

Programme Update



Democratic Republic of Congo

Appeal No. MAACD001

31 August 2010

This report covers the period from 01/01/2010 to 30/06/2010



The administrator in chief of the city of Inongo in Bandundu Province validates maps prepared by Red Cross of DRC led VCA in preparation for long term malaria prevention programme in 12 health zones in the district/Red Cross of DRC

In brief

Programme purpose: The programme is based on the priorities of the Red Cross of Democratic Republic of Congo (Red Cross of DRC) 2009-2013 Strategic Development Plan aims to enhance the quality and magnitude of community-based activities in order to increase impact through the Programme Initiative Congo (PIC) Strategy. While improving planning and implementation framework, the programme aim to identify and address institutional challenges and build on opportunities to strengthen the unique auxiliary role to the local authorities, enhancing credibility and competitiveness on humanitarian work. The programme is in line with the strategic aims of the [Strategy 2020](#) and [Johannesburg Commitments](#) and the resolutions of the [7th Pan African Conference](#).

Programmes summary: The NS continued providing humanitarian assistance to vulnerable communities throughout the country. The services are provided through activities on First Aid, disaster risk reduction, disaster preparedness and response (conflicts, natural disasters, health emergencies), mother and child health, disease surveillance, HIV and AIDS, water and sanitation (WatSan), food security and livelihood enhancing, protection of minority groups (pygmies), the prevention of sexual violence and care for women victims of rape in war zones in the East of the country.

In addition to the above, the Red Cross of DRC is actively involved in improving the national disaster management framework by supporting the government in developing a national disaster response master plan (Plan ORSEC) and emergency funds mechanisms as well as harmonizing disaster response tools and building the capacities of technical departments through training and counselling.

In enhancing the PIC as the main implementation strategy, the Red Cross of DRC has further developed vulnerability and capacity assessment (VCA) technical capacities and tools as well as introducing the community-based health and First Aid (CBHFA) as a minimum package of activities in all branches. Skilled personnel were recruited and the organisational structure reorganised in order to ensure effectiveness in leadership and technical support to the branches. The restructuring process is envisaged to strengthen the overall performance of the NS and its position as the leader in development programmes in the country. Reporting and accountability lines are now clearly defined which will enhance efficiency in programme and information and communication.

The NS has also moved from short- to long-term projects towards more sustainable programming and increase impact at community level. However, long-term planning and programme comes with higher funding needs. Efforts were made to strengthen and sustain the good partnership that already exists with donors such as SIDA, DFID and GAVI, as well as exploring and developing new partnerships with major donors such as EU, USAID and ECHO. It is hoped that funding from these donors will be support the implementation of 2011-2013 operational plans.

Financial situation: The total budget for 2010 was of CHF 2,212,118 (USD 2,197,832 or EUR 1,680,813), of which 1,099,935 (50 per cent) covered during the reporting period. Expenditure overall was CHF 841,234 (38 per cent) of the budget.

[Click here to go directly to the attached financial report](#)

No. of people we help: From January to June 2010, the Red Cross of DRC reached 250,000 direct beneficiaries with the activities supported through the International Federation of Red Cross and Red Crescent Societies (IFRC).

Our partners: The IFRC has received funding from Danish, Finnish, Irish, Norwegian and Swedish Red Cross Societies and from Department for International Development (DFID) to support programmes in DRC. Bilateral financial support was provided to the Red Cross of DRC by ICRC, Belgian, Danish, Spanish, French, Iranian, and Italian Red Cross and Red Crescent Societies, UNICEF and the Government of DRC.

Context

Although peace has returned in Equateur Province and the situation has improved in most parts of the country, the humanitarian landscape in DRC continued to be characterized by:

- the persistence of fighting between the national army (the “Forces Armées de la République Démocratique du Congo-FARDC”) and rebel groups mainly the “Lord Resistant Army-LRA” and the “Forces Démocratiques pour la Libération du Rwanda-FDLR” in the East resulting into hundreds thousands of internally displaced persons (IDPs); reduced access to basic services for the affected populations; inhuman behaviour such us the use of collective and individual rape as a “weapon”;
- high level of unemployment and poverty in large sections of the population resulting into high prevalence of malnutrition, preventable diseases, HIV and AIDS, maternal and child mortality rates, etc.;
- frequent natural and health emergencies such as floods and mudslides, fire disasters, road accidents, boats capsizing, plane crashes, cholera outbreaks, etc. Very often, these emergency situations are caused by very low disaster risk awareness, inexistent or inefficient global disaster risk reduction mechanisms and disaster response frameworks. As a result, human lives and livelihood are permanently at risk in all parts of the country.

Potential tension may also arise in relation to the preparations for the general elections, which will be held in 2011. More information on the humanitarian context can be accessed through this [links](#)¹.

The country has started preparations for the general elections in 2011. According to various observations, the competition for power will be tenser compared to 2005. In this context, the fact that constitutional deadlines on decentralization were not met could increase uncertainty to the already unpredictable social and political developments in the majority of the 11 provinces. Changes in existing political alliances need to be monitored and the discussions around the electoral code (découpage électoral) and the implications of the United Nations' mapping report on human rights abuses and war crimes in DRC from 1993 to 2003.

As the overall social, economic and political situation slowly stabilizes, humanitarian and development aid is being less and less channelled through the NGO network, whilst the government institutions play greater roles in decision making and coordination. This shift in the global aid strategy provides solid grounds for maximizing the auxiliary role of the Red Cross. To that effect, with support from the IFRC, the Red Cross of DRC proactively positioned itself by enhancing working relations with key line ministries on capacity development and building in disaster risk reduction, disaster preparedness and disaster response. The NS is expected to play a leading role in these key thematic areas.

Taking the leading role is the unfolding humanitarian and development strategy that prompts the Movement partners to develop operational alliances aimed at maximizing available technical capacities, enhance coordination, increase the magnitude of programmes and ensures cost effectiveness of programming programmes in line with the priorities of its 2009-2013 strategic development plan. However, due to the challenges in the decision making process, there are still issues on the implementation level and quality control, meeting donor reporting requirements, staff turnover as a result of non competitive, which the operation alliance is still to address. The IFRC through its Country Representation Office in DRC's has provided support by prioritising actions that will mitigate the impact of the above mentioned challenges. During the reporting period, the NS with support of the IFRC therefore recruited qualified staff members to take the senior management positions, as well as drafting the new and improved staff regulations. Financial and performance audits were conducted and the findings served as the basis for the development of a plan of action to enhance the NS finance and administration functions.

Progress towards outcomes

Disaster management

Programme component: National Society disaster management planning and organisational preparedness	
Outcome 1	Improved Red Cross of DRC disaster preparedness and response framework that enables efficient early warning/early action in disaster situations (natural or technological disasters, conflicts, epidemics).
Outcome 2	Enhanced national Disaster Management Committee (NDMC) to provide effective and efficient disaster response coordination through the formulation of a national disaster response plan (Plan ORSEC).
Programme component: Disaster Risk Reduction	
Outcome 1	Enhanced resilience of individuals and communities to public health emergencies and disasters.

Achievements

The Red Cross of DRC supported by the IFRC Country Representation play a key role in developing the capacity of the government line departments on disaster management coordination. At the request of the Minister of Home affairs and the Minister of Social welfare and Humanitarian Affairs, the Red

¹ http://www.ifrc.org/cgi/pdf_appeals.pl?annual10/MAACD00110p.pdf;
<http://www.rdc-humanitaire.net>

Cross of DRC supported by the IFRC facilitated four meetings for the interdepartmental technical working group on disaster management. The outcome of the meetings was a draft structure of the national disaster response framework (Plan ORSEC). The draft national disaster management master plan will be ready for discussion at cabinet level by the end of 2010 or early 2011. In early July 2010, the Red Cross trained 50 government officials from six ministries in emergency needs assessment methodology in two separate workshops. The aim is harmonizing and enhancing needs assessment methodologies and tools for emergencies in the country. A more detailed report on this process can be made available on request.

Contingency planning and disaster awareness raising activities in relation to major disaster hazards (outbreak of epidemics, mainly cholera, floods and landslides in large sections of the country; volcanic eruptions and earthquakes in the eastern provinces) continued. This included systematic conduct of thematic VCA for hazards and risk mapping as well as the agreement on plans for supporting timely collection and dissemination of early warning information by institutions such as the Goma Volcano Observatory in North Kivu province and the Centre for Research in Natural Sciences in South Kivu province.

The NS further strengthened its disaster response mechanisms for timely response by training additional 23 national disaster response teams (NDRT) members, enhancing and disseminating disaster related standard operation procedures (SOPs), increasing warehousing capacities by building a 15 m³ warehouse in Kinshasa. Currently, the human resource base for disaster response comprises 10 regional disaster response team (RDRT) members, 51 NDRT members and 114 PDRT members. They are supported by 25 permanent emergency task force members and about 50,000 trained first-aid volunteers. Non food items (NFI) stock to timely meet the needs of almost 2,000 disaster affected households is prepositioned in case of an emergency. This regional stock was also used to respond to the needs of the refugees in Likuala province in the Republic of Congo as a result of the conflict in Equateur province in October 2009.

Seen from the angle of humanitarian diplomacy, the disaster management programme has induced positive government steps towards the creation and/or restructuring of disaster management and mitigation units at both provincial and national level (i.e. interdepartmental working group on national disaster management master plan – plan ORSEC in Kinshasa; Civil Protection Unit in North and South Kivu) as well as developing mechanisms to ensure emergency disaster response funds in some provinces (i.e. parliamentary decision to introduce disaster emergency taxes in North Kivu). Also, strategic partnerships are being discussed with ECHO and USAID to ensure funds are available to Red Cross volunteers for timely response to small scale disasters and for effective community based disaster risk reduction in communities most at risk.

With support from ICRC, the NS trained 312 new first-aid volunteers including the management of corpses. Approximately 17,500 internally displaced persons (IDPs) received essential household items while more than 28,400 IDPs and returnees benefited from the distribution of 500 Mts of seeds and 14,400 Mts of food. About 21,300 Red Cross messages were distributed and 420 unaccompanied minors reunited with their families.

Programme component: Food Security

Outcome 1	Improved resilience of 5,000 households affected by food insecurity in two districts of Maniema Province through food security community-based programme as long-term sustainable development strategy.
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Achievements

In food security projects, the activities in Maniema Province were still at the planning stage; they will be implemented in the second half of the year. However, the IFRC supported the rehabilitation of farming machines in order to ensure sustainability of the food security programme in Dumi (Kinshasa province) implemented in partnership with Spanish Red Cross and EuropAid. The Food security programme in Dumi benefited 21 farmer associations with a total membership of 439 people (239 women and 200). They have produced 83.5 metric tonnes (Mts) of maize in 2009.

Health and Care

Programme component: Community-based health and First Aid (CBHFA)

Outcome 1 Healthier communities able to cope with health and disaster challenges through Red Cross of DRC community-based health and First Aid activities.

Achievements

The NS enhanced its capacity to support community-based health initiatives by conducting the first training of trainers' (ToT) workshop in CBHFA. One hundred and fifty eight staff and volunteers from the headquarters and the branches were trained and equipped to conduct CBHFA activities in at least three provinces before the end of 2011. In addition, the CBHFA toolkit was shared with the technical departments of the Ministry of Health and partners such as USAID. Discussions are being held to explore the feasibility of adapting the CBHFA manual and toolkit to the national context, thus developing it into national standardized tools for community-based health programming in the country.

Red Cross volunteers were also involved in the prevention of and the response to HIV and AIDS and human pandemics preparedness. During the reporting period, the volunteers conducted sensitization activities in schools, government institutions and market places in the cities most at risk in three provinces (Katanga and South Kivu) reaching 85,500 people with prevention and control messages. Demonstration of safe hand washing was conducted with pupils in targeted schools. In addition, other 104 volunteers carried out HIV and AIDS awareness activities in Bas-Congo and Kinshasa Provinces reaching 3,300 youths (1,600 girls and 1,700 boys) and 5,200 adults (2,900 women and 2,300 men). A total of 440 people living with HIV (PLHIV) and 100 orphans and vulnerable children (OVC) were visited. While more than six hundred pregnant women were visited and 177 of them oriented for the prevention of mother-to-child transmission (PMTCT), 82 sex workers and 126 youths were oriented for voluntary counselling and testing (VCT). The full report of the HIV and AIDS programme is available at the NS.

Other important health activities during the reporting period were the joint planning with the Ministry of Health, WHO and UNICEF for polio vaccination and mass distribution of mosquito nets, which will be both implemented in the second half of 2011. For these activities the NS will mobilize, train and deploy more than 1,400 volunteers in Bas-Congo and Bandundu Provinces.

While the NS is yet to develop a sound framework to measure the impact of all its health activities, monitoring reports and statistics from the Ministry of Health have shown that through the water and sanitation work in the Province Orientale (with financial and technical support from Danish Red Cross), the prevalence of many waterborne diseases has reduced by 24 per cent in the project area. The intensive door-to-door cholera awareness campaign and water chlorination conducted by Red Cross volunteers in the city of Kalemie in the district of Tanganyika with funding from the Federation, UNICEF and the Ministry of Planning also contributed to the reduction in the number of cases. Indeed, while Kalemie is known to be the major source of cholera outbreaks in DRC with very high prevalence and lethality rates, this season only 5 cases over the 748 cases recorded throughout the province were recorded there (<http://www.rdc-humanitaire.net>).

Programme component: Water and Sanitation

Outcome 1 Adequate and sustainable access to safe and clean drinking water and sanitation for 100,000 people in two provinces.

Achievements

Water and sanitation activities were also conducted by Red Cross volunteers in response to outbreaks of cholera in many provinces. In this regards, it is worth mentioning that with funding from the IFRC disaster relief emergency fund (DREF) and annual appeal, UNICEF and the Ministry of Planning, 120 Red Cross volunteers conducted hygiene promotion and water chlorination for about 100,000 persons in the city of Kalemie (Tanganyika district) resulting into quick control of the epidemic.

To build on the success, a three-year water facility proposal was developed to ensure more sustainable access to clean and safe water and sanitation for 90,000 people.

With support from the IFRC, Danish and Spanish Red Cross Societies, the Red Cross of DRC mobilized more than 200 volunteers who conducted health and hygiene education in five districts through the PHAST approach reaching some 59,700 people. In addition, the NS has improved sustainable access to safe and clean water to more than 100,000 households in remote communities in the following provinces: Katanga, South Kivu, North Kivu, Kinshasa, Equateur, Kasai Oriental, Kasai Occidental Province Orientale. This was achieved through funding support from the IFRC, ICRC, Danish and Spanish Red Cross societies; UNICEF and the Ministry of Planning.

Programme component: Health in Emergencies

Outcome 1	Reduced number of injuries and deaths from accidents through Red Cross of DRC emergency first aid and commercial first-aid interventions.
Outcome 2	Increased voluntary blood donation awareness and adequate safe blood supply through Red Cross of DRC interventions.

Achievements

Through its voluntary safe blood donation programme the Red Cross of DRC could help collect 416 units of blood in Kinshasa and Kisangani (Oriental Province).

Organisational Development

Programme component: NS Leadership and Management Development

Outcome 1	Effective and empowered Red Cross of DRC leadership, governance and management.
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Achievements

The NS management team has been strengthened with the recruitment of a new Secretary General and two directors (organisational development and communication) with the help of qualified and experience professionals. New positions were created and filled; bilingual English/French reporting officer and yet to be advertised is for the accounting officer. In addition, the organizational chart at the headquarters is being adjusted in order to enhance complementarily, performance and cost efficiency.

Programme component: Branch and Volunteering Development

Outcome 1	Effective and efficient planning and implementation of community-based activities by Red Cross of DRC branches and their volunteers.
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Achievements

Implementation strategies were further harmonized and tools with systematic use of thematic VCAs elaborated. One priority project was identified by the concerned community as entry point for integrated Red Cross interventions. During the reporting period, three thematic VCAs were conducted in preparation for enhanced HIV and AIDS programming in Bas-Congo province (a three-year concept note –2011-2013 – on integrated HIV and AIDS and CBHFA is being developed and field tested); for the preparation of a three-year water and sanitation proposal to EU (to be implemented hopefully in 2011 in Katanga Province) and for Malaria Keep-up and Hang-up projects in Bandundu Province (to be implemented in the third quarter of 2010). As the VCA process encompasses better stakeholder analysis and participatory planning, the branches are better prepared to develop quality programmes that can be funded by national and international organizations at provincial level (water and sanitation projects funded by UNICEF and the Ministry of Planning in Kasai Occidental, Kasai Oriental and Katanga Provinces).

Programme component: Financial sustainability

Outcome 1 Enhanced Red Cross of DRC (branches and headquarters) fund-raising and resource mobilisation capacity.

Achievements

With financial support from the IFRC and ICRC, the NS conducted an external financial and performance audit of its 2007 and 2008 programmes and decision making, implementation and control systems. The findings of the audits presented an opportunity to engage the NS in a constructive Movement discussion on issues related to performance and accountability as well as leadership styles and frameworks. The aim is to develop and implement a comprehensive financial and human resources management recovery plan. This will pave way for greater impact, credibility and donor confidence. The main focus will be on enhancing the NS' chart of account bridging it closer to national standards and introducing NAVISION accounting software. Key in this process will also be the improvement and adherence to staff regulations (recruitment, training, appraisal, rewarding, termination, welfare, etc.) and tailored leadership development avenues for governance and management teams, staff and volunteers.

Training and coaching as well as general technical and financial support was provided to the Governing Board and branch committees on specific governance issues such as the revision of the Constitution, the review of the implementation of the strategic development plan; the conduct of statutory meetings and the follow-up of their decisions, open discussions on integrity issues. The IFRC facilitated joint meetings and networking between the NS leadership (president, secretary general and programmes coordinator) and OCHA, USAID, SIDA, DFID, EU and some government officials. This has profiled the image of the NS and increases the number of key partners acknowledging the added value of Red Cross on the humanitarian agenda in DRC at both strategic and programme levels. The NS was also registered into the EU partners identification database (PADOR).

Programme component: Programme management and capacity development

Outcome 1 Enhanced Red Cross of DRC capacity to manage increased number and volume of programmes and partnerships (operational alliances).

Achievements

The management team at the headquarters has also enhanced understanding and practical skills in the use of the logical framework and long-term impact-based planning. This is materialized by the development of three-year project documents for the prevention of and response to sexual gender based violence (SGBV); the reduction of anti-stigma and discrimination of the Pygmies as a minority group; for the integration of HIV and AIDS and CBHFA interventions. More of such project documents are being prepared on priority themes or sectors and will be circulated before the end of 2010.

To fully enjoy the benefit of these positive organizational development achievements, the internal mechanisms of the Red Cross of DRC (decision making, implementation and control) must be further strengthened. This includes enhancing understanding of the Code for Good partnership by key players and fostering the linkages between the headquarters and the branches. This is seen as a precondition for a successful negotiation and implementation of operational alliances.

Humanitarian Values

Programme component: Operationalization and internal promotion of Fundamental Principles and Humanitarian Values

Outcome 1 Fundamental Principles and Humanitarian Values are integrated in Red Cross of DRC operations and programmes.

Outcome 2 Scaled up and expanded Red Cross of SGBV planning and implementation.

Outcome 3 Reduced stigma and discrimination against Pygmies in Equateur and Kasai provinces through scaled up and expanded anti-discrimination programming.

Achievements

Red Cross and Red Crescent Fundamental Principles and of Humanitarian Values have been disseminated in all provinces. However, the NS continues facing challenges in capturing related statistics, especially in terms of increased NS acceptance and access; reduced intolerance, discrimination and violence in the general population (and among the various interest groups) as a result of Red Cross/Red Crescent action. To overcome these challenges, the NS has recruited a professional communication team working in tandem with the Africa Zone Humanitarian Diplomacy team, towards developing and disseminating assessment (survey) and reporting tools amongst others. The NS is also improving coordination of its IHL disseminators' networks.

To mainstream gender in programming, the NS' head of gender and development division benefited from an on-line training on the "Theories, concepts and basic tools of the Gender and Development" at the University of Geneva and a training in Dakar. This was followed by a national gender seminar in Kinshasa where 22 heads of gender and organisational development units from all 11 provinces have discussed ways of enhancing gender-based approach in implementation strategies across all programmes. In this view, the NS is enhancing network of mothers clubs as agents of change throughout the country in order to improve participation of female associations in programming as well as decision making processes at all levels of the organization. Currently, the NS has 160 mothers clubs with a total of 3,800 members from 10 provinces except the province of Kinshasa. They undertake mother and child health activities; general community awareness; income generating activities to amongst others establish community-based health promotion funds; hygiene promotion, diseases surveillance, etc.).

As mentioned in the [2009 Annual Report](#), with support from the IFRC, the Red Cross of DRC has developed a four-year water and sanitation and social integration project to be implemented from 2010 in areas with high concentration of pygmies populations in Equateur Province. Unfortunately, implementation of this project could not start due to serious management and governance issues in the provincial Red Cross committee. In order to continue the 2009 activities, the NS mobilized a team from the headquarters in February 2010 to implement in the village of Bogonde social integration activities that brought together the majority Bantus and the minority Pygmies around shared social services and infrastructures. In that view, hygiene education and environment clean-up campaigns were conducted and benefitted 7,000 people, 53 per cent of whom are Bantus and 47 per cent Pygmies. Also demonstration of the construction of VIP latrines was done with some 37 families (400 people both Bantus and Pygmies). While looking for sustainable solutions to the malfunctioning of the provincial committee in Equateur Province, before the end of 2010, the NS will conduct thematic VCAs in Kasaï Occidental and Kasaï Oriental Provinces with the aim of introducing programme that will enable safer living conditions, reduced stigma and enhanced social and economic integration for the Pygmies.

The Red Cross of DRC continued improving the implementation pace and quality of its sexual violence programme in North and South Kivu provinces. From January to June 2010, the programme received and provided psychosocial support to 1,652 women victims of rape by armed groups. Among them 968 women were referred to appropriate centres and NGOs for adequate medical care and or socio economic integration. Also, 298 women received food and non-food assistance.

Table 1: statistics of the VSV programme

	January-June 2009	January-June 2010	% increase
Women received and counselled in counselling centres	909	1,652	182%
Women referred (within 72 days or after).	168	968	576%
Number of women assisted with transportation to referral centres.	0	327	
Women assisted with successful social integration activities (mediation and income generating activities).	144	653	453%
People reached through awareness raising campaigns on SGBV social, medical and economic consequences and national legislation.	25,000	48,200	193%

A three-year SGBV project with the same intervention strategy and outputs has been developed for forced population movements across the border between DRC and Angola in Bas-Congo province. It will be soon circulated for funding.

Working in partnership

Like in 2009 and before, the Red Cross of DRC received multilateral support during the first semester of 2010 through the IFRC from British, Canadian, Danish, Finnish, Irish, Norwegian, Spanish and Swedish Red Cross Societies. The NS also received bilateral support from Belgian Red Cross (both Francophone and Flemish communities); from Danish and Spanish Red Cross and from ICRC. Iranian Red Crescent Society has started the construction of a modern health clinic in Kinshasa. Bilateral funding was also received from UNICEF and the Government (Ministry of Planning). The National Society has received technical support from the Movement partners; IFRC, ICRC, Belgian, Danish, Spanish and Italian Red Cross Societies. All partners are supporting parts of the NS 2009-2013 Strategic Development Plan.

Movement coordination mechanisms (bi-weekly regular Movement coordination meetings; ad hoc thematic meetings and the quarterly tripartite meetings) continue to prove useful for coordinated support to the Red Cross of DRC, joint planning and the protection of Red Cross/Red Crescent identity in the country. The IFRC provides services and advice to PNS especially on sensitive issues.

The Red Cross of DRC has continued participating in various clusters under the Humanitarian Action Plan (HAP). It has maintained and/or developed close collaboration with many line ministries, especially the Ministry of Health, the Ministry of Interior (Civil Protection Unit), the Ministry of Social Welfare and Humanitarian Affairs, the Ministry of Agriculture and the Ministry of Environment. These diversified financial and technical partnerships continue to contribute to enhance the image of the NS and its auxiliary role. As new partnership opportunities emerge (i.e. with EuropAid, ECHO and USAID) the NS must put in place adequate measures to effectively increase its absorption capacities and its organisational culture. This requires more attention from the IFRC and the other Movement components.

Contributing to longer-term impact

The Red Cross of DRC makes steady efforts towards long-term impact driven programming in all sectors. Though no structured methodology is yet in place to adequately capture and quantify the contribution of the Red Cross of DRC to the attainment of the [Millennium Development Goals](#), assessing vulnerabilities and capacities at every critical step of programming continues. It makes it possible to focus on real element of community and households vulnerability, thus ensuring the relevance of the programmes and effectiveness in contributing to local authorities' efforts on reducing poverty. It is hoped that through its active participation in the pilot phase of the Federation wide Reporting System (FWRS), the Red Cross of DRC will enhance skills on data collection and reporting on the impact the Red Cross is making on the achievement of the MDGs in the country and meeting the strategic aim of the IFRC Strategy 20120.

Through the training of government officials in disaster management and supporting national authorities in the formulation of ORSEC plan, sector or hazard specific emergency response plans and of community-based disaster risk reduction initiatives the Red Cross of DRC has strengthened its unique position as auxiliary to the public authorities. Thus, the NS has strategically positioned itself as a key player that could/should engage national and provincial authorities on issues addressed through humanitarian diplomacy, especially the domestication of the international disaster response law (IDRL) and the Hyogo framework for action on climate change and climate adaptation (CCA).

From a wider organizational development perspective, the slow but positive steps undertaken by the Red Cross of DRC will, if consolidated, transform the NS into a credible and key national humanitarian organization whose role will be fundamental in the transition from the emergency phase to the post conflict recovery and development phase in the country.

In this view, it is important to proactively engage the NS leadership (governance and management) on topics related to the Red Cross/Red Crescent mandate, quality membership, integrity, relevance and competitiveness, accountability to fully unleash the potential of the organization.

Looking ahead

As it is expected that more capacity building demands will come for the Government and other partners both in disaster management and community-based health programming, the Red Cross of DRC and the IFRC should strategically increase their training/facilitation capacities to be able to meet the needs. It is also important to keep to note the fact that the ultimate goals of this partnership with the government is to strengthen the auxiliary role and enhance harmonization between the Red Cross and the Government of emergency needs assessment methodologies as well as community-based programming.

The new Red Cross of DRC senior management has potential to develop the NS, hence able to achieve high performance indicators, if adequately supported with improved HR framework and cost effective learning opportunities. To that effect, leadership training has been organized for them together with board members in August and one of the lessons learnt was that NS leaders do not fully understand the fundamental aspects of Red Cross/Red Crescent Movement and their implications at individual as well as collective level. It is therefore important to focus more on leadership development throughout the NS and where possible put in place one-to-one coaching mechanisms for those who are in top governance and management positions. Subsequently, technical skills in coaching for IFRC staff ought to be strengthened.

Furthermore, almost all of the leaders of the NS have been registered on the IFRC e-learning platform. This means more efforts should be done in the coming months to enhance IT systems at headquarters to enable full utilization of the potentials of the platform.

As more partnership and funding opportunities emerge (ECHO, EuroAid, USAID), capacity on planning, monitoring, evaluation and reporting (PMER) especially the NS finance management systems will attract direct attention from the IFRC Country Representation. This will include learning from the 2007 and 2008 audits and helping the NS restructure its finance management and accounting systems by enhancing the chart of accounts, decision taking, implementation and control. It is also expected that with support from the Africa Zone Office, the NS will start using NAVISION by the end of the year.

In preparation for the general elections in 2011, the NS supported by the IFRC and ICRC will enhance its preparedness capacities by formulating contingency plans for the districts most at risk. This will involve among other things negotiating strategic administrative and logistical arrangements with key stakeholders, training and networking for emergency first-aid teams, preposition of emergency relief material and stock. To that effect, the IFRC started discussions on possible funding arrangements with ECHO in Kinshasa and if the negotiations are successful, plans will be finalised for January 2011.

The recent world economic crisis coupled with the decentralization of financial decisions by key donors has resulted into PNS having less and less access to funding from their own governments. The IFRC Country Representation will take a step further in supporting PNS by assessing with them the opportunity to use IFRC global agreements with donors to attract funding for bilateral PNS support to the Red Cross of DRC. This will involve mapping of funding sources and identifying what is possible and what is not in relation to accountability related risks for the IFRC secretariat.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MAACD001 - Democratic Republic of the Congo

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAACD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	398,503	925,910	347,807	239,893	300,004	2,212,118
B. Opening Balance	758	4,841	551	602	845	7,597
Income						
<u>Cash contributions</u>						
<i>DFID - British Government</i>		50,925				50,925
<i>DFID Partnership grant</i>	126,730					126,730
<i>Finnish Red Cross</i>		6,428				6,428
<i>Finnish Red Cross (from Finnish Government)</i>		36,423				36,423
<i>Norwegian Red Cross (from Norwegian Government)</i>	25,813					25,813
<i>Swedish Red Cross (from Swedish Government)</i>	58,652	95,309	23,827	95,309	64,151	337,248
C1. Cash contributions	211,195	189,085	23,827	95,309	64,151	583,568
<u>Outstanding pledges (Revalued)</u>						
<i>Danish Red Cross</i>					30,000	30,000
<i>DFID Partnership grant</i>	124,611					124,611
<i>Finnish Red Cross</i>		6,037				6,037
<i>Finnish Red Cross (from Finnish Government)</i>		34,210				34,210
<i>Swedish Red Cross (from Swedish Government)</i>	56,259	91,421	22,855	91,421	61,533	323,488
C2. Outstanding pledges (Revalued)	180,869	131,667	22,855	91,421	91,533	518,345
<u>Income reserved for future periods</u>						
<i>Danish Red Cross</i>			-258		-516	-774
<i>Danish Red Cross (from Danish Government)</i>					-7,429	-7,429
<i>DFID - British Government</i>		-12,109				-12,109
C3. Income reserved for future periods		-12,109	-258		-7,945	-20,312
<u>Other Income</u>						
<i>Miscellaneous Income</i>			10,643			10,643
<i>Services</i>					96	96
C6. Other Income			10,643		96	10,738
C. Total Income = SUM(C1..C6)	392,064	308,644	57,067	186,730	147,834	1,092,339
D. Total Funding = B + C	392,823	313,485	57,618	187,332	148,678	1,099,935
Appeal Coverage	99%	34%	17%	78%	50%	50%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	758	4,841	551	602	845	7,597
C. Income	392,064	308,644	57,067	186,730	147,834	1,092,339
E. Expenditure	-322,972	-257,350	-50,133	-128,386	-82,393	-841,234
F. Closing Balance = (B + C + E)	69,850	56,134	7,485	58,945	66,285	258,701

International Federation of Red Cross and Red Crescent Societies

MAACD001 - Democratic Republic of the Congo

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAACD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		398,503	925,910	347,807	239,893	300,004	2,212,118	
Supplies								
Shelter - Relief			85				85	-85
Clothing & textiles		483	702				1,184	-1,184
Food		522					522	-522
Water & Sanitation	4,196	6,490	12,078	596	11,628	57	30,849	-26,653
Medical & First Aid	25,000							25,000
Teaching Materials	71,999		568		3,984		4,552	67,446
Utensils & Tools	27,200		191				191	27,009
Other Supplies & Services	77,400	5,238	316			663	6,217	71,183
Total Supplies	205,794	12,733	13,940	596	15,612	720	43,601	162,194
Land, vehicles & equipment								
Land & Buildings	2,000	29,716		27,015		4,191	60,923	-58,923
Vehicles	3,383					3,504	3,504	-122
Computers & Telecom	22,946	8,492	1,090				9,582	13,364
Office/Household Furniture & Equipm.	17,000	318	318				637	16,363
Others Machinery & Equipment	29,750							29,750
Total Land, vehicles & equipment	75,079	38,527	1,408	27,015		7,695	74,646	433
Transport & Storage								
Storage		4,134	45			1,078	5,257	-5,257
Distribution & Monitoring	1,635	280	4,879	416		464	6,039	-4,404
Transport & Vehicle Costs	176,614	9,130	11,158	6,068	14,839	12,519	53,713	122,901
Total Transport & Storage	178,249	13,544	16,081	6,484	14,839	14,061	65,009	113,240
Personnel								
International Staff	348,000	46,247	57,111	18,767	11,054	59,981	193,161	154,839
Regionally Deployed Staff						1,500	1,500	-1,500
National Staff	26,503	14,393	13,272	51		23,327	51,043	-24,540
National Society Staff	272,297	43,141	16,928	4,194	9,257	5,563	79,083	193,214
Consultants	20,000			50			50	19,950
Total Personnel	666,800	103,781	87,310	23,062	20,311	90,372	324,837	341,963
Workshops & Training								
Workshops & Training	351,457	60,834	12,349	2,936	123	8,727	84,969	266,488
Total Workshops & Training	351,457	60,834	12,349	2,936	123	8,727	84,969	266,488
General Expenditure								
Travel	67,895	5,234	4,569	1,338	1,321	8,007	20,470	47,425
Information & Public Relation	22,352	3,194	14,079	5,748	212	4,881	28,114	-5,763
Office Costs	51,895	18,977	5,383	33	1,491	19,416	45,299	6,596
Communications	44,581	2,735	2,873	1,722	1,070	10,959	19,358	25,223
Professional Fees	3,000	9,310		14,155		1,426	24,891	-21,891
Financial Charges	22,018	2,186	21,063	-10,778	10,494	-45,923	-22,958	44,975
Other General Expenses	406,068		42	648	100	287	1,077	404,991
Total General Expenditure	617,808	41,635	48,010	12,865	14,688	-948	116,251	501,557
Programme Support								
Program Support	116,930	21,440	16,508	2,950	7,759	4,794	53,451	63,480
Total Programme Support	116,930	21,440	16,508	2,950	7,759	4,794	53,451	63,480
Operational Provisions								
Operational Provisions		30,478	61,743	-25,777	55,055	-43,028	78,471	-78,471
Total Operational Provisions		30,478	61,743	-25,777	55,055	-43,028	78,471	-78,471
TOTAL EXPENDITURE (D)	2,212,118	322,972	257,350	50,133	128,386	82,393	841,234	1,370,883
VARIANCE (C - D)		75,531	668,560	297,675	111,507	217,611	1,370,883	