This document complements the 2019–2020 Country Operational Plan and reflects the support provided to the Democratic Republic of the Congo Red Cross Society in agreed upon areas of focus.

The Democratic Republic of the Congo (DRC) has a population of approximately 94 million people in an area of 2.3 million km², which is equivalent to two-thirds of the area of the European Union. The DRC is the 4th most populated country in Africa and the 17th most populated country in the world. 18 of the DRC’s 26 provinces face humanitarian emergencies, often in remote locations that are difficult to access.

The common and recurring vulnerabilities include technological and natural weather-related disasters, including floods and volcanic activity; armed conflict, political, criminal and gender-based violence; sexual abuse and rape; and food insecurity and malnutrition. The tense political situation is exacerbated by the upcoming presidential elections and Congolese people continue to be vulnerable to disease epidemics. The most serious outbreak of cholera in the past 15 years is currently affecting the country due in part to insufficient resources for a rapid response, high levels of population movement, constraints to humanitarian access, and poor access to drinking water and water, hygiene and sanitation services.
There are also serious concerns regarding the spread of measles, yellow fever and Ebola virus disease (EVD) in particular.

According to the last update to the humanitarian response plan for 2017–2019, around 13.1 million people—including 7.7 million children—need humanitarian protection and assistance. This includes 4.5 million people who have been displaced, or who have returned and require assistance to meet basic shelter and clean water needs; 9.9 million people who require assistance to meet their food needs; and 4.5 million children who require treatment for malnutrition.

The 2017 DRC Humanitarian Fund Annual Report states that the humanitarian situation worsened dramatically in 2017 as conflict spread across the Kasai region and violence intensified in the east of the country. As a result, increasing population displacement, food insecurity, malnutrition and the spread of epidemics increased beyond initial projections. The number of people needing assistance almost doubled from 7.3 million in early 2017 to 13.1 by January 2018. According to the 2017–2019 DRC Humanitarian Response Plan, humanitarian actors have been working since 2017 under the Humanitarian Country Team leadership, and in support of the DRC authorities, to deliver lifesaving assistance to millions of people across the country. In October 2017, the Inter-Agency Standing Committee (IASC) declared a System-wide “Level 3” Emergency to rapidly increase capacity for the crises in the Kasai region and the provinces of Tanganyika and South Kivu where the situation had dramatically deteriorated.
Underfunding was a significant impediment to the overall humanitarian response in the DRC in 2017, with only 49% of the requested financing received (US$398 million of the $812.6 million). Although humanitarian organisations have provided assistance to 2.7 million people across the DRC since 2017 assistance has reached only 33% of the people in need. However, the IFRC was able to secure CHF 3,764,403 for the National Society for the response to the EVD outbreak thanks to the British Red Cross, Norwegian Red Cross, Danish Red Cross, WHO, USAID and ECHO. USAID provided funding for the Polio Community Pandemic Preparedness Programme (CP3), and the Swedish Red Cross provided Euro 2,000,000 for IDPs in Lomami which include water, sanitation, hygiene and health components. The IFRC office will continue to mobilise resources to support the building of the National Society capacity in line with the Organisational Capacity Assessment and Certification (OCAC) report recommendations.

National Society Role and profile

The DRC National Society is a neutral humanitarian organisation and auxiliary to the public authorities. At the national headquarters there is an operational management structure that includes six technical directorates (health, disaster management, finance and administration, organisational development, youth, gender and diversity, and communications and public relations) and professionals trained as part of the National Disaster Response Team (NDRT). The National Society has a Provincial Disaster Response Team (PDRT) with 110 trained members, a National Disaster Response Team (NDRT) with 30 trained members, and a Regional Disaster Response Team (RDRT) with 10 National Society trained staff members. Moreover, the DRC National Society has a pool of approximately 120,000 registered volunteers, of which 60,000 are active, and one branch located in each of the 26 provinces. It has a wealth of experience in responding to: epidemics of cholera, EVD; natural disasters, including floods, volcanic eruptions, landslides; and population movements.
Four out of the nine Pan African Conference (PAC) indicators need attention by the National Society (Audit and annual financial reporting, Self-assessment and peer review, Risk management framework, and Compliance with CMO dashboard). The National Society has developed an action plan to implement OCAC report recommendations that prioritises resource mobilisation, capacity building of branches, financial management, relation with government partners, security and safety management and external communications.

The plan reflects the priorities identified in the Humanitarian action plan for DRC and the Strategic Development Goals to achieve a better and more sustainable future for the populations of DRC. Bearing in mind the enormous humanitarian needs in the DRC and that the RC does not have the capacity to meet all these needs, the program will be launched in 8 out of the 26 branches to serve as pilots branches to serve as pilot out of the 26 Provinces. The process considers entry and exit strategies. Following the implementation and consolidation of the successful community-based activities they will be gradually introduced in other provinces to reach over the next 5 Years all the 26 Provinces of the DRC. This concept will ensure the full participation of the communities concerned in identifying needs, planning to meet these needs and in the implementation and consolidation of activities in order to meet identified needs.

**IFRC Country Office role in support of the National Society**

The DRC Country Office of the IFRC was under the Yaoundé Cluster Office in Cameroon until May 2018. It has now reoped its office in the DRC and a new Head of Country Office has been appointed. It has been strengthened through global surge capacity deployment to support the National Society. Five other National Societies (Belgium Red Cross, Canadian Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long standing programs with the National Society. The IFRC has a Memorandum of Understanding with the Swedish Red Cross that includes administrative, logistics and programme support in the DRC. They share office and vehicle costs and collaborate on Appeals and on the Disaster Relief Emergency Fund (DREF) development and programme implementation in Lomami and Kinshasa. The relations with other Partner National Societies (PNS) are still to be strengthened although there is a monthly meeting to share information across the Red Cross Movement and they are working multilaterally through IFRC. The ICRC is active in the DRC with programmes responding to the protection and assistance needs of people affected by armed conflict and other violence. The IFRC intends to support the DRC National Society in its effort to help communities prevent epidemics and natural disasters, to protect IDPs, and to improve livelihoods.

This Country plan is aligned to the IFRC’s Strategy 2020, the Pan African Conference plan of action, the Africa Region Road Map (05 AOFs, the 04 SFIs and milestones covering from 2018 to 2020), the Africa Regional Operational Plan and Monitoring and Evaluation Framework, the DRC RC and other Movement priorities.
AREAS OF FOCUS

DISASTER RISK REDUCTION
- DRR

900,000
PEOPLE WILL IMPROVE THEIR CAPACITY TO PREPARE FOR
AND RESPOND TO DISASTERS

LIVELIHOODS AND
- BASIC NEEDS

605,600
PEOPLE WILL RESTORE AND STRENGTHEN THEIR
LIVELIHOODS

HEALTH

1,200,000
PEOPLE WILL HAVE INCREASED ACCESS TO APPROPRIATE
HEALTH SERVICES

WATER, SANITATION AND
- HYGIENE (WASH)

15,400
HOUSEHOLDS WILL HAVE INCREASED ACCESS TO
APPROPRIATE WATER, SANITATION AND HYGIENE
SERVICES

PROTECTION, GENDER
- AND INCLUSION

VULNERABLE PEOPLE WILL CONTRIBUTE TO AND
BENEFIT FROM MORE PEACEFUL, SAFE AND INCLUSIVE
COMMUNITIES

STRATEGIES FOR IMPLEMENTATION

- STRENGTHEN NATIONAL SOCIETY CAPACITIES
- ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT
- INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS
- ENHANCE THE EFFECTIVENESS, CREDIBILITY AND ACCOUNTABILITY OF THE IFRC
AREA OF FOCUS

DISASTER RISK REDUCTION

People in the DRC are repeatedly and severely affected by a large number and variety of risks, including: disease epidemics, technological and natural weather-related disasters, including floods and volcanic activity; armed conflict, political, criminal and gender-based violence; sexual abuse and rape; and food insecurity and malnutrition. The poor transport infrastructure, and the condition of roads in particular, means many people are in areas where it is difficult for them to access state services or to be reached with humanitarian assistance.

COMMUNITY CONTINGENCY PLANS ARE IN PLACE

COMMUNITY EARLY WARNING SYSTEMS ARE ESTABLISHED OR IMPROVED AND LINKED WITH LOCAL OR NATIONAL METEOROLOGICAL SYSTEMS
Intercommunal tensions and armed conflict during the from June 2017 has caused a large displacement of people. In addition, this movement of vulnerable people away from already limited access to basic services, has meant they have become increasingly exposed to disease epidemics. An increase in competition for scarce resources caused by conflicts in the neighbouring countries of Burundi, the Central African Republic, and Sudan, have also contributed to the deterioration of conditions for host communities.

**Outcome**

**Communities in high-risk areas are prepared for and able to respond to disasters**

- **People are reached by the Red Cross with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks**
  - 600,000

- **Activities are implemented that contribute to climate change mitigation**
  - 4

- **People are reached by climate change mitigation and environmental sustainability awareness raising campaigns**
  - 300,000

- **Trees are planted to counter deforestation**
  - 5,000

- **A country multi-hazard early warning system is in place**

- **National and local disaster risk reduction strategies are in place**

- **A forecast-based action plan is developed by the national society**

- **The national society implements one programme to develop long-term risk reduction plans that address long-term adaptation needs & unexpected climate related risks**

- **Communities in high-risk areas are prepared for and able to respond to disasters**
In 2019/2020, the IFRC will support the DRC National Society to strengthen its institutional capacity to reduce risks, to build resilience, and to prepare for and respond to disasters. Specifically, the IFRC will help the DRC National Society to:

1. Develop contingency plans in neighbourhoods with disaster risk reduction strategies
2. Preposition a minimum response stockpile close to potentially vulnerable areas and increase surge emergency response capacity
3. Produce a Country Hazard Map for all areas at risk
4. Build the capacity of District, National and Regional Disaster Response Teams through training
5. Develop community based early warning systems that include locally appropriate climate change and education programmes,
6. Update and disseminate the National Society multi-risk contingency plan
7. Identify and train 200 volunteers by target zone
8. Identify and train 80 community volunteers on raising awareness and public education
9. Equip volunteers with disaster risk reduction tools to help raise awareness and conduct risk surveillance
10. Develop a long-term resilience plan to address the gaps in humanitarian and development assistance,
11. Raise community level awareness on climate change related issues
12. Conduct climate change and environmental sustainability campaigns
13. Conduct a survey to develop province-specific risk hazard maps
14. Develop an emergency response action plan using forecast-based financing approach

VOLUNTEERS IDENTIFIED AND TRAINED BY TARGET ZONE 200
COMMUNITY VOLUNTEERS ARE IDENTIFIED AND TRAINED ON RAISING AWARENESS AND PUBLIC EDUCATION 80

OUTCOME VULNERABLE PEOPLE HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES.
AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

The risk of famine, due to food insecurity, has rapidly increased in the DRC\(^6\) where an estimated 7.7 million people are currently considered to be in vulnerable to famine\(^7\). The main causes of this food insecurity, and in particular constraints on access to basic foods, include: the destruction and looting of stocks and livelihoods, displacement, and the suspension of productive and commercial activities. Nutrition levels among the population have also been affected by food insecurity, displacement, and limited access to health services. This persistent insecurity makes further deterioration likely in 2018.

The IFRC will therefore implement a resource mobilisation strategy with all key partners including WFP, UNHCR, WHO, UNICEF, ECHO and Partner National Societies. At the community level, people most in need will be identified based on an assessment of the affected population. Cash transfers and income generation will be encouraged, and a market assessment will be conducted before activities begin to allow a quick integration of trainees into the local economy.

<table>
<thead>
<tr>
<th>TARGETED POPULATION LIVELIHOODS RESTORED TO PRE-DISASTER LEVEL</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOPLE STABILIZE THEIR NET INCOME THROUGH SKILL BUILDING, IMPROVED ASSETS, MICRO-FINANCE SUPPORT, JOB CREATION, ETC</td>
<td>2,000</td>
</tr>
<tr>
<td>HOUSEHOLDS HAVE ENOUGH FOOD/CASH/INCOME TO MEET THEIR SURVIVAL NEEDS</td>
<td>300</td>
</tr>
<tr>
<td>HOUSEHOLDS, PRODUCTIVE ORGANISATIONS, MICRO, SMALL &amp; MEDIUM ENTERPRISES APPLY NEWLY ACQUIRED KNOWLEDGE AND SKILLS PROMOTED BY THE PROJECT TO STRENGTHEN, DIVERSIFY, PROTECT LIVELIHOODS</td>
<td>300</td>
</tr>
<tr>
<td>PEOPLE SUPPORTED WITH IN-KIND ASSETS, CASH OR VOUCHERS TO RECOVER, START OR STRENGTHEN ECONOMIC ACTIVITIES</td>
<td>2,200</td>
</tr>
</tbody>
</table>

1,100,000 SWISS FRANCS SOUGHT
The IFRC will integrate gender mainstreaming in all activities from 2019/2020 and encourage cross-border cooperation with neighboring National Societies in the Central African Republic, Republic of Congo, South Sudan, Angola, Burundi, and Uganda. The main activities will include:

1. Identification of youths and women for vocational training
2. Development of a cash transfer programming and distribution scheme
3. Distribution of food and non-food items
4. Support to income generating activities
5. Support to community groups with animal distribution, training and support
6. Support to community groups with improved seed distribution for farmers and training
7. Awareness raising and sensitization campaigns on food security

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities in disaster and crisis affected areas,</td>
<td>Restore and strengthen their livelihoods</td>
<td></td>
</tr>
<tr>
<td>People reached with food assistance or cash for basic needs</td>
<td>1,400</td>
<td></td>
</tr>
<tr>
<td>Households reached by emergency activities meant to protect productive</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>assets before or in the immediate aftermath of a disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households increase or improve household food production</td>
<td>600</td>
<td></td>
</tr>
<tr>
<td>People reached by public awareness and education programmes on</td>
<td>600,000</td>
<td></td>
</tr>
<tr>
<td>sustainable livelihoods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households able to meet minimum expenditure needs (including for</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>food, food-related, and non-food items)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The levels of morbidity and mortality for all diseases in the DRC are expected to increase significantly in the immediate future because the poor access to health services is being compounded by deteriorating living conditions, violence and displacement. The 2017–2019 Humanitarian Response Plan reports that 36.6 million people are potentially at risk from epidemics of infectious diseases, including cholera, yellow fever, measles, polio and EVD. Cholera outbreaks have been reported in 12 of the 26 DRC provinces with 95% of the suspected cases in Kasai, Kasai Oriental, South Kivu, Sankuru, and Tanganyika. Kasai Oriental, the most affected province, is potentially at risk of recurrence because of the transiting of people to and from the neighbouring Lomami province.

According to the most recent UNICEF report covering the period from 25 November 2017 to 23 February 2018, 1,065 cases of cholera, including 43 deaths, were reported from 32 of 35 health zones in Kinshasa province. This represents a 90.3% increase in the number of cases compared to the same period in 2016. Several factors have contributed to the epidemic, including insufficient resources for a rapid response, high levels of population movement, constraints to humanitarian access, and poor access to drinking water and to water hygiene and sanitation services.

Measles is also spreading. There were 41,778 cases (including 502 deaths) reported in January 2018, reflecting an increase of 134.6% compared to the same period in 2016. Since the beginning of 2018, 59 health zones have been affected by the epidemic. Most of these areas are located in eastern DRC (South-Kivu, Tanganyika, Kongo Central, Lomami, Mbuji, Mayi and Maniema). The yellow fever epidemic continues with more than 1,000 cases reported (including 50 deaths) in February 2018 but has decreased from January 2016 when there were 3,283 cases (including 50 deaths). There is still a risk of major new outbreaks in 2019, due to a reduction of access to water and a degradation of hygiene and sanitation infrastructures in conflict zones and host shelter zones for displaced persons and refugees.
The most recent EVD outbreak was declared on 1 August 2018 in North Kivu province. As of 16 October 2018, a total of 185 confirmed EVD cases, including 107 confirmed deaths, have been reported in seven health zones in North Kivu Province and three health zones in Ituri Province.10

There is poor access to water and sanitation facilities, weak community-based health systems, poor quality data management systems and no Psychological Support (PSS) focal point. This is compounded by: a high prevalence of sexually transmitted infections and HIV/AIDS and poor health care capacities; a high frequency of epidemics; a high prevalence of recurrent illnesses such as malaria, acute respiratory infections, typhoid, and tuberculosis; a high mother and child mortality rate; and poor vaccination coverage.

The IFRC therefore intends to support the National Society to: a) help communities identify and reduce health risks and effectively detect and respond to infectious disease outbreaks and other health and psychological needs during an emergency; b) develop its own capacity to assess and provide relevant long-term health care support to vulnerable households; c) increase the involvement of volunteers in immunization activities; and d) increase attention and programmatic focus of critical health needs in complex settings within the Red Cross Movement. Specifically, the IFRC plans to:

1. Establish an alert system and rapid response team at the national and provincial levels
2. Organize emergency stockpiles at all levels
3. Analyse the mobility and movement of populations in all responses
4. Establish a contingency plan for epidemics and outbreaks
5. Provide access to vehicles for Safe and Dignified Burials (SDB) and ensure communication facilities are in place for Red Cross Movement staff including satellite terminals for internet access
6. Reinforce previous interventions such as the working base and store in Beni, and the storing space and volunteer guest house in Manguina

| PEOPLE IMMUNIZED BY THE NATIONAL SOCIETY | 280,000 |
| PEOPLE PROVIDED WITH CLINICAL HEALTH CARE SERVICES DURING EMERGENCIES | 4,000 |
| VOLUNTEERS TRAINED BY NATIONAL SOCIETY IN EPIDEMIC CONTROL | 600 |
| COMMUNITY-BASED HEALTH AND FIRST AID (CBHFA) PLANS DEVELOPED TO ADDRESS IDENTIFIED HEALTH RISKS | 4 |
Within the framework of the USAID Community Pandemic Preparedness Programme (CP3), the IFRC will strengthen preparedness for epidemics and pandemics using an inclusive approach involving entire communities. The main activities per objective will be:

1. **Objective 1.** Reinforce the community resilience against the consequences of epidemics and pandemics:
   - Capacity building and deployment of volunteers
   - Mass media and community campaigns including outreach to schools

2. **Objective 2.** Strengthen National Society’s capacity to prepare and respond to epidemic and pandemic threats:
   - National Society capacity building in epidemic response preparedness
   - National Society health department preparedness for epidemics response

3. **Objective 3.** Promote collaboration with the private sector, the media and other key stakeholders in health security:
   - Media partnerships
   - Engagement with private sector
   - Ensure proper data management (collection, analysis, storage and dissemination)
   - Sensitize other relevant key actors

### Outcome

**Vulnerable People’s Health and Dignity Are Improved Through Increased Access to Appropriate Health Services**
AREA OF FOCUS
WATER, SANITATION AND HYGIENE

According to the 2017−2019 Humanitarian Response Plan, the potential health risks in the DRC in 2018 are due to the degradation of access to water, hygiene and sanitation infrastructures in conflict zones and host zone shelters for displaced persons and refugees; less than 40% of the population have access to potable water and only about 10% have access to basic hygiene and sanitation.
The IFRC intends to support the NS to construct and rehabilitate water points, carry out hygiene and sanitation activities, and to train community leaders. The National Society, working with the Ministry of Health local structures, will require trained volunteers to carry out hygiene promotion through house-to-house awareness campaigns of basic household water treatment and safe storage, vector control, hand washing etc. To ensure sustainability of the activities, community WASH committees will be established to take ownership of the project. Partnerships will be strengthened, and more projects will be developed and implemented by the National Society. The IFRC will therefore help with the:

1. Construction and rehabilitation of water points
2. Purchase and distribution of aqua tabs
3. Creation and training of water and sanitation committees and securing equipment for water management
4. Training of volunteers on water purification, sanitation, hygiene and water management
5. Training of communities on Participatory Hygiene and Sanitation Transformation (PHAST)
6. Promoting Ventilated Improved Pit (VIP) latrines
7. Training community leaders on water points maintenance and management
8. Equipping of beneficiary communities with maintenance tools, and spare parts
9. Elaboration of a single curriculum for training on WASH and hygiene promotion in line with DRC Ministry of Health standards
10. Developing key messages for sensitization and organizing sensitization campaigns through the media

**Outcome**

VULNERABLE PEOPLE HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES

| COMMUNITY-BASED WATER AND SANITATION MANAGEMENT PLANS DEVELOPED | 40 |
| HOUSEHOLDS REACHED WITH KEY MESSAGES TO PROMOTE PERSONAL AND COMMUNITY HYGIENE | 1,000 |
AREA OF FOCUS

PROTECTION, GENDER AND INCLUSION

Sexual and gender-based violence (SGVB) is a major concern in the DRC, especially in conflict areas. This includes corporal, sexual, physical, and psychological abuse. There are cultural barriers hindering gender inclusion and mainstreaming within communities and the DRC Red Cross itself. According to the DRC Red Cross, gender direction, and gender issues are still not fully considered, especially in branches that have old age members in the governance structure. Gender activities are not always considered in funding from partners as different Movement stakeholders have their specific agenda and interests. Plans are not always developed in collaboration with the National Society that has made a commitment to work on gender mainstreaming. The gender strategy for DRC RC is under preparation.
The IFRC will work closely with DRC RC to:

1. Revise internal rules and procedures to include gender considerations
2. Organize gender training for staff and volunteers
3. Provide support to trained adults to start income generating activities
4. Organize community awareness for children, and create child-friendly spaces
5. Organise monthly discussion platforms
6. Facilitate community-based sport and cultural events
7. Train volunteers and community leaders on communication for social cohesion
8. Provide vocational training to girls, vulnerable people and adults
9. Develop a gender strategy and disseminate to all stakeholders
10. Train staff and volunteers on sexual and gender-based violence

DATA ON PEOPLE REACHED HELD IN NATIONAL SOCIETIES
FEDERATION-WIDE DATABANK AND REPORTING SYSTEM (FDRS)
IS DISAGGREGATED BY SEX AND AGE

NATIONAL SOCIETY COUNTRY PROGRAMMES INCLUDE
MEASURES TO IMPROVE EQUITABLE STATUS (E.G. ACCESS
TO EDUCATION, EMPLOYMENT/LIVELIHOODS, TRAINING)

NATIONAL SOCIETY HAS AN ANNUAL PLAN WITH IFRC-SUPPORTED
ANNUAL PROGRAMMES THAT DEMONSTRATE EVIDENCE OF
ADDRESSING SEXUAL AND GENDER BASED VIOLENCE
11. Disseminate the Government’s gender national policy
12. Provide scholarships to girls and disabled persons
13. Organize mediation programmes
14. Ensure referral pathways are in place and understood by Gender and Diversity Focal Points (GDFP) in all provinces where the DRC Red Cross has active programmes
15. Continue collaborating with the ICRC and provide support to ‘counselling houses’ with a view to replicating the approach in other provinces
16. Develop the National Society psychosocial support capacity by training volunteers in immediate psychological support response to sexual and gender-based violence
17. Organise a workshop to develop a Code of Conduct for the DRC Red Cross and disseminate to staff, provinces and integrate into volunteer training material

INTERVENTIONS MADE ON SGBV AND CHILD PROTECTION ISSUES BY IFRC STAFF AT NATIONAL, REGIONAL AND INTERNATIONAL FORUMS 6

PEER TRAININGS ON YOUTH AS AGENTS OF BEHAVIOUR CHANGE CONDUCTED BY THE EITHER NATIONAL SOCIETY OR IFRC 2

ONE HUMANITARIAN EDUCATION PROGRAMME IS IMPLEMENTED AND RECORDED (THROUGH THE HELP PLATFORM)

IFRC SUPPORTED NATIONAL SOCIETY ANNUAL PROGRAMME ESTABLISHED TO ADDRESS THE PREVENTION OF, RESPONSE TO AND MITIGATION OF VIOLENCE TOWARDS CHILDREN 1

OUTCOME

COMMUNITIES BECOME MORE PEACEFUL, SAFE AND INCLUSIVE THROUGH MEETING THE NEEDS AND RIGHTS OF THE MOST VULNERABLE
STRATEGY FOR IMPLEMENTATION

STRENGTHEN NATIONAL SOCIETY CAPACITIES

The DRC Red Cross recently conducted an Organisational Capacity Assessment and Certification (OCAC) with the support of the IFRC. The following areas were identified for improvement: relationships with the Government of the DRC, capacity of local branches, security and safety, financial management, external communication, resource mobilisation, volunteers and youths, and accountability. Based on the findings and recommendations, an action plan was developed by the National Society. The IFRC office in DRC will provide support for the implementation of this plan and help strengthen the National Society to provide services and advocate for vulnerable people. It will: a) support the capacity building of the DRC Red Cross as identified in the National Society Strategic Plan; b) provide timely and quality reports; and c) support the National Society to organise at least one Branch Organisational Capacity Assessment (BOCA) that will serve as an entry point for “Branches as centres for resilience”. Key interventions will include:

1. A census of volunteers
2. The creation and maintenance of a volunteer data base
3. Support to income generating activity
4. Support to small grant development and proposal writing
5. Gender mainstreaming
6. Support to the dissemination of the DRC Red Cross youth internal regulations
7. Support the development of Restoring Family Links (RLF) strategy (draft ongoing)
8. Establish disaster information management system including the creation of and equipment for an Emergency Coordination Centre (ECC)
9. Support the development of strategies and policies (Youth, gender, RFL)
10. Support the implementation of the National Society OCAC plan of action
11. Support to a volunteer motivation scheme
12. Training of volunteers and staff in community engagement and accountability
13. Support to the construction of selected branch office space and the provision of equipment to selected local branches
14. Training of volunteers on community-based HIV and AIDS, and on disaster risk reduction related topics

15. Support the development of a multi-hazard early warning system

OUTCOME

THE NATIONAL SOCIETY HAS THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCIES AND CAPACITIES TO PLAN AND PERFORM

STRATEGY FOR IMPLEMENTATION

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

The IFRC will support the DRC RC in the creation and training of community, national and regional disaster response teams; help improve relations between the National Society and the Government; support the implementation of community-based approaches; develop contingency plans and create emergency operation centres; improve data collection and management; and use a multi-hazard response planning strategy, including for recurrent epidemics such as polio, cholera and EVD.

Specifically, activities will include:

1. Prepositioning logistics and stockpiles in selected provinces

2. Assessing the preparedness of the three most risk-prone provinces, and developing plans to better prepare for disasters and crisis

3. Strengthening the collaboration with the Government of the DRC, the World Health Organization and other relevant agencies

4. Providing IT support to the National Society headquarters and branches. This will include, hardware, standardisation, the development and monitoring of information management policy, training and other radio communications technical support

5. Continuing the implementation of the current disaster and epidemics response operations,

6. Continuing to be actively involved in the Humanitarian Country Team platform and other coordination fora

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE IS ENSURED

250,000 SWISS FRANCS Sought
The IFRC work closely with the DRC RC to keep the population informed about risks related to epidemics and coordinate planning activities in support of the National Society, ensuring that it is able to participate in local humanitarian cluster meetings and other coordination platforms. The IFRC will also support the dissemination of the National Society strategic objectives, and promote and reinforce its visibility, ensuring that IFRC policies, procedures, guidelines and quality standards are known and respected. The IFRC will also coordinate, cooperate and develop strategic partnerships. Its activities will specifically include:

1. Facilitating co-operation and coordination in all programmes and operations between the National Society, other National Societies and the ICRC

2. Ensuring more effective mobilisation and use of resources throughout the DRC

3. Supporting the National Society to develop a cooperation agreement with partners

4. Promoting and participating coordination and cooperation across the Red Cross Movement

5. Ensuring high-level representation and effective advocacy by:
   - Maintaining good relations with participating National Societies involved in DRC country programmes
   - Advocating more access and a more important humanitarian space for National Societies and the IFRC
   - Supporting the National Society to develop a long-term resilience plan to address gaps in humanitarian and development assistance,
   - Ensuring more effective mobilisation and use of resources to increase financial self-sustainability
   - Strengthening communications to enhance visibility of the Red Cross Movement
   - Supporting the National Society to implement activities that promote the One Billion Coalition for Resilience (1BC) and contribute to the Sustainable Development Goals
   - Supporting the National Society to coordinate, cooperate, advocate and develop strategic partnerships
   - Promoting peer-to-peer support between the DRC Red Cross and other National Societies
The IFRC has since May 2018, reopened its offices in the DRC which is currently strengthening its financial and human resources to respond fully to the country's humanitarian needs.

In line with the IFRC 2019-2020 operational plan for the DRC, the IFRC will support DRC RC to conduct a vulnerability and capacity analysis. It will also encourage an understanding of procedures among its staff, simplifying these as much as possible while maintaining corporate requirements. National and international staff, volunteers and all others representing or working for the IFRC will be sensitised to the Code of Conduct, and policies regarding fraud, corruption, harassment, and whistle blowing. The IFRC will support the National Society to develop and implement similar tools and IFRC management will ensure the optimum safety of its operations and staff in the DRC. IFRC activities in the DRC will include:

1. Ensuring high level representation and participation in all relevant platforms and networks
2. Ensuring optimum management of staff safety and activities is in place
3. Providing governance and management support to the National Society
4. Supporting the National Society to develop Cooperation Agreement Strategies with partners
5. Ensuring IFRC policies, procedures, guidelines and quality standards are known and respected
6. Ensuring qualified staff recruitment
7. Facilitating cooperation and coordination in all programmes and operations between the National Society, National Society Partners and the ICRC
8. Promoting and participating in Red Cross Movement coordination and cooperation

OUTCOME

THE EFFECTIVENESS, CREDIBILITY AND ACCOUNTABILITY OF THE IFRC IS ENHANCED
ENDNOTES

1. The 2019 Country Operational Plan outlines the results the IFRC wants to achieve in collaboration with the DRC National Society.
2. President, Joseph Kabila has stepped down. He announced that he will not run for a third mandate in respect of the DRC constitution, but six of the candidates who submitted their applications were declared ineligible by the constitutional court.
3. 2017 DRC Humanitarian Fund Annual Report, UN Office for the Coordination of Humanitarian Affairs, 31 December 2017
4. 2017–2019 DRC Humanitarian Response Plan 2018 Update, UN OCHA, 6 April 2018
5. Declaration of an IASC Humanitarian System-Wide Emergency Response (‘Level 3/L3’ Response) activates a system-wide mobilisation of capacity (leadership, staffing and funding) to enable accelerated and scaled-up delivery of assistance and protection to people in need, Source: IASC Report, 13 April 2018
6. A 30% increase compared to the 14th round of the IPC, June 2016
7. either in phase 3 (crisis) or phase 4 (emergency) - phases according to the 15th round of the Integrated Food Security Phase Classification (IPC)
8. Only 74% of the DRC is covered by primary health care (PHC), and 64% by hospital services, Source: WHO Strategic Response and Operational Plan, Democratic Republic of The Congo, March 2018
9. World Health Organization (WHO) Weekly Epidemiological Record, 20th August 2018
10. WHO Disease Outbreak News: Update 18 October 2018

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Contact information of the IFRC Country office, for partners who wish to find out more

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International Federation of Red Cross and Red Crescent Societies