

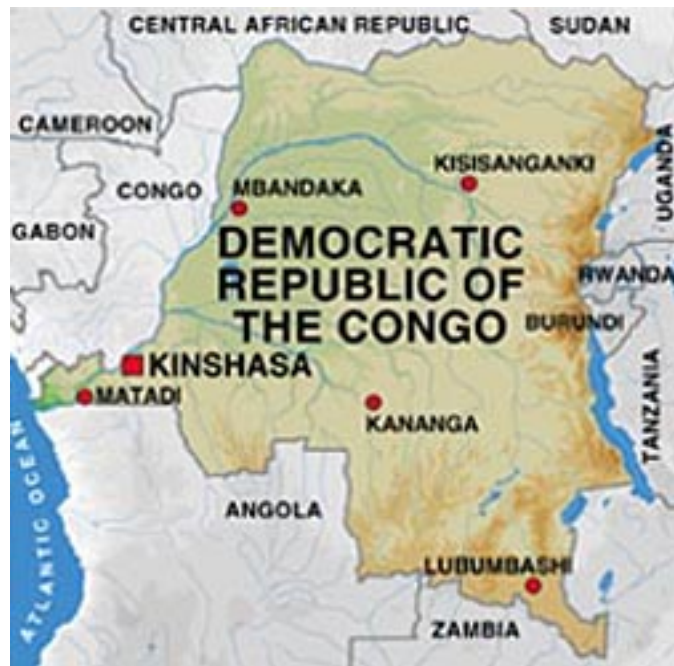
Revised Plan 2011



Democratic Republic of Congo

Executive summary

Though the Democratic Republic of Congo (DRC) still faces challenges due to armed conflicts in three out of the eleven provinces that form the administrative set up of the country, there is a move towards post conflict or development type of programming, based on the Kinshasa Statement on development aid in situations of fragility and conflicts¹. The overall goal of the International Federation of Red Cross and Red Crescent Societies (IFRC) 2011 support plan to the Red Cross of the Democratic Republic of the Congo (RC of DRC) is to ensure that the programmes and services of the National Society are scaled up; more responsive to the post conflict and/or development needs of vulnerable people; more effective and sustainable implemented through bilateral or multilateral support. The RC of DRC is committed to contribute to the IFRC's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7th Pan African Conference held in Johannesburg under the theme 'Together for Action in Africa', and attended by representatives from all African National Societies. The Africa National Societies (NS) leadership re-affirmed their commitment to the development in Africa. The theme "Together for action in Africa" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African NS, have advised the IFRC secretariat in modelling its membership support programmes. The support plan will help RC of DRC consolidate achievements done towards high standards of performance, cost efficiency and accountability.



In order to effectively coordinate operations, channel support and services to the membership and effectively respond to the complex humanitarian challenges, the IFRC maintained a Country Representation office in DRC. The IFRC Country Representation, through its membership service mandate concentrates on coordination, representation, facilitation, humanitarian diplomacy. Whilst reporting directly to the IFRC Africa Zone office, the DRC Country Representation receives zone level services and technical support upon request from the Central Africa Regional Representation Office.

¹ www.ministereduplan.cd/pdf/Declaration_Kinshasa_2juillet08.pdf

The disaster management (DM) programme will focus on building strong early warning and early action capacities at national and provincial levels. The DM programme will also help national and provincial authorities to improve the national disaster management framework (national disaster response plan) and address issues related to climate change and climate adaptation. Community based disaster risk reduction initiatives that will include community preparedness for floods, volcanic eruption and epidemics (cholera). Building community resilience to food insecurity will also be a large component of the disaster management programme.

The health and care programme will support the national action plan on the [Millennium Development Goals](#) by ensuring effective community-based health and First Aid (CBHFA) programming as a mandatory minimum package of services for all branches: mobilizing volunteers for mass mosquito nets distribution and mass immunization campaigns; and implementing community based water and sanitation projects. In so doing, the programme will contribute to increasing the under fives' immunization rate and to reducing the incidence of diseases caused by inadequate water and sanitation and hygiene malpractices. To support these efforts, Mothers clubs will be formed and supported by appropriate guidelines, training and tools.

The NS development (NSD) programme will ensure that RC of DRC has at its headquarters and in all 11 branches sound governance and management practices and a strong volunteer base that will ensure efficiency and increased outreach capacities. The main activities will include review and operationalization of the NS's policy, guidelines and strategic documents; tailored training for the leadership (governance and management); information sharing and networking with other community based organizations, promotion of women involvement in all aspects of the organization; recruitment and training of new volunteers from all sectors of society with different profiles.

The RC of DRC partners include Danish, Spanish, Belgian and hopefully French and Italian Red Cross Societies, all working on a bilateral basis; and British, Finnish, Swedish and hopefully Norwegian Red Cross Societies who work through the IFRC. The International Committee of the Red Cross (ICRC) is also a very important Movement partner. The Ministry of Health, the Ministry of Home Affairs and the Observatoire de Volcanologie de Goma are the most prominent partners among government institutions. Technical and financial support is also received from FAO; Global Alliance on Vaccination and Immunization (GAVI); the pooled fund and hopefully the European Commission and embassies as well. Specific mechanisms will be established to share information with DFID, Sida, Cida and other donor agencies represented in DRC.

The principles and values programme will endeavour to archive behaviour change within targeted communities for a greater respect for and application of the Fundamental Principles and the Humanitarian Values. This will be done through gender mainstreaming in all programmes, and scaled-up youth peace building activities. Also specific projects aiming at addressing the basic needs of and facilitating social inclusion for women victims of rape and pygmies will be carried out in five provinces.

For 2011, the IFRC Secretariat's key areas of support to the RC of DRC will include guiding the NS in the development of responsive CBHFA and health strategies; the strengthening of its DM capacities and in supporting the national disaster management committee (Protection Civile) on improving the overall disaster management framework in the country.

Three categories of people will be targeted through the RC of DRC programmes in 2011: Red Cross volunteers and local branch leaders for CBHFA and emergency health trainings; government national and district DM; and the vulnerable communities for CBHFA, water and sanitation (WatSan), mother and child health, and dissemination of principles and values. It is expected that by the end of 2011, the activities of the RC of DRC will reach more than two million people.

The total 2011 budget is CHF 1,975,620
[<Click here to go directly to the attached summary budgets of the plan>](#)

Context

The security and humanitarian situation in DRC continues to be dominated by the persistent internal tensions in the east of the country. Attacks and reprisals in Orientale, North and South Kivu Provinces by the Lord Resistance Army (LRA), the Front Démocratique pour la Libération du Rwanda (FDLR), the Forces Armées de la République Démocratique du Congo (FARDC) and their allies have led to massive population displacements. Civilians are constantly living under the threat of armed men, who pillage, burn houses and confiscate their harvest and food rations. It is estimated that more than 1.3 million people are currently internally displaced in the country. Only 87,000 among them leave in camps.

The deterioration of the conflict situation in the east of DRC has heightened the situation of the most vulnerable people, especially women and young girls who have become regular victims of rape by various armed groups. Raped women often need protection, psychosocial support, medical referral, and for some of them, social mediation and reintegration.

In terms of natural disasters, there is potential threat for volcanic eruptions in North Kivu and seismic activities in the eastern part of the county along the Rift Valley. Wide scale flooding, landslides and road destruction during rainy season all over the country, crop failure and diseases during extended dry periods are also of concern. Chronic household food insecurity affects 70 per cent of the population due to limited access to appropriate agricultural supplies, crop pests and continued insecurity. High rates of poverty are a contributing factor to the HIV and AIDS pandemic, health problems and food insecurity, all of which are considerable challenges for the RC of DRC. While Cholera outbreaks have become yearly events in all 11 provinces, according to national statistics, malaria is the first cause of morbidity and annually claims the lives of more than 180,000 children aged 0-5 years. It is also the leading cause of mortality among adults.²

Frequent outbreaks of Ebola haemorrhagic fever also pose a serious threat to the population in some provinces (mainly Equateur, Bas-Congo, Kasai Orientale and Occidental). In addition, health and care workers have frequently been infected while treating Ebola patients, through close contact without correct infection control precautions and adequate barrier nursing procedures. Social mobilization is therefore key to the control of the disease. The last outbreak of Ebola was reported by the Ministry of Health on 24 December, 2008 in Kasai Occidental province and WHO reported that as of 26 December, the organization was aware of 34 suspected cases, including nine deaths.

HIV prevalence among antenatal clinic attendees has remained relatively stable in the capital, Kinshasa (between 3.8 per cent in 1995 and 4.2 per cent in 2005), but prevalence has risen in the country's second- largest city, Lubumbashi (from 4.7 to 6.6 per cent between 1997 and 2005), and in Mikalayi (from 0.6 to 2.2 per cent between 1999 and 2005). Prevalence is also high in the cities of Matadi, Kisangani and Mbandaka (where 6 per cent of women using antenatal services were HIV-positive in 2005), and in Tshikapa (where prevalence was 8 per cent) (Programme national de lutte contre le SIDA, 2005). The DRC has approximately one million people living with HIV (PLHIV) and a country-wide prevalence rate of 3.2 per cent (UNAIDS 2006).

According to the statistics from the National Multi-sector fight against HIV and AIDS, the DRC accounts for more than 130,000 cases of deaths from AIDS each year, leaving 900,000 orphans for the same period. Women remain the most affected because of armed conflicts, sexual violence, illiteracy, and customs. Only one per cent of pregnant women benefited from prevention against transmission of AIDS from mother to child (UNAIDS, December 2008).

² cf. « Faire Reculer le Paludisme »; Plan Stratégique 2009-2013 du Programme National de Lutte contre le Paludisme-PNLP.

While more than 71 per cent of the population live below the poverty line with less than one dollar a day, only 46 per cent of the population has access to clean and safe drinking water. In rural zones this rate is at 29 per cent only. Fifty four per cent (54 per cent) of Congolese population do not have access to adequate basic health care services and three out of every 10 children suffer from chronic or severe malnutrition. The lack of drinking water and appropriate hygiene conditions increases the risk of death and water-borne diseases including diarrhoea, which is the cause of 12 per cent of all deaths. The persistent conflicts coupled with unsuccessful economic development choices and successive world economic crisis has further worsened the living conditions of the population. According to the Human Development Report in 2007 - 2008, the Human Development Index (HDI) for the DRC is 0.411 i.e. a rank of 168 out of 177 countries. The human poverty index for Congo is 39.3, 88 among 108 developing countries for which the index has been calculated.

The long lasting armed conflicts coupled with poor performances in the economy have had the greatest impact on marginalized groups such as the pygmies in the Equateur Province and street kids in all major cities. In addition to being more vulnerable compared to other sections of the population, these groups have very little access to basic services and are generally excluded from social and economic progress, which in turn poses a threat to social cohesion and peace.

Although the country has developed long-term strategies to face challenges posed by the HIV and AIDS and malaria, it is worth mentioning that DRC still lacks a national disaster response plan and that the current humanitarian action plan gives very little attention to supporting national authorities on formulating a national disaster response framework that will be used by the national disaster response committee (Civil Protection Unit) as a national coordination tool.

National Society Priorities and current work with partners

Despite the challenges posed by recurrent armed conflicts in the east of the country, the RC of DRC managed to keep and consolidate its independence, impartiality and neutrality that enable its leadership and volunteers to have access to the vulnerable people in all parts of the country. The NS enjoys very good public image as a result of a vibrant CBHFA and emergency response activities. With support from IFRC and ICRC, the RC of DRC has developed its capacity to mobilize at any given time between 2,000 and 3,000 trained volunteers for social mobilization activities for mass health promotion campaigns (immunization, prevention and control of epidemics, and massive distribution of mosquito nets). This has further enhanced the auxiliary role of the NS especially to the Ministry of Health and the Ministry of Home Affairs (in charge of civil protection) to whom the Red Cross has become a very important partner in meeting the Millennium Development Goals in the health sector.

Through bilateral or multilateral support from Movement partners including IFRC, ICRC, Danish, Spanish, Belgian, Swedish, British, Finnish and Irish Red Cross Societies, RC of DRC is involved in WatSan, malaria prevention and control, food security, epidemics preparedness and response, disaster risk reduction, preparedness and response; promotion of principles and values, and support for and social reintegration of marginalized groups such as the pygmies and children in difficult situations (former child soldiers and street kids) and women victims of rape as a result of armed conflicts. The NS has also developed long-term partnerships with international and NGOs, as well as networking FAO on community-based food security programming and the GAVI for community-based monitoring of under fives' routine immunization (Extended Immunization Programme) in five Provinces (Katanga, Kinshasa, Kasai Oriental, Kasai Oriental and South).

During the last five years, RC of DRC has been reaching out to approximately two million people with life saving and capacity building activities. This was made possible through the enhanced institution's governance and operational capacities through the Programme Initiative Congo (PIC), which was initiated in 2000 with support from the IFRC, Swedish, Danish and Norwegian Red Cross.

The PIC aims at ensuring a minimum capacity to efficiently address the basic needs of the most vulnerable communities during the war that preceded and followed the change of government in 1997 in DRC in the context of the global crisis that involved many countries from Africa's Great Lakes region as a result of the 1994 genocide in Rwanda.

As an adaptation of [ARCHI 2010](#) to the local context plus a multiplication/replication system, the initiative also focuses on preparing the Red Cross to actively and efficiently participate in national reconstruction efforts. It has been recently reconfirmed by the NS' leadership as their main implementation strategy.

To increase position impact on the resilience of vulnerable communities, the RC of the DRC has continued the reorganization of its governance and management structures through the revision of the statutes, the creation of new departments and the recruitment of qualified staff and by improving its procedures and enhancing its outreach capacities. The concept of "Mothers' Clubs" was introduced based on the lessons learnt from similar experiences in Togo and Ghana National Societies. Mothers' clubs will provide peer support to their members on issues related to health education and household economy, but also organize and participate in community-based emergency and development activities.

The RC of DRC will continue the implementing the action plan on HIV and AIDS designed as part of the IFRC Global Alliance on HIV that was launched in July 2008. The Global Alliance has planned to reach 950,000 vulnerable people, including 10,000 orphans and vulnerable children (OVC), 49,000 people living with HIV (PLHIV) and 13,000 sex workers in five countries (Burkina-Faso, Central African Republic, Guinea, Nigeria and the Democratic Republic of Congo). Activities include prevention, home-based care, anti-discrimination work and an increase in the capacities of Red Cross and Red Crescent societies to implement HIV-related programmes. The HIV and AIDS component is not included into this support as it is covered under the Global Alliance on HIV.

Huge national geographical dimensions coupled with complex national and regional environments on the one hand and the increasing vulnerability of communities resulting from more unstable global economic development on the other hand, demands that the volume, cost effectiveness and impact of RC of DRC programmes are increased. However, the still weak community-based activities in the districts where projects funded by partners are absent or of very small volume continue to hinder the efforts of the NS to have a long-lasting positive impact on the lives of the most vulnerable.

To correct that situation, the RC of DRC has formulated the 2009 to 2013 strategic development plan (SDP), aimed at developing its outreach capacities through enhanced partnerships at national and branch levels. A critical step for the SDP is the formation of operational alliances that will enable the NS to adequately address at community level and in an integrated manner issues related to water-borne diseases, mother and child health, HIV and AIDS, food security, disaster risk reduction and disaster preparedness. Another critical element of the plan is the consolidation and use of the PIC approach for the implementation of all programmes. The SDP also focuses on building strong disaster response capacities within the NS using early warning/early action approach.

Profile of partnerships

Partner	Programme component
ICRC	Operationalization of fundamental principles, restoring family link (RLF), disaster management (preparedness and response); health (Wat/Hab, economic security), capacity building; relief; child soldiers
Belgian Red Cross	Operationalization of fundamental principles and humanitarian values, community-based health and first-aid (prevention of epidemic diseases), water and sanitation; National Society development; child advocacy and rehabilitation; child soldiers

British Red Cross	Disaster preparedness, disaster management planning
Danish Red Cross	Programme Initiative Congo: water and sanitation (access to drinking water, construction of water wells, public latrines in markets and school, family latrines in Province Orientale, National Society development capacity building (leadership capacities improvement and legal base development), financial sustainability; operationalization of fundamental principles (victims of sex abuse, pygmies, and abandoned children).
Spanish Red Cross	Community-based health. Capacity building; Food security
Swedish Red Cross	PIC activities: DM planning, community preparedness (VCA), disaster response, prevention of epidemic diseases, water and sanitation (access to drinking water, construction of water wells, public latrines in markets and school, family latrines; organizational development capacity building (leadership capacities improvement and legal base development), financial sustainability; operationalization of fundamental principles (victims of sex abuse, pygmies, children).
Irish Red Cross	Community preparedness, disaster management planning.
IFRC	Capacity building: training, resource mobilization, planning, monitoring and evaluation; disaster management; health (epidemic and water-borne diseases, surveillance and response to epidemic diseases); coordination, advocacy.
GAVI, Ministry of Health	Sensitization for vaccination.
Other	International organizations and United Nations Agencies.

Secretariat programmes in 2011

Taking into account the experience of the PIC, the 2009-2013 strategic development plan and the increasing number of PNS working bilaterally, the IFRC will continue supporting activities of RC of DRC by providing improved membership services to bilateral partners as well as filling the gap in the provinces where there is no or too little bilateral support, setting up the foundations for future bilateral projects. By so doing, the IFRC will focus on supporting RC of DRC and its partners in the following:

- Setting priorities; developing and coordinating effective operational alliances that are responsive to the needs of the most vulnerable and efficient at saving lives and strengthening recovery from disasters and crises; enabling safer and healthier living, and making better provision for marginalized people and promoting social inclusion and contributing towards peace throughout the country.
- Formulating and implementing long-term strategies as well as sector specific strategies, linking the latter with the national strategies geared towards achieving the Millennium Development Goals
- Developing and utilizing effectively appropriate tools for planning, implementation, monitoring, evaluation and reporting.
- Coordinating capacity building by identifying training needs; developing training programmes and materials and coordinating key training events at all levels. This will include training or induction for newly elected governance members as well as newly recruited paid staff.
- Advocating for and supporting RC of DRC's auxiliary role by strategically positioning the NS on key humanitarian issues, using DM as entry point, hence preparing the NS to fully take responsibilities for humanitarian advocacy in the country.
- Coordinating preparedness and response to natural disasters by actively implementing the IFRC lead role.

The above service enhancement activities will continue to be implemented in the following areas:

Disaster Preparedness and Response: This will be achieved by building adequate early warning/early action capacities and mechanisms at national and provincial levels through contingency planning, training, equipping and national and provincial disaster response teams; developing partnerships for timely mobilization and deployment of emergency response teams and items; helping the government on developing a national disaster response plan as well as mechanisms for efficient climate change adaptation and promoting and supporting community disaster resilience efforts. Specific attention will be given to government efforts on the domestication of the International Disaster Response Law (IDRL).

Promotion of basic health and care: Based on the priorities defined by ARCHI 2010, the [Ouagadougou Declaration](#) and the [Algiers Plan of Action](#), the health programme will ensure that RC of DRC branches effectively implement CBHFA initiatives as a minimum package of services. The programme will also include promotion of and support to community-based water supply and sanitation. In addition, adequate attention will be given to RC of DRC for the development of its cholera, Ebola and human pandemic preparedness plans, both at national and provincial levels under through contingency planning processes.

National Society Development/Capacity Building: This will be achieved by building the capacities of the NS and communities through continuous enhancement of the legal base, leadership development and improvement of work conditions (tools, and training), as well as promotion of youth and gender activities throughout the provinces. Branch capacities will be enhanced through tailor-made branch development projects. Planning, monitoring, evaluation and reporting capacities will be enhanced at national and provincial levels. RC of DRC will enhance its volunteer management framework building on the comparative advantages

Principles and Values: This programme will focus on the dissemination of Humanitarian Values, the Fundamental Principles of the Movement and the protection of the Red Cross emblem. It will also address issues related to gender mainstreaming in all structures and programmes. The programme will pay special attention to the needs of marginalized groups (Pygmies) and to supporting community-based care and support for victims of sexual abuse and women victims of rape. The ultimate goal is to ensure that more and more individuals and groups integrate respect for humanitarian values into their day to day endeavours.

It is worth mentioning that to help RC of DRC overcome the lack of community-based initiatives in the districts where bilateral and multilateral funding are non-existent and to foster implementation of the PIC in those districts, ARCHI 2010 based programming will be revitalized using the newly developed CBHFA and health in action tools.

The rising commodities prices have a negative impact for the WatSan projects, which include heavy hardware components. To avoid inadequacy of resources in the long run, the best solution will be to look for alternative less costly strategies for the implementation of the projects. In this view, the capacities of RC of DRC branches to conduct sound monitoring and reporting activities will be critical.

In addition, the political instability in the country, the fluctuation of the United States dollar and the local currency, which can cause the under-evaluation of programmes' costs; and the insecurity of aerial transportation related to the lack of reliability of internal air flights must be taken into consideration.

Disaster Management

a) The purpose and components of the programme

Programme purpose³

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget is CHF 500,535.

Programme component 1: National society disaster management planning and organizational preparedness

Outcome 1 Improved disaster preparedness and response framework that enable efficient early warning /early action in disaster situations (natural or technological disasters, conflicts, epidemics).

Outcome 2 Enhanced National Disaster Management Committee (NDMC) to provide effective and efficient disaster response coordination through the formulation of a national disaster response plan (Plan ORSEC).

Programme component 2: Disaster Risk Reduction

Outcome 1 Enhanced resilience of individuals and communities to public health emergencies and disasters.

Outcome 2 Improved resilience of 5,000 households affected by food insecurity in two districts of Maniema Province through food security community-based programme as long-term sustainable development strategy.

The IFRC will support the NS in strengthening its capacities in contingency planning to enhance preparedness for disasters such as floods, earthquake, volcanic eruptions and outbreaks of epidemics. The NS will continue mapping risks in all provinces. Early warning systems will also be established at local level and contingency and response plans will be developed, both within the community and at lower levels of the organization, thus insuring adequate community-based disaster management.

The RC of DRC will help the government identify training needs of government institutions and NGOs involved in disaster preparedness and response at national and district level and develop and implement a plan of action that will contribute to strengthening their capacities. In addition, the NS will actively participate technically and financially in the development and implementation of district and national contingency plans for the most threatening hazards in the country. It will also support government efforts on the domestication of the IDRL. Working with the government on climate change adaptation will also be one of the DM priorities. Contingency plans and deployment mechanisms will be developed in close coordination with Government, United Nations Agencies, and the private sector.

To contribute to reducing the risk of food insecurity and improving livelihood of the most vulnerable populations, RC of DRC will enhance its food security community-based programme through sustainable development strategies. In doing so, the NS will focus on insuring increased access to and healthy utilization of food for people at risk of food insecurity. Financial support will be sought mainly from the European Commission's Food Security Facility.

b) Profile of target beneficiaries

Organizational preparedness: The direct beneficiaries will be staff and volunteers from headquarters and 11 provinces that are organized in a NDRT supported at provincial level by provincial disaster response teams (PDRT). Other direct beneficiaries will be officials from the national disaster management committee (Protection Civile) and its local structures in five provinces (North Kivu, South Kivu, Kinshasa, Province Oriental and Katanga).

³ In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

Disaster risk reduction: This programme is expected to reach more than 3,000 households (21,000 people) from communities most at risk in 22 territories (2 per province) districts with disaster awareness raising activities, training and disaster risk reduction micro projects. Target communities will be selected through a comprehensive VCA process. In addition, volcanic risk reduction activities will target more than 800,000 people in Goma and the surrounding villages.

Food security: This component will target 37,000 food insecure beneficiaries (5,000 households) including HIV and AIDS affected or female-headed households in the targeted areas. They will be organized in and supported through viable farmers associations. RC of DRC has in the past been engaged in a similar project in Kinshasa province and can easily replicate it in Maniema province.

Health and Care

a) The purpose and components of the programme

Programme purpose

Enable healthy and safe living

The Health and Care programme budget is CHF 638,503.

Programme component 1: Community-Based Health and First Aid (CBHFA) in action

Outcome 1 Healthier communities that is able to cope with health and disaster challenges through CBHFA activities.

Programme component 2: Health in Emergencies

Outcome 1 Reduced number of injuries and deaths from accidents through emergency First Aid and commercial First Aid interventions.

Outcome 2 Increased voluntary blood donation awareness and adequate safe blood supply through Red Cross interventions.

Programme component 3: Water and sanitation

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

Through integrated CBHFA, RC of DRC will focus on the provision of safe and clean water, improving sanitation facilities and promoting health and hygiene practices. The water WatSan projects, which have become the main entry point in the implementation of the PIC will be sustained by consistently building community participation and ownership, knowledge and good practices through the PHAST (participatory health and sanitation transformation) methodology and by training selected community member on water point and sanitation facilities management and maintenance.

CBHFA activities will mainly focus on improving the health status of people living in rural areas through increased access to First Aid and health education and home visits carried out by volunteers who will ensure that there is a significant increase in the number of households that use effective malaria prevention and treatment measures in targeted areas. In addition, RC of DRC volunteers will support the government mosquito nets mass distribution campaigns as well as community-based hang-on/keep-up activities. Through their home visit activities, Red Cross volunteers will identify cases of diseases under epidemiological surveillance and refer them to health centres for adequate case management.

Whilst the maternal and child health component will help increase the under five immunization rate to 90 per cent in Red Cross' operational areas compared to 2009 baseline data, the latter will also help achieve 20 per cent increase in the number of households applying adequate hygiene and sanitation measures as well as 20 per cent decrease in the number of easily preventable diseases. They will also help significantly increase the percentage of pregnant women who receive the full doses of tetanus immunization.

Additional activities will include provision of fluids and food to sick children with diarrhoea, as well as information on breastfeeding and balanced diets for children and pregnant women. Networks of mothers clubs will be formed to facilitate peer to peer health education among women in rural areas. They will be supported with skills training and income generation activities.

b) Profile of target beneficiaries

CBHFA in action: The health status of people living in rural areas of DRC will improve through the provision of community-based First Aid, health and hygiene education as well as monitoring of the immune status of children under five years and of pregnant women. It is expected that a total of 10,000 volunteers will be mobilized and trained, and that they will reach approximately 200,000 households (1,400,000 people) in 11 provinces. It is further expected that about 100,000 children aged 0-11 months will be fully immunized.

WatSan: The direct beneficiaries of the WatSan project are about 15,000 rural households (100,000 people) in two territories of two provinces. In addition, 150 DRC staff members and volunteers will be trained and supported to roll out hygiene education by promoting the PHAST methodology and self-management for appropriation of the infrastructures in the project areas. Where necessary, pump minders will be trained and equipped to ensure regular and cost effective maintenance of boreholes.

National Society Development

a) The purpose and components of the programme

Programme purpose	
Increased local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability	

The National Society Development programme budget is CHF 347,807.

Programme component 1: NS leadership and management development	
Outcome 1	Effective and empowered RC of DRC leadership, governance and management.
Programme component 2: Branch and Volunteering development	
Outcome 1	Effective and efficient planning and implementation of community-based activities by RC of DRC branches and their volunteers.
Programme component 3: Financial sustainability	
Outcome 1	Enhanced RC of DRC (branches and headquarters) fund-raising and resource mobilization capacity.
Programme component 4: Program management capacity development	
Outcome 1	Enhanced RC of DRC capacity to manage increased number and volume of programmes and partnerships (operational alliances).

To facilitate and coordinate the work of the branches, 11 fully operational tailor-made provincial branch support projects will be developed. As a minimum requirement, all branches will be supported with CBHFA training and tools. Where appropriate, local branches will be supported with income generation activities (training and equipment) that will help them roll-out their activities in communities. This will be done through establishing and adequately utilizing Red Cross capacity building working groups (or resource persons' networks) and through the creation of the NS' revolving funds scheme to support branches' income generation activities. The programme will also focus on developing systems for finance management (full implementation of financial and logistics procedures manual at all levels of the organization, computerization of the accounting system), fundraising (primarily from the increasing national corporate sector and from European Commission) and assets management.

Fundraising initiatives will include development of long-term strategic partnerships on the basis of operational alliances. When appropriate, commercial First Aid capacities will be strengthened in selected branches. The aim is that by 2011, DRC Red Cross will be able to access, use and report on funding support. Another main indicator will be the capacity of the NS to raise at least 30 per cent of all its programmes costs within the country and cover at least 50 per cent of its core costs.

b) Profile of target beneficiaries

The beneficiaries of this programme are therefore the same beneficiaries as for the DM and health programmes. The long-term impact on the provision of services to vulnerable people will be measured through the indicators at programme purpose level for DM, health and principles and values programmes.

c) Potential risks and challenges

The risks facing the capacity building programme is that the programmes it supports face their own unexpected challenges, which would not allow the staff, volunteers and the beneficiaries of those programmes (the NS development target audience) to devote sufficient time to building activities. These risks are managed primarily by ensuring that the most time-demanding activities are carried out during normally quieter periods of the year for those programmes.

The other key risk, as with any capacity building programme is that sufficient follow-up by and for the target audience is not carried out, and that the potential gains are lost through change in leadership (or lack of commitment from the NS leadership and from donors) and through high staff turnover. The tactics to manage these risks include ensuring strong collaboration, cooperation and joint implementation with the NS governance as well as strong involvement of key stakeholders (donors).

Principles and Values

a) The purpose and components of the programme

Programme purpose

To promote respect for diversity and human dignity, and reduce intolerance and social exclusion

The Principles and Values programme budget is CHF 188,770.

Programme component 1: Promotion of the Fundamental Principles and Humanitarian Values

Outcome 1 Gradual behaviour change of target population in respect for the Fundamental principles and Humanitarian Values.

Programme component 2: Operationalization and internal promotion of fundamental

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

Outcome 2 Scaled-up and expanded RC of DRC SGBV planning and implementation.

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

The principles and values programme is focused on improving the integration and understanding within the NS and dissemination in the community. It will be carried out through regular short workshops, informal peer group discussions and integrated sessions in other trainings to promote and explore principles and values. Electronic media (television and radio) programmes will be utilized to widely disseminate the principles and values.

The programme will focus on ensuring issues of discrimination are explicitly incorporated into DM and health programming, especially by working to incorporate the ten principles of the Code of Conduct and relevant key indicators of the Sphere project into the design and implementation of programmes. Training on gender mainstreaming, SGBV, discrimination and diversity; developing and disseminating to branches guidelines on Humanitarian Values mainstreaming as well as restructuring the existing youth programme for more efficient promotion of peace, diversity and tolerance will constitute the cornerstones of the component. Specific projects targeting women victims of rape and pygmies victims of discrimination and social exclusion will be scaled-up.

b) Profile of target beneficiaries

Some 2,000 women victims of sexual abuse and 3,000 pygmy households (21,000 people) in five provinces will directly benefit from this programme. Red Cross volunteers and workers will be the indirect beneficiaries of the programme. Targeted beneficiaries will always be involved in the design, implementation and monitoring of the programme.

Role of the secretariat

The secretariat's budget for its support role is CHF 300,004.

a) Technical programme support

The IFRC's support to NS will be provided according to their needs. By the beginning of 2011, according to the need of the NSs, a right sized team of experts will be integrated into the NS. IFRC support to the NS will ensure that;

- Systems are in place to effectively and efficiently utilise and report on medium and long-term funding support from EU, ECHO and other similar organizations.
- NS develop a culture of voluntary service and more active youth participation in the NS and community affairs.
- NS plays a leading role in disaster preparedness and disaster risk reduction with focus on contingency planning; advocacy for and implementation of guidelines and projects on climate change and climate adaptation.
- NS plays a leading role in advocating on and mitigating the impact of discrimination, social exclusion, sexual and gender-based violence.

b) Partnership development and coordination

The IFRC will continue taking an active role as a "broker" between NS and its partners. The Country Representation will support the NS ensure strong linkages between its priorities and national initiatives in order to achieve the Millennium Development Goals. Dynamic partnership relations will be maintained with Movement partners, government institutions, international and NGOs based on a give and take approach, mutual respect and transparent and supportive relations.

In addition to its current Red Cross and Red Crescent partners; i.e. ICRC, Belgian, Danish, Spanish, Swedish, British, German, Irish and Finnish Red Cross Societies and the IFRC, DRC Red Cross will expand its operational alliances with Italian, Norwegian, Japanese, French Red Cross Societies and the Iranian Red Crescent Society. The NS supported by the IFRC will endeavour to establish and maintain regular information sharing (and where necessary joint planning) activities with those PNS' back donors who are represented in Kinshasa (embassies, European Commission, development agencies such as SIDA, DFID, etc.).

In its strides to support the government efforts to develop a national disaster response plan and a national climate change adaptation framework, RC of DRC and the IFRC will actively advocate with UNDP and OCHA on their international mandates for disaster risk reduction and disaster preparedness capacity building coordination. The NS will also develop a strong partnership with the IFRC Climate Centre.

In the same vein, and to be able to effectively contribute to the MGDs in the health sector, RC of DRC will further strengthen its image and relation with the Global Fund for HIV and AIDS, Malaria and Tuberculosis, the GAVI and UNICEF. Efforts will be made to ensure visibility and contribution to the activities of the Humanitarian Action Plan (HAP), thus restoring access to the pooled fund.

While the agreement on the organization of international activities of the Components of the International Red Cross and Red Crescent Movement (the Seville Agreement and its complementary measures) will be adhered to with ICRC being the lead agency, the IFRC will play a lead role in coordinating PNS bilateral and multilateral support; providing membership support to through service or integration agreements and overseeing NS development activities. The IFRC will maintain capacity to coordinate mobilization and use of resources to respond to natural disasters in the country. Whenever possible, joint planning of projects and activities with all Movement partners will be encouraged.

c) Representation and advocacy

The IFRC's representation will carry out activities directly to enhance the image and visibility of the NS and IFRC among national and local authorities, the general public, diplomatic community, NGOs, the corporate sector and Movement partners in advocating for vulnerable people. In doing so and in coordination with ICRC, the NS leadership and IFRC will ensure the Movement positions itself strategically on dealing with key humanitarian issues in DRC. This will under certain circumstances involve training and coaching for national and local authorities as well as other opinion leaders. The IFRC Country Representation will enhance its capacity to provide adequate integration or service agreements to PNS in support to increasing bilateral support and operational alliances.

Promoting gender equity and diversity

In its 2009-2013 Strategic Development Plan, RC of DRC realizes that there is a gender bias with regard to the representation of women and the youths at all levels of the organization (which reflects in fact the dominating position of adult men in Congolese society), and understands the need for women to have a stronger voice. Placing women in key governance and management positions is one way that the NS will continue addressing these concerns. Encouraging the formation of mothers' club, coaching and training their members, is another way the institution is trying to resolve the issue of gender inequity.

In addition, the RC of DRC has gender mainstreaming as a cross-cutting element to all programmes. Volunteers will be representative of the communities they serve and live in. As such, it will include men and women, younger and more senior people, and people of various language groups, as well as urban and rural dwellers. In that the volunteers are 'of their community,' they will also in many instances be subjected to the same vulnerabilities as their neighbours.

CBHFA and CBDP trainings in communities will always include dissemination of the principles and values. CBHFA and CBDP curriculum will be developed accordingly. The youth programme will be restructured to actively include promotion of peace, diversity and the fight against all forms of violence.

Quality, accountability and learning

The IFRC will support the NS to develop a monitoring and evaluation mechanism that will include conducting baseline surveys prior to implementing new projects, using participatory assessment and planning methodologies such as the Participatory Rural Appraisal (PRA) or the Rapid Rural Appraisal (RRA) methodologies, CBHFA and VCA toolkits; preparing result-based regular progress reports and organizing a regular validation feedback to beneficiaries and other partners. Quality monitoring functions will be further enhanced through the development and use of appropriate tools. To support this, policies, guidelines, and procedure documents will be disseminated and their compliance included into the IFRC and NS staff performance appraisal systems.

While quarterly review and planning workshops will be organized in the branches and at the headquarters involving partner organizations, exchange visits will also be arranged among the branches to ensure that the well-developed branches can share their knowledge and resources with less developed ones. In addition, RC of DRC will maximize the use of task forces or multidisciplinary project management teams to establish sector specific or thematic peer support networks (communicating network, branch development network, etc.), that will enhance integration of programmes.

Above all, the IFRC and RC of DRC will ensure that financial audits are conducted regularly, in accordance with the NS financial procedures. When necessary, audits will be carried out based on specific donor requirements. The terms of reference for all audits will include review of the progress made on the recommendations of previous audits.

[click here to view the 2011 budget summary below](#)

How we work	
<p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none">1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.2. Enable healthy and safe living.3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none">• In DRC: Jacques Katshitshi, Secretary General, DRC Red Cross Society, Email: nsalkat@aol.fr, Phone:+243.816.513.688;• In IFRC Country Representation in DRC: Yawo Gameli Gavlo, Country Representative, Kinshasa, Email:yawogameli.gavlo@ifrc.org; Phone: +243818801400• In IFRC Africa Zone: Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230 <p><i>For Resource Mobilization and Pledges enquiries</i></p> <ul style="list-style-type: none">• In IFRC Africa Zone: Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):</i></p> <ul style="list-style-type: none">• In IFRC Africa Zone: Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230	

MAACD001 - Democratic Republic of the Congo

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	125,000	110,000	43,200	15,000	15,500	308,700
Land, vehicles & equipment	14,000	27,000	12,000	4,000	19,000	76,000
Transport & Storage	65,000	81,000	36,000	32,250	23,500	237,750
Personnel	90,000	108,000	150,000	50,000	170,004	568,004
Workshops & Training	96,500	160,001	48,000	43,000	30,000	377,501
General Expenditure	77,500	111,000	36,000	32,250	22,500	279,250
Depreciation						
Contributions & Transfers						
Programme Support Services Contingency	32,535	41,503	22,607	12,270	19,500	128,415
Total Budget 2011	500,535	638,503	347,807	188,770	300,004	1,975,620