

# Appeal 2004



## DEMOCRATIC REPUBLIC OF CONGO

### Appeal no. 01.43/2004

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

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text<sup>1</sup>, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

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

Programme title	2004 in CHF
<b>Strengthening the National Society</b>	
Health and Care	613,940
Disaster Management	305,335
Humanitarian Values	9,550
Organizational Development	1,090,727
<b>Coordination, Cooperation, and Strategic Partnerships</b>	
Coordination and Implementation	4,813
<b>Total</b>	<b>2,024,364<sup>2</sup></b>

<sup>1</sup> Identified by blue in the text.

<sup>2</sup> USD 1,520,363 or EUR 1,303,099.

## National Context

The Democratic Republic of Congo has been characterized by very weak governance and great instability (rebellions, secessions, civil war, etc.) with a single-party regime that remained in place until May 1997, during which it caused the collapse of all public services and infrastructures and large-scale erosion of most of the country's resources. Influx of refugees from neighbouring countries (Congo, Central Africa, Sudan, Uganda, Burundi, Rwanda, and Angola) was an external cause of political instability in the country that began the same year.

Although the intensity of the conflicts has lately declined, the situation is still of concern, and calls for careful attention. Since mid-2003, there have been renewed clashes in South Kivu and in the Ituri between Hema and Lendu.



Several people have been killed in these conflicts while others were forced to leave their homeland. The populations of the eastern provinces and those living in part of the provinces of Kasai and Equateur affected by these conflicts live in conditions of utmost poverty, with levels of malnutrition and virtual absence of primary health care facilities.

## Summary of Human Development Indicators

	DRC	Africa Sub-Saharan	World
Life expectancy at birth (years) 2001	40.6	46.5	66.7
Literacy rate% (15 years and over), 2001	62.7	62.4	-
Literacy rate (% of women against men), 2001	70	77	-
Overall ratio of enrolment (primary, secondary and tertiary), 2001	24	44	64
Gross national product per capita (USD), 2001	99	475	-
Persons living with HIV/AIDS, adults (% aged 15-49), 2001	4.9	9.0	1.2
Refugees (thousands), incoming/outgoing, 2001	362/392	-	-

Source: Human Development Report 2003, p 237-339 ([www.undp.org/hrd2003](http://www.undp.org/hrd2003))

Armed conflict, disease and malnutrition, combined with the inability to meet the needs of their families, oblige the women to turn to prostitution, and thus expose themselves to HIV/AIDS. Only 12% of women in the Democratic Republic of Congo have adequate knowledge of prevention measures for HIV/AIDS<sup>3</sup>. This situation has given rise to a high HIV/AIDS prevalence of 8 - 20%, depending on the environment (source: WHO), especially among the unemployed. HIV/AIDS constitutes a serious public health problem in the Democratic Republic of Congo. An estimated 5% of the adult population aged 15 to 49 years is infected<sup>4</sup>

The Human Rights Watch (HRW) denounces 'omnipresent' sexual violence (IRIN, June 2002) in the territories occupied by the rebels in the east of the country, carried out by all parties to the conflict in the Democratic Republic of Congo. The report published under the title, "The war within the war: sexual violence against the female population in eastern Congo" focuses on the common and sometimes systematic of rape by the troops and rebels.

<sup>3</sup> The State of the World's Children 2001, p. 42, UNICEF, NY, USA

<sup>4</sup> Source: [www.childinfo.org/MISC2](http://www.childinfo.org/MISC2) DR Congo, 2002, p. 149 (UNAIDS 2000)

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

Some fighters practise rape as a form of “punishment” of civil populations accused of cooperating with “the enemy”, HRW reports. In other cases, women and girls are taken away and forced to offer sexual and domestic services for periods of more than twelve months.

Health services in eastern Congo have collapsed completely, leaving little hope for most of the victims of rape and of other acts of sexual torture to obtain care for their wounds or sexually transmitted diseases and little possibility of screening for HIV/AIDS or treatment following exposure to the virus. Some experts suggest that the prevalence of HIV/AIDS could exceed 50% among the military in the region. In such circumstances, rape is tantamount to a death sentence.

The report also provides information on how husbands, families and communities have rejected women and girls who were rape victims or because they were suspected of being infected with HIV/AIDS. This huge humanitarian challenge since the 1997 war has necessitated the promotion of a culture of peace, particularly in four eastern provinces: Eastern Province, Maniema, North Kivu, and South Kivu.

There is a very marked increase in the incidence of sexually transmitted diseases, prostitution among girls and married women and an increase in maternal mortality. The number of abortions has also risen. The UNICEF MICS2 study in the Democratic Republic of Congo states: “Maternal mortality is one of the highest in Africa and even the world: 1289 women per 100,000 births die at childbirth, 126 children per 1000 do not celebrate their first birthday, the infant and child mortality rate is 213 per 1000 while almost one newborn in five does not reach the age of five years. This level puts the Democratic Republic of Congo among the countries with the highest child mortality.”<sup>5</sup>

The **Red Cross of the Democratic Republic of the Congo**, with financial support from the Federation and with available human resources, has strengthened its activities and helped the target populations to improve their understanding of prevention of HIV/AIDS/STI through simple measures, home care, and the creation of anti-AIDS clubs in schools and universities and efforts to limit stigmatization. These activities are conducted in close collaboration with the National AIDS Control Programme (PNLS). Volunteers of the Red Cross of the Democratic Republic of Congo have taken part in the annual vaccination campaigns through which four million children have been vaccinated each year in four provinces, Kinshasa, Lower Congo, Bandundu, Katanga.

## Red Cross and Red Crescent Priorities

### Movement<sup>6</sup> Context:

Institution	Field of Activity
<b>Federation</b>	Supports the national society in capacity building. An organizational development delegate helps organize governance and management training, provision of financial and material support, evaluations, advice and other fields; a health delegate supports national society activities regarding HIV/AIDS/STI, CBFA <sup>7</sup> , malaria prevention, polio eradication, epidemic surveillance and response, and reproductive health; a finance and administration delegate supports the finance department, staff training and helps provide material support to the national society; a head of delegation supports the national society in coordination (governance and management), advocacy, disaster management activities, delegation representation and management.
<b>Australian Red Cross</b>	Supported a disaster management delegate in Goma.

<sup>5</sup> Source: [www.childinfo.org/MISC2](http://www.childinfo.org/MISC2), DR Congo, 2002, p. 44

<sup>6</sup> ‘Movement’ refers to the International Red Cross and Red Crescent Movement

<sup>7</sup> CBFA – Community Based First Aid

**Democratic Republic of Congo; Annual Appeal no. 01.43/2004**

<b>Institution</b>	<b>Field of Activity</b>
<b>Belgian Red Cross</b>	Bilateral support with the signing of the general partnership agreement on 26 March 2003 with the Belgian Red Cross (French-speaking community) working developing joint projects, implementation and management of joint projects, management and monitoring of conformity of activities, financial management, relations with the Democratic Republic of Congo authorities, infrastructures and equipment, use of the emblem, etc. Belgian Red Cross works together with the provincial branches on issues of street children, the mother and child centre at Kelebelembembe, management of the paediatric hospital of Kalembelembe, demobilized child soldiers, the health zone at Matadi, health centres and hospitals at Kinshasa, dissemination of humanitarian standards in 100 schools of Kinshasa and suburbs, provisional housing after the eruption of Nyiragongo; and provides support to build capacities at national society headquarters and Red Cross provincial branches in Lower Congo and Kinshasa.
<b>British Red Cross</b>	Supports a delegate and delegation management, health, disaster management and organizational development programmes and emergency appeals. Supports delegate and DP <sup>8</sup> programme in Goma
<b>Danish Red Cross</b>	Supports a Health delegate, delegation management and programmes in health, disaster management, organizational development programmes and emergency appeals.
<b>German Red Cross</b>	Bilateral contribution in the refurbishment of a health centre following the volcanic eruption at Goma early in 2002.
<b>Finnish Red Cross</b>	The Finnish RC has contributed to emergency appeals
<b>Netherlands Red Cross</b>	Contributed in part to the costs of the OD delegate
<b>Norwegian Red Cross</b>	Provided support for the DP delegate and activities in North Kivu.
<b>Spanish Red Cross</b>	Bilateral supports to the Democratic Republic of Congo RC in awareness-raising activities in respect of HIV/AIDS/STI and sanitation in 50 schools and universities, refurbishment of the Kimbuala health centre; provides support for micro-projects (soap manufacture, fish preparation and processing, sewing) and managerial support in general. Also supported the national society in agricultural projects, HIV/AIDS/STI activities in 240 schools and volunteer training in life-saving techniques (rivers and sea).
<b>Swedish Red Cross</b>	Greatest supporter of the Federation and the Red Cross of the Democratic Republic of Congo in the country. Has supported a health delegate and a Watsan delegate for 12 months, water and sanitation activities at Mbandaka, contributed to the cholera appeal at Mbuji Mayi, and to secretariat and delegation overheads.
<b>Swiss Red Cross</b>	Has provided support for organizational development in the Democratic Republic of Congo and funds a health delegate for the Mbuji Mayi project. Subcontracts the Finance and Administration delegate.
<b>ICRC</b>	The ICRC works closely with the national society in respect of information dissemination, tracing, conflict preparedness, health projects, some water and sanitation projects, and bears some operational costs. Independently from the Red Cross of the Democratic Republic of Congo activities, the ICRC has a prison programme and victims of conflict. The signing of the cooperation agreement framework with ICRC on 27 March 2003, covering the fields of information dissemination, the tracing agency and reestablishment of family ties, conflict preparedness and response.
<b>Other</b>	Other partner national societies have made significant contributions to the activities of the national society and emergency appeals, especially on the occasion of the volcanic disaster at Nyiragongo.

<sup>8</sup> DP – Disaster Preparedness

**National Society Strategy/Programme Priorities:**

With help from the Federation, the national society carried out a thorough diagnosis of its financial and administrative systems. Notably, it revealed that the organizational development activities funded by the Swiss Red Cross needed strengthening. The diagnosis also revealed that the national society depends heavily on contributions from the government, partner national societies, the Federation and the ICRC. 29% of its income is contributed by ICRC, 16% by the Federation, 8% by the Belgian Red Cross, 7% by the Spanish Red Cross and 19% in government subsidies.

**Overview**

	<b>YEAR</b>	<b>COMMENTS</b>
<b>Statutes</b>	2000	
<b>National disaster plan</b>	2002 and 2003	Mapping of risk zones
<b>National development plan</b>	2002-2007	
<b>Self-evaluation</b>	2002	
<b>Elections</b>	2000	
<b>Audit Annual</b>	Yes	

The capacity of the national society has clearly improved at central committee level since the establishment of governance and management. This has created a conducive environment within which the Federation can work. The secretary general has developed new approaches to programme integration and coordination. Regular meetings are held to discuss programme implementation. Reporting has considerably improved. There is a need to continue strengthening general management capacities at provincial level and in the urban branches.

The national society has revised its traditional programme and implementation style in a more realistic programme with the “Congo Initiative Programme” (PIC<sup>9</sup>)

The Federation, the national society conducted a Needs Assessment Mission (NAM) in five pilot provinces of the Democratic Republic of Congo (Kinshasa, Equateur, Eastern Kasai, Katanga and North Kivu) early in 2002. On the basis of the recommendations of this evaluation, the Red Cross of the Democratic Republic of the Congo revised its traditional programmes, planning and its implementation to more realistic activities. PIC an initiative resulting from NAM, focuses on a community-based approach, through VCA<sup>10</sup> and a self analysis of the national society branches, the needs in building capacities and finally leads to the selection and implementation of activities in selected provinces.

A 5 year strategic plan covering the period 2004-2008 has been drawn up on the basis of the NAM’s recommendations which rely on the managerial financial diagnosis and the logical framework approach to produce more concrete programmes with high impact. The 2003-2004 appeal is based on the priorities of the five-year plan, mainly focusing on support to the Red Cross of the Democratic Republic of Congo in reconstructing branches network known and respected by the authorities and local communities. The secretariat of the Red Cross of the Democratic Republic of Congo is working actively to improve their capacities to plan, implement, manage and monitor the projects and programmes in preparation of large scale support for reconstruction of the country if the security situation permits.

To achieve these aims and launch programmes effectively, a team of three Federation delegates was recruited: the watsan delegate to launch the PIC in Equateur province; in 2003 two other delegates joined the team in Mbuji-mayi (Eastern Kasai) and Goma (North Kivu) to implement the PIC programme. These multidisciplinary delegates have worked closely with their counterparts, coaches and provincial committees to improve management techniques at the national level and in the target provinces through appropriate training. The Federation will continue to support realization of the PIC programme in 2004, as follows:

<sup>9</sup> PIC – Programme d’Initiative au Congo

<sup>10</sup> VCA – Vulnerability Capacity Assessment

### **Congo Initiative Programme (PIC)**

#### **Pilot provinces in 2002 and 2003: provinces of Equateur, North Kivu, Kinshasa and Eastern Kasai**

The Federation will support PIC in the provinces of Equateur, North Kivu, Kinshasa and Eastern Kasai for redevelopment of operational capacities, strengthening of disaster response, and supply of basic services (water and sanitation) to the community by the national society to improve the quality of services to the vulnerable, with greater impact of an appropriate multiplier strategy at grassroots level. Overall, action in 2004 will focus on multiplying the successes achieved in implementing PIC in a spirit of pragmatic and continuous learning.

#### **Two other provinces to be identified in 2004**

In 2004, the national programme management group will evaluate activities in the pilot provinces and tackle all the problems and needs for mechanisms, policies and instruments identified in the process of implementing the projects. They will ensure cohesion of implementation and approaches in the various provinces where the pilot projects are introduced and safeguard the national character of the programme. The multiplier method known as the snowball effect is thoroughly explained in the report of the needs evaluation mission (2002) and is available for further reading.

The group will evaluate the activities in the pilot provinces and then replicate the PIC programme in two other selected provinces in 2004, one in 2005, two in 2006 and two others in 2008, including all 11 provinces over the next five years. The Congo Initiative Programme continues to focus on:

- I. Strengthening operational capacities** and management of the national society by enlarging the volunteer base, encouraging community involvement and the use of local human resources, strengthening partnerships and improvement of management, promotion of humanitarian values and the fundamental principles and a system of evaluation, reporting and financial, administrative and volunteer management.
- II. Disaster preparedness and response** through the development of mapping of high-risk zones and community-based disaster management. It also involves development of minimum resources (human, structural and material) necessary for rapid evaluation of needs and rapid response to disasters and the creation of non-Red Cross disaster management groups in the targeted zones.
- III. Supply of basic services to the community:** water and basic sanitation, support for community micro-projects and income-generating projects for the Red Cross. Identification of health risks in the local communities, establishment of community-based health activities, according to the priorities of Red Cross action as defined in ARCHI 2010<sup>11</sup> (community-based first aid, malaria, cholera, measles, Ebola, HIV/AIDS) and attention to the needs of victims of sexual violence.

## **Strengthening the National Society**

### **Health and Care**

*[<Click here to return to title page>](#)*

#### **Background and achievements / Lessons to date**

Based on the [Ouagadougou Declaration](#), in the year 2000 the national society has been committed to setting up programmes that have a real impact on the health of vulnerable people: adoption and implementation of the ARCHI 2010 health strategy, with emphasis on HIV/AIDS, which it considers to be an unprecedented disaster in Africa. It aims at making food security a strategic priority given that it is directly related to a number of fundamental issues such as poverty, HIV/AIDS, increase in the national debt and armed conflicts.

---

<sup>11</sup> ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer to <http://www.ifrc.org/what/health/archi/>

Consequently, the Red Cross has set up:

- The “**Roll back malaria**” project in three health zones of Kinshasa where the promotion of impregnated mosquito nets and community-based sanitation are carried out by trained volunteers. This has helped improve the understanding of simple prevention measures on the part of the population.
- A **reproductive health** programme (ARCHI 2010) which to date has organized awareness-raising activities among pregnant women and those of child-bearing age in the Ngiri-Ngiri health zone of Kinshasa and in Matadi. It was not possible to undertake activities in 2003 for victims of sexual violence for various reasons. First, the data gathered were extremely incomplete or lacked the credibility required for identification of real beneficiaries. Identifying who to include has been the subject of a major debate in the Congolese national society, especially at the National Reproductive Health Programme (PNSR<sup>12</sup>) health services. In addition, this is a very sensitive issue in the context of the present political environment. Third, the women involved prefer not to be identified for fear of stigmatization by their neighbours and families. While there is an urgent necessity to support the victims, it is important to protect their integrity. Thus implementation had to be postponed until 2004, when the major obstacles will have been overcome.

The ARCHI 2010 strategy has been applied in the selection of volunteers and the organization of activities in the health zones in the chief towns of three provinces, Kinshasa, Bandundu and Matadi. In each programme a coordinator supervises and monitors volunteers in their activities in the field.

The national society carries out other activities linked to programmes with support from partners such as: Orthopaedic Centre of Kalembelembe; Paediatric hospital of Kalembelembe, dissemination of Red Cross messages, street children, and rehabilitation of child soldiers, among others.

Implementation of the various programmes has enabled the national society to enhance its visibility and image with the public authorities, its partners and the community. Several partner national societies are interested in the Red Cross of the Democratic Republic of Congo. This approach has been possible to coordinate activities from top to bottom as well as to recruit and organize volunteers in their respective communities.

Through the multiplier PIC method, the health programme has focused on supplying basic health services to the community by identifying health risks in the local communities and setting up community-based health activities, in line with the priorities of Red Cross action as defined in the ARCHI 2010 process.

**Goal: Improve the state of health of the target populations in the four target provinces of the Democratic Republic of Congo.**

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

#### **Expected results**

##### **Project: HIV/AIDS**

1. The PIC in the target provinces has reduced the prevalence of HIV/AIDS.
  - 100 trained and retrained volunteers per year.
  - Meetings to increase awareness have increased the knowledge of the population and authorities regarding the HIV/AIDS pandemic in the Democratic Republic of Congo.
  - Through the partnership with the Ministry of Health, 144,000 people per year learn about HIV/AIDS.
  - Observation posts and discussion centres have facilitated access to HIV/AIDS information and services.
  - Distribution of condoms has reduced the number of new cases of STI and HIV/AIDS.

---

<sup>12</sup> PNSR - Programme National de Santé Reproductive

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- HIV/AIDS patients receive home visits each year. PLWHA<sup>13</sup> and their families have a greater understanding of HIV/AIDS leading behavioural change. The number of new cases is markedly reduced in the Democratic Republic of Congo.
- The Congolese public has been made aware of the necessity to support infected people. PLWHA are accepted by their families and the community. The awareness of Red Cross volunteers and staff and their families has increased. The number of cases of infection among members of the Red Cross is markedly reduced.
- Appropriate IEC material is available to Red Cross members. A strong network of information officers exists in each of the four pilot provinces (Kinshasa, Goma, Mbandaka and Mbuji-Mayi and the two other provinces to be identified in 2004). Regular reports are received from these officers.
- Concerted action plans to combat STI/HIV/AIDS in Goma are implemented in the communities.

*[<Click here to access the PPP document for Health and Care – HIV/AIDS \(in French\)>](#)*

### **Project: ARCHI 2010**

1. Through the PIC, the incidence of malaria morbidity and mortality is reduced in the target provinces.
  - 686 grassroots IEC<sup>14</sup> sessions have been held. The populations of Kinshasa, Lower Congo, Mbandaka and Bandundu are informed about malaria prevention. Twenty Red Cross volunteers are trained in malaria prevention techniques. They are actively involved in mass communications to reduce the incidence of malaria.
  - Accessible mosquito net impregnation centres have been set up at Kinshasa (3) and Mbandaka (1). The morbidity and mortality of malaria have been reduced. Three thousand (3,000) impregnated mosquito nets are sold at the four centres.
  - Concerted action plans to combat malaria by promoting impregnated mosquito nets and sanitation measures have been set up in Goma Saké.
  - The project is evaluated and duplicated in another province.
2. Reproductive health services are improved.
  - The partnership between the Red Cross and the PNSR has strengthened the reproductive health services of Kinshasa. Forty-five trainers at Kinshasa are trained in IEC, counselling and condom distribution.
  - Two observation posts created at Kinshasa and IEC activities are carried out there.
  - The PNSR has received resources.
  - Thirty nurses and 10 coaches in 10 (of the 25) Kinshasa health zones have been trained.
  - A reference health centre at Kinshasa has medical equipment and specific essential drugs.
  - Two health centres have been refurbished at Mbandaka and Mbuji-Mayi.
3. The surveillance of and response to diseases with epidemiological potential have improved in the target provinces (PIC)
  - Thirty supervisors at the national level and in four provinces (Eastern Kasai, North Kivu, Equateur and Kinshasa) trained and capable of carrying out surveillance of and response to diseases with epidemiological potential.
  - Concerted action plans to combat cholera result in the construction of latrines and sanitation measures in the town of Mbuji Mayi.
  - 160 volunteers and community members trained and capable of carrying out surveillance of and response to diseases with epidemiological potential.
  - A functional epidemic management structure is set up in the four provinces chosen.
  - An epidemic preparedness and response plan is drawn up in each province.
  - Maps of the epidemic risk zones exist and are used in four provinces.

---

<sup>13</sup> PLWHA – Persons living with HIV/AIDS

<sup>14</sup> IEC – Information, Education Communication

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- Communication aids and a volunteer's manual for epidemics exist and are used in four provinces.
- Strategic stocks of relief and sanitation equipment exist and are used in four provinces.

4. Application of the PIC in the target provinces has improved the supply of good quality water and environmental sanitation to the vulnerable.

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

[\*<Click here to access the PPP document for Health and Care – ARCHI 2010 \(in French\)>\*](#)

## Disaster Management

[\*<Click here to return to title page>\*](#)

### Background and achievements / Lessonsto date

The national society has invested much time in volunteer training in disaster response in all provinces. Since 2001, with support from the Federation and the ICRC, the national society has trained 105,000 volunteers in traditional first aid, CBFA<sup>15</sup> and a large number in the ARCHI process, identification of the needs of the vulnerable, vulnerability and capacity assessment and disaster preparedness. These techniques have been used in disaster response (e.g. population movements, eruption of the Nyiragongo volcano at Goma, floods at Mbandaka and Kinshasa).

The provincial committees have worked with the Federation and local authorities to evaluate disaster situations using their radio network. They have relayed information to the authorities and provided relief to the affected populations. The Red Cross provincial branches of Kinshasa, Mbuji Mayi and Mbandaka have provided relief to flood victims at Loukolela and Kinshasa. On the occasion of the volcanic eruption and other disasters, the North Kivu branch responded rapidly with food and non-food items. In the immediate post-emergency phases, it was always necessary to provide medium-term assistance for reconstruction and reestablishment of the communities, who have often been neglected.

The national society has carried out a mapping exercise to identify the risks (floods and erosion) affecting several communities of Kinshasa. This led to the production of theme maps of the main risk zones and of the corresponding capacities of the Red Cross and the health services. The national society is now reproducing the same exercise in two other provinces over the coming two years. The national society works with the communities and Red Cross volunteers to develop disaster response plans at community, provincial and national levels. The ARCHI 2010 approach is used in working with volunteers and disaster management groups.

---

<sup>15</sup> CBFA – Community Based First Aid

## **Democratic Republic of Congo; Annual Appeal no. 01.43/2004**

The emergency response teams continue to be trained and receive refresher training in awareness-raising techniques regarding disasters, fires, tracing and life-saving techniques. Over the coming five years, the five target provinces will step up training and education of national society supervisors and the population at risk, training of first aid and emergency response teams, and establishment of policies, standards, organizational arrangements and operational emergency response plans.

Lessons learned include that the Red Cross has generally neglected the strengthening of capacities of the vulnerable communities, especially during disaster relief operations. The national society continues to create disaster management groups in several communities and territories and strengthens their capacity to identify and address local vulnerabilities through education, preparedness, and support to the populations and local communities in their daily efforts to reduce risks and prepare their own local response mechanisms to disaster emergency situations.

The community disaster education activities will help to inform and train the local populations on how to prepare for epidemics, floods and others natural disasters and emergencies. These initiatives do not require large financial resources but application of ARCHI 2010 in which trained volunteers can carry out multiple Red Cross tasks and address these vulnerabilities through a community approach.

The disaster preparedness plans of the national society's Secretariat and provincial committees are coordinated with the plans and intentions of other agencies and organizations to include tracing activities, first aid teams, early warning teams and community evacuation plans.

Through PIC, the multiplier method, the disaster management programme aims at developing improved risk maps, community-based disaster management, supply of minimum resources (human, structural and material) necessary for rapid evaluation and response to needs caused by disasters, and the creation of non-Red Cross disaster management groups in the target zones of the four provinces.

**Goal: The target provinces are in a position to predict, prepare for, attenuate the effects of, confront and respond to disasters that impact their daily lives.**

**Objective: The selected communities of Kinshasa, Mbandaka, Mbuji Mayi and Goma have a good knowledge of the risks and are in a position to predict and manage disasters with the coordination of the local authorities and the support of the partners.**

### **Expected Results**

#### **Project: VCA, risk mapping and disaster awareness**

1. Risk mapping and disaster planning are carried out in the communities selected in the PIC programme.
  - Following the successful mapping exercise at Kinshasa and Mbandaka, the new terms of reference is accepted by Congo Geographic Institute and Méttelsat to support the provincial committees to undertake mapping exercises and use the results for disaster planning.
  - The provincial committees of North Kivu (Goma), Eastern Kasai (Mbuji-Mayi) and two other provinces have come to an agreement with their respective local authorities and some NGOs to carry out the mapping exercise.
  - With the support of the Federation disaster preparedness delegate based in Goma, the provinces of North Kivu, Western Kasai (Mbuji Mayi) and two other provinces will have undertaken mapping of risk zones.
  - Twenty-five Red Cross volunteers from each of the targeted provinces are trained in risk mapping techniques using ARCHI tools, VCA and other research techniques.
  - Each of the 100 Red Cross coaches is assigned to a specific commune in their respective provinces to train and coach non Red Cross disaster management groups so as to set up preparation of risk mapping and develop response plans.
  - Following the preparation of risk maps, each of the targeted provinces will have developed a database of the existing risks.
  - The vulnerability and capacity of the communities and institutions in North Kivu are analysed, known and taken into account in planning activities.
  - Concerted action plans to reduce vulnerability are set up in the communities of North Kivu.

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- The Red Cross coach will have guided the DMG<sup>16</sup> in the preparation of community disaster response plans and manuals. The Red Cross and disaster management groups have presented these plans and manuals to the local authorities and have come to an agreement with them. The local authorities have used the plans to develop provincial preparedness and response plans.
- The DMG have organized simulation exercises to test and modify their disaster preparedness plans.
- The headquarters is supported by the secretariat in the search of support to supply each of the three provincial committees with stocks of relief materials such as first aid kits, stretchers, uniforms, blankets, boots, etc. The provinces have taken steps to replenish their stocks with the income from income-generating micro-projects.
- Various provincial committees have provided the DMG with basic disaster response equipment such as first aid kits, stretchers, uniforms, blankets, boots, etc. The DMG will mobilize resources to replenish the stock of these items.
- The process in the three provinces is evaluated and conclusions shared with the provincial committees. In return, the committees have determined the need for replication in other communities. The coordination committee at Red Cross headquarters has decided in which province(s) the project is to be replicated.
- A special detachment is deployed to analyse all the existing disaster management guidelines and rules (governments, local authorities, Red Cross, Federation, and ICRC). The draft disaster management policy project will have been discussed and approved by the central committee of the Red Cross. All provincial committees have been provided with a policy document and guidelines for this project.
- Effective multidisciplinary disaster management committees exist at national level (Kinshasa) and in the three provincial committees and selected communities. The heads of disaster preparedness and response departments at secretary general level and in the three provinces have contributed effectively to the questions raised at disaster coordination meetings (OCHA, UN and others). The Red Cross serves in several sectoral disaster management detachments.
- The national headquarters and selected provinces are well equipped with VHF and HF<sup>17</sup> radios. Communication between national headquarters and the provinces and between the provinces themselves is thereby facilitated.
- The selected communities in five provinces have become more aware of disasters and their impact on the environment. Action is being taken to attenuate local disasters. There is a very marked fall in the incidence of malaria in the selected communities.
- A database of the most listened to and watched media exists at national headquarters and in the three provinces. The Red Cross of the Democratic Republic of the Congo has good relations with the media. Press releases and articles on Red Cross disaster activities are continuously broadcast by national media houses.
- The Federation's World Disasters Report, launched by the Ministry of Health, is widely disseminated and is appreciated by specific groups in Kinshasa and the three other provinces.
- Disaster awareness days in schools, communities, government and other institutions have influenced attitude changes towards disaster issues. The Government is in the process of promulgating a law on disaster mitigation and management.

[\*<Click here to access the PPP document for  
Disaster Management - VCA, risk mapping and disaster awareness \(in French\)>\*](#)

### **Project: Building Operational Disaster Management Capacities**

1. Disaster mitigation training activities are carried out in the selected provinces.
  - A training strategy approved by the national society guides all actions in relation to development of human resources.
  - An effective system of ongoing training appropriate to first aid workers and personnel is in place at the provincial level (North Kivu)
  - 1,750 first aid workers in the selected provinces are trained or retrained. The human resources base has increased in size.
  - 3,750 new volunteers receive training in CBFA in the five provinces.

---

<sup>16</sup>DMG – Disaster Management Group

<sup>17</sup> VHF and HF – Very High Frequency and High Frequency

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- 300 volunteers in each province (1500 in all) are actively involved in disaster mitigation awareness-raising techniques. They are all active and the number of national disasters has declined.
- With the support of the Spanish Red Cross, 1,750 experienced volunteers are actively involved in life-saving first aid services in the event of river accidents. They continue to educate the population living along the banks of Congo on disasters.
- Five communities in each of the provinces of North Kivu, Equateur, Eastern Kasai and two other provinces to be identified in 2004 have been trained in ARCHI 2010, CBFA and the fundamental principles of the Red Cross. Supported by the Red Cross coach, disaster management groups have set up disaster response teams of ten people each. The teams actively respond to local disasters.
- 30 members of governance and management have been trained in the principles of disaster preparedness, mitigation and response. They provide more support to the disaster preparedness and response department.
- Evaluation of the project has been positive and the cycle is repeated in two other provinces identified in 2004.

## Humanitarian Values

[<Click here to return to title page>](#)

### Background and achievements / Lessonsto date

In collaboration with the Federation, the ICRC supported the national society in carrying out activities to improve its image, promote knowledge of the Red Cross and ensure visibility among the general public and potential partners. To achieve this, the national society needs to promote humanitarian values as defined in Strategy 2010. Concretely, the action consists in promoting the International Humanitarian Law (IHL) and the fundamental principles as well as protecting the emblem by preventing its misuse throughout nation. The humanitarian standards need to be disseminated in schools in the light of the positive impact noted in Kinshasa of the dissemination of humanitarian standards project undertaken in collaboration with the Belgian Red Cross. Furthermore, to cope with the increase in discrimination and violence, the national society has reviewed its strategies over a 5 year period (2003-2008) to consolidate its relations with grassroots communities, government and opinion leaders.

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

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

**Objective: Discrimination, stigmatization and rejection are reduced in the provinces of Maniema, Eastern, Oriental, North Kivu and South Kivu.**

### Expected results:

#### Project: Combating Discrimination

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

[<Click here to access the PPP document for Humanitarian Values – Discrimination and Stigmatization \(in French\)>](#)

## Organizational Development

[<Click here to return to title page>](#)

### Background and achievements / Lessonsto date

The national society has come through a severe institutional crisis after the general assembly which was held in November 2000. At this extraordinary general assembly, governance was completely reorganized following the adoption of new statutes and internal regulations. For this change process to occur, the Federation used a tripartite capacity-building programme focused on institutional development, disaster preparedness and response, and CBFA. Co-funded by the governments of Canada, the United Kingdom and Sweden through their national societies, this tripartite programme has facilitated the change process, comprising self-evaluation workshops, disaster preparedness training for staff and volunteers, organization of two central committee sessions including an extraordinary meeting in March 2001 and the adoption of restructuring proposals drawn up by Price Water House Coopers.

The Federation-assisted diagnosis of the national society's financial and administrative systems revealed that its Swiss-funded organizational development activities needed strengthening.

The national society's own resources make up only 20% of total receipts. Diminishing donor support to overhead expenses over programmes, is putting the national society in a very precarious position. It continues to strengthen its human and material resources and the lack of regular funding to maintain the structure of its resources poses a serious long-term threat unless timely measures are taken. The national society has scaled down its human resource base and self-administered a diagnosis which showed that 63% of the costs at the headquarters are used to cover allowances to Red Cross volunteers. Consequently, the strategic plan stresses scaling up revenue generation activities to be able to maintain its operating costs. For example, for the first six months in 2001 and 2002, more than 80% of planned activities could not be carried out due to lack of funding.

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

The Federation helped the national society build its capacities by improving its human resource (training and recruitment) and material resource (installation of logistic procedures) management and its financial management systems in 2003. The Federation's secretariat donated a batch of seven good second hand desk tops to the Headquarters and will be assisting in the installation of an integrated system, with email in view of wider access to its branches. As a result of funding received in the second half of 2003, HIV/AIDS campaign was launched in the provinces of Kinshasa, Bandundu and Lower Congo, chosen for reasons of security and accessibility. Furthermore, with the financial support of the Federation, the Canadian Agency for International Development (CIDA) and the British Red Cross, the national society organized simultaneous national polio vaccination days successfully in the three pilot provinces.

The national society will be called upon to play a bigger role in rehabilitation and reconstruction activities in the country. In its desire to respond effectively, the Federation will assist in strengthening capacities for greater impact on health activities. The Federation will encourage a wider involvement of the Movement for a better coordinated CAS<sup>18</sup> for the national society and work with the vulnerable communities.

The Federation delegation continues to guide the national society in the implementation of the PIC, and will focus on strengthening the project coordination and multiplier mechanisms. The organizational development delegate, the health delegate and the three field delegates concentrating on disaster preparedness, water and sanitation and health will work closely with the headquarters and branches and with the provincial counterparts to ensure transfer of skills. This key pilot programme is closely monitored

---

<sup>18</sup> CAS – Cooperation Agreement Strategy

## **Democratic Republic of Congo; Annual Appeal no. 01.43/2004**

by the delegation and the regional office in Yaoundé, where it is believed that the programme will form a sound base to be applied in similar situations in other provinces in the country.

The organizational development programme follows on the immense work that has been undertaken since November 2000. With the PIC, more emphasis is put on strengthening the operational and management capacities of the national society, enlarging the volunteer base, encouraging the involvement of the community and the use of local human resources, strengthening external relations and management, promoting humanitarian values and the fundamental principles and a system of evaluation, reporting, financial and administrative management and volunteer management.

A technical committee is being set up by the national society in close collaboration with the Federation delegation, to evaluate the partnership profile of the headquarters and the target branches. The national society's CAS will be ready in 2004 and will be defining the roles and contributions of partners such as the ICRC, the Federation, and Belgian, Spanish, British, Swedish, Finnish, German and French Red Cross Societies as well as the government of the Democratic Republic of Cong. Consultations on the CAS process have begun with the appropriate partners in 2003.

**Goal: The national society becomes a well-functioning national society.**

**Objective: Through the PIC in the target provinces, well-functioning governance and management teams exist in the province of Kinshasa, Equateur (Mbandaka), North Kivu (Goma), Eastern Kasai (Mbuji-Mayi), and two other provinces to be identified in 2004.**

### **Expected results**

#### **Project: Good Governance and Management**

1. Through the PIC, the national society in the identified provinces has improved governance, management and youth activities and volunteer management.

- The national society has carried out self-evaluation exercises. The central committee has defined minimum performance standards for provincial committees.
- The general assembly, the central committee and the management committee hold regular sessions. Considerable progress is made in implementation of the decisions of the national society's statutory structures.
- All 11 provinces have sufficient copies of the new statutes and financial, logistic and administrative procedures. They consult these constantly in the course of their work.
- 30 of governance have been trained in the characteristics of a well-functioning Red Cross of the Democratic Republic of Congo, with a more integrated gender balance; with greater capacities in reporting, evaluation and monitoring of minimum standards and development of financial and human resources (good governance).
- 20 members of the general secretariat and three members of each of the provinces of Kinshasa, Eastern Kasai, North Kivu, Equateur and two other provinces to be identified in 2004 have been trained in financial management, project management and project reporting. The projects are being defined and managed normally and reporting standards have improved.
- The central committee has approved the strategic plan setting out priorities, resources, and monitoring and evaluation mechanisms. The four core areas of the Federation's Strategy 2010 have been taken into account in the programme.
- The development unit has carried out an evaluation of the national society training programmes and has proposed corrective actions. All training must be evaluated to determine its effectiveness, non-duplication and quality.
- The youth department has updated the appropriate instruction manuals for youth coordinators and instructors. They are being used by youth leaders in various activities in schools and universities.
- In line with the international youth policy, the Red Cross of the Democratic Republic of Congo youth participate in international training and the international fair to address issues relevant to young people. They share their experiences with other young people of Central Africa, Africa and other sister national society.
- Women participate effectively in decision taking and activities.
- Trained youth patrols continue to ensure road safety programmes for pedestrians in Kinshasa and Lubumbashi.

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- Criteria have been designed to survey volunteers in selected provinces; a database with the actual numbers, specialization, localization, active or passive status of volunteers has been prepared. Headquarters and some provinces use them to manage their volunteers.
- A volunteer management strategy has been approved by the Red Cross central committee. All the provincial committees use the strategy for implementation (ARCHI approach) and management of the programme (motivation of volunteers).
- The local structures are operational in North Kivu.
- The principles of good governance and management have improved at provincial level committee in Equateur.

*[<Click here to access the PPP document for Organizational Development >](#)*

### **Project: Development of Financial Resources**

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

- New members of the fund-raising committee have received basic training in the work of the Red Cross. Fund-raising policy and guidelines have been approved and are used at headquarters and the provinces. A national fund-raising plan has been developed.
- At Kinshasa, Goma and Mbandaka, 60 supervisors and volunteers have been trained in fund-raising and marketing techniques 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 fund-raising committee.
- The construction of a multi-purpose building to serve as a solid basis for financial resources for the national society is completed in 2004.
- A fund-raising concert featuring the musician Werrason is held in early 2004.
- The Red Cross restaurant, the “Baobab” is refurbished and rented out to a new tenant in 2004.
- The Red Cross health centres and dispensaries is evaluated and new management installed in 2004.
- A good feasibility and viability study is carried out on income-generating activities for the group of vulnerable women at Kinshasa and the project begun in 2004.
- Existing income-generating micro-projects have become profitable and others are being created at provincial, communal and territorial level in North Kivu.
- The internal resource development and management system is set up in North Kivu

*[<Click here to access the PPP document for Organizational Development – Resource Development \(in French\)>](#)*

### **Project: Congo Initiative Programme (PIC)**

#### **Coordination of Multiplication of the Congo Initiative Programme (PIC)**

1. PIC and coordination and multiplier mechanisms are developed and managed by the national society with the support of the Federation.

- A national PIC management group exists and works in close collaboration with delegates in the field and Kinshasa, provincial coaches, national experts and partners (Federation, UN agencies, NGOs, authorities).
- There is good cohesion in execution and approaches in the different provinces, communes and districts, territories and sections and where pilot projects are introduced. The national and provincial character of the programme is maintained.
- Monitoring and evaluation mechanisms for the PIC process in the provinces of Equateur, North Kivu, Eastern Kasai, Kinshasa and two other provinces are in place.
- National and provincial income-generating activities are well defined and sufficiently profitable and permit satisfactory implementation of the PIC. Community micro-projects and Red Cross income-generating projects are strengthened.
- An effective multiplier system which makes it possible for the initial programme to exist is gradually introduced in many branches that form the basis for a dynamic and well-trained organization that focuses on service to the population.
- Exchanges take place between the counterparts and provincial coaches in the provinces of the PIC.

## Democratic Republic of Congo; Annual Appeal no. 01.43/2004

- Operational capacities and management in the provinces of Equateur (Mbandaka), Eastern Kasai (Mbuji Mayi), Kinshasa (Kinshasa town), North Kivu (Goma) and two other provinces to be identified in 2004 have improved.
- The volunteer base has increased and has improved.
- Final evaluations in the pilot PIC provinces have been undertaken. The national and provincial groups have implemented the recommendations. The PIC is making good progress.
- Two provinces have been chosen in 2004 on the basis of the baseline study.
- The national society capacities are defined and training needs evaluated to allow it to prepare for rehabilitation actions in the pilot locations at community level (family dwellings, water and sanitation, health structures), with duplication in other provinces following evaluation.

### **PROJECT: Cooperation Agreement Strategy**

National society capacities in respect of partnership coordination and management are strengthened.

- Supported by the Federation delegation, the national society is constructively implementing the PIC, Strategy 2010, the Ouagadougou Declaration and other regional decisions.
- A well-developed strategic development plan is monitored by the national society with support from the Federation delegation.
- The Democratic Republic of Congo now has a CAS defining the roles and contributions of partners of the Red Cross family, other humanitarian agencies and the Democratic Republic of Congo Government.
- Within the framework of a CAS, the Federation, the ICRC, partner national societies and government have supported capacity building in the national society to meet the humanitarian needs of the vulnerable communities in priority provinces of the country.
- There is good and fruitful collaboration with the ICRC in line with the Seville agreement and Movement standards.
- Relation between operational partners and the Red Cross are fruitful.
- The activities of the Federation delegation are well integrated into those of the national society.
- The working environment between Federation staff and the National Society staff is productive, with learning on both sides.
- The Federation has developed exchanges in human resources between the Red Cross of the Democratic Republic of Congo and the Congolese Red Cross in the fields of health, disaster management and information. The regional office has further used Democratic Republic of Congo health and disaster management personnel to support other national society in the region.

*[<Click here to access the PPP document for Organizational Development – Cooperation Agreement Strategy>](#)*

## **Coordination, Cooperation, and Strategic Partnerships**

*[<Click here to return to title page>](#)*

### **Effective representation and advocacy**

#### **Background and achievements / Lessons to date**

The Federation delegation, based in Kinshasa, provides support to the national societies of both Congos and brings its expertise to provide relief to displaced persons and refugees in Lower Congo, Kinshasa, Pointe-Noire, the region of the pool and other sites, to reinforce required capacities in the national societies. The Federation has established working relations and must continue to build and strengthen partnerships with UN agencies (UNHCR, WFP, UNICEF, WHO, OCHA) and others such as EU/ECHO, Rotary International and a number of international organizations present in Democratic Republic of Congo with a major goal to establish fruitful partnership to increase humanitarian aid and provide tangible results and impact towards alleviating human suffering.

Over the next two years, the delegation will participate in Federation meetings and regional conferences on food security, disasters, HIV/AIDS and other fields to offer the delegation opportunities to promote Strategy 2010, the Africa review, the Ouagadougou Declaration and the change strategy. The Federation delegation will work in a high level participation of the Red Cross of the Democratic Republic of Congo and Congolese Red Cross in the Pan African Conference to be held in Algiers in September 2004. Annual

## **Democratic Republic of Congo; Annual Appeal no. 01.43/2004**

events will be organized by the Federation delegation to improve partnership with the Movement, delegation personnel, and representatives of the UN and embassies.

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

With support from the Federation, the Red Cross of the Democratic Republic of Congo and the Congolese Red Cross will consolidate their relationship management and build new partnerships to respond to the needs of the most vulnerable, promote their interests at national level and mobilize support for the activities and development of the national society. They will consolidate contacts with the representatives of UN agencies, and members of the Interagency Committee, as well as other international organizations, to study cooperation possibilities.

With support from the Federation, the national societies are building a better understanding of funding sources, potential techniques and other types of support for activities and capacity building.

The delegation will continue to work with the two national societies to support a structured dialogue with the Democratic Republic of Congo and the Republic of Congo governments on the basis of the Plan of Action adopted at the 27th International Conference in 1999 with a view to defining more clearly the role of the Red Cross, and exploring the support that the government can provide to enable national societies play their roles.

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

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

### **Expected results**

#### **Project: Meetings, conferences and representation.**

1. The profile of the Federation in Democratic Republic of Congo is established through the promotion of PIC, Strategy 2010 and the Ouagadougou Declaration.
2. A structured dialogue with the governments of the Democratic Republic of Congo and the Republic of Congo on the basis of the Plan of Action adopted at the 27th International Conference in 1999 is maintained and the two national societies have the support of their respective governments, thus enabling the national societies to play their roles.
3. The UNDP, UNHCR, WFP, FAO, MONUC, UNFPA and OCHA have a better understanding of the work of the International Federation. The Federation and the Red Cross of the Democratic Republic of Congo are considered solid, trustworthy partners in programmes such as health, disaster management and development of the Red Cross of the Democratic Republic of Congo in particular and vulnerable communities in general. OCHA is coordinating its disaster preparedness activities (in anticipation of a possible volcanic eruption at Goma) with the Federation and the Red Cross of the Democratic Republic of Congo.
4. The potential for cooperation between the Red Cross of the Democratic Republic of Congo and sister national society and appropriate regional and sub-regional organizations such as the African Union, the Economic Commission for Africa and the African Development Bank is continuously explored.
5. The annual dinner organized by the Federation and the Red Cross of the Democratic Republic of Congo has strengthened relations with UN agencies and the embassies of the USA, Japan, China and Germany at Kinshasa. The national society has created new potential partnerships with these embassies.

## **Democratic Republic of Congo; Annual Appeal no. 01.43/2004**

6. Through active participation at conferences on food security, the Federation supports the Red Cross of the Democratic Republic of Congo in playing an important role on the national food security plan. The Ouagadougou Declaration has been distributed to the major food security agencies. The Federation has been designated to serve on the national food security platform.
7. The Ministry of Health and the major actors coordinate actions and collaborate effectively with the Federation and the Red Cross of the Democratic Republic of Congo on issues related to HIV/AIDS reduction in Democratic Republic of Congo. These actions provide opportunities for the delegation to promote the Ouagadougou Declaration in respect of HIV/AIDS.
8. Annual events organized by the Federation delegation, staff and the national society have improved partnerships within the Movement, delegation personnel, and representatives of the UN agencies and embassies.

*[<Click here to access the PPP document for International Representation \(in French\)>](#)*

### ***For further information please contact:***

- *Red Cross of the Democratic Republic of the Congo, Kinshasa; Email [secretariat@crrdc.aton.cd](mailto:secretariat@crrdc.aton.cd); Phone 243 12 34 897; Fax 243 88 04 151*
- *M. Momodou Lamin Fye, Head of Congo Delegation, Email [ifrcg01@ifrc.org](mailto:ifrcg01@ifrc.org); Phone 871 763 050365; Fax 871 76 30 50 366*
- *Mark Willis, Federation Senior Regional Officer, Geneva; Email [mark.willis@ifrc.org](mailto:mark.willis@ifrc.org); Phone 41 22 730 42 60; Fax 41 22 733 03 95*

*[<Budget below - Click here to return to title page>](#)*

# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.43/2004

Name: Democratic Republic of Congo

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	12,500	0	0	0	0	0	12,500
Clothing & textiles	19,000	0	0	0	0	0	19,000
Food	12,000	0	0	0	0	0	12,000
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	30,428	0	0	0	0	0	30,428
Medical & first aid	17,400	0	0	0	0	0	17,400
Teaching materials	5,000	0	2,323	0	0	0	7,323
Utensils & tools	0	0	0	4,000	0	0	4,000
Other relief supplies	0	17,000	0	0	0	0	17,000
<b>SUPPLIES</b>	<b>96,328</b>	<b>17,000</b>	<b>2,323</b>	<b>4,000</b>	<b>0</b>	<b>0</b>	<b>119,651</b>
Land & Buildings	2,600	0	0	0	0	0	2,600
Vehicles	38,582	0	0	0	0	0	38,582
Computers & telecom	5,294	3,512	0	0	0	0	8,806
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	18,400	4,500	0	5,900	0	0	28,800
<b>CAPITAL EXPENSES</b>	<b>64,876</b>	<b>8,012</b>	<b>0</b>	<b>5,900</b>	<b>0</b>	<b>0</b>	<b>78,788</b>
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	37,627	6,063	0	54,553	0	0	98,243
<b>TRANSPORT &amp; STORAGE</b>	<b>37,627</b>	<b>6,063</b>	<b>0</b>	<b>54,553</b>	<b>0</b>	<b>0</b>	<b>98,243</b>
Programme Support	39,906	19,847	621	70,897	313	0	131,583
<b>PROGRAMME SUPPORT</b>	<b>39,906</b>	<b>19,847</b>	<b>621</b>	<b>70,897</b>	<b>313</b>	<b>0</b>	<b>131,583</b>
Personnel-delegates	182,026	180,000	0	612,000	0	0	974,026
Personnel-national staff	132,090	33,555	500	146,126	0	0	312,271
Consultants	0	0	0	4,865	0	0	4,865
<b>PERSONNEL</b>	<b>314,116</b>	<b>213,555</b>	<b>500</b>	<b>762,991</b>	<b>0</b>	<b>0</b>	<b>1,291,162</b>
W/shops & Training	32,080	27,479	0	9,193	0	0	68,752
<b>WORKSHOPS &amp; TRAINING</b>	<b>32,080</b>	<b>27,479</b>	<b>0</b>	<b>9,193</b>	<b>0</b>	<b>0</b>	<b>68,752</b>
Travel & related expenses	8,688	250	1,640	47,815	2,500	0	60,893
Information	9,701	1,000	2,226	6,250	0	0	19,177
Other General costs	10,618	12,129	2,240	129,128	2,000	0	156,115
<b>GENERAL EXPENSES</b>	<b>29,007</b>	<b>13,379</b>	<b>6,106</b>	<b>183,193</b>	<b>4,500</b>	<b>0</b>	<b>236,185</b>
<b>TOTAL BUDGET:</b>	<b>613,940</b>	<b>305,335</b>	<b>9,550</b>	<b>1,090,727</b>	<b>4,813</b>	<b>0</b>	<b>2,024,364</b>