

Annual report



International Federation
of Red Cross and Red Crescent Societies

DEMOCRATIC REPUBLIC OF CONGO

Appeal No. MAACD001

11/05/2010

This report covers the period from
01/01/2009 to 31/12/2009



Red Cross of DRC volunteers conduct shelter construction exercise during the NDRT field training in December 2009 and January 2010
Photo: Red Cross of DRC

In brief

Programme purpose: Activities of the programme are still based on the PIC (Programme Initiative Congo) approach and aim at contributing to the improvement of the living conditions of the most stripped populations by enhancing quality and impact and substantially multiplying activities based on the priorities defined in the 2010 Strategy, ARCHI 2010, the Ouagadougou Declaration, and the Algiers Plan of Action.

Programmes summary:

To enhance the PIC as the Red Cross of DRC main implementation strategy, a “lessons learnt” process was conducted involving feedback from all 11 provinces. This will help develop and disseminate adequate guidelines to the lower structures of the National Society. While the revision of the National Society’s constitution was being finalized with the input from the Joint Commission, enhancing financial, logistics and administrative procedures have been ongoing thus fostering the Red Cross of DRC transparency and quality of services. However, steady efforts must continue to be made in these areas. With funding and technical support from ICRC and the Federation, the Red Cross of DRC has engaged in a global external audit of its finance and performance. The results will be used to guide further restructuring exercise in 2010.

Skills in vulnerability and capacity analysis (VCA) were enhanced with support from the Federation and the WFP vulnerability assessment and mapping (VAM) unit. Training for 28 national VCA team members (nine from the headquarters and 19 from seven branches) was conducted and the focus was on developing the capacities to use participatory assessment and planning tools such as participatory rural appraisal (PRA) and rapid rural appraisal (RRA) methodologies. The national VCA

team of the Red Cross of DRC currently oversees all VCA activities done by the National Society in any part of the country.

The Red Cross of DRC has moved from short term to long term planning process and this will ease resource mobilization for its programmes. In 2009 long term projects were developed in the areas of sexual violence and discrimination against and empowering of Pygmy communities. Measures were also put in place to access long term funding from the European Commission by enrolling the National Society into PADOR. This will be followed by the preparation and submission for funding by the European Commission of a 4-year Water Facility proposal in 2010.

In 2009, the Red Cross of DRC strengthened its partnerships with the Ministry of Interior and the Ministry of Social and Humanitarian Affairs with the aim to develop joint disaster management capacities using the comparative advantages of the National Society and the Federation. This included developing and field testing curricula for the training of the staff of the Civil Protection Unit (Ministry of Interior) and the technical departments of the Humanitarian Affairs Division (Ministry of Social and Humanitarian Affairs) and working on developing a national disaster response master plan (Plan ORSEC). Furthermore, the Red Cross of DRC continued to play very important roles in interagency disaster preparedness and response plans throughout the country but most importantly in relation to outbreaks of Cholera in many provinces and volcanic eruptions in North Kivu province.

The Red Cross of DRC has also improved its programmes related to sexual violence and discrimination of Pygmy communities. The volume and the quality of services delivered were increased.

Financial situation: The total revised budget for 2009 was of **CHF 1,945,346 (USD 1,778,880 or EUR 1,238,854)**, financed at CHF 1,593,000 (80%). Expenditure overall was 20%.

[*Click here to go directly to the attached financial report*](#)

[*Click here to go to the PU no. 1*](#)

No. of people we help: Through the PIC the Red Cross of DRC reached some 380,000 direct beneficiaries from January to December 2009.

Our partners: In 2009, the Federation received funding from Canadian, Danish, Finnish, Irish, Norwegian and Swedish Red Cross Societies and from Department for International Development (DFID). Also in-kind donation was received from Danish and Spanish Red Cross Societies for the regional emergency relief stock. Bilateral financial support was provided to the Red Cross of DRC by ICRC, Danish, Spanish and Belgian Red Cross Societies; funds were also provided from the Global Alliance for Vaccination and Immunization (GAVI), "Cooperazione Internazionale" (COOPI) and UNICEF. Furthermore technical support was received from various government departments and from the United Nations Food and Agriculture Organisation (FAO).

Context

In 2009, the humanitarian situation in DRC was dominated by the persistence of armed conflict in the eastern part of the country. Attacks and reprisals in Province Orientale by the Lord Resistance Army (LRA) and in North and South Kivu by the Front Démocratique pour la Libération du Rwanda (FDLR) and the CNDP and other smaller armed groups have led to massive population movements. The situation further worsened as the government's Forces Armées de la République Démocratique du Congo (FARDC) and their allies decided to neutralise all rebel groups with support from the Forces Armées du Rwanda (FAR). According to OCHA joint military operations conducted by the Government of DRC with support from armies of Rwanda and Uganda resulted into the displacement of over one million people in 2009. The situation of conflict 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. Various reports have mentioned more than 100 cases of rape per week in

2009. New fronts appeared in Equator Province in 2009 resulting into hundreds of thousands displaced people among which more than 114,000 crossed the border into the Republic of Congo.

In terms of natural disasters the situation has been relatively calm during the reporting period. The major threat that the Red Cross of DRC had to respond to was and continues to be posed by potential volcanic eruptions and seismic activities in North Kivu. In this regards, based on reports from the volcanologist observatory in Goma, the National Society received CHF 63,000 from the Federation DREF and successfully updated its contingency plan, developed evacuation plans and conducted community awareness raising campaigns on the hazard and on the evacuation plans. This was done in close coordination with provincial authorities and other stakeholders. Reports on these activities can be viewed on <http://www.ifrc.org> and on www.reliefweb.int

DRC still lacks a national disaster response plan. 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. The Red Cross of DRC has engaged in a very active advocacy with the government and other major stakeholders in this area and strategically plans its disaster preparedness activities to systematically incorporate capacity building for government disaster management committee (Protection Civile) at national and provincial levels.

Chronic household food insecurity continues to affect 70% of the population in almost all provinces. This is due to the deterioration of feeder roads, limited access to appropriate agricultural supplies, crop pests and continued insecurity in the eastern part of the country. The Red Cross of DRC has responded to this type of vulnerability by implementing a community based food security project in Kinshasa province (with support from Spanish Red Cross) and by conducting baseline studies in support to the development of food security projects in Province de l'Equateur (with support from Belgian Red Cross) and in Province du Maniema (with support from the Federation's zone office for West and Central Africa).

As Malaria remains the first cause of morbidity claiming the lives of more than 180,000 children aged 0-5 years every year the Red Cross of DRC supported by the Federation global Malaria project has prioritised support to the national 2009-2013 Malaria strategic plan and enhanced its capacities to successfully participate in the upcoming mass distribution of insecticide treated mosquito nets in all 11 provinces and subsequent hang up-keep up activities.

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. While only 1% of pregnant women benefit from prevention of mother to child transmission (PMTCT) activities (UNAIDS, December 2008), sex workers are among the most vulnerable to HIV/AIDS.

Progress towards outcomes

Disaster management

Expected outcomes

- Risk maps of target areas and adequate planning are developed in the provinces and divisions targeted by the programme in DRC.
- The vulnerable populations and Red Cross local committees have good mastery of risks specific to their respective localities and ensure effective disaster prevention and response.
- Interventions to respond to disasters are improved and carried out in a more professional way through good coordination and the use of realistic contingency plans.

Achievements

Hazard mapping, contingency planning and community disaster awareness raising were conducted in all 11 provinces of the countries. However, the focus was placed on interagency contingency planning for volcanic eruptions in North-Kivu, training of the Government Civil Protection Unit, discussions with Division of Humanitarian Affairs under the Ministry of Social Affairs on the training of government staff and harmonizing emergency needs assessment tools and developing a national disaster response plan (plan ORSEC).

In the view of enhancing Red Cross of DRC DM capacities, field based training events were organised for the national disaster response team and the national VCA team. While Red Cross of DRC has better trained NDRT and VCA team members (158 and 28 staff and volunteers respectively) that can be deployed throughout the country and supported by enhanced operation procedures (SOPs), the NS has also trained more than 2,000 volunteers and community members in community based first aid (CBFA). These volunteers have been very active in disaster risk reduction raising community awareness on disaster hazards and responding to small scale disasters and health emergencies.

During the reporting period, the Red Cross volunteers reached out to more than 150,000 people with disaster awareness activities in areas most at risk. Also, they provided relief assistance to about 50,000 people throughout the country. This includes relief assistance to some 30,000 IDPs in the East of the country with financial support from ICRC.

Thanks to in-kind donation from Danish and Spanish Red Cross Societies, the Red Cross of DRC has enhanced its Early Warning/Early Action capacity. In addition to the capacity to mobilize its important network of first-aid volunteers, the Red Cross of DRC is now capable to provide Sphere compliant emergency response to 2,000 disaster affected households with appropriate and adequate number of non-food items in any part of the country within 72 hours.

Warehousing capabilities including the construction of a 1,800 m³ warehouse in Kinshasa have been organized to foster the readiness of the National Society to provide timely response to people affected by disasters in anywhere in the country.

More than 20 Red Cross of DRC NDRT members can easily be deployed as members of regional Disaster Response Teams (RDRT).

Health and Care

Expected outcomes

- Access to potable water and sanitation is improved in Equateur, Western Kasai, Eastern Kasai and Bas-Congo and Bandundu, to reduce the risks of cholera epidemics and the prevalence of water-borne diseases.
- The understanding of HIV/AIDS and the attention to people living with HIV/AIDS (PLWHA) are reinforced in the target provinces of DRC in view to change behaviours.
- The multi-antigen immunization coverage rate has increased in target zones within the DRC.

Achievements

If in 2009 the Red Cross of DRC enhanced its network of mothers clubs and community based first-aid groups as its main agents of change in its outreach health strategy, water and sanitation remained the main focus of the health programme. During the reporting period, the National Society mobilized 3,000 volunteers to conduct health and hygiene education that benefited some 120,000 people in various communities. Also, the National Society constructed or rehabilitated 12 water sources, 41 protected wells and 36 boreholes thus improving sustainable access to safe and clean water to 14,000 households in some 100 communities. This was achieved through funding from the federation, ICRC, Danish Red Cross and UNICEF.

The Red Cross continued implementation of its two-year agreement with the global Alliance for Vaccination and immunization (GAVI) on improving coverage of the Extended Vaccination Programme in 65 health districts in Katanga, Kinshasa, Kasai Occidental, Kasai Oriental and South Kivu provinces. The signing of which was facilitated by the Federation. In 2008 the programme allowed sensitized 3,915 households with more than 3,000 health education events from January to December 2009 thanks to the work of Red Cross volunteers 17,600 children aged 0-5 years were fully immunized. Also 3,700 pregnant women received three doses of anti-tetanus vaccine.

Under its HIV/AIDS programme and in the framework of the Central Africa National Societies' Global alliance on HIV/AIDS, the Red Cross of DRC volunteers achieved the following in Kinshasa and Bas Congo provinces:

- 9,900 adults (sex workers and truck drivers and their clients) were sensitized with HIV/AIDS prevention messages; among them 4,300 male and 5,600 female;
- 340 home visits were conducted benefiting 690 people living with or affected by HIV (380 women, 220 men and 90 children) who received material and psychosocial support;
- 378 Youths (153 in Kinshasa and 225 in Bas Congo) and 188 pregnant women were oriented for VCT.

The full report of the HIV/AIDS programme can be made available on request.

Furthermore, the National Society intensified its prevention, preparedness and response activities in relation to H2P in the provinces most affected or most at risk: Kinshasa, North Kivu, South Kivu and Katanga. A total of 115,000 people were reached through small groups' sensitization campaigns. Among them 85% were pupils. About 100 staff and volunteers were mobilized, trained, equipped and deployed for H2P education and surveillance. This probably helped keep the effect of the pandemic close to nil.

Other achievements under the health programme were:

- Ebola and Cholera epidemics prevention and control in Kasai Orientale, Maniema and Katanga provinces with funding through the Federation DREF. In the Kalémie district of Katanga province alone, Red Cross volunteers reached out 187,000 people (37,500 households) with Cholera prevention messages. They also provided more than 200 Mt of chlorinated safe drinking water to some 100,000 people through 60 chlorination points between October and December 2009.
- Social mobilization was conducted by 1,280 volunteers during measles mass immunization reaching out 1,016,000 children in 32 health zones with financial support from the Federation DREF.
- Introduction of a safer blood programme in Kinshasa with support from Belgian Red Cross Society and mobilization of voluntary blood donors and collection of 5,070 bags of blood in Kinshasa and Lubumbashi. This was mainly funded by the Belgian Red Cross society.

Organisational Development

Expected outcomes

- Women are better represented at every level of coordination and management organs and their capacities are built to enable them to fully play their roles.
- The local branches of the National Society are reactivated and local assemblies are held within the timeframe provided by the articles of the association to elect new leaders.
- The financial resources of the National Society are developed and diversified, and bookkeeping is mastered at national headquarters and local branch levels.
- Planning, monitoring, evaluation and reporting systems are improved within the National Society.
- Through the CAS process, the National Society of the DRC has consolidated partnerships with other Movement components, governments, the UN agencies as well as national and international organizations.

Achievements

In 2010 and following restructuring of its management structures in 2008, the Red Cross of DRC has started reviewing and enhancing its Planning, Monitoring, Evaluation and Reporting (PMER) capacities. This included harmonizing tools and approaches for the implementation of the 2009-2013 Strategic Development Plan, aligning priorities with the Millennium Development Goals (MDG) as embedded in the Government of DRC development plans, working towards more focused operational alliances. In that view, planning and review meetings were organized with representatives of line ministries especially the Ministry of Planning, with UN Agencies i.e. UNICEF and WHO and the Red Cross Red/Crescent Movement. The list of workshops includes review of the 2009-2013 Strategic Development Plan, thus enhancing CAS process which Italian and French Red Cross Societies and Iranian Red Crescent that has joined in 2009.

With support from the Federation and Belgian Red Cross Flemish community, the National Society adopted Project Cycle Management (PCM) as its main planning tool and is about to adopt NAVISION as its accounting software. Plans are underway to enhance the capacities of staff and volunteers in the use of the PCM tools and NAVISION. This includes actions to improve basic administration and finance management procedures of the National Society.

Successful implementation of enhanced PMER capacities requires that weaknesses in the PIC process are addressed. In that view a series of meetings were initiated at both the National Society's headquarters and in the branches with the aim at reviewing and harmonising the process across the sectors and in all 11 provinces. The final outcome of these internal discussions should have been a PIC manual or guidelines for use by bilateral PNS and the branches; but this exercise has been delayed. It will be completed in 2010.

Meanwhile, procedures and tools for assessing and enhancing staff performance and reporting on programme impact were developed. However, full implementation of the new procedures and tools is yet to be achieved at all levels of the National Society.

Technical and financial support was also provided to the Governing Board and branch committees on governance issues. This included among other things revision of the Statutes of the National Society and holding of national and branch governance meetings. All branches are up to date following their elections.

Humanitarian Values

Expected Outcomes

- The Fundamental Principles of the Movement and Humanitarian Values are well understood within the Red Cross and by the populations in the areas covered by PIC; abuses of the emblem are reduced in the DRC.
- Discrimination against Pygmies is reduced in Bandundu, Northern Maniema, Equateur and Province Orientale.
- Stigma against female sexual abuse victims is reduced and they benefit from adequate attention in North and South Kivu (DRC).

Achievements

Activities related to the dissemination of the Fundamental Principles were mainly funded by the Federation, ICRC and Belgian Red Cross. This helped the Red Cross of DRC to continue internal and external dissemination programme through radio and TV broadcast, focus group discussions and visits to primary schools.

During the celebration of the 150 anniversary of the International Red Cross and Red Crescent Movement series of events were organized which included dissemination to selected opinion influential groups and decision makers; among them, representatives from the Senate, Officials from line ministries and heads of international and diplomatic organizations. During these interactions, the

main focus was placed on the need to quickly finalize the national law on the protection of the Red Cross Emblem.

As part of its contribution to the fight against the discrimination of the Pygmies, Red Cross of DRC has mobilized its volunteers from Equateur Province to implement social integration activities that brought together the majority Bantus and the minority Pygmies around shared social services and infrastructures. In that view hygiene education and environment clean up campaigns were conducted and benefitted 7,000 people, 53% of whom are Bantus and 47% are Pygmies. Also demonstration of the construction of VIP latrines was done with 37 families (400 people both Bantus and Pygmies) in preparation for the implementation of a 4-year water and sanitation and social integration project from 2010.

By developing a three-year planning document for its sexual violence programme and supporting implementation guidelines strategies Red Cross of DRC enhanced its outreach activities aiming at providing adequate psychosocial support and orientation to women victims of rape as a consequence of the conflicts in North and South Kivu provinces. This has helped the NS provide better quality services to 1,671 raped women in 2009. Red Cross of DRC volunteers also reached out to more than 57,000 people (26,000 men and 37,000 women) with anti-stigma messages through 1,600 sensitization events. Also, the volunteers conducted 1,056 home visits during which they facilitated 363 social mediations, 222 (61%) of which were concluded positively (rejected raped women were reintegrated into their respective families).

Table 1: Statistics of the VSV programme

	North Kivu	South Kivu	Total
Women received and counselled in counselling centres	870	801	1,671
Women referred (within 72 days of after)	217	94	311
Women assisted with social integration activities (mediation and income generating activities)	221	142	363

Working in partnership

During the reporting period, the Red Cross of DRC received multilateral support through the Federation from British, Canadian, Danish, Finnish, Norwegian, Spanish and Swedish Red Cross Societies. The National Society has also received bilateral support from Belgian Red Cross (both Francophone and Flemish communities); from Danish and Spanish Red Cross and from ICRC. Funding was also received from the Global Alliance for Vaccination and Immunisation (GAVI). In addition to financial resources, the Red Cross of DRC received technical support from the Movement partners such as the Federation, ICRC, Belgian, Danish and Spanish Red Cross Societies.

Advanced bilateral partnership development discussions were also conducted between the Red Cross of DRC and Italian Red Cross and Iranian Red Crescent societies.

The Red Cross of DRC has continued participating in various clusters under the Humanitarian Action Plan (HAP). The National Society has also maintained and/or developed close collaboration with many line ministries, especially the Ministry of Health, the Ministry of Interior (Civil Protection Unit), the Ministry of Agriculture and the Ministry of Environment. Collaboration between FAO and OCHA has also been enhanced. These diversified financial and technical partnerships have contributed to enhancing the image of the Red Cross of DRC and its auxiliary role to government. However due to inappropriate management of resource by some provincial structures, the collaboration with the Pooled Fund and UNCEF is being challenged.

The 2009-2013 Strategic Development Plan and Global Alliance frameworks remained the basis for enhancing coordination and partnerships with Red Cross and non Red Cross organizations.

Contributing to longer-term impact

Assessing vulnerabilities and capacities at every critical step of programming continues to make it possible to focus on real element of community and households vulnerability, thus ensuring the relevance of the programmes and their effective contribution to national efforts to reduce poverty, get closer to the millennium development goals (MDG) and ensure greater resilience of the population to social, economic, technological and natural shocks.

Focusing on real community vulnerabilities will be even more guaranteed with the ongoing discussions with WFP for a possible collaboration between Red Cross vulnerability and capacity assessment (VCA) and WFP vulnerability assessment and mapping (VAM) teams for information sharing, training of Red Cross VCA team members, joint assessments, etc. This enhanced Red Cross and WFP partnership will be materialized during the upcoming Red Cross VCA training session in September during which WFP VAM team members will be co facilitators.

Through its network of trained volunteers, the Red Cross of DRC will continue the implementation of the Federation West and central Africa global alliance on HIV/AIDS hence contributing to reaching 950,000 vulnerable people, including 10,000 orphans and 49,000 people living with HIV and 13,000 sex workers in five countries (Burkina-Faso, Central African Republic, Guinea, Nigeria and the Democratic Republic of Congo) with prevention, care and support and anti-discrimination activities.

Furthermore, training for national and the provincial disaster response teams, the formulation of the national emergency response plan contingency and community disaster awareness raising will for sure contribute to building more resilient and safer communities.

The Red Cross of DRC has strengthened its a unique position of auxiliary to the public authorities that will enable them engage on issues related to International Disaster Response Law (IDRL); disaster risk reduction; climate change and climate adaptation. For example, due to the good work done around the volcanoes in the Virunga Plain by the National Society with support from the Federation, the governments of DRC and Rwanda are currently negotiating a Memorandum of Understanding that will facilitate movements of people and relief items across the border in case of volcanic eruptions while the Volcanologist Observatory of Goma is discussing with their colleagues from Germany about the possibility to establish in Goma a centre for the surveillance of earthquake hazards.

Looking ahead

The Red Cross of DRC is working with the Ministry of Social Affairs to develop a national disaster response master plan and enhance emergency needs assessment capacities and tools. The NS is also working with the Ministry of interior to improve the capacities of the civil protection Unit. This will continue to be key in the promotion of the auxiliary role of the National Society. Furthermore, it is expected that thanks to the demonstrated expertise and added value in Disaster Management, the National Society will be more and more solicited by national and provincial authorities to play a key role in improving DM mechanisms throughout the country. To that effect, a more strategic and sustainable approach needs to be developed under the federation leadership. This will include enhancing coordination and partnerships with UNDP and OCHA both in DRC and in surrounding countries.

The PIC is now implemented in all 11 provinces but due to weak multiplication strategies and the lack of required financial resources, activities have not yet reached all the most vulnerable communities. In some provinces the PIC is being implemented only in provincial capital cities. It is necessary that more partners engage into long term operational alliances with the Red Cross of DRC so that the PIC can be efficiently expanded to vulnerable villages. Minimum capacities have already been developed at provincial headquarters to accompany implementation in vulnerable villages of a minimum package of activities that will help irreversibly reduce vulnerability.

Regarding PMER capacity of the Red Cross of DRC, though Belgian Red Cross Flemish Community has put aside resources to support implementation of Project Cycle Management (PCM) tools and NAVISION at headquarters, it is crucial that adequate funding is made available for their implementation at all levels of the National Society. Furthermore, to complete the PMER toolkit, participatory assessment tools must be adopted (as part of VCA toolkit) and harmonized reporting formats developed for lower and upper Red Cross structures.

To support all these efforts in a more coordinated and efficient manner, negotiation of operational alliances with Red Cross and Red Crescent partners and other donors will continue to be a priority throughout 2010.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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<Final financial report below; click here to return to title page>

International Federation of Red Cross and Red Crescent Societies

MAACD001 - Democratic Republic of the Congo

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAACD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	449,999	670,413	279,995	219,998	324,941	1,945,346
B. Opening Balance	613	223	552	631	0	2,020
Income						
<u>Cash contributions</u>						
Canadian Red Cross					37,991	37,991
Danish Red Cross			64,060		5,841	69,901
Danish Red Cross (from Danish Government)					84,027	84,027
DFID Partnership grant	256,965					256,965
Finnish Red Cross		8,898				8,898
Finnish Red Cross (from Finnish Government)		50,423				50,423
Norwegian Red Cross				11,655		11,655
Other	53,612	50,578	30,346	595		135,132
Sweden Red Cross		87,515		43,094		130,609
Sweden Red Cross (from Swedish Government)	114,105	287,957	106,974	114,105	114,105	737,247
C1. Cash contributions	424,682	485,372	201,380	169,449	241,964	1,522,848
<u>Outstanding pledges (Revalued)</u>						
Danish Red Cross			12,812		1,168	13,980
Danish Red Cross (from Danish Government)					16,804	16,804
C2. Outstanding pledges (Revalued)			12,812		17,972	30,784
<u>Income reserved for future periods</u>						
Danish Red Cross					-53	-53
Danish Red Cross (from Danish Government)					-759	-759
C3. Income reserved for future periods					-811	-811
<u>Other Income</u>						
Services					8,069	8,069
C6. Other Income					8,069	8,069
C. Total Income = SUM(C1..C6)	424,682	485,372	214,192	169,449	267,194	1,560,889
D. Total Funding = B + C	425,296	485,594	214,744	170,080	267,194	1,562,908
Appeal Coverage	95%	72%	77%	77%	82%	80%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	613	223	552	631	0	2,020
C. Income	424,682	485,372	214,192	169,449	267,194	1,560,889
E. Expenditure	-424,537	-480,753	-214,194	-169,478	-266,349	-1,555,312
F. Closing Balance = (B + C + E)	758	4,841	551	602	845	7,596

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MAACD001 - Democratic Republic of the Congo

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAACD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A		B						A - B	
BUDGET (C)		449,999	670,413	279,995	219,998	324,941	1,945,346		
Supplies									
Clothing & textiles	5,600		1,380				1,380	4,220	
Food			5,735				5,735	-5,735	
Seeds,Plants		512					512	-512	
Water & Sanitation	62,914	17,471	8,586				26,057	36,857	
Medical & First Aid	2,365		201				201	2,164	
Teaching Materials	42,169		20,971				20,971	21,198	
Other Supplies & Services	137,481	9,934	1,397		6,848		18,180	119,301	
Total Supplies	250,529	27,918	38,270		6,848		73,036	177,492	
Land, vehicles & equipment									
Land & Buildings	40,000	16,577					16,577	23,423	
Computers & Telecom		2,713				1,391	4,103	-4,103	
Office/Household Furniture & Equipm.			1,776				1,776	-1,776	
Others Machinery & Equipment			1,345				1,345	-1,345	
Total Land, vehicles & equipment	40,000	19,289	3,120			1,391	23,800	16,200	
Transport & Storage									
Storage		29,377	1,065	98		62	30,602	-30,602	
Distribution & Monitoring	9,483	1,177	875	10	300	103	2,466	7,017	
Transport & Vehicle Costs	104,255	11,251	31,743	10,205	25,682	15,994	94,875	9,380	
Total Transport & Storage	113,738	41,804	33,684	10,314	25,982	16,159	127,942	-14,204	
Personnel									
International Staff	593,069	32,605	155,791	121,394	72,136	92,700	474,625	118,444	
National Staff	160,379	63,666	49,710	7,362		49,790	170,529	-10,150	
National Society Staff	240,849	13,938	59,177	24,452	2,457	177	100,201	140,647	
Consultants	10,570			1,463			1,463	9,107	
Total Personnel	1,004,867	110,208	264,679	154,672	74,593	142,667	746,819	258,048	
Workshops & Training									
Workshops & Training	265,949	47,786	59,963	6,952	9,015	3,555	127,271	138,677	
Total Workshops & Training	265,949	47,786	59,963	6,952	9,015	3,555	127,271	138,677	
General Expenditure									
Travel	44,284	4,208	15,216	8,692	4,625	8,208	40,949	3,335	
Information & Public Relation	22,685	5,417	13,317	311	1,295	7,610	27,951	-5,266	
Office Costs	35,628	20,499	7,582	1,366	4,503	21,526	55,475	-19,847	
Communications	24,810	5,283	9,652	3,365	5,401	4,687	28,389	-3,579	
Professional Fees	4,000	1,065	1,156	1,156		5,111	8,487	-4,487	
Financial Charges	6,600	37,987	5,921	11,893	8,291	-25,345	38,747	-32,147	
Other General Expenses	6,071	31,365	1,831	-24,226		7,503	16,473	-10,402	
Total General Expenditure	144,078	105,824	54,675	2,557	24,115	29,300	216,471	-72,392	
Programme Support									
Program Support	126,186	27,595	31,842	13,923	11,130	17,313	101,803	24,383	
Total Programme Support	126,186	27,595	31,842	13,923	11,130	17,313	101,803	24,383	
Operational Provisions									
Operational Provisions		44,112	-5,480	25,777	17,795	55,965	138,169	-138,169	
Total Operational Provisions		44,112	-5,480	25,777	17,795	55,965	138,169	-138,169	
TOTAL EXPENDITURE (D)	1,945,346	424,537	480,753	214,194	169,478	266,349	1,555,312	390,034	
VARIANCE (C - D)		25,462	189,659	65,802	50,520	58,592	390,034		