

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

REPUBLIC OF CONGO

Appeal no. 05AA036

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, objectives, and related activities to be implemented in 2005, and the corresponding 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, or can be requested through the respective regional department.

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Click on the title below to go to the relevant text; click on the figure to go to the programme budget.

Programme title	2005 in CHF
Strengthening the National Society	
Health and care	302,358
Disaster management	61,979
Humanitarian values	4,866
Organizational development	140,056
Total	509,259¹

¹ USD 404,500 or EUR 328,000.

National Context

The Congo Republic covers 342,000 square km. Two-thirds of its estimated 3.1 million inhabitants live in Brazzaville and Pointe-Noire, the country's two largest cities. It is divided into 11 administrative departments, including the capital Brazzaville, divided into seven districts.

The armed conflicts that have plagued the country since 1993 led to the loss of many lives and property. The situation remains precarious with inadequate access to health care, education and food security creating serious humanitarian concerns. However, there is hope to a return of political stability.

In July and August 2003, the national society participated in a joint mission with the government and other partners, covering the entire Pool region. Although weakened by war, the local branches are providing relief to vulnerable people. Cyclical annual flooding affects the country from December to February, causing considerable material damage and occasional loss of life. This phenomenon has intensified with time, as a result of the ecological disruptions. According to the Congolese Meteorology Agency, in 2001-2002, flooding was particularly serious in Mossaka, Lokolela and Ntokou in the Cuvette region and in Makotipoko in the Plateaux Region. The national society participated in a needs assessment mission in 2002 and carried out disaster relief operations in the affected areas.



Human Development Indicators at a Glance

Category	Republic of Congo	Sub-Saharan Africa	World
Total population (millions)	3.6	641.0	6,225.0
GDP per capita (USD)	825	469	5,174
Life expectancy at birth (years): Female – Male	49.9 – 46.6	n.a.	n.a.
Infant mortality rate, per 1,000 live births	81	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	510	n.a	n.a
Population (%) with sustainable access to an improved water source (2000)	51	57	82
HIV prevalence (% , ages 15-49) (2003)	4.9	7.7	01.1
Adult literacy rate (% , ages 15 and above) Female – Male	77.1 – 88.9	n.a	n.a

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

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For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

CAS – Cooperation Agreement Strategies	Movement - International Red Cross and Red Crescent Movement.
CBFA – Community-based first aid	
CHV – Community health volunteers	PIC – Congo Initiative Programme
DRC – The Democratic Republic of the Congo	PLWHA - Persons living with HIV/AIDS
EPI – Expanded programme on immunization	PNS - Partner National Society(ies)
IEC – Information, Education, Communication	STI/ STD - Sexually-transmitted infections / diseases
IHL – International Humanitarian Law	VCA – Vulnerability and capacity assessment
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Red Cross and Red Crescent Priorities

National Society Strategy/Programme Priorities

During the wars and the post-conflict relief operations, the Congolese Red Cross² gained considerable recognition through the work of its volunteers in providing valuable first aid services to the vulnerable. In 2000, the national society embarked on development programmes harnessing the potential of its human resources. To optimize performance, volunteers have taken part in several specialized training courses. A total of 626 of its 13,000 volunteers have already received training in CBFA, 238 in HIV/AIDS, and over 850 actively participated in campaigns in the fight against polio, malaria, Ebola and other diseases.

These efforts not only contribute to the planned reconstruction in a transition from relief to sustainable development, but offered exceptional development opportunities in 2003. The national society lost almost all its assets during the war and is currently working to rebuild its national headquarters on a premise donated by the government housing the offices for the executive committee and staff in Brazzaville, Pointe-Noire, Dolisie, Kinkala and Owando. In appreciation of its volunteers' services, the government gave a grant and donated two vehicles to the national society.

The Congolese Red Cross is seen as an auxiliary to the government due to its involvement in national health development plan as well as in activities carried out by the Ministry of Health and regional health authorities. All health programmes in the current appeal, seek to resolve specific priority problems identified by the government.

A strong focus is placed on the estimated 650,000 young people living in the four target areas. The project aims at providing youths with useful, reliable information on HIV/AIDS/STI prevention since poverty, family displacement and casual employment have exposed them to unprotected sex. PLWHA are monitored at two outpatient clinics; 850 in Pointe-Noire, 650 in Brazzaville and at the three large health facilities in Dolisie and Owando. Psychosocial support is provided for patients both at the referral facility and at home. The families of an estimated 15,000 PLWHA will receive training in care for the patients. They will also get material support such as food, agricultural kits and income-generating micro-projects. Trained volunteers involvement in activities will strengthen the national society's human resource capacities.

The national society's community outreach on HIV/AIDS/STI awareness networks will be reinforced with the creation of AIDS discussion canters and clubs. Volunteers will receive specific training and motivation in caring for AIDS sufferers. In compliance with the ARCHI 2010 strategy, a dynamic coaching-based multiplication mechanism targeted at high-risk groups will be used to check the spread of HIV. Through the various conflicts, the national society faced difficulties but remained neutral in its activities.

² Congolese Red Cross - <http://www.ifrc.org/where/country/check.asp?countryid=184>

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The Congolese Red Cross has formulated its five-year strategic plan (2004-2008); its CAS is to be implemented in 2005. An approximate breakdown of funding is as follows:

- 10.8% - government;
- 5.5% - national society funds
- 78.0% - Red Cross Movement (ICRC, Federation, and PNS); and,
- 5.7% - external funding (i.e., UNFPA and donations from celebrities among others).

Proper support at management and implementation level will play a key role over the next five years in strengthening the national society's capacities. The development strategy will concentrate on five target branches to implement a profound change process with main objectives being the strengthening of the national society's revenue base through income-generating projects and reviving its branches.

The Federation assisted the national society in implementing a pilot risk-mapping exercise as well as disaster management training for staff and community members. The national society has thus produced a map of the main risk zones and its corresponding capacities and health services in four of the seven Brazzaville districts. The Federation is closely monitoring this and will continue to support the national society in reproducing the same exercise in two other regions.

The main priorities of the Congolese Red Cross in 2005 are:

- Focus on good governance and management skills and in the setting-up of community-based planning, evaluation and motivation systems using local resources.
- Promoting gender and development since the target groups include women, children, youths, single mothers, widows, the elderly and the orphans, with a focus on food security and social reintegration.
- Efficient financial and administrative management and reporting mechanisms, along with mechanisms to improve volunteer management skills.
- Strengthening the national society's disaster management capacities through vulnerability and capacity assessment (VCA), risk mapping, contingency planning and implementation of community-based disaster management.
- Reducing major diseases such as HIV/AIDS/STD, Ebola and malaria and also building strong partnerships with other stakeholders in the area of health and access to reliable information on health issues.

Movement Context

The main objectives of the priority programmes are as follows:

- Operational capacity building in terms of human, material and financial resources.
- Good governance and acquisition of the characteristics of a well-functioning national society.
- Financial autonomy through income-generating projects and an effective management system.
- Strengthening of partnerships with all internal and external actors.
- Formulation of a development plan for the national society.

The different components of the Movement - the Federation, the ICRC and the PNS, have supported the Congolese Red Cross in the following areas:

Partner	Health	First Aid	DM	HV	OD	IT/Logistics	Others
The Federation	XX	XX	XX	XX	XX	XX	XX
Swedish Red Cross	XX		XX		XX		
British Red Cross	XX		XX			XX	
Irish Red Cross					XX		
German Red Cross	XX				XX		
Finnish Red Cross	XX		XX				
Monaco Red Cross	XX		XX				
Swiss Red Cross	XX				XX		
ICRC			XX			XX	XX
Spanish Red Cross			XX		XX		XX
French Red Cross	XX						

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The Federation, the ICRC and the PNS have agreed to help the Congolese Red Cross in keeping with the principle of universality. The Federation, ICRC and some national societies provided technical, logistic and financial support to develop local expertise in disaster relief and disease control. This support covers property acquisition, management training and provision of equipment. The national society has requested support in evaluating the humanitarian challenges it faces and the options open to it, particularly with regard to rehabilitation of family homes, watsan requirements and community health structures.

Strengthening the National Society

Health and Care

Background and Achievements

Public health is a serious problem in the Republic of Congo with high mortality rates resulting from prevalence of diseases such as malaria, diarrhoea, measles, TB and meningitis. The 2003-2004 health scheme is an integral part of the national society's development programme and is in keeping with the government's national health development policy.

The main challenges in the programme implementation include lack of financial and material resources, weak management systems; inadequate volunteer management and an absence of a multiplication mechanism to achieve an objectively measurable impact on communal health.

Through the programme, the Congolese Red Cross seeks to strengthen cooperation with the Ministry of Health and its partners with a view to extending its field of action and management capacities. Its relationship with the government will enhance its integration into state-sponsored programmes. Like previous ones, this programme requires partnerships with local NGOs, international organizations, PNS and the government. In 2001-2002 for example, the HIV/AIDS awareness campaigns and peer educator training were organized with the UNFPA support and the AIDS Network. The UNFPA-funded reproductive health project which started in 1998 was implemented in partnership with organizations like International Rescue Committee (IRC), Médecins Sans Frontières (MSF) and local NGOs, coordinated by the General Population Council. The project, "Improved access to health care in the Pool region", received funding from the German Red Cross and UNICEF.

Since 2000, the country has suffered three Ebola hemorrhagic fever outbreaks in Mbomo and Kellé in the West Cuvette Region. A total of 207 cases leading to 180 deaths have been reported. In the 2001-2002 outbreaks, 65 cases resulted in 52 deaths, leading to a mortality rate of 80%; 2002-2003 outbreaks: 142 cases resulting in 128 deaths, giving a mortality rate of 90%. The Congolese Red Cross volunteers, valued partners from the Ministry of Health and WHO, both of whom played an active role.

The Ebola operation was jointly implemented with WHO and MSF-Holland and coordinated by the Directorate General for Health. Between February and June 2003, 126 volunteers were involved in efforts to combat the Ebola epidemic, through awareness and social mobilization campaigns within their respective branch areas. They isolated patients, buried bodies, distributed food and non-food items, disinfected the belongings and homes of patients and provided psychological support to the affected families and survivors. At the start of the anti-Ebola epidemic campaign, public awareness activities in three districts encountered difficulties, as the Red Cross was being confused with Rose-Croix (pink cross), which has a sinister reputation in the community. Thus, to ensure a successful campaign, 18 community leaders from the Kelle-Oyabi axis participated in an Ebola awareness meeting about the epidemic during which the distinction between the Red Cross and Pink-Cross was clarified. Consequently, the national society acquired trained human resources, restructured several local branches, acquired a communication network consisting of eight HF radio stations and created two discussion centres.

A health programme, sponsored by both the German Red Cross and the Spanish Red Cross, has been established to improve health care accessibility. In recent years, HIV/AIDS has become one of the main causes of mortality. Statistics clearly reveal 9.8% HIV prevalence with peaks in Brazzaville (12%) and Pointe-Noire (17 %). Factors such as ignorance about HIV/AIDS (30% males and 40% females in the two largest cities claim ignorance), contribute to the high prevalence. Some perceive AIDS as a curse or an invention to discourage promiscuity while many are unaware of protective measures. According to a Brazzaville survey, only 75% male and 64.5% female respondents believed in using condoms; 24.1% males and 17% females agreed with limiting sex partners; 20%

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male and 26.9% females agreed with fidelity; 9.3% males and 3.9% females agreed with abstinence; 19% males and 1% females believed in using medicinal plants; and 2.6% males and 0.3% females believed in using amulets.

An extensive social mobilization programme is underway in Brazzaville and Pointe-Noire, where 50 HIV/AIDS clubs and two discussion centres are in operation. Specific health structures will receive logistic and financial support to enhance the health workers' prevention capacity. The national society will play intermediary roles between communities and health services as well as use its volunteer network in different facilities.

Goal: A reduction in the disease-related vulnerability of people living in the programme's target areas is achieved.

Objective: With the support of the Ministry of Health and other partners, the Congolese Red Cross improves access to community health services in the project target areas.

Expected Results: HIV/AIDS/STI in Brazzaville, Pointe-Noire, Dolisie and Owando

- The rate of HIV transmission is reduced among high-risk groups (youths, soldiers, sex workers and long-haul drivers) and care for PLWHA is improved.
- Community-based first aid is extended nationwide.
- Target groups have access to reliable STD/HIV/AIDS information, encouraging responsible behaviour.
- The outpatient clinic and other health facilities in Brazzaville, Dolisie and Pointe-Noire receive assistance to provide home care to AIDS patients and psychosocial support for PLWHA.
- 550 trained volunteers carry out awareness activities targeting youths to encourage behavioural and attitude changes as HIV/AIDS preventive measures.
- Two discussion centres are established and put into operation in Dolisie and Owando. The two centres in Brazzaville and Pointe-Noire continue to receive youths and provide them with reliable information.
- 80% of PLWHA receive psychosocial support from the Congolese Red Cross volunteers.
- The 550 trained volunteers/peer educators carry out grassroots awareness and IEC sessions yearly in their respective districts in Brazzaville and Pointe-Noire through 2,680 educational talks.
- The 110 trained volunteers make 26,400 home visits to PLWHA.
- 90% of monitored PLWHA have at least one relative or friend trained to provide regular care and effective socio-psychological support. 100% of monitored PLWHA receive supplementary food rations each month for one year.
- The availability of condoms reduces, by at least 50%, the incidence of complications resulting from opportunistic infections in AIDS sufferers.
- Outpatient clinic dropout rate falls from 8.7% to 4%.
- 50% of the families of monitored PLWHA have a profitable income-generating micro-project, and new ones are set up.
- A coaching mechanism allows the pilot project to be multiplied in other parts of the country and extended to cover more beneficiaries.

<Refer to the Logical Framework Planning Matrix: Congo Health-HIV/AIDS>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA036HH.pdf

Expected Results: ARCHI 2010 (fight against Ebola hemorrhagic fever)

- Through social mobilization activities, the populations of Kellé, Mbomo, Ewo and Etoumbi districts are well informed and take positive steps to fight Ebola.
 - Organize ARCHI workshops in each of the four districts in the West Cuvette. Replicate the workshop on ARCHI 2010 for the Congolese Red Cross staff at the headquarters and the urban committee in Brazzaville.
 - Train the community health agents on basic first aid, the establishment of vaccination fix posts in some villages. Deploy 15 trainers to train CHV and the 168 volunteers to scale up the social mobilization activities
 - Increase of the number of CHV from 228 to 300 and the number of villages from 35 to 43.
 - Train four intermediary and 35 local coaches out of the 43 identified ones. Provide IEC tools
 - Support the mothers' club in social mobilization activities

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- Support the 25 local and district coaches and the Ewo department director in activities. Organize volunteers follow up in target villages and districts.
- Through primary health care and provision of food, the nutrition of the affected populations is improved.
 - Increase support to 86 families (two per village) in setting up community-based micro projects which aim at changing nutrition and dietary habits.
 - Increase balanced education sessions with volunteers who will continue the practical exercises on regional staple foods, the introduction of missing foods, the search of taboos about foods and the proposals of weekly menus for infants and the elderly.
 - Replicate the knowledge gained on culinary demonstration in Etoumbi with the participation of women (members of the upcoming Mothers Club) and local coaches from Etoumbi district (about 24 women and 15 coaches).
 - In collaboration with ECOFAC, support the income-generating micro-projects such fish farming, market gardening, cultivation and transformation of soya and other cereals, palm oil production, nuts mills and local soap making. Further collaboration with UNICEF in nutritional surveillance is pursued
 - Ebola sensitization activities to be done along with the measles vaccination campaign, vitamin A distribution and forceps administration to pregnant women. Integrate activities in EPI routine, diseases surveillance and the national vaccination day to combat polio and measles.
 - Provide food support (Red Cross kits) for affected families
- The communities' mitigation and response capacities for local epidemics prevention in the affected districts are improved.
 - Appoint 40 volunteers and community members to conduct a VCA assessment in the four districts. Develop an integrated plan to address local risks such as Ebola, malaria, malnutrition and HIV/AIDS. Following the successful mapping exercise in Brazzaville, conduct a hazard-mapping exercise in the West Cuvette.
 - Prepare emergency stocks such as kitchen sets, soap, clothing, blankets, bed sheets and mattresses at the local Red Cross offices to better mitigate the effects of a future epidemic outbreak
 - Provide protection and sanitation materials in the form of kits.
 - Provide sensitization materials, tee-shirts and disinfectants and 200 Red Cross Ebola kits.
 - Provide mobility (60 bikes and 60 spare parts kits, 10 motorbikes and 10 spare parts kits)
 - Support the Health department in activities coordination and follow up. Assist the local committees' capacity building through training in good governance and management, covering aspects such as planning, reporting and financial management.
- Through Red Cross advocacy, the affected populations' concerns are addressed.
 - Carry out advocacy activities to influence government and public actions to provide more support to combat the current Ebola epidemic and engage in better preparedness for response to other outbreaks.
 - Promote the Movement's fundamental principles during the operation.
 - Participate effectively in meeting with the Inter-agency Coordination Committee and Ministry of Health.

<Refer to the Logical Framework Planning Matrix: Congo Ebola>

<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA036HE.pdf>

Disaster Management

Background and Achievements

In recent years, water has risen to unusually high levels in the Central Cuvette region and areas previously affected have been partially or totally flooded. There has been a systematic destruction of homes, property, crops, as well as renewed outbreaks of endemic diseases such as malaria, respiratory infections, diarrhoeal and skin infections. Although coastal dwellers are accustomed to this phenomenon, they still find it difficult to cope with new living conditions and are consequently exposed to flood-related risks. To deal with the situation, the Congolese Red Cross decided to improve the operational capacities of its provincial branch in the region.

The national society participates in joint missions to assess the population's needs and capacities during flooding. With extensive experience in first aid, the national society is competent to play a liaison and catalyzing role in

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community-based development activities aimed at improving disaster preparedness to ensure an effective emergency response.

The assessments provided the team with adequate information on the most vulnerable regions. The floods forced 33,855 of the estimated 72,648 inhabitants of the coastal villages out of their homes last year. The Congolese Red Cross decided to strengthen its provincial branch operational capacities in Central Cuvette to help the most vulnerable cope with this situation.

As a pilot project, the national society has supported the Brazzaville regional Red Cross branch in carrying out a mapping exercise to identify the risks (floods, erosion, water and sanitation) affecting four of the seven districts in Brazzaville. Thus, a map of the main risk zones and the corresponding capacities of the Red Cross and the health services have been produced. The national society will reproduce the same exercise in two other regions in Congo in the next two years.

Goal: A reduction is achieved in the disaster-related vulnerability of people living in the target districts in the Republic of Congo.

Objective: The national society's disaster management capacities to provide rapid and effective response in emergencies are improved.

Expected Results: VCA, risk mapping and building Operational Disaster Management Capacities

Risk mapping and disaster preparedness activities are carried out in Central and West Cuvette.

- Accurate information on vulnerability and capacities is gathered in the three target departments. Two risk maps are produced in 2005 for Central and West Cuvette.
- One national disaster response and two departmental teams are formed and made operational in Central and West Cuvette in 2005.
- Community disaster management committees are set up and operational in 2005 in Brazzaville, Pointe-Noire, Western Cuvette and other target branches.
- Target populations in Brazzaville, Pointe-Noire, Owando, Mossaka, Lokolela and Ntokou increase their disaster preparedness and knowledge of the Fundamental Principles of the Red Cross.

<Refer to the Logical Framework Planning Matrix: Congo Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA036DM.pdf

Humanitarian Values

Background and Achievements

During hostilities, the populations experienced several human rights abuses, violations of the Geneva Conventions and deterioration of family values. Limited capacities and inadequate communication have weakened the national society's ability to implement programmes to promote humanitarian values within the past two years. Based on lessons learned, the Congolese Red Cross has limited its humanitarian values programme to the promotion of IHL and tracing in accordance with well-defined objectives and ICRC funding.

The national society plans to review its strategy to increase public awareness to meet the growing humanitarian challenges. This new orientation goes beyond the traditional dissemination of activities aimed at securing media exposure to include advocacy for HIV/AIDS, food security and promoting the Fundamental Principles. The national society's programmes are therefore aimed at promoting child welfare and family values, involving youths in peer education and teaching them how to develop tolerant attitudes and alternatives to violence. Among other things, the national society in 2005 will focus on improving news dissemination and reducing discrimination against certain vulnerable groups such as pygmies, the disabled, PLWHA and victims of rape and violence.

Goal: Respect for human dignity and more effective solidarity with the vulnerable are assured through the promotion of the Fundamental Principles and humanitarian values.

Objective: The level of discrimination against pygmies, PLWHA, the disabled and rape victims is reduced in the target areas (Pointe-Noire and the regions of Pool and Lékoumou).

Expected Results:

Project: Combating Discrimination

- Through knowledge sharing, training and experiences, the national society's volunteer capacity in dealing with issues of discrimination and stigmatization in the target areas is improved by the end of 2005.
- Baseline study on the causes and depth of discrimination especially against victims of rape and torture and the problem of land ownership and other rights of the pygmy population in the target regions, have enhanced the national society's data base for effective programme planning.
- The national society's advocacy campaigns to promote more respect for the pygmy population and marginalized women resulted in positive government and public attitude to alleviate the conditions of the vulnerable.
- The new Congolese Red Cross sections created within the Pygmy community resulted in the enlargement of the its volunteer base and increased its capacity to identify and address vulnerabilities.
- Reliable information is provided to reduce discrimination in the target regions.

<Refer to the Logical Framework Planning Matrix: Congo Discrimination >
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA036HV.pdf

Organizational Development

Background and Achievements

The national society's 2002 General Assembly resulted in the adoption of new statutes, rules and regulations giving new directions characterized by the clear separation of governance and management. In December 2002, the Congolese Red Cross appointed a new executive committee, to reinforce the management team to run the various national departments and services. The general management is responsible for the national society's programme planning, implementation, monitoring and evaluation. Under the coordination of the Director General, the national directors and programme coordinators work with the community to jump start core programmes and projects ensuring their successful implementation.

Regular follow-up meetings and field supervisions are organized which sometimes include the executive committee and partners both within and without the Movement (the Federation, ICRC, PNS, UN agencies, the government and NGO). At the operational level, national, intermediate and local coaches and team leaders provide monitoring, in compliance with ARCHI 2010. Monitoring reports should follow the same circuit of transmission from the operational level to the national level.

The national society has a network of branches nationwide, providing adequate quantitative coverage. Besides the national headquarters office, it has an office in each district and in three of five communities in certain districts. The national society caters for utility expenses and has very few permanent staff as well as dependable volunteers at headquarters. At the decentralized level, all the officers are volunteers while others are seconded government officials. The Federation delegates collaborate with counterparts in the national society, resulting in more effective coaching efforts. The tripartite meetings of the Congolese Red Cross, ICRC and the Federation continue to hold.

The national society has requested the Federation's assistance in evaluating its 2004 humanitarian challenges. Particular attention will be paid to community-based disaster management, focusing on the rehabilitation of homes as well as water and sanitation community health structures. With the Federation's assistance, the national society will select five branches from the 11 districts, with the strongest capacities to act as pilot cases for branch network development, and work with the vulnerable communities in identifying activities pertinent to their needs.

Following the evaluation, the national society will then formulate a plan of action to meet headquarters and target branch requirements in relation to training in project preparation, management, planning, implementation, monitoring and evaluation. These five pilot branches will form a national programme management sub-group process with clear regulations and instruments in the project implementation process. Once a project is running effectively, a multiplication system is applied to progressively extend it to other regions.

To promote knowledge sharing, the Federation has financed three missions through which senior governance and management members have spent considerable periods of time in DRC to study PIC run by the Red Cross of DRC.

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This is to help the Congolese Red Cross learn from its neighbour national societies and prepare the way forward to the introduction of more community-oriented programmes in target branches within the Republic of Congo.

Goal: The Congolese Red Cross progresses towards becoming a well-functioning national society.

Objective: The Congolese Red Cross is technically and financially self-sufficient and capable of meeting its major challenges through its volunteer network.

Expected Results: Good Governance and Management

- The Congolese Red Cross is focused, responds and functions well. The capacities of national and targeted departmental structures are improved.
 - Separation and complementing of governance and management at all levels is achieved.
 - Communication between governance and management structures is improved, and officers at all levels are aware of issues relating to the national society's integrity.
 - Statutory bodies function well and play their part in ensuring observance of legal provisions.
 - The national society's officers' skills and expertise are developed in the areas of management, reporting, volunteer management and youth development.
 - The human resource operational capacities at headquarters and targeted branch structures are strengthened.
 - 80% of those involved in carrying out national society activities are youths.
 - Identify five of the 11 branches with the strongest capacities. The Congolese Red Cross formulates a plan of action and is capable of addressing the population's needs and establish a coordination mechanism to monitor the implementation of the project multiplication system.
- By the end of 2008, the national society's own financial resources are sufficient to cover 50% of activities carried out to assist the vulnerable (missions to evaluate emergency situations) and 80% of expenses.
 - A resource management and development system are implemented in the Congolese Red Cross.
 - A thorough feasibility and viability analysis is conducted for income-generating activities for the women's group (project for single mothers).
 - Existing income-generating micro-projects (first-aid training for businesses, soap and perfumes production, first aid kits and silk screening) run profitably and new projects are started.

<Refer to the Logical Framework Planning Matrix: Congo Governance>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA036GM.pdf

<Refer to the Logical Framework Planning Matrix: Congo Finance Development>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA036FD.pdf

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA036

Name: CONGO, REPUBLIC OF

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	5,433	0	0	0	0	0	5,433
Teaching materials	0	1,750	0	2,000	0	0	3,750
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	71,787	6,825	0	2,958	0	0	81,570
SUPPLIES	77,220	8,575	0	4,958	0	0	90,753
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	3,500	4,100	0	0	0	0	7,600
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	3,500	4,100	0	0	0	0	7,600
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	21,400	0	0	13,680	0	0	35,080
TRANSPORT & STORAGE	21,400	0	0	13,680	0	0	35,080
Programme Support	19,653	4,029	316	9,104	0	0	33,101
PROGRAMME SUPPORT	19,653	4,029	316	9,104	0	0	33,101
Personnel-delegates	27,720	17,400	0	17,400	0	0	62,520
Personnel-national staff	79,525	9,588	4,550	46,780	0	0	140,443
Consultants	0	0	0	0	0	0	0
PERSONNEL	107,245	26,988	4,550	64,180	0	0	202,963
W/shops & Training	21,775	10,582	0	37,507	0	0	69,864
WORKSHOPS & TRAINING	21,775	10,582	0	37,507	0	0	69,864
Travel & related expenses	750	2,700	0	2,350	0	0	5,800
Information	24,541	4,005	0	1,875	0	0	30,421
Other General costs	26,275	1,000	0	6,402	0	0	33,677
GENERAL EXPENSES	51,566	7,705	0	10,627	0	0	69,898
TOTAL BUDGET:	302,359	61,979	4,866	140,056	0	0	509,259