

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

DEMOCRATIC REPUBLIC OF CONGO

Appeal no. 01.43/2003

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

	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	988,814	1,015,000
2. Disaster Management	378,009	395,000
3. Humanitarian Values	21,502	22,000
4. Organizational Development	404,899	420,000
5. Federation Coordination	98,978	0
6. International Representation	13,347	14,000
Total	1,905,547¹	1,866,000

Introduction

A joint Federation/National Society/ICRC Needs Assessment Mission (NAM) carried out in five pilot provinces of the DRC in early 2002, concluded that the capacity of the National Society has improved at headquarters level with the arrival of a President who is committed to community service and the Red Cross Principles and a Secretary General who has a wide experience in Management. Reporting has tremendously improved. The finance commission is now involved in all the planning stages. The Mission concluded that, given that it is time to focus more on strengthening the management capacities at provincial and urban branches' levels.

With the support of the Federation Delegation in May and June of 2002, the National Society carried out an in-depth diagnosis of its financial and administrative management systems. This revealed a dramatic improvement of financial management and control systems, an effort that was supported by the Swiss grant. The effort should be continued by implementing the various recommendations made by the PriceWaterhouseCoopers consultants.

The Democratic Republic of Congo Red Cross Society (DRCRC) has committed itself to long-term strategic planning. A five-year strategic plan covering 2002-2007, building on the recommendations of the Needs Assessment Mission, is being prepared to arrive at more concrete and impact oriented programmes. The appeal 2003-2004 is based on the priorities of that five-year plan.

¹ USD 1,307,497 or EUR 1,295,578.

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

The National Society will focus on support to basic health care, the provision of safe drinking water, the improvement of sanitation, and the contribution to micro projects to provide additional sources of income to the vulnerable population. Experienced, polyvalent delegates with a proven track record in Red Cross work at branch level will help the DRCRC to rapidly improve the management skills of its committees' by providing on-the-job training to managers of pilot branches at the provincial level. These will be involved from the very start in supporting ("coaching") local branches in starting and implementing micro-projects that are relevant to the community and offer the opportunity to acquire skills in the area of basic assessment techniques, selection of beneficiaries, planning and reporting, monitoring and quality control, financial management, public relations, local fund-raising, recruitment and retention of volunteers. For sustainability purposes, one micro-project would be selected by each of the branches to provide some income to the branch while other projects would provide benefits to beneficiaries, either as direct income or by funding services to the community.

With continued support from the Federation, the DRCRC will collaborate with the MoH and the CCM to scale up its participation in the fight against HIV/AIDS. Efforts to prevent HIV/AIDS/STDs by improving the understanding of its transmission patterns and by promoting safe behaviour will be balanced by providing training of care givers within the families of PLWHA and a sustained campaign against stigmatization in target cities.

National Context

The DRC remains the scene of a complex conflict that has already taken the lives of several millions of people. Although the intensity of the conflict has diminished recently, the situation still has a very negative impact on the country's infrastructure. Health, education, social services, communication, transport and other sectors suffer from a severe lack of resources since these are fully drawn into the war effort. This has added to an already pre-existing massive need for rehabilitation of the country, triggered by 25 years of total neglect. The signature of several agreements to prepare peace between DRC and Uganda and DRC and Rwanda, followed by the pullout of large numbers of Ugandan, Rwandan and Zimbabwean soldiers from Congo justifies our hope that an end to the conflict is near. While it is probably too early to expect a full normalization of the relations between the various countries that were involved in the conflict in the coming weeks and perhaps months, the cry of the DRC population to support rehabilitation of its basic infrastructure has become increasingly louder than the sounds of war and urges us to support the DRCRC in preparing itself rapidly for a major contribution to the rehabilitation effort.

While at the end of 1999 some 5 percent Congolese were living with HIV/AIDS, the AIDS pandemic is rapidly gaining force, partly as a result of the massive use of rape as a conscious way of humiliating the opponents by the various armed groups involved in the conflict. UNAIDS reports that the ratio of new infections changed from 1:6 (women to men) in 1991 to 1:3 in 1997. It is difficult to grasp the additional damage caused by another five years of war since reliable statistics are not yet available. While the increase in the rate of sexually transmitted diseases is affecting both men and women, the effect of the war, is especially disastrous on women : poverty, the need to survive and to support the family has driven massive numbers of girls and even married women into prostitution and created a rise in the number of children born with no declared paternity. The number of abortions is also on the increase. British NGOs working in DRC indicate that "maternal mortality rates registered in the DRC are among the worst in the world, and a clear indication of the collapse of the health system.

No ARV-treatment is available to prevent mother to child transmission in this high risk environment. An estimated 680,000 children have been orphaned by HIV/AIDS while young people, especially when forced to leave their homes, remain particularly vulnerable.

Access to health care is a real problem for the communities; the patient should pay for the health care and the hospitalization (US\$ 5 for 10 days) is costly for the populations' pockets.

Malaria, endemic in the DRC is the most common cause of morbidity, mortality and absenteeism among school children and workers in DRC and has further increased its toll in 2002. Absence of community IEC activities, lack of cleanup campaigns, prolonged rainy season and severe difficulties at the MoH level to ensure provision of anti-malaria drugs at functioning health structures, have increased the proportion of malaria cases at the various hospitals and health centres.

Human Development Indicators at a Glance

	DRC	Sub-Saharan Africa	World
Life expectancy at birth (years)	51.3	48.7	66.9
Adult literacy rate (% age 15 and above), 2000	61.4	61.5	~
Adult literacy rate (female as % of male), 2000	69	77	~
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	31	42	65
GDP per capita (PPP\$), 1998	765	1,690	7,446
People living with HIV/AIDS, adults (% age 15-49), 2001	4.9	9	1.2
Refugees (thousands), in/out, 2000	333/369	~	~

Source: UNDP HDR 2002

Water and sanitation is a key problem in some areas of DRC, for example in Mbandaka where only 20 to 30% of the population have access to latrines. In Lumumbashi, drinking water is limited to the urban population and only supplied to an estimated 20% of the population. In Mbuji-Mayi women and children spend unreasonable amounts of time, even to African standards to collect water for cooking, washing and cleaning. A serious effort to improve the access to water and sanitation needs to be part of the DRCRC programme.

Large parts of the population of the province of North Kivu are constantly at risk because of the presence of several active volcanoes including Nyiragongo and Nyamulagira that both erupted in 2002. Frequent tectonic activity, related to rift formation and the presence of large quantities of methane and carbonic gasses at the bottom of lake Kivu further threatens their survival. But, given the depletion of the communities' resources to prevent and cope with disasters, the DRCRC is frequently called upon to respond to emergencies at a more local, less visible level. Floods and river bank erosion have caused destruction of large surfaces of agricultural land, homes, health centres and other public buildings along the River Congo. This has, at times, led to significant population movements and a significant increase in water borne diseases in the affected areas (malaria, respiratory diseases, diarrhoea, skin diseases).

Building on the ARCHI 2010 process, the National Society will work with communities and Red Cross volunteers to identify hazards and develop community disaster response plans through a community based DP programme at the local, provincial and national levels in addition to further upgrading its own response mechanisms and tools.

National Society Priorities

In view of the growing probability that the war will end and give way to more stability, the DRC Red Cross requested the International Federation to assist in assessing the options it has to engage in rehabilitation at community level. In January and April 2002, the Federation Secretariat fielded a Needs Assessment Mission (NAM) in response to the request and assisted in defining a plan of action to support the DRCRC in preparing itself to contribute meaningfully to addressing some of the identified needs. With support from the ICRC, the mission visited and assessed the needs in 5 provinces. The National Society accepted the priorities that were identified by the NAM : support to basic health care in the community, the provision of safe drinking water, improvement of sanitation, and the contribution to micro projects to provide some income to the vulnerable population.

At a Glance

	YEAR	COMMENT
Statutes	2000	
National Disaster Plan		Risk mapping
National Development Plan	2002-2007	
CAS	~	
Self Assessment	~	
Elections	2000	
Yearly audit	yes	

Initially all proposed programs will be implemented at a modest level and provide opportunities to acquire the skills to successfully manage larger scale programs in an effective and economical way. As described in the introduction, experienced delegates are needed to offer on-the-job training and to support the development of sustainable multiplication mechanisms to allow for the replication of successful initiatives throughout the country.

Red Cross and Red Crescent Priorities

PARTNERSHIP PROFILE

INST.	AREA OF INTERVENTION
Belgian Red Cross	Works with provincial branches on street children, child-mother centre in Kalembe-Lembe, child soldiers, health posts (Matadi and Kinshasa) and provides capacity building support to the National Society HQ, Bas Congo and Kinshasa provincial Red Cross branches.
British Red Cross	Supports a Delegate and the delegation management and has manifested interest to support the Health programme.
ICRC	Works closely with the National Society in Information Dissemination, tracing, disaster management (conflict preparedness) and capacity building. ICRC has a programme for the prisons.
Finnish Red Cross	Has manifested interest in supporting the Disaster management programme
German Red Cross	Supports the construction of a multipurpose centre and relief activities in Goma and intends to engage in food security support to the National Society in Equateur province.
IFRC	Supports the capacity building of the National Society. An OD Delegate supports organisation of training for governance and management, provision of financial and material support, evaluations, guidance and other support; a Health Delegate to support National Society activities relating to HIV/AIDS, Malaria prevention, Polio eradication, epidemics surveillance and response and Reproductive health; a Finance and Administrative Delegate to support the National Society finance department, training of personnel and material support to the National Society and a Head of Delegation to support National Society co-ordination (governance and management), advocacy, Disaster management activities, representation and delegation management.
Spanish Red Cross	Supports the National Society in sensitisation activities in HIV/AIDS and sanitation activities in 50 schools and universities, rehabilitation of health centre of Kimbuala, providing support for micro projects (soap making, fish processing and sewing) and general management support. In 2003, the CRE will support the National Society on agricultural projects, HIV/AIDS activities in 240 schools and the training of volunteers in sea and river rescuing

Swiss Red Cross	Supported the capacity building programme of the National Society.
Swedish Red Cross	Supports the cost of a health Delegate and contributes to the costs of the delegation management.
Others	Ad hoc support has been contributed by a number of other PNS . Massive support was received in response to the Nyirangongo volcano disaster appeal.

Priority Programmes for Secretariat Assistance

Against the background of the five-year strategic plan, it is the main aim of the Secretariat to support the DRC RCS in rebuilding a network of branches that are

- known and respected by their authorities and local communities
- to the benefit of their home communities
- implementing a basic program of humanitarian activities along the following lines :

Disaster preparedness and response:

- The development of improved risks maps.
- Community-based disaster management (CBDM).
- The provision of minimum resources (human, structural and material) necessary for a rapid assessment of and response to the needs that are triggered by disasters

Basic services to the community:

- Water and Sanitation (e.g. provision of drinking water, environmental sanitation, promotion and construction of latrines).
- Identification of risks to the health of local communities, implementation of community based health activities, within the priorities for Red Cross action as defined through the ARCHI 2010 process (Community-based First Aid, Malaria, Cholera, Measles, Ebola, HIV/AIDS, and addressing the needs of women affected by sexual violence).
- Creation of non Red Cross disaster management groups in selected communes in four provinces.
- Support to micro projects for the community and income-generating projects for the Red Cross.

Reinforcement of operational capacities and management of the National Society:

- Increase the volunteer base.
- community involvement and use of local human resources.
- external relations building and management.
- promotion of Humanitarian values and fundamental principles.
- evaluation and reporting, financial and administrative management and volunteer management.

In view of the number of branches that needs to be redeveloped within a realistic time frame and the size of the rehabilitation effort that will be required soon, the Secretariat will focus on the development of multiplication mechanisms and strategic partnerships within and beyond the Red Cross Movement. The Delegation is committed to a thorough coordination of its effort with the ICRC to facilitate a smooth transition of responsibilities as per the spirit of the Seville Agreement . Cooperation of all Red Cross efforts will be further promoted and pragmatically facilitated by actively supporting the preparation of a Cooperation Assistance Strategy in close collaboration with the ICRC, the Spanish and Belgian Red Cross and other partners.

To achieve these goals and to effectively start the programmes, the DRC Red Cross and the Secretariat have agreed that there is a need for three delegate positions for 18 months in the following locations.

- Mbandaka: a Water and Sanitation Delegate (on site 80% and 20% support to other provinces).
- Mbuji-Mayi: a Health Delegate (on site 80% and 20% support to other provinces).
- Goma: a Disaster Preparedness delegate (on site 80% and 20% support to other provinces).

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

Background and achievements/lessons to date

For the past two years, the DRC Red Cross, supported by the Federation, has contributed to the success of the National Immunization Days (NID) and polio eradication activities that were organized by the EPI department of the Ministry of Health. In June and July 2002, 1,255 volunteers collaborated with the MoH to support the NID vaccination campaigns in Provinces of Bas-Congo, Bandundu and Kinshasa where over 4 million children have been vaccinated .

The DRCRC will support the Rollback Malaria project through promoting impregnated mosquito nets and other activities in the community like IEC, hygiene and sanitation of the environment in all the regions of the country. By applying the ARCHI 2010 approach in which trained volunteers support their community in tackling a variety of health risks, the level of funding needed for these activities is kept at a minimum. Some of the activities within the project will generate income that will allow branches to support their community and perhaps to provide a form of motivation to the volunteers.

In Kinshasa, Matadi, Bandundu and Lumumbashi, the Red Cross has worked with schools and communities to inform about the HIV/AIDS pandemic. The *Centres de Causeries* in various provinces have allowed the Red Cross to reach out to communities while distributing condoms and providing vital information on AIDS. The MoH and the different health posts have recognized the useful role of the Red Cross volunteers in the fight against AIDS. With continued support, the DRCRC intends to scale up the current activities. While continuing the various preventive efforts and the training of care givers within families who are supporting PLWHA, the DRCRC will offer opportunities for HIV counseling and tests for Red Cross Volunteers and their spouses. The Red Cross will work in close collaboration with the National AIDS Control programme to implement joint programmes in the identified provinces.

The National Programme for Reproductive Health (NPRH) will work closely with the Kinshasa provincial Red Cross committee to train nurses and animators who will be involved in IEC activities. The DRCRC will mobilize the necessary funds to pay for training of Red Cross volunteers in IEC by the NPRH. The Red Cross coaches at the community level will work with local health authorities and NGOs present to support the project.

The Health Department of the DRCRC in Kinshasa supported by a Country Federation Health Delegate and a provincially based Health Delegate (18 months assignment) will support 35 health posts in Kinshasa to treat women who have been victim of sexual violence.

For a better management of Health programmes, the National Society reorganized its Health department by appointing co-ordinators for each of the different projects on HIV/AIDS, Malaria, Reproductive health and Polio. These co-ordinators are actively involved in redefining strategies, forging partnerships and fund-raising for their various projects.

Overall Goal

The health status of the populations in the targeted provinces of the DRC is improved.

Programme Objective

The DRC Red Cross continues to provide adequate health care services to vulnerable groups in target provinces in collaboration with partners.

Expected Results

1. The prevalence of HIV/AIDS is reduced.
 - Through partnership with the MoH, the general public is well-sensitized on the current HIV/AIDS pandemic in DRC. Thirty-six anti-AIDS clubs are active in schools and universities. 2000 students sensitized by each of the 36 anti-AIDS clubs per quarter. Over 300, 000 people are reached per year. 108 monitoring and evaluation visits in the 36 schools. Behaviour of students towards unsafe sex changed.
 - *The “Centres de Causeries”* have eased access to information and services on HIV/AIDS. Condoms distributed have reduced the number of new cases of HIV/AIDS/STDs. The Red Cross in six communes have a base to run their activities.
 - Sufficient and appropriate IEC materials have been made available to Red Cross members.
Number of cases of infection by members of the Red Cross reduced drastically. A strong network of information officers exists in each of the four pilot projects (Kinshasa, Goma, Mbandaka, Mbuji-Mayi). Regular reports are received from these officers.
 - PLWHAs and their families have more knowledge of HIV/AIDS and have generally changed their behaviour towards unsafe sex. The number of new cases is significantly reduced in DRC.
 - The Congolese public well sensitized to accept that those already infected need to be supported. PLWHAs are accepted by their families and the communities.

2. Morbidity and mortality are reduced through the malaria rollback project.
 - 686 sessions of proximity IEC have been held. The populations of Kinshasa, Bas-Congo, Mbandaka and Bandundu are informed about Malaria prevention.
 - Centres of impregnation of bed-nets are installed in Kinshasa (6) and Mbandaka (2). 6,000 impregnated bed-nets have been sold at the 12 centres. Morbidity and mortality from malaria is reduced.

3. Reproductive health services are improved.
 - Through Red Cross partnership with the NPRH, reproductive health services in Kinshasa is strengthened. 45 Red Cross trainers in Kinshasa trained on IEC, counseling, distribution of condoms, etc.
 - Two observation posts created in Kinshasa, and IEC activities are conducted in these posts.
 - Resources have been provided to the National Programme for Reproductive Health (NPRH). 30 nurses and 10 animators from 10 health zones in Kinshasa have been trained.
 - One referral health centre in Kinshasa supplied with medical equipment and specific essential drugs. Two Health centres have been rehabilitated in Mbandaka and Mbuji-Mayi.

4. Water and sanitation conditions of the vulnerable are improved.
 - Water and sanitation activities are in progress in Goma, Mbandaka and Mbuji-Mayi.
 - There is substantial increase in the number of people having access to potable water and sanitation facilities in the identified zones in Goma, Mbandaka and Mbuji-Mayi.
 - Red Cross counterparts and coaches have received on-the-job training. The activity has been replicated in two other provinces.

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

Background and achievements/lessons to date

Supported by the ICRC and the Federation, the DRCRC has invested a lot in the training of volunteers and in responding to a large variety of disasters ranging from Ebola to war. DRCRC volunteers have worked alongside Federation delegates and local authorities to assess the needs triggered by disasters. Often their radio's relayed the information that mobilized the support from authorities and donors. They remained behind to support minimal rehabilitation and recovery of affected populations long after other, more visible actors had left. As of 2001, the Red Cross had trained 85,000 volunteers in first aid, CBFA, ARCHI and in disaster preparedness. The training has proven to be also useful in emergency situations (e.g. large scale population movements, Goma Volcano eruption, Mbandaka and Kinshasa floods)

With the support of the ARCHI/DP regional programme, the Swiss Government and the Federation Delegation in Kinshasa, the DRCRC has undertaken a risk mapping exercise to identify the potential damage of floods and erosion to selected communes of Kinshasa. This resulted in the production of thematic risk maps that also show the available resources of the Red Cross and the health services, hence allowing adequate planning of the response in case of flooding. The National Society is now in a position to replicate the same exercise in two other provinces in the next two years.

The cost of the Community Disaster Awareness activities are kept at a reasonable level by using the ARCHI 2010 approach in which trained volunteers support their home communities in tackling a variety of tasks that address vulnerabilities that were identified together with the communities. Activities will include visiting communes to conduct floods, soil erosion, volcano and epidemics awareness meetings. This will address a lesson that the Red Cross has not given sufficient attention to the capacity building of vulnerable communities especially while relief operations are still ongoing and beneficiaries are eager to learn how to better prevent or respond. As a new initiative, the Red Cross will be encouraging the creation of Disaster management groups (DMGs) in selected communes and reinforcing their capacities to identify and address local vulnerabilities.

The DRCRC headquarters and provincial DP plans will be coordinated with the plans and efforts of other agencies and organisations. This includes development and dissemination of evacuation procedures, training of search and rescue and assessment teams.

Overall goal

Targeted provinces in the DRC are able to predict, prepare for, mitigate, cope with and respond to disasters that affect their daily lives.

Programme Objective

Selected communes in Kinshasa, Mbandaka, Mbuji-Mayi and Goma have good knowledge of risks and are able to anticipate, cope with and manage these disasters in collaboration with local authorities and partners.

Expected Results

1. Hazard mapping and disaster planning is made in selected communes.
 - Following the successful implementation of the mapping exercise in Kinshasa, new Terms of Reference have been agreed with the *Institut Geographique* and the Mettelsat to support the Provincial committees to conduct mapping exercises in their province.
 - With the support of the Federation Goma based DP Delegate, the provinces of North Kivu, Equateur and Kasai Orientale will have conducted hazard mapping.

- 75 Red Cross Volunteer Coaches have been trained and allocated to a specific commune in their various provinces to coach Disaster Management groups (non Red Cross) to conduct hazard mapping and develop plans for response.
 - Following the preparation of hazard maps, each of the provinces of North Kivu, Equateur and Kasai Orientale will have developed a database of the existing hazards.
 - The Red Cross Coach will guide the disaster management groups in the preparation of community disaster response plans and manuals. The local authorities will use the plans to develop provincial DP and Response plans.
 - The DMGs will organize simulation exercises to test and correct their DP plans.
 - Headquarters will be assisted by the Secretariat to seek support to supply each of the three provincial committees with a minimum stock of relief materials such as first aid bags, stretchers, uniforms, blankets, boots, etc. The provinces will have made undertakings to replenish their stock from proceeds received from income generating micro projects.
 - The DMGs will be supported by the various provincial committees with basic disaster response materials such as first aid bags, stretchers, uniforms, blankets, boots, etc. They will mobilize resources to replenish these materials.
 - The process in the three provinces will have been evaluated and the findings shared with the provincial committees. In turn the committees will have determined the need for replication in other *communes*. The Red Cross headquarters coordination committee will have also decided in which *province(s)*, the project will be replicated.
 - A task force has been set up and will have carried out an analysis of existing disaster management guidelines and regulations (authorities, Red Cross, Federation and ICRC). The draft disaster policy has been discussed and approved by the Central Committee of the Red Cross. The provincial committees will have been supplied with the policy and guidelines.
 - Effective multidisciplinary disaster management committees exist at the National (Kinshasa), and in three Provincial committees and selected communes. The heads of Disaster preparedness and response departments at the HQ and in three provinces will have contributed to solve issues raised at the disaster coordination meetings (OCHA, UN and others). The Red Cross serves in various sectoral disaster management task forces.
 - Headquarters and selected provinces are well equipped with radio's. Communication has become easier.
2. Training activities in disaster mitigation are completed in selected communes.
- A training strategy has been approved by the National Society and this is guiding all actions related to human resource development of the DRCRC.
 - 1,750 first aiders (350 in the 5 selected provinces) receive refresher training.
 - 3,750 new volunteers receive training in CBFA in the five provinces (750 per province)
 - 1500 volunteers actively involved in fire disaster reduction sensitization techniques. They are all active and the number of domestic fires has reduced.
 - With the support of the Spanish Red Cross, 1,750 experienced volunteers are actively involved in saving lives and providing first aid during river accidents. They continue to sensitize the population living along the banks of River Congo.
 - Five communes in each of the provinces of North Kivu, Equateur and Kasai Oriental (25 communes in total) have been trained in ARCHI 2010, CBFA and on the principles of the Red Cross. Supported by the local Red Cross Coach, the DMGs have put emergency response teams of 10 persons in place. The teams are actively responding to local disasters.

- 30 members of governance and management have been trained on the principles of disaster preparedness, mitigation and response. They are providing more support to the DP and DR department.
 - The project evaluation has been positive and the cycle is repeated in two other identified provinces in 2004.
3. Community disaster awareness is increased.
- A database of the most listened and watched media exists at headquarters and three provinces. The Red Cross has good collaboration with the media. The disaster related activities of the Red Cross are well highlighted by the media.
 - The Federation World Disaster Report, launched by the Minister of Health, has received wide coverage and appreciation of specific groups in Kinshasa and three other provinces.
 - The quarterly disaster sensitization days in schools, communities, government and other institutions have influenced changes in attitude towards disaster issues. The government is in the process of enacting legislation on disaster mitigation and management.

3. Humanitarian Values W *<Click here to return to the title page>*

Background and achievements/lessons to date

In collaboration with the Federation, the ICRC has been supporting the National Society implement activities to improve their public image and visibility in order to attract greater credibility, larger partnerships, co-operation and support. The National Society has been promoting IHL, the Fundamental Principles and the protection of the emblem in various communes of DRC.

In view of the increasing humanitarian challenges exacerbated by the hostilities in the DRC, the National Society has had to review its strategy to cultivate and maintain a well informed public on the work of the Red Cross. In the coming years, the National Society will maintain and consolidate partnership with the Government, the media and opinion leaders. Activities will include advocacy campaigns on anti-discrimination against women, on the reduction of HIV/AIDS, on malaria prevention and in raising community awareness of disasters and the need to mitigate their effects.

Overall Goal

There is improved respect for human life, more effective solidarity with vulnerable individuals, families and groups, and a more cohesive community.

Programme Objective

The National Society has improved its public image visibility and is more vocal in advocacy issues.

Expected Result

The National Society has engaged in information dissemination and advocacy.

- Volunteers have been trained in the four pilot provinces, and are actively involved in the promotion of the Fundamental Principles. Advocacy campaigns promote respect for women in the Congolese society. The communities are better informed on HIV/AIDS. Attitudes are changing.
- Volunteers have held sensitization campaigns at schools, public institutions etc. reaching over 15,000 persons. On world Red Cross day, 2000 volunteers in five provinces participated in public campaign disseminating information on the Red Cross movement, HIV/AIDS and

human rights. The authorities have been sensitized to take a more proactive role on reducing HIV/AIDS.

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

Background and achievements/lessons to date

In recent years, the erosion of all national structures and services in the DRC has deeply affected the National Society. While some of its branches remained fully operational and engaged in highly commendable relief operations in support of victims of natural disasters and population movements, most of the network of branches collapsed as a result of a total lack of support and weak communication. Internal conflict increasingly obstructed the functioning of the National Society at all levels and caused the withdrawal of many donors.

The capacities of the National Society have certainly improved at headquarters level with the arrival of a President who is committed to community service and the Red Cross Principles, and a Secretary General who has the potential to be an effective manager. Both are now legitimized by a General Assembly and hence can represent the National Society with donors and other partners.

The overall management capacities at provincial and urban branch levels still need strengthening through a pragmatic and focused process of on-the-job training. The pilot branches in Kinshasa, Mbandaka, Mbuji-Mayi and Goma have the capacity and commitment to rapidly benefit from such a training process as confirmed by the 2002 Needs Assessment Mission (NAM) that was deployed by the Federation Secretariat to assess humanitarian needs in the DRC on request of the DRCRC.

An in-depth diagnosis of the financial and administrative functioning of the DRCRC confirmed the progress that was made thanks to support from the Swiss grant and suggested to further continue the effort. The diagnosis also revealed that the National Society largely depends on external funding from the Government, PNS, Federation and the ICRC. Some 29% of the income are contributed by the ICRC, 16% by the Federation, 8% by the Belgian Red Cross, 7% by the Spanish Red Cross and 19% are Government allowances. The National Society's own resources are only of 20% of the total income. The fact that donors reduce more and more their support to the fixed costs of the organization in lieu of programmes puts the National Society in a risky position. The National Society will need to reinforce its human resources as well as its material resources in view of the need to engage in large scale rehabilitation efforts. Lack of sustainable funding poses a serious threat in the long term if measures are not taken on time. The Diagnosis carried out by the National Society concluded that 63 percent of the HQ costs goes towards the payment of allowances to volunteers engaged in services of the Red Cross. Cognizant of these, the 2003-04 appeal and strategic plan put great emphasis on the intensification of its resource development activities to be able to sustain the various activities. The DRCRC has set as a target for fund-raising activities to cover at least 30 percent of its core costs. In 2001 and for the first six months of 2002, over 80 percent of the planned activities could not be implemented due to lack of funding.

The former national fund-raising committee has now been replaced by more qualified people (non Red Cross and mainly from the business sector). The Committee has started identifying priorities for the next two years. A new fund-raising strategy and policy will be defined. The income generating activities - such as the sale of membership cards, income from the medical centres, Affiliated members of the Red Cross, Sanitation department, training and other activities such as restaurants - will be intensified. The ICRC, the Federation, the Belgian and Spanish Red Cross and the other partners have manifested interest to contribute to income generating projects. With increased financial autonomy of the DRCRC, the part of the partners' contribution that is allocated to cover the fixed costs of the National Society will be gradually reduced.

The National Society has fruitful contacts with local companies such as the leading private telephone company CELT which has recently donated USD 20,000 towards supporting vulnerable groups that were affected by the Nyiragongo volcano eruption. Other individuals such as the renowned musician Werrason have offered to perform a concert for the Red Cross

Overall Goal

The DRCRC is a focused, responsive and a well-functioning society.

Programme Objective

Well functioning governance and management teams exist in the provinces of Kinshasa and Kinshasa City, of Equateur (Mbandaka), of Kasai-Oriental (Mbuji-Mayi) and of North Kivu (Goma).

Expected Results

1. The National Society has improved its governance, management, youth activities and volunteer management.
 - The National Society carried out self-assessments in Kinshasa, Bas Congo and Kananga. The Central committee has defined minimum standards for performance of provincial committees.
 - There are regular sessions of the National Society general assembly, the central committee and the management committee. Major progress is being made in implementing decisions of the statutory bodies of the National Society.
 - All the 11 provinces have sufficient copies of the statutes, the financial, logistics and administrative procedures. They are constantly referred to in the course of their work.
 - Thirty members of governance have been trained on the Characteristics of a well functioning DRCRC, gender integration, reporting, evaluations, setting and monitoring minimum standards and financial and human resource development (good governance)
 - Twenty senior HQ staff and three staff from each of the provinces of Kinshasa, Mbuji-Mayi, Lumumbashi, Goma and Mbandaka have been trained on financial management, project management and project reporting. Projects are being defined and managed properly and the reporting standard have improved.
 - External consultants have carried out an evaluation on the financial management activities of the Red Cross HQ, Kinshasa, Goma, Mbuji-Mayi, Mbandaka and Lumumbashi. The provinces have accepted the recommendations and are implementing them.
 - The National Society has developed a strategic plan spelling out their priorities, resourcing, monitoring and evaluation mechanisms. The four core areas of strategy 2010 of the Federation are taken into account in the programme.
 - The Development unit has carried out an evaluation of the training programs carried out by the National Society and have proposed corrective action.
 - The youth department has updated the manuals for the youth co-ordinators and instructors. They are being used by trained youth animators in the various activities in schools and universities.
 - In line with the International youth policy, youths of the DRCRC are participating in international training and fora to address youth issues. They share their experiences with other youths in Central Africa, Africa and other sister National Society,
 - The criteria for the census of volunteers in selected provinces has been designed, a database of the volunteers on their actual numbers, specialization, location, whether active and non active has been prepared. The HQ and provinces are using them to manage their volunteers.

- A volunteer management strategy has been approved by the Central committee of the Red Cross. All provincial committees use the strategy in programme implementation (ARCHI approach) and programme management (motivation of volunteers).
2. The National Society has engaged in financial resource development.
- Fund-raising policy and guidelines have been approved and are in use by the HQ and the provinces. A national fund-raising plan has been developed.
 - In Kinshasa, Goma, and Mbandaka, 60 officers and volunteers have been trained in fund-raising and marketing skills and are managing fund-raising activities in line with the new fund-raising plans. A commercial first aid training programme has been designed and approved by the FR Committee.
 - The construction of a multipurpose building which will serve as a solid financial resource base for the DRCRC will have been completed in 2004.
 - A fund-raising show with Werrason will have been held in early 2004.
 - The Red Cross Commercial health centres and dispensaries will be evaluated in 2003 and a new management put in place by 2004.
 - Proper feasibility and viability analysis will have been carried out on the income generating activities for the vulnerable group of women in Kinshasa.

5. Federation Coordination W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

The Red Cross of the DRC has emerged from a huge institutional crisis since the General Assembly of November 2000 when the national society's governance was completely overturned following the adoption of new statutes and rules of procedure. The Federation assisted in the change process through a tripartite capacity-building programme that focused on institutional development, disaster preparedness and response, and community-based first aid. Co-financed by the governments of Canada, the United Kingdom and Sweden and their national societies, this tripartite programme facilitated the change process through self-assessment workshops, disaster preparedness training for staff and volunteers, organization of two sessions of the central committee, including one extraordinary meeting in March 2001 and the adoption of restructuring proposals made by Price Water House Coopers.

Over the course of the year, the Federation has helped to strengthen the capacities of the DRCRC by improving the management of human (training and recruitment) and material (setting up of logistic procedures) resources and by improving financial management systems. It maintained its technical support for capacity building during the second half of the year, in line with the priorities established during National Society self-assessments carried out in 2001 and 2002, and for disaster preparedness. Funding was received during the second half of the year for the HIV/AIDS programme. The AIDS campaign was launched in the provinces of Kinshasa, Bandundu and Lower Congo, chosen for reasons of security and of accessibility. In addition, with financial support from the Federation, the Canadian International Development Agency and the British Red Cross, DRCRC successfully and simultaneously held the national polio vaccination days in the three pilot provinces mentioned above.

The DRCRC requested assistance from the Federation with assessing the country's enormous rehabilitation needs. In order to best respond to the National Society, the Federation opted for an integrated approach to capacity building; it decided to orient technical and financial support towards organizational development, the building up of human and financial resources and having greater impact in health interventions. With the participation of the ICRC, Belgian and Spanish Red Cross, the Regional Office in Yaoundé, the Federation will co-ordinate the preparation of a Cooperation assistance strategy for the National Society.

The Federation Delegation in Kinshasa will guide the DRCRC in implementing the recommendations of the Needs assessment mission. The OD, Health, the three delegates to be recruited for Disaster Preparedness, Water and Sanitation and Health will work closely with National Society and provincial counterparts to ensure transfer of skills. This key pilot programme will be closely monitored by the Delegation since it believes that this programme will offer opportunities to define lessons that can be applied in similar situations in other provinces and even other countries.

The Federation will continue to promote knowledge sharing, human resource exchanges between the DRCRC and the Republic of Congo Red Cross (ROCRC) and with other National Societies in the region. Such areas will include DP, Disaster Response and Health taking into account, the development of institutional capacities of both National Societies.

Overall Goal

Management and coordination skills are transferred to the National Society.

Project Objective

CAS, associated MoUs and other coordination mechanisms with Participating National Societies are developed and managed by the National Society with Federation support.

Expected Result

Within the framework of a Cooperation Assistance strategy, the Federation, ICRC, Participating National Societies and the Government have supported the capacity building of the DRCRC to meet humanitarian needs of vulnerable communities in priority provinces in the DRC.

- The technical committee appointed by the National Society has assessed in close collaboration with the Federation Delegation the partnership profile of the DRCRC HQ and selected branches. The DRC now has a Co-operation Assistance strategy defining the roles and contributions of partners such as the ICRC, the Federation, the Belgian, Spanish, British, Finnish, German and French Red Cross and the Government of DRC.
- The Federation has promoted human resource exchanges between resource persons of the various departments of the DRCRC and the ROCRC. The Regional office has also used the health and Disaster management personnel of the DRC to support other national societies of the Region.

6. International Representation W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

The Federation Delegation in Kinshasa also provides support to the Republic of Congo RC. It has good relations with the 2 governments As a result of its long stay and its widely acknowledged programmes the Federation has supported the 2 national societies to provide relief to displaced persons and Refugees in Bas Congo, Kinshasa, Pointe Noire, Pool Region and other sites. The Federation has established working relations, that still can be improved, with UN agencies (UNHCR, WFP, UNICEF, OCHA) and others such as ECHO, Rotary international and a number of international organisations present in DRC.

In the next 2 years, the Delegation will participate in Federation meetings and in regional conferences on Food Security, Disaster issues, HIV/AIDS and others to provide opportunities to the Delegation to promote Strategy 2010, the Africa review, Ouagadougou Declaration and PC change strategy. Annual events will be organized by the Federation Delegation to improve partnerships within the movement, and between delegation staff, UN Representatives and Embassies.

The DRC and the RoC RC will advocate on behalf of the most vulnerable within the four core areas of S2010, guided by the Federation Secretariat as part of its initiatives at the regional and international levels.

The Secretariat of the International Federation explores the potential for co-operation between the DRC RC/RoC RC and relevant regional and sub-regional organisations such as the African Union, the Economic Commission for Africa and the African Development Bank.

Supported by the International Federation, the RoC RC and DRC RC will consolidate their current partnerships and build new ones to respond to the needs of the vulnerable, promote their interests at the national level and mobilize support for the activities and development of the National Society. They will consolidate contacts with representative offices of UN agencies, funds and programmes, in particular those that are members of the InterAgency Standing Committee, as well as other international organisations, to explore co-operation.

The Kinshasa Delegation will continue to work with the 2 national societies to support the establishment of structured dialogue with the DRC and RoC governments on the basis of the Plan of Action of adopted at the 27th International Conference in 1999 in order to further define the role of the RC, and explore the support the government is prepared to provide to enable the national societies to play their roles.

Overall Goal

Federation values and programming are known by all stakeholders in the DRC.

Programme Objective

The delegation represents the Federation at regional and international levels in order to promote its values and programming.

Expected Result

The International Federation in DRC is profiled through the promotion of Strategy 2010 and the Ouagadougou declarations.

- Structured dialogue with the DRC and RoC governments on the basis of the Plan of Action that was adopted at the 27th International Conference in 1999 is maintained and the 2 national societies are provided support by their governments thus enabling the national societies to play their roles.
- The UNDP, UNHCR, WFP, FAO, UNICEF, MONUC, UNFPA and UNOCHA understand better, the work of the International Federation. The Federation and the DRCRC are considered as strong and reliable partners in programmes such as Health, Disaster management and Development issues. OCHA is co-ordinating its disaster preparedness actions (for an eventual volcanic eruption in Goma) with the Federation and the DRCRC.
- The potential for co-operation between the DRC RC/RoC RC and relevant regional and sub-regional organisations such as the African Union, the Economic Commission for Africa and the African Development Bank is continuously explored..
- The annual dinner hosted by the Federation and the DRCRC has strengthened relations with the UN Agencies, the Embassies of USA, Japan, China and Germany in Kinshasa. The National Society has created new partnerships with these embassies.
- Through active participation in food security conferences, the Federation is supporting the DRCRC to play an important role on the national platform on food security. The Ouagadougou declarations have been distributed to major Food security agencies.
- The Ministry of Health and all major players co-ordinate actions and collaborate effectively with the Federation and the DRCRC on issues related HIV/AIDS reduction in the DRC.

- The visit of the President and Secretary General of the Federation has raised the profile of the International Federation in the DRC. The National Society has earned increased recognition of the Government authorities.
- Annual events organized by the Federation Delegation, staff and the National Society have improved the partnership within the movement, staff of the Delegation, UN Agency Representatives and Embassies.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.43/2003

Name: Democratic Republic of Congo

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	36,200	0	0	0	0	36,200
Clothing & textiles	0	7,500	0	0	0	0	7,500
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	1,750	19,008	30,700	0	0	0	51,458
Teaching materials	0	324	24,500	1,500	0	0	26,324
Utensils & tools	10,000	2,500	0	0	0	0	12,500
Other relief supplies	0	6,300	8,650	0	0	0	14,950
SUPPLIES	11,750	71,832	63,850	1,500	0	0	148,932
Land & Buildings	0	5,250	0	0	0	0	5,250
Vehicles	0	64,260	0	0	0	0	64,260
Computers & telecom	0	6,000	0	0	0	0	6,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	3,135	1,300	0	1,300	0	5,735
CAPITAL EXPENSES	0	78,645	1,300	0	1,300	0	81,245
Warehouse & Distribution	0	1,200	0	0	0	0	1,200
Transport & Vehicules	2,130	83,107	14,676	2,451	19,008	0	121,372
TRANSPORT & STORAGE	2,130	84,307	14,676	2,451	19,008	0	122,572
Programme Support	26,318	64,273	24,571	1,398	6,434	868	123,860
PROGRAMME SUPPORT	26,318	64,273	24,571	1,398	6,434	868	123,860
Personnel-delegates	180,000	492,300	174,050	0	0	0	846,349
Personnel-national staff	63,052	87,992	29,389	4,850	0	0	185,282
Consultants	10,210	4,500	30,000	0	2,400	0	47,110
PERSONNEL	253,262	584,792	233,439	4,850	2,400	0	1,078,742
W/shops & Training	31,689	22,349	10,412	0	0	0	64,450
WORKSHOPS & TRAINING	31,689	22,349	10,412	0	0	0	64,450
Travel & related expenses	0	13,770	13,242	0	42,400	7,680	77,092
Information	52,395	18,672	3,450	11,303	7,436	3,299	96,554
Other General costs	27,355	50,174	13,069	0	20,000	1,500	112,097
GENERAL EXPENSES	79,750	82,616	29,761	11,303	69,836	12,479	285,744
TOTAL BUDGET:	404,899	988,814	378,009	21,502	98,978	13,347	1,905,547