugees in respect of micro-projects to be financed.

- Provide logistical support for the purchase of supplies for micro-projects.

**Objective 16** Strengthen the operational capacities of the CRC at the regional level and at the national level to manage an emergency situation such as the arrival of mass numbers of displaced persons or refugees, ensuring a gradual transfer of responsibilities to CRC personnel.

Activities to achieve this are:

- Organise training for CRC staff in information technology, project management, logistics, finances, human resources management and public relations.
- Organise training for CRC staff in specific areas such as health, education, agronomy.
- Train CRC personnel to draft and evaluate projects.
- Create a library that will help to strengthen the CRC's operational capacities.
- Enable the CRC to establish and maintain a network of relations with donors, private companies, NGOs and other partners present at Pointe Noire.
- Gradually transfer responsibilities to CRC staff.

### **Expected results**

- The basic material needs of the most vulnerable are met. Lists of names of the most vulnerable are available and targeted assistance has been provided.
- The population of the sites and the surrounding villages have access to drinking water.
- The refugees have access to basic health care, and, if necessary, health evacuations are organised to specialised centres. Malnutrition at the three sites is reduced and the appearance of new cases halted.
- Shelters, schools, dispensaries and access routes are in good condition at the different sites.
- Community solidarity is developing and encouraging the refugees to look after their health. Responsible co-operative groupings are forming to implement activities of a community nature.
- The school enrolment rate among children is increasing. Pupils have the necessary materials for their studies. The teachers are trained. Education programmes are integrated and adapted to the Congolese educational system and overseen by the Congolese State.
- Specialised co-operatives have been created and are helping the refugees with the production of agricultural products and animal husbandry. The refugees are getting better food.
- Improvement of the environment at the sites.
- A reliable census of the refugee population has been made and is being regularly updated. The refugees are acquiring the necessary knowledge of Congolese laws and administrative procedures.
- The health of refugees is improved. Refugees enjoy broader health coverage and a system of self reliance is organised.
- 20 income-generation micro projects provide the refugee families with some income.
- The regional and communal branches of the CRC are functioning well, have an appropriate infrastructure and are responding to the humanitarian needs of the refugees and other vulnerable people in the region. The CRC finds its image enhanced with the authorities, other agencies and the population, and as a result of this new credibility is able to develop new partnerships and new projects.

### **Indicators**

- Number of articles distributed. Reports based on updated lists.
- Number of water sources developed, number of wells rehabilitated and built, number of pumps installed. Number of volunteers trained in sanitation and number of management committees formed.
- Number of refugees treated. Number of refugees referred to the hospitals for specialised care. Reduction in the number of cases of malnutrition.
- Construction and maintenance of at least 120 shelters for the most vulnerable, dispensaries, three schools and routes of access to the sites.
- Number of co-operative groupings at the sites. Number of community activities and services at the sites. Number of refugees trained in community health.
- Number of pupils sitting State examinations. Contributions received for school materials. Reduction of absenteeism to 5%.
- Number of refugees trained in the fields of agriculture and animal husbandry. Number of co-operatives created and involvement of the refugees in running them smoothly.
- Number of refugees made aware of environmental protection issues. Number of trees planted.
- 90% of adult refugees, in particular the women, the disabled and the most vulnerable in general participating in profitable micro-projects. Number of micro-projects undertaken.

- Legal knowledge acquired by the refugees concerning their status. Number of information sessions held for refugees. Censuses carried out.
- The number of vulnerable persons who have received household supplies.
- The number of refugees with access to and using basic health services and the number of refugees transferred to reference hospitals.
- The number of social surveys made. The number of administrative steps taken.
- The number of students who begin and continue primary and secondary studies. The number of students who pursue higher education.
- The number of profitable micro projects.
- Number of employees trained in project management and implementation. Capacity of the CRC to establish and maintain a network of relations with donors, private companies, NGOs and the other partners present in Pointe Noire. Capacity of the CRC to take direct charge of the Pointe Noire Programme.

### **Critical assumptions**

- Sources of financing for the project, other than the HCR, will have been found.
- The regular instalments paid by the HCR for the project are paid without delay for the project to function well.
- Stability reigns in the region.
- The refugees develop awareness of and assume responsibilities for the different activities of the project and also become involved in their implementation, which will in the long term help to reduce or even eliminate their vulnerability.
- The Congolese State has the will to integrate the Cabindan refugees into the local population.
- The regular instalments paid by the HCR for the project are paid without delay for the project to function well.

### **Monitoring and Evaluation arrangements**

- Evaluation will be carried out twice a year, at the end of every six-month period, by the CRC project co-ordinator, the Federation relief delegate and the HCR representative.
- Home visits by project personnel to the most vulnerable refugees.
- Weekly meetings with the project staff.
- Weekly site visits by the Federation delegate.
- Monthly, quarterly, half-yearly and annual narrative reports on the different activities of the project.
- Weekly meetings with the project staff.
- Regular home visits by the social worker.
- Monthly and annual narrative reports on the different project activities.
- Evaluations will be carried out twice a year, at the end of every six-month period, by the CRC project co-ordinator, the Federation relief delegate and the HCR representative.

[return to top](#)

## 2. Disaster Preparedness

### Background and progress to date

Climatic conditions have been particularly unfavourable in recent years and have caused severe flooding. In the most affected areas, this has led to the loss of several complete harvest cycles and a considerable reduction in arable land. Many homes and administrative and public health buildings have been destroyed, leading to massive population movements.

Two interrelated factors have contributed to the heavy floods now occurring in Congo. Firstly, the rainfall during the secondary rainy season has come late and been added to the abundant precipitation of the major rainy season. Consequently, the volume of precipitation has increased over a shorter period of time and can no longer be absorbed normally. In addition, the complex hydrological regime of the rivers crossing the Republic of Congo drains much of the water towards the Central Basin, causing the land to become saturated in that region.

Although the entire north of the country suffers the impact of flooding, there is no doubt that the area most regularly affected is the Basin region. As its name indicates, this region forms a natural receptacle, situated at the junction of the Congo, Oubangui, Likouala and Sangha rivers, which receives all the waters in a single region.

Since January 2000, The Congolese Red Cross (CRC) has, with the Federation's assistance, begun the reconstruction of its basic and intermediate structures in the country's 10 regional committees. The reconstruction started with a training programme developed by the Federation and called "Community-based First Aid". Each regional committee, restructured and operating in this way, was asked to develop a programme specifically meeting the community needs of its region.

The activities undertaken to strengthen the Central Basin regional committee have made it possible to lay the necessary foundations for the implementation of special projects.

In recent years, flood waters have reached levels only rarely seen in the Central Basin region. Areas which had previously been unaffected by floods were partially or totally submerged. Although the riparian populations have become used to this phenomenon, they find it difficult to cope with all the new conditions and are therefore exposed to many risks connected with the rising water levels. To enable those at risk to cope better during severe flooding, CRC has decided to enhance the operational capacity of its Basin regional committee.

A joint CRC/Federation mission went to the area to assess the population's needs and capacities throughout the month of August 2000. During this assessment, the team was able to conduct a census of the region, to identify the major risks and to determine the areas which will be most affected if river levels rise. The total number of persons living in the 103 villages along the 700 km of river banks is 72,648. Of these, 33,855 are among those who were forced to abandon their homes last year because of flooding.

The impact of the flooding on the most vulnerable populations can be summed up as follows: systematic destruction of homes; loss of some personal items and effects; loss of harvests and destruction of agricultural land; significant increase in diseases currently found in the area (malaria, respiratory diseases, diarrhoea illnesses, skin diseases).

**Goal** Building on earlier Red Cross activities in the Central Basin region, to establish a disaster preparedness structure on portions of the Kouyou, Likouala, and Sangha river axes. Over the next two years, this structure will help to enhance the ability of the 73,000 strong population to cope in case of flooding. The development of skilled human resources, and the equipment and stocks to be installed will enable the regional committee to generate its own income so as to provide independent continuity of activities.

### Objectives and Activities planned

**Objective 1** To enable CRC to have available teams of relief workers which have a perfect command of the various disaster preparedness techniques in the Central Basin, under the supervision of the national Department of Disaster Preparedness.

Activities to achieve this are:

- Retraining of five senior trainers from the Department of Relief and Disaster Preparedness at the national level.
- Retraining of five trainer-members from the regional committee involved in the disaster preparedness programme.
- Retraining and training of 50 relief workers from the Lokakoua, Loboko, Mossaka and Loukouléla local committees for action along the river (rescue - drowning).
- Recruitment of 140 volunteers living in the 103 villages covered by the project.

**Objective 2** To enable CRC to have available equipment and stocks geared to the teams' needs for rapid action and aid to the riparian population along the three axes identified.

Activities to achieve this are:

- Minor refurbishment of the offices of the Owando, Mossaka and Loukouléla local committees, those premises being made available to CRC by the civil authorities as a contribution to the work of the Red Cross. The refurbishment work will be restricted to ensuring that the roof is waterproof and the doors and windows work properly, as well as minor masonry and painting.
- The three offices and the headquarters of the regional committee are to be equipped with a high-frequency radio operated by solar energy. The relief workers-radio operators will be trained in the use of the telecommunication equipment.
- Three canoes with 15 hp engines and the requisite rescue equipment will be made available to the three local committees and the regional committee. Rescue workers with experience of river navigation will operate the canoes on the rivers. Spare parts, lubricants and petrol will be included in the project to allow the committees time to secure their own funding.
- An emergency reserve will be established for a population of 7,000 families, covering the needs of the most vulnerable for temporary shelter, food, drinking water and medical care. The various items will be divided between Brazzaville, Owando, Mossaka and Loukouléla.
- A programme for the distribution of medicines and medical evacuation will be prepared for five dispensaries situated along the river banks. This will be done in close cooperation with the Regional Department of Health, in order to comply with the cost-recovery initiatives practised in the region.

**Objective 3** To enable CRC to establish an integrated surveillance structure within the ORSEC national plan, in order to monitor increases and decreases in water levels along the axes identified.

Activities to achieve this are:

- In close cooperation with the civil authorities and within the existing crisis cell at the national and regional levels, action zones for each Red Cross committee will be clearly defined. A programme of weekly patrols will be established.
- A pre-alert phase will be triggered as the risk periods approach (the beginning of March and the beginning of September).

**Objective 4** To enable CRC to help enhance the ability of target populations to manage risk situations.

Activities to achieve this are:

- Each of the 103 villages situated along the four axes chosen will designate one or more Red Cross volunteers, depending on the size of its population, to conduct a census of the most vulnerable persons.
- Health instruction meetings giving priority to flood-related problems will be held in each village.
- In each village, Red Cross volunteers will encourage traditional practices to combat flooding, such as construction on piles, strengthening of mud huts and stockpiling of food reserves.

**Objective 5** To enable CRC, using available equipment and stocks, to develop income-generating activities so as to attain financial independence after six months of operation.

Activities to achieve this are:

- A fleet of three canoes will be used, in addition to project-related activities, to transport local populations and goods. Charges will be set in agreement with representatives of the communities concerned and will ensure sufficient income to maintain and operate the fleet. A regional management committee will submit monthly accounts to the national committee. The authorities have already issued transport licences free of charge to CRC, which has in turn initiated a river transport project in the Brazzaville area.
- The radio network installed in the five localities will be made accessible to the population. In this way, messages complying with Red Cross transmission rules can be sent along the river and to Brazzaville, with financial contributions fixed in agreement with representatives of the communities concerned.

## **Expected results**

A total of 10 CRC members, at the national as well as the regional level, will have been trained in techniques for the training and recruitment of Red Cross personnel in the sphere of disaster preparedness. A total of 50 relief workers in Owando, Mossaka and Loukouléla will have been trained in the principles of disaster preparedness and helping to enhance the community's capacity to cope with floods. The same teams will be able to take action in case of flooding to assist the most vulnerable (estimated at 34,000 persons). Under the programme to enhance the capacity of populations at risk, each of the 103 villages in the project will have established a local committee able to take charge of the population in case of floods.

The Owando, Mossaka and Loukouléla local committee offices will be renovated and equipped to meet relief operation requirements in case of disasters. They will have depots or stocks of essential items such as hoes, machetes, tarpaulins, jerricans and medicines, ready for transport and distribution to the most affected populations. The radio equipment installed will enable teams to co-ordinate their actions and to manage available resources rationally and efficiently. The canoes made available to the three local committees will enable relief workers to carry out surveillance missions to check water levels and make populations at risk aware of the dangers. They will be used to deliver essential medicines to the three dispensaries, evacuate the sick to designated hospitals and transport essential items to the most disadvantaged families.

The crisis cells set up as part of the flood management system will be working efficiently. All participants, whether from government agencies, NGOs or international organisations, will work in a co-ordinated manner to activate the ORSEC plan.

The 7,000 families (34,000 persons) identified will have attended weekly health instruction meetings organised by volunteer teams and taken part in activities enabling them to lessen the impact of floods on the community.

After four months, the three local committees will be able to finance the maintenance and operation of the canoes themselves, using them for passenger transport in the project areas. Similarly, the radio network will be used to transmit messages between the three local committees and the capital.

## **Indicators**

- Number of national trainers actually available and effective. Number of relief workers available and effective as planned.
- Adherence to the timetable for the Action Plan. Installation of the structures and equipment of the three committees in accordance with schedules. Number of medical evacuations to the designated hospitals. Significant lessening of the impact of floods on the target populations.
- Establishment of activities likely to reduce the risks faced by vulnerable populations. Satisfactory co-ordination with the authorities, other NGOs and CRC as part of disaster preparedness.
- Creation of a Red Cross committee and Red Cross promotions, under the supervision of local committees, in each village along the three river axes covered by the project. Quality of the measures taken by the community to lessen the impact of flooding on their everyday life. Establishment of community health activities in the medical areas of Red Cross-assisted dispensaries.
- Proper management of the canoe fleet, assessed in relation to use, the operation of outboard motors and navigation hours. Results of income-generating activities.

## **Critical assumptions**

External factors:

- National and regional socio-political stability.
- Support and cooperation of government institutions.
- CRC must mobilise its resources for relief operations in other regions.
- Availability of the necessary funds.

Internal factors:

- Motivation of CRC volunteers and staff, despite guarantees obtained.
- The National Society's ability to manage its human resources and finances.

## **Monitoring and Evaluation arrangements**

For the first six months, the project will be monitored at the national level by senior CRC staff and a Federation delegate for disaster preparedness. It will also be monitored at the regional level and in co-ordination with the Disaster Preparedness Department of the Secretariat in Geneva.

After six months, an initial evaluation will be carried out by a team consisting of Federation and CRC officials from both the national and the regional branch. A final evaluation will be conducted at the end of the first year by the same team, with the addition of a consultant who will be invited to join it.

[return to top](#)

## 3. Health and Care

The aim of the health and care programme, which groups together a coherent series of complementary projects, is to permit the Congolese Red Cross to provide targeted care to the most vulnerable populations, to create new partnerships and to ensure effective and lasting strengthening of the operational capacities of the national society. The programme will be implemented throughout the national territory.

The context, aim and specific objectives of each project are:

- Intensifying and disseminating the community-based first-aid programme (CBFA), including STD/HIV/AIDS and malaria activities.
- Reproductive Health Programme.
- Primary Health Care Programme in Kouilou.

### A. Community-based First Aid Background and progress to date

For more than a year now, the CRC has undertaken a vast community-based first-aid programme (CBFA). This is a community health programme incorporating aspects of grassroots assistance where the volunteer plays the role of intermediary between the community and the national health system. During this period, 572 volunteers, leaders and first aiders have been trained at Brazzaville and in the region. The programme covers the principal fields of activity of the CRC and contributes to the development of the national society. In the course of these training sessions a number of community and first-aid activities are undertaken in the local committees whose members are involved. These are highly visible activities which guarantee the national society a certain credibility in the community and with the political and administrative authorities, as well with other partners.

In terms of the impact of these activities, it is clear that at the level of the national society this programme has had a positive effect on volunteer retention, the recruitment of new members, and the visibility and credibility of the national society. Thanks to community activities of its volunteers, the national society has demonstrated its usefulness to the community.

**Goal** To permit the CRC to continue with its programme of strengthening the institutional and operational capacities of the regional committees in the social health field during this post-conflict period.

#### Objectives and Activities planned

**Objective 1** Popularization of CBFA in the regions already involved in the programme (Brazzaville, Pointe-Noire, Cuvette Centrale, Pool, Niari, Bouenza and Lékoumou).

Activities to achieve this are:

- Training of 18 regional trainers - 2 per region. The regions concerned are: Likouala, Sangha, Cuvette Centrale, Cuvette Ouest, Plateaux, Pool, Bouenza, Lékoumou and Niari.
- Training of 30 volunteers in each district according to the “guidelines of the ARCHI tool kits for volunteers”, by the regional trainers, under the supervision of the head of the Health Department of the CRC and the Federation’s community health delegate. The volunteers will participate financially in this training, to be held in the chief town of each district. Technical support will be provided by the national society and the Federation, primarily for validation of the training and certification.

**Objective 2** To set up community activities in the regions already involved in the programme (Brazzaville, Pointe-Noire, Cuvette Centrale, Pool, Niari, Bouenza and Lékoumou).

Activities to achieve this are:

- After the training of volunteers at district level, each district will be provided with sanitation equipment and IEC aids in the form of community kits consisting of wheelbarrows, shovels, rakes, machettes, 1000 leaflets, 100 posters, 5 banners and one signboard relating to the chief problems of public health (malaria, cholera, tuberculosis, STD/HIV/AIDS, vaccination).

- An awareness-raising meeting on the culture of peace, where the fundamental principles of the Red Cross will be disseminated, will be held once a week in each original locality where volunteers received training in CBFA. An awareness-raising meeting on the principal public health problems and a hygiene and sanitation operation will be organized.

**Objective 3** To retain trained volunteers (Brazzaville, Pointe-Noire, Cuvette Centrale, Pool, Niari, Bouenza and Lékoumou).

Activities to achieve this are:

- Involvement of volunteers in all the activities organized at the local level by all partners.
- Organization of volunteers around income-generating projects.
- Involvement of volunteers in the income-generating projects

**Objective 4** Training of 230 volunteers in the regions of Plateaux, Cuvette Ouest, Sangha and Likouala and Kouilou.

Activities to achieve this are:

- Training of volunteers following a curriculum of 4 modules: knowledge of the Red Cross Movement, community health, disaster preparedness and classic first aid. Training and certification will be evaluated.
- Monitoring of the benefits of training among the 230 volunteers by quarterly follow-up and evaluation missions, which will permit provisional management bodies to be set up and allow an evaluation of the level of achievement of the action plans that will derive from these training activities. Following these missions the final certification of the volunteers trained will be evaluated.

### **Expected results**

- The head of the Health Department is appointed project coordinator and 11 trainers are assigned as CBFA supervisors for each of the 11 regions of the country. Training of 250 volunteers in CBFA by the regional trainers in each district of the 6 regions.
- Awareness-raising meetings on the culture of peace and IEC will be held regularly. The regional committees are provided with agricultural equipment and informative documentation. The committees hold weekly hygiene and sanitation operations in all the districts of the regions.
- The volunteers are organized around two income-generating projects in each district. Local partnerships contribute to the projects.
- 230 volunteers from all the districts of the regions of the Plateaux, Sangha, Cuvette Ouest, Likouala and Kouilou will be trained in CBFA. Three follow-up missions are undertaken in each region. The volunteers are active and contribute to improving the health of the communities targeted.

### **Indicators**

- Appointment of the head of the Health Department and of trainers. Number of training sessions held and number of volunteers trained.
- Number of awareness-raising meetings. Number of sanitation operations.
- The income-generating projects are contributing to volunteer retention in the districts.
- Number of volunteers trained and certified. Follow-up missions happen. The trained volunteers are active in community health.

### **Critical assumptions**

- The regions work in close collaboration with the regional administrative and health authorities. The national project coordinator will encourage close collaboration with the authorities during his supervision missions. Their presence in the technical committees at both regional and national levels is a guarantee.
- The local committees support the project by an awareness-raising campaign among volunteers. The CBFA project, which will be carried out in all the regions of the country, will be an opportunity for the project, given the health education activities for the volunteers trained.
- The local committees will manage resources efficiently. The treasurer general and the accountant will ensure full respect of financial and accounting procedures.
- Those responsible at regional level and the volunteers commit themselves to a contract of confidence to provide monthly reports.
- The trainers are supervised in their activities.
- The volunteers accept to work on a voluntary basis.

### **Monitoring and Evaluation arrangements**

At the regional level, a technical monitoring committee will evaluate the development of the project in each region, taking its progress and failures into account so as to be able to take corrective action. This committee is composed of the representative of the Regional Health Directorate, the representative of the Regional Social Affairs Directorate, the representative of the Prefecture and the representative of the CRC regional committee. This committee will meet once a month to analyze the monthly report on the activities produced by the regional committee. It may be opened up to other NGOs or United Nations agencies with a particular interest in the project.

At the national level, the general secretariat of the CRC will organize a monthly meeting to study the activity reports from the regions, attended by the head of the health and social affairs department, the national project coordinator, the head of the information-dissemination department, the treasurer general, the accountant, the Federation delegate, a representative of the Ministry of Health and a representative of the Ministry of Social Affairs.

Evaluation will be done regularly on the basis of the activity reports of the regions, the CRC monthly project evaluation meetings and the periodical supervision reports. A survey will be made to evaluate the use of mosquito nets by the populations. A data base will be available for each region. Final evaluation will be done with the Ministry of Health. Final evaluation of the project will be done by a resource person external to the project.

A management committee will be created within the regional committee of the CRC, composed of the regional treasurer general of the CRC, the project manager designated by the regional committee among the volunteer members of the committee, the person responsible for information in the regional committee and two representatives of the volunteers involved in the project. This committee will meet once a week to take stock of activities and update the financial balance sheet. It will prepare the monthly activity report for the technical committee, sending a copy at the end of each month to the CRC general secretariat, with the minutes of the monthly meeting of the technical committee.

The coordination team will monitor CBFA monthly, through the local supervision missions, and national coordination quarterly. In addition to these times, weekly district committee reports, monthly regional committee reports and monthly, quarterly and annual national reports will be used for monitoring.

The CRC and the Federation will make two joint supervisory missions to the 11 regions in months 6 and 12 of the project. Two delegates from the Regional Delegation of Yaoundé will help with the final evaluation of the report.

## • **STD/HIV/AIDS**

### **Background and progress to date**

Before the war, the Republic of Congo already had a relatively high incidence of STD/HIV on account of risky sexual behaviour. With the recent wars, many cases of rape have been recorded, and this will doubtless have serious repercussions on the prevalence of STD/HIV. The statistics pertaining to the HIV prevalence rate are very disquieting. Added to that, poverty has induced people to practice risky behaviour (especially prostitution), which markedly increases the infection rates. The high cost of AIDS treatment, inaccessible as it is for the majority of the population, makes the importance of prevention all the more cogent. The most effective way of achieving this is to raise awareness by health education and this is the field in which the CRC is attempting to develop its expertise.

**Goal** The aim of the project is to permit the CRC to help reduce the STD/HIV/AIDS infection rate among the population by way of activities designed to increase the population's awareness and change their sexual behaviour.

### **Objectives and Activities planned**

**Objective 1** To support the CRC in the participation of its 11 regional committees in the fight against STD/HIV/AIDS by setting up an AIDS network in the respective regions.

Activities to achieve this are:

- Community centres will be set up in each locality targeted by the project. In the regions in which the UNFPA project is in place, observation posts will be used for this purpose. Information exchange meetings will be organized when the teams go into the districts and other public areas, so as to raise the population's awareness of the pandemic. Video films on STD/HIV/AIDS will be also shown.

- The facilitators at these community centres will be organized in networks to promote the exchange of experience, firstly among themselves, and then with peer groups in other countries. To this end, the following activities will be undertaken: identification of sites for the community centres; construction or refurbishment of the premises; provision of furniture and other equipment to the centres necessary to carry out the project activities; Training of facilitators among CRC volunteers.

**Objective 2** To support the CRC in coaching its regional committees in community awareness-raising activities, by training peer educators in organized groups (schools, religious groups, associations, friendly societies, etc.).

Activities to achieve this are:

- Within the different communities, the peer educators will take over the work. These are members who are to be trained in their respective communities and who will undertake awareness-raising activities for other members by exchanging views and changing their own behaviour. People in these communities will be identified and initiated with this in mind.

**Objective 3** To support the CRC in preparing a section on AIDS prevention in the media.

Activities to achieve this are:

- Raising the population's awareness of STD/HIV/AIDS in the localities chosen for the project by means of radio broadcasts, the printed press, dissemination and theatrical performances.

**Objective 4** To support the CRC in organizing promotional sales of male and female contraceptives.

Activities to achieve this are:

- A promotional sale of contraceptives will be organized in all the community centres. Proceeds from the sales will be ploughed back into renewing the stocks at the end of the project. The advantage of this sale will be to make available to beneficiaries a product that is essential to their protection at little cost to them.
- The result of the sale will serve to replenish stocks and motivate the volunteers.
- Contacts will be made with NGOs involved in social marketing of contraceptives, and close collaboration will be established with the National AIDS Programme for supplies.

### **Expected Results**

- Two community centres per region will become functional.
- 20 peer educators will initially be trained in each region and will subsequently be responsible for raising the awareness of 240 of their peers in the behavioural changes necessary for prevention. In addition, theatre productions on STD/HIV/AIDS will be performed by the CRC troupe, at which time leaflets, posters and banners will be distributed, and promotional signs erected.
- One radio programme a week will be broadcast by the different local radio stations and articles will be published in the local newspapers. Video shows on STD/HIV/AIDS will be presented each week in the 22 community centres.
- The community centres will sell and distribute contraceptives.

### **Indicators**

- Number of community centres that have organized information exchange meetings on STD/AIDS. Number of meetings organized per week and per centre for young people. Number of exchange meetings organized in the 11 regions for the benefit of 114,400 young people whose task it will be to take over the work in their community among their own peers.
- The CRC will have set up an AIDS network in 11 regions of the country run by 114,400 peer educators in the community. Given the multiplier effect of the peer educator strategy, the CRC will effectively participate in raising awareness among at least 75% of the young people of Congo of the behavioural changes essential for responsible sexuality.
- By the end of the year, thanks to radio programmes broadcast by the CRC, articles in the press and theatre performances, awareness-raising activities on STD/AIDS will have reached at least 80% of the Congolese population.
- By the end of 2001, the CRC will have distributed 500,000 contraceptives.

## **• The fight against malaria**

### **Background and progress to date**

Malaria is a virtually permanent endemic in the Republic of Congo and the primary cause of morbidity and mortality. In the Republic of Congo, the fight against malaria has seen three major moments:

- In the early years following independence, vast disinfection campaigns using DDT were undertaken, in the large towns above all. Unfortunately limited financial resources prevented coverage of the whole territory and the continuity of this activity could not be assured.
- Mass chemoprophylaxis with chloroquine rapidly became ineffective with the development of resistance to it by the parasites, thus depriving the community of a reliable means of protection against the endemic.
- The treatment of cases of malaria by synthetic antimalarial drugs has proved expensive for a large part of the population. This state of affairs is at present aggravated by the fall in purchasing power on account of the growing deterioration of the social and economic situation.

With the increased resistance of the plasmodium to the majority of available antimalarial drugs, it is clear that if the morbidity and mortality of this endemic are to be reduced, given the substantial cost of care which makes it inaccessible to the most vulnerable, preventive treatment of malaria is the most advantageous and the least expensive.

The CRC, with the support of the Federation, proposes to implement a vast programme to fight malaria through promoting impregnated mosquito nets and other activities in the community, i.e. IEC, hygiene and sanitation of the environment in all the regions of the country.

The project will have the advantage of permitting the Red Cross to undertake its traditional mission, which consists of assisting the most vulnerable and reducing suffering among the population. In this way the information necessary to ensure prevention of malaria will be disseminated. As regards the CRC, activities undertaken under this project will serve to motivate volunteers and will provide a source of income which should enable it to undertake other activities benefiting the community. This will help it to increase its capacities, above all financial. In addition, it will enable volunteers to be in permanent contact with the community, so that they can play their role of intermediary between the community and the health system.

**Goal** To permit the CRC to make a long-term contribution to reducing malarial morbidity through malaria protection and prevention measures that promote simple and inexpensive methods.

## **Objectives and Activities planned**

**Objective 1** To support the CRC in having its regional committees of Pool, Niari, Bouenza, Lekoumou, Cuvette, Brazzaville and Pointe-Noire participate in the struggle against malaria, by the promotion of impregnated mosquito nets.

Activities to achieve this are:

- Set up mosquito net impregnation centres in the chief towns of the regions and districts chosen for the project. A mission to identify the sites for these centres will visit all the localities concerned (Brazzaville, Pointe-Noire, Dolisie, Nkayi, Sibiti, Kinkala, Owando). Its mission will be to make contact with leaders in these localities, to negotiate with the authorities the allocation of premises suitable to house the project and to evaluate the work to be done under the supervision of the project coordinator.
- Purchase and installation of the equipment necessary for impregnating and drying mosquito nets. The products will be ordered for all centres that are already operational.
- Training of 50 volunteers on impregnation techniques for mosquito nets, curtains, etc., in each impregnation centre. The training modules will be drafted with the help of specialists at the Ministry of Health.
- Set up an awareness-raising campaign for the population in the different zones covered by these centres organized and run by Red Cross volunteers who have been trained and briefed on this subject. In addition, constant awareness-raising on the question will be included in the IEC activities by all volunteers.
- Impregnation and promotional sale of mosquito nets: this activity will take place at two levels: 1. the centre will receive members of the community with their mosquito nets and the centre will carry out their impregnation only. 2. members of the community will go to the centre to buy ready impregnated mosquito nets. A financial contribution on the part of these beneficiaries will allow the stocks to be replenished regularly. Similarly, other equipment or premises could be impregnated or treated by a mobile team from the centre.

**Objective 2** To support the CRC in coaching the regional committees of Pool, Niari, Bouenza, Lékoumou, Cuvette, Brazzaville and Pointe-Noire in undertaking community health and health education activities.

Activities to achieve this are:

- Training/retraining of 50 volunteers per region on malaria: in those regions where training in CBFA has already taken place, the volunteers trained will receive a two-day briefing on specific aspects of raising the community's awareness of the problem of malaria. Under the supervision of the project leader at local committee level, these trained volunteers will work together with the members of each community (schools, religious groups, groups of young people, associations, etc.) so that the latter can be trained in turn and take over the task in their respective communities. Each volunteer will be responsible for training 20 peer educators per month. The number of beneficiaries of this project is estimated at 504,000 people.
- Raising the population's awareness of malaria in the localities chosen for the project (information campaigns, educational get-togethers, radio broadcasts, printed press).
- A study on the use of impregnated mosquito nets and other home equipment in the districts concerned by the project.

**Objective 3** To support the CRC in preparing a section on AIDS prevention in the media.

Activities to achieve this are:

- Draft information documents on malaria (publicity spots, messages, etc.).
- Reports and projection of video cassettes on malaria.
- Set up an information base (on malaria) in the different localities selected for the project.

### **Expected results**

- By the end of month 1 of the project, all the volunteers trained in CBFA will be briefed on the prevention of malaria in the 7 regions. By the end of month 3 of the project, 350 CRC volunteers will be trained in impregnation techniques at a rate of 50 volunteers per centre in the 7 regions of the country. By the end of month 6 of the project, 7 centres for impregnating mosquito nets and other material will be set up in the 7 regions chosen for the project. By the end of month 6 of the project, the 7 impregnation centres will be equipped with impregnation material and products. At the end of the project, 500,000 mosquito nets will have been impregnated in all of the centres where the project has been run.
- 84,000 peer educators will be trained in different communities of the 7 regions concerned. Three awareness-raising campaigns on malaria will be carried out in each region and 336,000 discussions of malaria will be held with families by the peer educators. Thus each quarter, each peer educator will hold one such discussion session in his family, resulting in an activity of hygiene and sanitation as part of family life.
- 52 radio broadcasts will be put out by the various local radio stations and 52 articles will be written in local newspapers. 12 theatre productions on malaria will be performed by the CRC troupe. 7,000 leaflets, 1,000 posters, 70 banners and 35 informative signboards will be produced and two video projections on malaria will be made each week in the 70 localities where community centres are present. A data base will be installed in each of the regions chosen for the project. An inquiry report will be written up at the end of the project.

### **Indicators**

- Number of functioning mosquito net impregnation centres in the regions distributing these articles to the population. The technical material has been purchased. 350 first-aid workers from the CRC will lead the activities at the centres and look after all the mosquito net impregnation activities in these centres and in homes. The 350 volunteers are conversant with how malaria is transmitted and prevention measures and are able to sell at least 90% of the impregnated mosquito nets.
- Number of trained community educators and the number of educational talks on malaria held. Number of awareness-raising campaigns organized for the general public. The sanitation activities implemented.
- Dissemination of radio broadcasts on malaria by CRC leaders and articles on malaria published in a local newspaper. Number of educational theatrical productions on malaria and prevention measures, and the number of video showings. The educational material distributed (7,000 leaflets, 1,000 posters, 70 banners, 35 informative signboards). Availability of a data base.

## **• Reproductive Health Programme**

### **Background and Progress to Date**

The project, in partnership with the UNFPA, on the strengthening of reproductive health services and assistance to women victims of sexual violence in the post-conflict situation in the Republic of Congo, has been carried out in two phases. The first phase took place in Brazzaville and in the second phase the project was extended to six other localities among those most seriously affected by the war of 1998. Several cases of rape, with serious consequences, were taken in hand. In view of the benefit derived by women of child-bearing age in general as well

as women victims of violence, as the results of evaluation of the first phase have shown (the second phase is now under way), it would be wise for these activities to be continued and extended to the remaining regions.

**Goal** The project will enable the Congolese Red Cross (CRC) to play an active and effective part in integrating the medical and psychological care and the social reinsertion of women who have been the victims of sexual violence.

## **Objectives and Activities planned**

**Objective 1** Continue to strengthen the provision of reproductive health services for women victims of sexual violence in Brazzaville, Kinkala, Pointe-Noire, Nkayi, Dolisie and Sibiti.

Activities to achieve this objective are:

- Integration of the medical and psychological care of women victims of sexual violence at the referral centres.
- Training of the health workers at the referral centres involved in the area of reproduction.
- Dynamization of the network of awareness activities, strengthening the teams of volunteers at the observation posts.

**Objective 2** Supply and support the reproductive health services and provide assistance to women victims of sexual violence in the Plateaux, Cuvette Centrale, Cuvette Ouest, Likouala and Sangha regions.

Activities to achieve this objective are:

- Supply one health centre in each of the localities of Djambala, Owando, Ouessou, Ewo and Impfondo with medical equipment and drugs.
- Carry out minor repairs at the centres selected in these 5 localities.
- Train 35 health workers in reproductive health in the different localities.
- Train 40 volunteers from the Red Cross and other local NGOs in the selected localities in the techniques of IEC and in reproductive health.

**Objective 3** Support the participation of CRC volunteers in the fight against STD/HIV/AIDS in all regions of the country.

Activities to achieve this objective are:

- Implantation of a network of volunteers to be responsible for raising awareness of reproductive health, sexual violence and the prevention of STD/HIV/AIDS through 25 Red Cross observation posts.
- Raise the awareness of the population of these localities and the rest of the area covered by them in regard to reproductive health, sexual violence and the prevention of STD/HIV/AIDS.

**Objective 4** Participate in the medical care of the identified women victims of sexual violence.

Activities to achieve this objective are:

- Medical care, on the basis of a contribution established by the centre, of the women victims of sexual violence at the referral centres selected by the project.

**Objective 5** Promote the social reinsertion of the women victims of sexual violence identified and already receiving medical and psychological care.

Activities to achieve this objective are:

- Organization of the women in cooperatives.
- Establishment of support groups.
- Leadership by these women of income-generating micro-projects.

## **Expected results**

- 102 health workers and the 25 supplementary workers will have been trained and/or retrained in reproductive health in the 6 localities of the UNFPA project. The health centres will have been supplied with drugs. The women victims of sexual violence will be under medical supervision at the referral centres of the UNFPA project.
- The referral centres selected at Djambala, Ewo, Owando, Ouessou and Impfondo will have had minor repairs done, essentially in the reproductive health units. The 5 referral centres in the localities selected for the project will have been supplied with medical equipment, drugs and contraceptives. 35 health workers and 40 CRC volunteers will have been trained in reproductive health at Djambala, Ewo, Owando, Ouessou and Impfondo.

- The 25 Red Cross observation posts will be functioning and the volunteers will have been trained and briefed in IEC/Reproductive Health/Sexual Health. 3900 awareness meetings will have been held. Reduced incidence of STD/HIV/AIDS.
- The identified women victims of sexual assault will have received quality medical care. Medical and psychological care of women who are victims of sexual violence will have been integrated into the minimum package of activities at all referral centres.
- Cooperatives for women victims of sexual violence will have been set up. The authorities of the Ministries particularly concerned with the problem (Health and Social Affairs, and the Ministry for the Promotion of Women), United Nations agencies, international organizations, diplomatic missions and local NGOs will have been approached and interested in supporting income-generating cooperative micro-projects for women victims of sexual violence.

### **Indicators**

- 127 health workers will have been trained or retrained in reproductive health. 2000 women victims of violence will be receiving medical care in the framework of the project.
- Repairs will have been carried out at the health centres and the centres will have received medical supplies. The health workers will have been trained.
- Volunteers will be running activities at 25 observation posts where three awareness sessions on STD/HIV/AIDS will be held every week. Rate of incidence of STD/HIV/AIDS.
- Number of women victims of sexual violence who will have received medical care.
- Women victims of sexual violence participating in production cooperatives.

### **Critical assumptions**

- The regions work closely with the regional administrative and health authorities. The national coordinator of the project will try during his supervision missions to encourage close collaboration with the authorities. Their presence in technical committees, at both regional and national levels, is a guarantee.
- The committees support the project with a campaign to raise awareness among volunteers. The CBFA project, which will be carried out in all regions of the country, will constitute an opportunity for the project through the health education activities of the volunteers trained.

### **Monitoring and Evaluation arrangements**

Monitoring will be carried out by the coordination team by means of monthly regional supervision missions and quarterly national coordination. In addition to this monitoring, reports will be prepared. A first, mid-term, evaluation will be carried out by the joint CRC/Federation team and the final evaluation will be carried out by an external person.

From a technical point of view, monitoring will be carried out at two levels: in the regions where the project is being implemented and at the national level. At the regional level, a technical monitoring committee will be responsible in each region for evaluating the development of the project, its progress and its failures, with a view to making corrections. This committee is composed of a representative of the Regional Health Directorate, a representative of the Regional Directorate of Social Affairs, a representative of the Prefecture and a representative of the regional committee of the CRC. This committee will meet once a month to analyse the monthly activity report produced by the regional committee. It may be open to other NGOs or United Nations agencies particularly interested in the project.

At the national level the general secretariat of the CRC will organize a meeting each month to assess the activity reports from the regions. In addition to the Secretary General, the head of the Department of Health and Social Affairs, the national project coordinator, the head of the Department of Information and Communication, the Federation health delegate, a representative of the Ministry of Health, a representative of the Ministry of Social Affairs and the national coordinator of the National AIDS Programme will take part in this meeting.

## **c. Primary Health Care Programme in Kouilou**

### **Background and progress to date**

The Kouilou region, which had a solid and efficient health infrastructure in the 1960s, has not escaped the successive conflicts which have struck the Republic of Congo. Medical infrastructures have been gradually crumbling as buildings age and are not properly maintained.

The civil war of 1997 aggravated the situation: many health centres were ransacked, especially in the interior of the region, causing either reduced capacity to provide high-quality services to the population or a complete cessation of activity. The massive influx of displaced persons from combat zones greatly increased demand for health care, which these centres cannot meet because they have been considerably weakened by the crisis. As well as the already high cost of care, the impact of the war has greatly reduced the population's purchasing power, making it immediately more difficult for them to have access to basic health care for financial reasons. Moreover, population displacement has caused the dispersion or disappearance of staff, who had already lost their motivation and were unevenly distributed. This was in addition to the problems already facing the health infrastructure, further restricting access to health care. Lastly, the deterioration in living conditions adversely affected the population's health, and this can be seen in a sharp increase in overall, infant and maternal morbidity and mortality.

In view of the growing health care needs of the population of the Kouilou region, and aware that it has not received as much international aid as other regions, the Congolese Red Cross (CRC) decided to work closely with the regional Health Authority to help reactivate nine health centres.

The centres were chosen in close cooperation with the national medical authorities, taking into account the National Health Development Programme (NHDP). Four of the centres are situated in the great forest of Mayombé, an area with a high proportion of rural population. Two others are situated in the coastal part of the region and four in Pointe-Noire, where urban population density is increasing all the time and the presence of many displaced persons requires an increase in public health services.

Population covered by the project:

Centre	Population covered	Attendance rate (patients per month)
CRC centre, Pointe-Noire	98,000	110
Loaka health centre	8,700	35
Jane Vialle IHC, Pointe-Noire	95,600	250
School health centre, Pointe-Noire	650,000	1,500
Diosso IHC	6,400	300
Madingo-Kaye centre	75,000	100
Mpounga and surrounding area	8,450	165*
Ncessé and surrounding area	7,600	105*
Mandsi and surrounding area	5,900	225*
<b>TOTAL</b>	<b>955,650</b>	<b>2,790</b>

\* Estimated rate due to lack of data.

**Goal** The aim of the project is to meet the needs of people directly or indirectly affected by the successive wars which have occurred in the country, by improving long-term access to basic health care in the areas concerned through the nine health structures identified, from the end of 2001.

## Objectives and Activities planned

**Objective 1** Rehabilitation of nine health centres in the Kouilou region.

Activities to achieve this are:

- The work to be done will depend on the state of the existing structure and technical level of the centres. The rehabilitation will nevertheless be aimed chiefly at making the centres operational immediately by carrying out work to renovate roofs, windows and doors, paintwork and plumbing in accordance with the standards set out in the National Health Development Programme (NHDP). The equipment of each centre will have to take account of what the patient has to do and the technical level so as to offer people, in the best possible conditions, the minimum package of activities - patient consultation, pre-natal care, out-patient care, vaccination, maternity services and simple biological analysis.

**Objective 2** To provide the nine centres with furniture, medical supplies and laboratory equipment to ensure a minimum of basic health care for the target population.

Activities to achieve this are:

- The centres will be given furniture and medical supplies (consultation couches, scales, baby scales, tensiometers, stethoscopes, sterilizers, dressing sets, stitching/minor surgery sets, IV/IM/SC injection equipment, observation couches, mattresses with waterproof covers, mosquito nets, etc.), laboratory equipment (microscopes, extractors, pipettes, blades/tubes, laboratory reagents, etc.) and means of transport (bicycles, motor cycles).

**Objective 3** Initial supply of essential medicines to the centres.

Activities to achieve this are:

- Delivery of sufficient stocks of essential medicines to the nine health centres in order to meet all the basic needs of the target population.
- Initial supplies of essential medicines, under generic names and in the form of IDA kits, will be provided to each centre to permit initiation of the cost recovery system, with a view to ensuring regular stock replacement.

**Objective 4** Mobilization, training and retraining of human resources (four persons to staff each centre).

Activities to achieve this are:

- Recruitment and training of health personnel. In close cooperation with the Health Authority, permanent staff will be assigned to each centre.
- Retraining will be organized in centres which already have staff.
- Temporary use of CRC personnel will be possible in some cases to make up for a lack of qualified staff, involving a mobilization of internal human resources.

**Objective 5** Establishment at each centre of a cost recovery system that is efficient and adapted to circumstances, enabling the centre to operate continuously using its own resources and in accordance with the Bamako Initiative (cost recovery for basic health care by the population).

Activities to achieve this are:

- Establishment of a management committee in public health bodies, composed of members of the public in the urban districts and villages concerned, members of health teams, representatives of the authority, members of CRC local/regional committees.
- Involvement of CRC in monitoring the activities and proper operation of health centres such as Integrated Health Centres (IHC) involved in patient consultations, pre-natal care, out-patient care, vaccination, maternity services, etc.
- A medical coordinator covering all CRC centres will be responsible for supervising their various activities and will oversee the management of their human, material and financial resources.
- Training of members of the Management Committee and staff at the centres in basic accounting and administration and stock control to ensure efficient and transparent management.

### **Expected Results**

- Rehabilitation or restoration to normal operation of the nine health centres so as to facilitate the administration of basic care to the target population. The centres will comply with the standards laid down by the National Health Development Programme (NHDP).
- Provision to the nine centres of the furniture, medical supplies and laboratory equipment needed in the administration of basic health care to the target population.
- Availability of medicines in the health centres. These will provide credibility and ensure effective community participation.
- All the health centres will mobilize the human resources needed for their proper operation. Training and retraining of staff will ensure high-quality health care.
- Establishment of rational management of human, material and financial resources at the centres. Cost recovery systems will operate efficiently and transparently. The centres will receive regular supplies of essential medicines, providing continuity of medicine stocks and ensuring that the project works well.

### **Indicators**

- Renovation, repair and construction of buildings, promoting the proper exercise of their medical functions by health staff. NHDP certificate.
- Quantity and quality of furniture, medical supplies and laboratory equipment corresponding to the size of the centre in relation to the number of beneficiaries and basic health care.

- Access to primary health care enjoyed by the population. Quantity and quality of care provided and medicines administered permitting full coverage of the basic needs of the target population. State of health of the population.
- Each health centre has a trained and retrained staff of four ensuring the quality of health care.
- Increasing attendance rates among the target population. Improved quality of basic care provided to the population, having the immediate effect of a steady decline in mortality and morbidity rates in the localities concerned. Existence of rational systems for the management of human, material and financial resources. Availability of funds to purchase medicines.

### **Critical Assumptions**

- There is security in the country. Following the signature of the Peace Agreements in December 1999, the trend is visibly towards a durable peace. This is shown by the fact that a weapons collection operation has been carried out in the conflict areas and rail traffic between Pointe-Noire and Brazzaville has been restored.
- Climatic conditions: difficulties of access to forest areas during the rainy season. Quality of cooperation between the members of the coordination committee.
- Logistic conditions: initiation of the project, purchase and delivery of medicines, renovation of dispensaries.

### **Monitoring and Evaluation arrangements**

Developments in the needs identified (rehabilitation, construction, technical and medical supplies, establishment of the cost recovery system and arrangements for rational management, promotional and preventive activities) will be monitored and evaluated by the CRC medical coordinator, who will be chosen by CRC volunteer doctors and supported by a Federation delegate, in particular the health delegate to be based at Pointe-Noire for the duration of the project.

To this end, in addition to analysing weekly and monthly reports on the activities of each centre, the coordinating doctor, accompanied by the health delegate, will carry out monthly supervision and quarterly evaluation missions. These evaluations will cover the progress of building repair and construction work, delivery of supplies and medicines to the centres, operation of the cost recovery system, and the community health activities carried out by the centre's volunteers and staff. The coordinator will also monitor the level of budget disbursements and carry out planned visits to the centres at the rate of one daily visit in the town of Pointe-Noire and one weekly visit in the region.

The management committees of the centres, supported by the coordinating doctor and the Federation's health delegate, will have access to the data needed for proper operation of the centres. The management centres will submit weekly and monthly reports indicating rational management of human, material and financial resources.

The medical coordinator will evaluate the project on a quarterly basis. He will carry out an initial evaluation and transmit its results to the Federation's health delegate for final evaluation.

[return to top](#)

## 4. Institutional development

### Regional Assemblies

#### Background and progress to date

Now that CRC leaders have restructured the regional committees and volunteers have a good knowledge of the Movement and Red Cross and Red Crescent principles in most of the regions, the time has come for the regional committees to reflect on the focus they wish to give to their work to ensure that they play their role in the community to the full.

In order to further discussion of these matters, regional and communal assemblies need to be organised, since the situation in the country has prevented such assemblies from being held since 1997. Discussion at these assemblies will serve to outline the general policy that the national society wishes to adopt, on the basis of the objectives and strategies established by the central committee. These strategies should take into account the specific circumstances of each locality and include plans to set up regional councils and hold elections where necessary.

*Table showing the general assemblies planned for late 2000 and early 2001*

Congolese Red Cross regional general assemblies		CBFA training	General assemblies 3rd quarter 2000	General assemblies 1st quarter 2001
Region	Sangha	Sched. for early 2001		X
Region	Likouala	Completed in 2000	X	
Region	Cuvette centrale	Completed in 2000	X	
Region	Cuvette ouest	Sched. for early 2001		X
Region	Plateaux	Sched. for early 2001		X
Region	Pool	Completed in 2000	X	
Region	Lekounou	Completed in 2000	X	
Commune	Brazzaville	Completed in 2000	X	
Region	Bouenza	Completed in 2000	X	
Region	Niari	Completed in 2000	X	
Region	Kouilou	Sched. for early 2001		X
Commune	Pointe Noire	Completed in 2000	X	

Immediately following the assemblies, the delegates will receive a week's training organised jointly by the central committee and a management training school. The subject chosen by the CRC is the "project cycle", including the following areas:

- evaluation of community needs and capacities;
- project conception, formulation, management, follow-up and closure.

The projects will be primarily linked to the community health activities that the local committees already carry out, but will also be extended to include income-generating micro-projects.

**Goal** The goal of the project is to assist the CRC in holding regional assemblies in accordance with the guidelines indicated in the statutes, so that the national society has ten regional committees and two communal committees that are both structurally and operationally effective.

#### Objectives and Activities planned

**Objective 1** Facilitate the organisation of 12 regional and communal general assemblies.

Activities to achieve this are:

- Assist the CRC in forming teams to visit the regions and communes (management committee).
- Establish a work schedule covering six months, planning two assemblies each month, on the basis of a standard text, which will contain general guidelines and the agenda for the business to be conducted at the regional general assemblies.
- Make travel arrangements for delegates taking part in the regional assemblies.

**Objective 2** Familiarise the management staff of the decentralised structures with new management techniques based on good governance, separation of functions and project management.

- Assist the CRC in training regional and communal committee staff and volunteers in new good governance practice and the separation of functions.
- Organise evaluation and training in good governance practice and project management.
- On the basis of a predefined training syllabus and programme, organise a 7-day training course in partnership with a national management training school (see table above).

**Objective 3** Provide the regions and communes with an action plan tailored to the specific circumstances of each area and to the demands of the changing socio-economic situation in the Republic of Congo.

Activities at the assemblies are:

- Outline the action plan of each region for 2001-2002.
- Set up a regional council in each region.
- Elect the chairperson of the regional or communal committee.

### **Expected results**

Ten regions will have been visited by the management committee teams. The ten regional committees will have been informed of the measures to take and the preparations required to organise the regional general assemblies. Representatives will have been duly informed of travel arrangements for the journey to the place where the assembly is to be held.

Delegates representing the regions at the assemblies will have acquired good governance skills and will be capable of implementing them in their regions. They will have a clear vision of the mechanisms required to implement a project, identify community needs and evaluate their own capacities. On their return to their respective areas, the 260 delegates will have the skills required to formulate projects and put them into practice, under the close supervision of regional and national leaders to ensure that the projects are fully integrated in the general framework of Red Cross activities.

As a result of the regional assemblies, the CRC will be able to rely on well-functioning regional committees. The decentralisation of activities is a key element in the development of the CRC. It is only by injecting new life into Red Cross networks throughout the country that the CRC will be able to carry out effective community health programmes and reinforce co-operation with national and international institutions.

### **Indicators**

The number of actual visits made by management committee members to the ten regions compared with the planned number of visits. The degree of satisfaction shown by local delegates with regard to the quality of reception, accommodation and organisation at the assemblies. The number of delegates attending the assemblies compared with the total number of delegates registered.

The results of “good governance” evaluation carried out by the central committee. The results of “project management training” evaluation by trainers from the management training school.

The quality of the regional development plans formulated at the regional general assemblies. The profiles of elected members and their capacity to implement the development plans successfully. The degree of satisfaction shown by the volunteers of each region with the outcome of the regional general assemblies.

### **Critical assumptions**

- The return of lasting peace enabling CRC members to attend the assemblies.
- Efforts must be made to raise awareness in the regions and big cities so that people are conscious of the importance of the role played by the CRC.
- The amount of consideration given by political and administrative authorities to the CRC is a factor which will exert a determining influence on the image of the national society.
- Technical assistance and financial aid provided by the components of the Movement (ICRC, Federation and participating national societies) are key to the success of the assemblies.

### **Monitoring and Evaluation arrangements**

At the close of each communal assembly, a detailed report will be submitted to the CRC management committee, who will ensure that operations comply with the current statutes, the principles of the Movement and good governance. At the close of all the assemblies, a summary will be drafted, including the following items:

- receipt, analysis and assessment of activity reports submitted by local committees;
- management control;
- analysis of supervisory reports;
- evaluation of the revival of decentralised structures.

With the formation of the elected communal committees, the CRC will be in a better position to monitor the activities of the committees in accordance with the national society's development plan.

The general secretariat of the management committee is responsible for preparing the main documents to be sent out to the regions and communes. It is also responsible for logistic arrangements in co-operation with the treasurer general.

During the project, which is expected to last around six months, a Federation delegate and his or her assistant will devote seven days a month to providing the general secretariat with support to organise and follow up on the assemblies and project management training.

Detailed reports will be submitted by each region and commune. The management committee will draft a document specifying the indicators required for the management staff of the new structures that have been set up. This will form part of the general CRC report on restructuring which will be produced after the national general assembly is held in February 2001.

## 5. Programme Co-ordination and Management

### Background and progress to date

Since the signing of the cease-fire agreements in December 1999, the Republic of Congo has worked on establishing a lasting peace. This is a long-term endeavour, for the country has been devastated by recurrent wars and the possibilities of development severely compromised. The country must give priority to tackling a variety of tasks, including reorganisation of the armed forces, the reintegration of former militiamen, reconstruction of administrative infrastructures and the health and education systems, and getting agriculture, business and industry onto its feet again.

This situation as it evolves has had a direct impact on the activities of the Congolese Red Cross (CRC) and, consequently, on the type of support the Federation provides the national society. During the year 2000, the Federation has considerably modified its structure so as to adapt to this rapidly changing context. The biggest changes have come about at Pointe Noire where the sub-delegation moved into the offices of the national society Regional Committee and all the Federation staff has been integrated into the CRC teams. At the level of the Delegation, there has gradually been a reduction in Federation personnel and a redefinition of its role so as to strengthen exchanges and collaboration with the various departments of the CRC. Thus equipped, the Delegation has been able to undertake the gradual transfer of know-how, and, in parallel, of responsibilities, to the national society. Cooperation contracts for relief and community health programmes defining clearly the role of the CRC and the Federation have permitted effective handling of the support to the national society to strengthen operational capacities.

As a result of improved socio-economic conditions the Delegation has been able to work on strengthening cooperation and collaboration between the CRC and the ICRC, and between the CRC and the participating national societies present in the region. In the same way, positive working relations have been established with the public authorities and national or international organisations.

With a view to pursuing the work accomplished and responding more adequately to the needs of the national society, the Federation intends to continue to adapt its profile so as to perform its mission in the most effective manner possible.

**Goal** The aim of the programme is to ensure that the Delegation continues to function effectively and flexibly, so that it can adapt to the country's situation as it develops and to the needs of the CRC. Constantly seeking new tools and new means of cooperation, and in close consultation with the Regional Department at the Secretariat, the Delegation will optimise its human, financial and material resources, in order to provide quality assistance to the national society.

### Objectives and Activities planned

**Objective 1** To pursue the development of the human resources of the Delegation such that the staff's working skills ensure effective management of resources and a transfer of know-how to the CRC in respect of personnel management, finances and logistics.

The activities to achieve this objective are:

- Review and adapt job descriptions for all local delegation personnel.
- Amend the statutory staff convention and harmonise it with that of the CRC.
- Adapt the staff salary scale and harmonise it with that of the CRC.
- Set up a CRC/Federation working group for the future integration of the Federation personnel within the CRC.
- Revise and adapt the Federation contracts with a view to future integration of personnel into the CRC departments.
- Set up a system to evaluate performance and skills, at the level of both the Delegation and the CRC.
- By way of the "young economic chamber of the Congo," permit the local personnel to participate in retraining courses in human resource and financial management.

**Objective 2** To continue restructuring the Delegation so as to ensure effective and rational management of the CRC assistance programmes for 2001 and 2002.

The activities to achieve this objective are:

- Adapt the organisation chart of the Delegation.
- Introduce the notion of CRC trainees for each department of the Delegation.
- Gradually transfer responsibilities from the Delegation to the departments of the CRC.
- Gradually involve the Regional Delegation in the CRC assistance programmes.
- By involving the technical services of the Secretariat, advise the CRC in the technical options available.
- Systematically use minimum standards (Sphere Project) for the support projects.
- Create tools to monitor the support projects.
- Involve external consultants in the evaluation of the support projects to the national society.

**Objective 3** To develop new partnerships and strengthen those that already exist between the CRC and the various national and international organisations so as to bring about synergy in respect of the CRC programmes.

Activities to achieve this are:

- For each programme, take steps to establish productive partnerships between the CRC, the Federation and the national and international bodies present in Congo.
- Assist the CRC in drawing up cooperation agreements with the operational partners while respecting the spirit and the letter of the national society development plan.
- Provide technical assistance to the CRC in its relations with donors and more specifically in drawing up narrative and financial activity reports.
- Support the CRC in developing its image in the various media.

### **Expected results**

- Effective management of local staff with the necessary professional profile and having clearly defined tasks and responsibilities. Consultations between the CRC and the Delegation on drawing up a standard contract and salary scale in accordance with the legal realities of the country and the CRC's financial resources. Effective transfer of knowledge from the Delegation to the CRC departments. Development plans for local personnel reflecting the Delegation's needs and those of the CRC, using the possibilities of national training to the best advantage.
- An organisation chart conducive to development of the situation that permits a rapid response on the part of the Delegation in the event of disasters and emergencies. Use of a minimum of four external bodies to outsource certain activities such as security, legal matters, maintenance and personnel training. Greater technical support of the Regional Delegation and the specialised departments of the Secretariat by way of regular exchanges and visits. Effective and rational management of the CRC assistance programmes by increased checks, systematic monitoring and an intermediate and final evaluation of each project.
- All the programmes to support the CRC will benefit by involvement of the Congolese health, social or emergency structures (ORSEC). The ICRC will have extended its cooperation with the CRC throughout the whole range of traditional activities. The participating national societies present in the region will be engaged in a cooperation effort in accordance with the CRC development plan. Partnerships will have been developed with national NGOs and new relations forged within the world of industry and commerce. Participation of United Nations and/or European Community agencies will have been strengthened in the field of capacity development. The media will regularly report on the principles and activities of the Red Cross/Red Crescent Movement in the Republic of Congo. The radio will devote time slots to retransmitting CRC broadcasts.

### **Indicators**

Generally speaking, indicators of the programme's success will be based on an overall analysis of the Delegation's performance. More specifically, three factors will be used as indicators. These are:

- The Delegation's capacity to adapt to changes in the nature of the activities planned;
- The efficacy of the Delegation's financial and administrative management;
- The quality of the services the Delegation provides its clients.

Each post and each staff member will be regularly evaluated by an evaluation system composed of performance and skills indicators. The performance and skills of the administrative and financial staff of the Delegation will be

compared with those of the corresponding departments in the CRC. Performance and skills should progressively balance one another out. Each employee will have an appropriate and realistic personal development plan.

The organisation chart of the Delegation will serve as a working and reference tool for ongoing changes and adaptations in the various departments of the Delegation. The Delegation will use a minimum of three external companies for the services of care-taking and maintenance, and training of personnel. DRAC contacts and missions will take place at least once a month. Reports and recommendations will be drawn up and used following these contacts and missions. All CRC assistance projects will be subject to an independent, specific evaluation and monitoring system.

The level of collaboration established between the Congolese civil authorities and the CRC in undertaking the activities included in the projects. Each project should foresee involvement of the civil structures corresponding to the type of activities planned. Number of activities in which the ICRC includes CRC volunteers. A minimum of five new partnerships will be established with the corporate world. A minimum of five new partnerships will be established with national and international associations. The volume and quality of the CRC's media press book in 2001, with a minimum monthly basis of four radio programmes and one publication.

### **Critical assumptions**

External elements:

- Availability of finances for this type of programme.
- Availability of qualified personnel within the labour market.
- A conducive socio-political situation in the Republic of Congo and the region.

Internal elements:

- Qualified and experienced delegates are identified and made available to the Delegation as required.
- The CRC recruits a sufficient number of leaders with a professional profile that corresponds to the needs.
- Long-term prospects for this type of project.

### **Monitoring and Evaluation arrangements**

A special chapter of the Delegation's monthly report will be devoted to the results of the activities undertaken in the framework of this programme, under the title "Delegation Management". The chapter will include a report on the programme in tabular form so that the level of achievement can be monitored. Monitoring will be done in close collaboration with the working group made up of the CRC/Federation management team.

[return to top](#)

<b>DELEGATION: CONGO REPUBLIC</b>						
<b>PROGRAMME</b>	<b>Disaster response</b>	<b>DP</b>	<b>Health &amp; services</b>	<b>IDRD</b>	<b>Coord. &amp; mgt</b>	<b>TOTAL</b>
Shelter & construction	15,000	70,345	179,148	0	0	<b>264,493</b>
Clothing & textiles	2,750	30,500	0	0	0	<b>33,250</b>
Food & seeds	40,456	0	0	0	0	<b>40,456</b>
Water	16,875	0	0	0	0	<b>16,875</b>
Medical & first aid	46,340	47,998	115,757	0	0	<b>210,095</b>
Teaching materials	630	2,990	156,445	0	0	<b>160,065</b>
Utensils & tools	6,125	35,875	11,000	0	0	<b>53,000</b>
Other relief supplies	42,739	6,513	21,175	0	0	<b>70,427</b>
<b>Sub total supplies</b>	<b>170,915</b>	<b>194,220</b>	<b>483,525</b>	<b>0</b>	<b>0</b>	<b>848,660</b>
Land & Buildings	0	0	0	0	0	<b>0</b>
Vehicles	0	0	24,000	0	0	<b>24,000</b>
Computers & telecom	13,876	39,700	10,000	0	8,000	<b>71,576</b>
Medical equipment	0	0	0	0	0	<b>0</b>
Other capital expenses	0	19,575	12,690	0	0	<b>32,265</b>
<b>Sub total capital</b>	<b>13,876</b>	<b>59,275</b>	<b>46,690</b>	<b>0</b>	<b>8,000</b>	<b>127,841</b>
Programme management	45,945	41,130	80,333	4,034	36,739	<b>208,182</b>
Technical services	13,754	12,312	24,047	1,208	10,998	<b>62,319</b>
Professional services	15,253	13,654	26,668	1,339	12,196	<b>69,111</b>
<b>Sub total programme support</b>	<b>74,951</b>	<b>67,097</b>	<b>131,049</b>	<b>6,581</b>	<b>59,933</b>	<b>339,611</b>
<b>Transport &amp; storage</b>	<b>50,110</b>	<b>178,878</b>	<b>28,525</b>	<b>1,617</b>	<b>16,180</b>	<b>275,310</b>
Personnel (delegates & expatriates)	102,780	51,025	231,250	11,313	215,700	<b>612,068</b>
Personnel (local staff)	236,658	49,216	156,805	24,379	77,054	<b>544,112</b>
<b>Sub total personnel</b>	<b>339,438</b>	<b>100,241</b>	<b>388,055</b>	<b>35,692</b>	<b>292,754</b>	<b>1,156,179</b>
Travel & related expenses	4,668	5,000	70,795	13,613	19,200	<b>113,275</b>
Information expenses	5,000	0	2,750	2,325	360	<b>10,435</b>
Expert fees	4,650	600	2,500	0	54,720	<b>62,470</b>
Admin. - general expenses	17,766	4,660	37,465	0	93,700	<b>153,591</b>
Training workshops / seminars	0	0	0	0	0	<b>0</b>
<b>Sub total travel, training, general exp.</b>	<b>32,084</b>	<b>10,260</b>	<b>113,510</b>	<b>15,938</b>	<b>167,980</b>	<b>339,771</b>
<b>Total budget</b>	<b>681,374</b>	<b>609,969</b>	<b>1,191,354</b>	<b>59,828</b>	<b>544,847</b>	<b>3,087,372</b>