

# CONGO, DEMOCRATIC REPUBLIC OF THE



+ ICRC delegation  
 + ICRC sub-delegation  
 + ICRC office  
+ ICRC-supported prosthetic/orthotic centre

## EXPENDITURE (IN KCHF)

Protection	<b>14,461</b>
Assistance	<b>35,423</b>
Prevention	<b>4,464</b>
Cooperation with National Societies	<b>1,434</b>
General	-

**▶ 55,783**

*of which: Overheads 3,396*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>88%</b>
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## PERSONNEL

Expatriates	<b>90</b>
National staff (daily workers not included)	<b>708</b>

## KEY POINTS

### In 2011, the ICRC:

- ▶ strengthened its dialogue with weapon bearers to gain their support for IHL and to facilitate safe humanitarian access to victims of armed conflict or other situations of violence
- ▶ helped 496,577 longer-term IDPs, returnees and residents recover/preserve their food/economic security through livelihood-support initiatives, while improving access to water/sanitation for 335,531 such people
- ▶ with the National Society, in the Kivus and/or Province Orientale provided 18,345 IDPs/returnees with emergency food rations, and 113,425 with essential household items
- ▶ reunited 897 unaccompanied children with their families, including 399 formerly associated with armed groups, backed by initiatives to support such children's successful reintegration
- ▶ supplied and supported 44 counselling centres providing psychological support to victims of sexual violence in the Kivus
- ▶ prepared the National Society to mobilize effective first-aid services countrywide during election-related violence

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected IDPs and residents, provides them with the means to become self-sufficient and helps ensure that the wounded and sick receive adequate care, including psychological support. It visits detainees, helps restore contact between separated relatives (reuniting children with their families where appropriate) and supports the National Society's development. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

## CONTEXT

The humanitarian and security situation in the Democratic Republic of the Congo (DRC) remained volatile, with increased stability in some areas offset by fresh violence elsewhere.

Armed conflict and violence persisted in parts of the east and north-east. In the Kivus, fighting affected people in hard-to-reach areas. Hitherto calm areas witnessed a resurgence of activity by armed groups towards year-end. Military operations against armed groups in these regions continued, sometimes backed by the UN Organization Stabilization Mission in the DRC (MONUSCO). In Province Orientale, the movements of weapon bearers, including elements of the Lord's Resistance Army, continued to fuel insecurity.

The localized fighting and insecurity continued to take its toll on civilians, who reported serious abuses at the hands of weapon bearers. These factors, combined with land-use tensions, caused ongoing displacement. Many IDPs sought refuge in host communities already struggling with scarce resources and public services. In Province Orientale, the impact/constant fear of brutal attack or abduction undermined communities' capacities to pursue normal lives.

Efforts to reorganize/reform the armed forces and integrate members of armed groups remained fragile. A restructuring of the military presence in the Kivus occasioned the temporary withdrawal of some contingents from conflict zones, causing a lull in confrontations in some areas.

Despite relative calm in Equateur, refugees who had fled ethnic violence there in 2009 remained reluctant to return home from neighbouring Congo (see *Yaoundé*). Meanwhile, economic migrants streamed into Kasai Occidental upon deportation from Angola, many without news of relatives left behind.

Having dominated the country's political discourse throughout the year, presidential/parliamentary elections took place in November amid localized violence. The results were contested owing to allegations of fraud and shortcomings in the organization of the electoral process.

## ICRC ACTION AND RESULTS

Amid a volatile security situation fraught with logistical constraints, the ICRC maintained a multidisciplinary approach, developing/adapting its activities in efforts to protect and assist people affected by conflict/violence and chronic insecurity.

Main figures and indicators		PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>				UAMs/SCs*	
RCMs collected			42,566	1,313	
RCMs distributed			36,399	1,059	
Names published in the media			107		
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families			931		
		<i>including people registered by another delegation</i>	41		
People transferred/repatriated			6		
<b>Tracing requests, including cases of missing persons</b>				Women	Minors
People for whom a tracing request was newly registered			344	41	218
People located (tracing cases closed positively)			329		
		<i>including people for whom tracing requests were registered by another delegation</i>	51		
Tracing cases still being handled at 31 December 2011 (people)			299	37	182
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>				Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society			1,027	284	431
UAMs/SCs reunited with their families by the ICRC/National Society			897	253	399
		<i>including UAMs/SCs registered by another delegation</i>	37		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			589	213	90
<b>Documents</b>					
People to whom travel documents were issued			5		
Official documents relayed between family members across borders/front lines			13		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>				Women	Minors
Detainees visited			15,686		
Detainees visited and monitored individually			1,728	31	60
Detainees newly registered			1,113	22	45
Number of visits carried out			406		
Number of places of detention visited			126		
<b>Restoring family links</b>					
RCMs collected			2,890		
RCMs distributed			2,067		
People to whom a detention attestation was issued			47		

\* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Economic security, water and habitat</b>					
Food		Beneficiaries	37,740	36%	33%
		<i>of whom IDPs</i>	31,060		
Essential household items		Beneficiaries	115,025	39%	41%
		<i>of whom IDPs</i>	113,425		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	496,577	39%	38%
		<i>of whom IDPs</i>	367,072		
Water and habitat activities		Beneficiaries	335,531	27%	36%
		<i>of whom IDPs</i>	30,000		
<b>Health</b>					
Health centres supported		Structures	32		
Average catchment population			234,595		
Consultations		Patients	149,204		
		<i>of which curative</i>		62,703	57,646
		<i>of which ante/post-natal</i>		18,079	
Immunizations		Doses	142,541		
		<i>of which for children aged five or under</i>	136,137		
		<i>of which for women of childbearing age</i>	6,404		
Referrals to a second level of care		Patients	8,113		
Health education		Sessions	1,409		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Economic security, water and habitat</b>					
Food		Beneficiaries	6,674		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	271		
Water and habitat activities		Beneficiaries	9,052		

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	7		
	<i>of which provided data</i>	4		
Patients whose hospital treatment has been paid for by the ICRC	Patients	160		
Admissions	Patients	17,549	8,042	7,017
	<i>of whom weapon-wounded</i>	195	24	2
	<i>(including by mines or explosive remnants of war)</i>	2		
	<i>of whom other surgical cases</i>	2,153		
	<i>of whom medical cases</i>	11,101		
	<i>of whom gynaecological/obstetric cases</i>	4,100		
Operations performed		2,698		
Outpatient consultations	Patients	16,007		
	<i>of which surgical</i>	751		
	<i>of which medical</i>	13,982		
	<i>of which gynaecological/obstetric</i>	1,274		
<b>First aid</b>				
First-aid posts supported	Structures	4		
	<i>of which provided data</i>	4		
Wounded patients treated	Patients	29		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	230		
<b>Physical rehabilitation</b>				
Centres supported	Structures	5		
Patients receiving services	Patients	634	110	43
New patients fitted with prostheses	Patients	138	27	11
Prostheses delivered	Units	356	65	29
	<i>of which for victims of mines or explosive remnants of war</i>	45		
New patients fitted with orthoses	Patients	20	3	
Orthoses delivered	Units	57	7	2
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Crutches delivered	Units	522		
Wheelchairs delivered	Units	23		

The Red Cross Society of the DRC remained a key partner in carrying out operations, capitalizing on ICRC financial support, materials and training to reinforce its assistance, family-links and communication capacities.

The ICRC strengthened contacts with weapon bearers, conducting extensive briefings to increase respect for IHL/international human rights law, including in the framework of military reform. This served to remind them of their responsibilities to respect civilians and medical/humanitarian personnel and infrastructure. In parallel, delegates worked with government representatives to advance national IHL implementation. Alongside the National Society, the ICRC also worked with the media to raise awareness of humanitarian principles and the Movement's neutral, impartial and independent humanitarian action countrywide, particularly ahead of elections.

In the Kivus, Province Orientale and Equateur, people benefited from a range of activities to boost their coping capacities. With the National Society, the ICRC distributed relief goods to families newly displaced or returned. Where possible, they helped IDPs, returnees and struggling residents recover self-sufficiency by distributing seed/tools with which to resume agricultural production, or by employing them to rehabilitate housing, roads or airstrips through cash/food-for-work programmes. In more stable parts of the Kivus, National Society/ICRC teams supported livelihood consolidation, contributing training, material and financial support to boost the activities of farming, fishing and veterinary associations, and pursuing a livestock health campaign. To reduce public health risks,

they worked with water authorities and communities to improve urban and rural water/sanitation infrastructure, while closing a three-year initiative to raise hygiene awareness in South Kivu.

To help ensure access to health services in volatile areas, the ICRC provided supplies, equipment and/or staff training to hospitals, health centres and physical rehabilitation centres, enabling vulnerable patients to obtain free treatment. Victims of sexual violence could seek help at 44 ICRC-supported counselling centres, while community-based presentations promoted the services available.

Thousands of dispersed relatives reconnected using Movement tracing/RCM services. Special care was taken to reunite separated/unaccompanied children with their families, including those formerly associated with armed groups. National Society/ICRC community-based initiatives aimed to better protect children following reunification and support their reintegration into family/community life. Besides social initiatives, these involved alerting children to the dangers of recruitment and community representatives to their role in reducing associated stigma.

ICRC delegates visited detainees to monitor their treatment and living conditions. The organization continued to support nutritional programmes in seven prisons, helping stabilize malnutrition and related mortality rates. To further reduce health risks, it conducted urgent renovations to water, sanitation and kitchen infrastructure and donated drugs/medical supplies to prison dispensaries. Constructive dialogue with the Justice Ministry resulted in an increase in the prison food budget.

Besides partnering the ICRC in the field, the DRC Red Cross received support to strengthen its capacities to respond to humanitarian needs independently. Together they prepared a contingency plan in case of election-related violence, enabling the National Society to mobilize effective first-aid cover when violence erupted.

## CIVILIANS

Civilians continued to suffer the consequences of armed clashes and insecurity. ICRC delegates documented allegations of IHL/human rights violations, including physical/sexual violence, recruitment of children by fighting forces and looting of medical facilities. To prevent such abuses, the ICRC endeavoured to expand its contacts with weapon bearers. Representatives of the armed forces/some armed groups strengthened their dialogue with delegates, who stressed their responsibilities under applicable law, particularly the respect due to civilians and medical/humanitarian missions. Where necessary, they received oral/written representations regarding documented allegations. Military commanders in the Kivus introduced a system to remind troops of their obligations.

### **Conflict/violence-affected people benefit from relief, livelihood support and improved water/sanitation facilities**

Vulnerable civilians benefited from a combination of National Society/ICRC initiatives designed to help them recover/preserve their food and economic security and adequate living conditions. The National Society received training, funds and materials to develop its capacities to conduct assistance operations, from planning to evaluation.

In the Kivus and Province Orientale, families uprooted by violence, or newly returned home, received relief to help cover immediate needs. In total, 113,425 IDPs (22,685 households) in both regions were given essential household items, and 18,345 (3,669 households) in the Kivus one-off food rations, helping sustain them until they could establish themselves.

Where circumstances permitted, longer-term IDPs, returnees and other struggling community members had help to regain self-sufficiency. In Equateur, the Kivus and Province Orientale, 68,474 IDP/returnee farming families (342,370 people) received staple/cash-crop seed and tools with which to resume their livelihoods. In isolated regions, 5,692 people were remunerated in cash and 2,543 in food for reconstructing/rehabilitating housing, access roads or airstrips, providing immediate means with which to support their families (24,610/12,715 people respectively) and wider community benefits, including easier market/humanitarian access.

In more stable areas of the Kivus, communities worked to consolidate their livelihoods through agricultural/veterinary initiatives run alongside cooperatives and State agencies, with the ICRC contributing funds, training and equipment. Members of 130 local associations (4,550 people) grew disease-resistant cassava, distributing the cuttings to farming families faced with disease-induced crop failure, benefiting 48,835 people (9,767 households) in total. A further 6,408 farming households (32,040 people) benefited similarly, for example to minimize the spread of bacterial disease affecting banana plantations. While cash-crop seed was mainly directed to IDPs/returnees kick-starting agricultural production (see above), 1,850 established market-gardening families (9,250 people) received inputs to increase their yields. In South Kivu, 6,365 pastoralist households (31,830 people) had their cattle vaccinated, bringing towards a close an ICRC-supported campaign begun in 2009 to improve livestock health. Local veterinary agencies, now requiring

minimal ICRC back-up, prepared to pursue such activities independently. To boost fish farming as an alternative source of protein and revenue, 1,150 households (5,750 people) received food and 275 (1,375 people) cash for rehabilitating fishponds in support of 31 fishing associations (2,725 people/545 households).

Boosting access to water/sanitation remained a core component of ICRC efforts to improve conditions for conflict-affected communities, benefiting 335,531 people. The involvement of water authorities, National Society personnel and communities helped ensure facilities' upkeep. With that aim, 20 water-board staff enhanced their network management expertise on an ICRC course. Residents of Bukavu, Goma and Uvira began to benefit from the rehabilitation of city water supply infrastructure, intended to serve a catchment population of 520,000 on completion in 2012. Elsewhere in the Kivus and in Province Orientale, some 235,000 rural dwellers saw their water supply increase with the construction/rehabilitation of pipelines, spring catchments and water points. Communities in South Kivu completed a three-year initiative conducted with the DRC/Swedish Red Cross Societies to reduce hygiene-related health risks, broadening the local latrine network and hygiene awareness.

### **Civilians in the Kivus, including victims of sexual violence, access health services**

Security/resource constraints limited health services in the Kivus. Accordingly, 32 health centres received ICRC support in delivering government-recommended standards of curative, ante/post-natal and child care, including treatment/referral services for victims of sexual violence and unaccompanied children. Ongoing staff supervision complemented regular donations of drugs, medical materials and equipment. Fifteen centres also received ad hoc supplies to ensure the care of influxes of patients, or to resolve shortages caused by looting or supply-chain problems. Meanwhile, health workers bolstered their abilities to diagnose/treat prevalent diseases during Health Ministry/ICRC training courses, and obtained logistical support to extend the reach of national immunization campaigns (142,541 doses administered).

Victims of sexual violence obtained psychological support, or referral advice, at 44 counselling centres run with sustained ICRC financial/advisory back-up. Five centres underwent renovations. Particularly vulnerable patients, such as those facing pregnancy and/or family rejection, received cash assistance and/or baby-care items. Community-based presentations enabled the local population to learn about the services available to victims, the importance of prompt post-exposure prophylaxis treatment, and the stigma potentially linked to sexual assault.

An ICRC assessment in Province Orientale and neighbouring parts of the Central African Republic (see *Central African Republic*) confirmed that communities there experienced psychological distress and social difficulties linked to local patterns of violence/insecurity and that their needs usually went unmet. Accordingly, research/initial training began in both countries aimed at creating an effective community-based psychological/social support network. This would complement existing efforts to support the reintegration of children formerly associated with armed groups (see below).

### **Dispersed relatives, including children, reconnect**

People uprooted by armed conflict, including refugees and separated/unaccompanied children, used Movement RCM and tracing services to restore/maintain contact with relatives. In particular,



897 unaccompanied children, including 399 formerly associated with armed groups, rejoined family within the DRC or abroad; where necessary, they received clothes or other practical assistance to ease their reintegration. Whenever possible following reunification, families received ICRC follow-up visits to monitor the child's well-being.

Meanwhile, the National Society drew on ICRC materials, funds and expertise to assess prevailing family-links needs and adapt its services accordingly. Initiatives began in two communities to better protect children following reunification and support their reintegration into family/community life. In North Kivu, children acquired vocational skills on local association courses and participated in National Society-run recreational activities, improving their future prospects and encouraging social interaction. At National Society/ICRC-led discussion sessions, vulnerable children learnt about the dangers of recruitment, while community representatives examined their role in reducing stigma affecting children linked with fighting forces. Meanwhile, 930 children awaiting family reunification in host families and seven transit centres benefited from donations of food, clothes, hygiene materials and/or medicines to ensure their care.

By year-end, preparations were under way to open an office in Kasaï Occidental to address the family-links needs of migrants from Angola (see *Context*).

### PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees, including people awaiting transfer from the MONUSCO-run Demobilization, Disarmament, Repatriation, Resettlement and Reintegration process, received visits from the ICRC, conducted according to its standard procedures, to monitor their treatment and living conditions. Inmates on State security charges, women and children received special attention. During visits, detainees communicated with relatives using RCMs. Feedback and, where necessary, recommendations arising from such visits were shared with the authorities confidentially.

Dialogue aimed at securing access to all detainees continued, drawing on allegations of arrest transmitted to ICRC delegates.

To better safeguard judicial guarantees, prison authorities in Bas Congo identified procedures for monitoring inmates' legal status during ICRC workshops. More widely, the authorities resolved the situation of 129 individuals whose trials/release were overdue based on ICRC-supplied information.

### Inmates enjoy improved nutrition, health care and hygiene

Through a nutritional programme, 6,674 detainees (monthly average: 3,360 inmates) in seven facilities had their regular meals

supplemented with ICRC-supplied food rations, while distributions of firewood bolstered cooking capacities. Among them, 422 severely malnourished inmates received high-energy biscuits. These inputs, alongside regular health monitoring, helped stabilize malnutrition and associated mortality rates. Some 271 detainees enjoyed fresh vegetables farmed in prison gardens using ICRC seed, fertilizer and tools.

Meanwhile, prison authorities and delegates worked on securing the penitentiary food-supply chain. Drawing on ICRC recommendations, the Justice Ministry obtained an increase in the food budget and regulated the allocation of funds to individual prisons.

Detainees also saw improvements in health care thanks to donations of drugs/medical supplies to 12 medical facilities serving prisons, backed by training in medical stock management for selected health workers. Efforts continued to encourage the authorities to extend national HIV/AIDS, TB and malaria prevention programmes to inmates countrywide. Reducing their exposure to hygiene-related health hazards, 9,052 detainees benefited from critical renovations to water, sanitation and kitchen infrastructure and, where necessary, received soap/cleaning materials.

With ICRC encouragement, several international stakeholders joined in efforts to improve detainees' conditions. The Justice Ministry established a working group to coordinate streams of activity.

### WOUNDED AND SICK

Armed confrontations and other violence, particularly in areas lacking health infrastructure, sometimes made it difficult for sick and weapon-wounded people to obtain adequate treatment.

National Society branches received ICRC training, funds and equipment to boost their capacities to administer/teach first aid and to help the authorities manage human remains. Such preparations ensured that, during election-related violence, the injured were promptly transferred to hospital, and the dead to mortuaries.

In the Kivus, weapon bearers developed their first-aid skills through National Society/ICRC training (see *Armed forces and other bearers of weapons*), better positioning them to administer first-level care. At secondary level, seven hospitals received drugs, medical supplies, equipment and staff training, focusing on waste-disposal, sterilization and hygiene control. Repairs to water/sanitation systems and incinerators in 12 facilities (230 beds) helped ensure safe/hygienic conditions for patients. Casualties unable to afford the required treatment had their expenses covered by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC	MONUSCO
<b>ICRC visits</b>		
Detainees visited	15,674	12
Detainees visited and monitored individually	1,716	12
	<i>of whom women</i>	31
	<i>of whom minors</i>	60
Detainees newly registered	1,101	12
	<i>of whom women</i>	22
	<i>of whom minors</i>	45
Number of visits carried out	397	9
Number of places of detention visited	123	3
<b>Restoring family links</b>		
RCMs collected	2,890	
RCMs distributed	2,067	
People to whom a detention attestation was issued	47	

Some 634 people left physically disabled by conflict, including amputees, obtained free limb-fitting services at five ICRC-supported prosthetic/orthotic centres. Those travelling from afar had their transport/accommodation costs covered. To support service provision, centres were supplied with prosthetic/orthotic components and mobility aids, including 522 crutches and 23 wheelchairs.

### **AUTHORITIES**

National, provincial and local authorities and parliamentarians, as well as diplomats and representatives of MONUSCO and regional bodies, kept abreast of the ICRC's activities and concerns during round-tables/briefings. These helped deepen their support for the ICRC's neutral, impartial and independent humanitarian action, particularly in the run-up to elections. Frequent contact with humanitarian actors at central and field level complemented these efforts and facilitated coordination.

In efforts to encourage national implementation of IHL, ministerial officials studied the relevance of that body of law to the DRC context, and reviewed instruments pending their ratification/implementation, at ICRC presentations. Such events and bilateral discussions contributed to National Assembly votes to ratify the Convention on Cluster Munitions and the African Union Convention on IDPs. The Health Ministry and National Society/ICRC personnel discussed ways of promoting legislation designed to protect use of the Movement's emblems.

### **ARMED FORCES AND OTHER BEARERS OF WEAPONS**

Military/police commanders and representatives of some armed groups consolidated dialogue with ICRC delegates. Besides increasing opportunities for operational briefings (see below), this served to facilitate humanitarian/medical access to people affected by conflict or other situations of violence and to remind weapon bearers of their responsibilities to protect civilians (see *Civilians*).

Such dialogue formed part of wider efforts to encourage weapon bearers to act in compliance with humanitarian principles. To that end, national military/police IHL instructors honed their teaching skills during ICRC courses, and some worked alongside ICRC delegates to relay humanitarian messages to troops. Through briefings at training institutions or in the field, sometimes combined with first-aid training (see *Wounded and sick*), members of military/security forces or armed groups gained a better understanding of IHL and/or international human rights law, as applicable, and the Movement's specific role. Among them were over 5,500 army officers preparing for deployment to the Kivus under the military reorganization. Key stakeholders in security sector reform, including the European Union and MONUSCO, maintained contact with the ICRC to ensure a coherent approach to the incorporation of IHL into national training programmes, contributing tailored materials to support delegates in training/briefing particular groups.

### **CIVIL SOCIETY**

Building broad awareness and acceptance of the Movement and its emblems remained essential to secure humanitarian access to people in need. National Society branches worked with the ICRC to that end, receiving funds, guidance and materials to boost their communication capacities, including via media partnerships. Media representatives drew on National Society/ICRC briefings, press releases/conferences and field trips to report regularly on humanitarian issues and Movement initiatives. To enhance such

coverage, journalists from five provinces sharpened their reporting skills at workshops highlighting the diverse challenges facing humanitarian workers in the DRC. Ahead of the elections, television/radio stations broadcast two National Society spots underscoring the Movement's neutral, impartial and independent humanitarian stance.

Meanwhile, during meetings with ICRC delegates, human rights NGOs and community leaders shared humanitarian concerns and learnt more about IHL and the ICRC's work to protect vulnerable civilians/detainees. Such contacts helped launch community-based activities aimed at protecting children at risk of recruitment by fighting forces (see *Civilians*).

The Education Ministry and 14 universities joined forces with the ICRC to promote IHL/the Movement among young people. Thus, students learnt about ICRC activities in the DRC at lectures, increased their understanding of customary IHL at a seminar, and tackled IHL scenarios at a competition in Côte d'Ivoire (see *Abidjan*).

### **RED CROSS AND RED CRESCENT MOVEMENT**

Besides partnering the ICRC during family-links, relief and communication activities (see above), the DRC Red Cross benefited from ICRC training, advice, relief goods, communication materials, logistical equipment and staffing support to reinforce its governance, administration and emergency response capacities. Thus prepared, it mobilized an effective response to several emergencies, as in Kisangani where it evacuated victims of an air crash. In preparation for elections, the National Society prepared a contingency plan in coordination with the authorities, organizing refresher courses for disaster-management/first-aid personnel countrywide and positioning first-aid posts in hot-spots. With backing from the International Federation and other Movement components, the National Society organized regular coordination meetings at central/field level, participated in statutory meetings and launched a six-month plan to strengthen its organizational structure and management. In particular, it drafted new statutes delineating management and governance functions and adapted its financial reporting system to improve accountability.

Regular meetings of Movement partners and other humanitarian actors working in the DRC helped optimize the impact of their respective activities.