

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Central Africa Regional Representation

Appeal No. MAA62001

Plan Budget and Objectives Revision

3/August/2009

This report covers the period 1st/January/2009 to
30/June/2009.



Cameroon Red Cross volunteers supported by the International Federation assist CAR refugees in Eastern Cameroon. **Jean-Jacques Kouoh/International Federation**

In brief

Programme purpose: The Central Africa Regional Representation (CARREP) programmes are aimed at meeting the Federation's four Global Agenda Goals within the region, which include to 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; and reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Programmes summary: Although considerable efforts were made in disaster management, health and care, organizational development and principles and values programmes implementation during the first half of 2009, some key activities are yet to be carried out. This was partially due to the fact that much time was dedicated to the CAR refugee operation in Cameroon. In addition, part of the funding for other activities came in towards the end of the semester.

As far as the Disaster management (DM) programme is concerned, the humanitarian context characterized by population movement and emergency situations such as violent winds in Central African Republic (CAR) and Gabon dictated the focus of interventions. In fact, during this reporting period, the DM team concentrated the greater part of its time preparing and

launching the operation to assist 63,000 CAR refugees in Cameroon. It also organized the response to violent winds which occurred twice in CAR and once in Gabon, through the implementation of DREF operations.

Under the Health and Care programme, the efforts made during this reporting period fall in line with the fight against HIV-AIDS, epidemics and malaria. Other focus deal with activities to assist CAR refugees in the Adamaoua and East regions of Cameroon.

As for the Organizational Development programme, while focus was also on the CAR refugees operation with the creation of 72 new Cameroon Red Cross local branches to facilitate the implementation of the operation in the East and Adamaoua regions of Cameroon, a few efforts were made towards the restructuring of Red Cross divisional and local committees in Congo Brazzaville and CAR.

In the area of Principles and Values promotion, the low level of funding received did not allow the implementation of all activities as initially planned. However, both CARREP and the national societies covered, succeeded in producing and publishing a few issues of their respective news bulletins or magazines to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian Values, as well as their respective activities carried out on behalf of the most vulnerable in Central Africa.

Taking into account the low level of funding received and the consequent low level of programmes implementation obtained, CARREP has decided to review its programmes objectives and budget. Thus this programme update No 1 also highlights the changes in Plan budget and objectives per programme.

Financial situation: The total 2009 budget is CHF 4,604,166 (USD 4,235,273 or EUR 3,039,655), of which 65.20 per cent covered. Expenditure overall was 20.66 per cent in relation to the budget, and 32 per cent in relation to funding. The variances between budget, income and expenditure since the beginning of the year can be explained by the fact that much effort was concentrated on the launching of the CAR refugees operation in Cameroon. The implementation of other activities started in June, and the relating expenses have not yet been taken into consideration in this report. However they will appear in the annual report by December 2009. Mindful of the funding expectations and the level of funding already received so far, the 2009 budget has been revised from CHF 4,604,166 to CHF 3,550,000 in order to be realistic. Consequently, some of the activities initially planned have been left out as can be seen under the "Looking Ahead" section. All the funding provided by the UNHCR for the CAR refugees operation in Cameroon has been placed under Disaster Management. This explains why the DM budget has been increased from CHF 1,284,145 to 1,700,000, with the refugee operation representing over 76 per cent of this new DM budget. The following table summarizes the new budget per programme:

| Programmes | New 2009 Budget (in CHF) |
|----------------------------|---------------------------------|
| Disaster Management | 1,700,000 |
| Health and Care | 1,100,000 |
| Organizational Development | 250,000 |
| Regional Coordination | 350,000 |
| Humanitarian Values | 150,000 |
| Total | 3,550,000 |

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

No. of people we have reached: About 85,000 people benefited directly from DM interventions, on the basis of 3,500 Chadian refugees and about 50 Red Cross volunteers in Northern Cameroon; about 63,000 CAR refugees in the east and Adamaoua regions of

Cameroon; 760 volunteers and 150 coaches who received training within the framework of the CAR refugees operation in Cameroon; about 13,500 urban refugees in Gabon; and about 3,420 people affected by violent winds in CAR and Gabon (2,620 people in CAR and 800 people in Gabon).

As far as health interventions are concerned, they benefited to the same refugees described for DM. In addition to the refugees, 10 sex workers (Filles libres) benefited from health interventions, 18,800 people benefited from activities to fight against HIV/AIDS, and 5,003, 473 people were directly reached through the various social mobilization activities organized in various countries during this reporting period within the framework of massive immunization campaigns.

Under Organizational Development programme, 16 divisional committees were restructured and 140 Governance members were installed in the respective committees. Moreover, 12 local branches were restructured and 63 Governance members installed. A total of 16 national executives were trained in Congo Brazzaville as well.

As for the Principles and Values programme, it is very difficult at this time to estimate the number of people who benefited directly from the sensitization sessions organized through the media, even though it is sure that a lot of people were reached.

Our partners:

The Central Africa Regional Representation programmes, worked in partnership with. The following table outlines the profile of partnership between CARREP and its donors.

| Institutions | Field of intervention |
|--|---|
| United Nations High Commission for Refugees (UNHCR) | Refugees operations in Cameroon and Gabon |
| Spanish Red Cross Society | Capacity building |
| French Red Cross Society | Health programmes |
| Irish and Swedish Red Cross Societies | All programmes in the 2009-2010 plan |
| International Committee of the Red Cross (ICRC) | Humanitarian principles and values, disaster management planning and disaster response in conflict areas. |
| The Japanese Embassy in Cameroon | Health programme in Cameroon |
| The Chinese Embassy in Cameroon | All Cameroon Red Cross programmes |
| UNICEF, UNDP, UNFPA, Serment Sacré, Association de la solidarité international, Marathon oil company, USA Crisis unit, Coca-Cola Foundation, Global Funds, ALISE, Chevron oil company, Total Gabon and Celtel. | Contribution to Red Cross programmes in Central Africa. |

Context

During this reporting period, three major events seriously impacted the work in the field in Central Africa Regional Representation. The three events included the delicate operation to assist 63,000 CAR refugees in the East and Adamaoua regions of Cameroon, and three DREF operations to respond to violent winds in CAR and Gabon respectively. The CARREP supported the concerned national societies in the management of those operations by deploying five RDRT members, on the basis of one in CAR and one in Gabon for the DREF operations, and three in Eastern Cameroon for the CAR Refugees operation.

In the area of Health and Care, HIV-AIDS, epidemics and malaria continued to be the worse enemies of the populations in Central Africa. Thus efforts were geared towards fighting against these diseases, with special focus on the operation to assist CAR refugees.

Internal and armed conflicts, as well as socio-political unrest also characterized the situation in Central Africa. Taking into account of what happened during the past elections, the Red Cross had to prepare for any uncertainty after the upcoming elections in Congo Brazzaville. In the same vein, the Gabonese President died and there were fears that the situation might deteriorate in that country with humanitarian consequences not only in Gabon, but also in neighbouring countries. Thus CARREP had to start thinking about contingency plans ahead of such possibilities.

Progress towards outcomes

Disaster Management

Programme Component 1: Disaster Planning

Outcomes

- Preparedness plans/strategies, and alert systems are developed in close coordination with partners such as the African Centre for Meteorological Applications and Development (ACMAD), Comité Inter-Etats pour la lutte contre la Sécheresse au Sahel (CILSS), UN Agencies. They have been made available in all Central African national societies and have contributed to reducing risks and better managing disasters (like floods, fire destructions, sickness epidemics) in targeted areas.
- The Central African national societies' disaster preparedness plans are made consistent with the Federation existing strategies. They have been worked out with components to improve their capacities in the field of population movement management, in proper coordination with Government institutions, UN Agencies and other humanitarian organizations.
- Regional strategies on food insecurity are further strengthened and made consistent with the new challenges originating from climate change and high cost of living.

Achievements

Working in close collaboration with the Disaster Management (DM) department in Dakar, data on climate change were collected and shared with national societies (NS) in Central Africa. In addition, the DM department at the Federation's Central Africa Regional Representation (CARREP) shared an orientation template with the national societies in the region to help them develop risk maps, with objective information on the actual existence and level of functioning of Red Cross local branches in the areas identified on the maps.

The Gabonese Red Cross Society launched the process to develop its population movement management contingency plan. A total of 40 Red Cross volunteers received a multipurpose training in order to enable them to carry out the activities planned within the framework of the urban refugees operation in Gabon.

The operation to assist Chadian refugees in northern Cameroon is now managed single-handedly since March 2009 by Cameroon Red Cross Society (CRCS) human resources who had been trained properly by CARREP. This operation continues to enhance the operational capacities of the Benoue (Garoua) divisional committee of CRCS. A joint intervention strategy has been developed for Chad and the neighbouring countries, notably Cameroon and CAR. Mindful of the situation of political instability in Chad, cross-border response and coordination teams will be trained by CARREP as an active preparedness measure

With the launching of the operation to assist CAR refugees in the East and Adamaoua regions of Cameroon in February 2009, Cameroon Red Cross Society has been able to set up 73 operational local branches in targeted localities; and at least 10 volunteers have been trained in each of the newly created branches.

Since CAR refugees arrived in Eastern Cameroon, the host communities have been making relentless efforts to ensure food security for all, with limited support from the International Federation in 2008. Negotiations are underway between CARREP and the World Food Programme (WFP) in Cameroon to obtain food for work (FFW) to be distributed to these host communities.

Programme Component 2: Organizational preparedness

Outcomes

Central African national societies have developed well-structured Disaster Management (DM) departments at headquarters with fully decentralized focal units at branch level (one DM national officer with technical assistants) ; all consistently with the national societies' DM organization chart.

Achievements

The process to restructure DM departments in national societies that started in 2008 with the support of the International Federation is ongoing. In fact, CAR Red Cross restructured its DM department at national level in March 2009. This department is now composed of a national DM Officer and two assistants.

Programme Component 3: Community Preparedness/Disaster risk reduction

Outcomes

The vulnerability of communities to natural disaster risks is further reduced, and their capacities enhanced through the creation of community associations, the training and sensitization of community leaders as well as the promotion of community initiatives and programmes.

Achievements

Within the framework of the implementation of the DREF operations on violent winds in CAR and Gabon, 270 Red Cross volunteers from affected localities have been trained on disaster risk reduction strategies, and the PHAST process. These Red Cross volunteers joined efforts with community volunteers and local authorities to sensitize affected communities to the measures to be taken in the event of violent winds. They also used folders to sensitize communities, and adopted the door-to-door strategy to sensitize people in schools, markets, churches and other public squares to the need to respect hygiene and sanitation rules.

Programme Component 4: Disaster Response

Outcomes

- Disaster situations, including floods, fire destructions, sickness epidemics, earthquakes, social crises, etc. are managed promptly by Central African national societies through contingency planning, the deployment of disaster response teams, the adequate implementation of available disaster management strategies and the proper use of available DM stocks.
- An effective response strategy to refugee movements and internal population displacements in the Central African countries is put in place. It is also well-coordinated through food and non-food distributions, timely access of beneficiaries to quality shelters, safe water, culturally acceptable and gender-based sanitation facilities, as well as the provision of social services such as cultural and recreational activities, small

stockbreeding and other income generating activities (IGA) in all Central African refugee host countries like Cameroon and the Central African Republic.

Achievements

Within the framework of the implementation of the DREF operations on violent winds in CAR and Gabon, 2 RDRT members were deployed (1 in Gabon and 1 in CAR) to assist both national societies in implementing their respective plans of action. In addition to the implementation of the DREF operation, the RDRT member deployed in Gabon also strengthened the advocacy activities, which led to the selection by the UNHCR of the Gabon Red Cross society as partner for their urban refugees operation.

The regional emergency stock prepositioned at the level of CARREP has been reinforced. This facilitated rapid response through 3 DREF operations on violent winds, one in Gabon and 2 in CAR. Since February 2009, the living conditions of the 63,000 CAR refugees in the East and Adamaoua regions of Cameroon are being improved. In fact, Cameroon Red Cross volunteers supported by the International Federation have been assisting the refugees in the areas of preventive and curative health, food security (distribution of food items) and social support (offering of social and community services) through the various refugees' committees that have been put in place for the purpose of the operation (youths, men, and women). About 30,000 members of the host communities have also benefited from Red Cross assistance, bringing the total of people assisted close to 90,000. Presently, the malnutrition rate in refugees has dropped substantially thanks to the distribution of food, and their health situation has really improved. Moreover, social integration has improved and the tension that was perceived between the refugees and the host communities before the start of the operation has calmed down thanks to the social and community actions carried out by Red Cross volunteers.

The living conditions of people affected by violent winds (2,620 people in CAR and 800 people in Gabon) have been improved through non-food items distribution and the provision of psychological support by Red Cross volunteers.

Constraints or Challenges

The major constraint lays on the fact that communication between CARREP and its covered national societies does not flow easily. This somehow has a negative impact on programme implementation. The CARREP's DM team consecrated most of its time to the CAR Refugees operation given its complexity. In fact, the former partner of the UNHCR in this operation had left the scene with a series of challenges which the Red Cross had to face in order to gain the trust of UN agencies and other partners in the field.

In addition, the various emergency situations that occurred during this reporting period, notably the two violent winds operations in CAR and one in Gabon did not allow the concentration on the other activities identified in the 2009-2010 plan. In order to have enough time to supervise all the operations, regional resource persons were used.

However, it should be noted that the delay in disbursing funds also hampered the smooth implementation of the programme. While some of the activities that were planned in the 2009-2010 plan will be carried out during the second half of 2009, most of them have been included in the 2010-2011 plan.

Health and Care

Programme Component 1: HIV and AIDS

Outcome

- A number of 660 sex workers diagnosed with sexually transmitted infection (STI), HIV and AIDS have received appropriate treatment as a result of Behavioural Change Communication (BCC) interventions carried out by Red Cross volunteers in Cameroon, Central African Republic and Republic of Congo.
- The capacities of six Community-Based Organizations (CBO) of sex workers are further enhanced in the areas of leadership, associations' management, partnership development with ministries of health, Civil Society Organisation (CSO) management, and the development of global fund-funded health projects.
- The quality of life of 600 People Living With HIV (PLWH) is enhanced through Home-Based Care and support for the development of Income-Generating Activities (IGA) in Gabon, Central African Republic, Sao Tome and Principe and Equatorial Guinea.
- There are at least two Clubs 25 for blood donation in the Republic of Congo, Gabon, Central African Republic and Cameroon, and serve as a shortcut to know the serological status of blood donors and encourage them to adopt a responsible behaviour.
- Refugees and host communities within Red Cross intervention zones have adopted safer sexual behaviour through enhanced access to means of prevention, treatment and support

Achievements

The theatre group of the Central African Red Cross Society presented four theatre shows to encourage the populations to go for voluntary screening test. 15,000 people attended the four theatre shows, 1,500 screening vouchers were distributed in four voluntary screening centres, and 800 people were actually screened, 630 of who collected their results. CAR Red Cross volunteers organized also 96 HIV door-to-door sensitization sessions and reached 3,000 households with messages on the need to go for voluntary screening tests. A contract programme was signed between CARREP and the national society for the implementation of activities within the framework of the Global Alliance to fight against HIV-AIDS in Bouar, Bambari and Berberati. So far, 30 sex workers (Filles libres) have been trained on peer education. Ten micro projects were as well funded to be run by "filles libres" as an alternative to prostitution

Prior to the launching of the project to fight against AIDS dubbed "PROLUSIDA¹", seven project zone supervisors were trained from 8 to 10 June 2009 in Ngaoundéré, at the headquarters of the Vina (Northern Cameroon) divisional committee of Cameroon Red Cross Society. The three-day workshop was aimed at building the operational capacities of the participants in the area of the fight against HIV-AIDS along the corridors from Douala (Cameroon) to N'Djamena (Chad) and from Douala (Cameroon) to Bangui (CAR).

Thanks to the support of the French Red Cross, CAR Red Cross volunteers conducted 206 home visits to assist AIDS patients under ARV treatment. The volunteers referred 70 of the AIDS patients to the health centre for various reasons. Red Cross volunteers distributed in addition 32 community meals to AIDS patients.

In Gabon, 16 Red Cross volunteers distributed 18 community meals to AIDS patients, set up 9 exchange groups, and conducted 96 home visits. The Gabon Red Cross "Club 25" organized also a blood donation campaign on 24 March 2009. A total of 200 people actually donated their blood, and the result was 105 blood bags collected. The Gabonese Red Cross Society (GRCS)

¹ Projet de lutte contre le SIDA (this is a project to fight against AIDS along the corridors from Douala to N'Djamena, and from Douala to Bangui, funded by the European Union "EU" through the Central African Economic and Monetary Commission "CEMAC").

did this in close collaboration with the national blood collection centre of the Libreville general hospital. The “Club 25” activities were carried out in primary and secondary schools.

On 6 February, 2009 GRCS signed a partnership agreement with the UNHCR for the assistance to some 13,500 urban refugees in the Nyanga, Ngounie, Haut Ogoue and Estuaire provinces. So far, the national society has already received drugs to be used for the treatment of these refugees. The areas of intervention covered by this agreement include health, education, and psychosocial support.

Programme Component 2: Community-based health and first aid

Outcomes

- Red Cross volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns based on community-based health programmes (CBHP) tools developed at individual country and Movement levels.
- All disaster-prone areas covered by Central African national societies are provided with a detailed mapping showing the types and characteristics of recurrent health problems (sickness epidemics, difficult access to health facilities, treatment opportunities and referral services).
- An increased number of children attending mass immunization campaigns against measles and polio are reached through sensitization of targeted communities.
- The impact of malaria is reduced through the training of 15,000 households on household management of malaria, the distribution of 30,000 long lasting insecticide treated nets (LLITN) to selected beneficiaries, and the conduct of Behavioural Change Communication (BCC) campaigns and home visits to ensure that targeted persons effectively use LLITN.

Achievements

From 25 to 31 May 2009, CARREP organized a Community Based Health and First Aid Masters Facilitators Workshop in Kribi, Cameroon, which brought together 14 national societies from two zones, including the West and Central Africa Zone, namely the French and the Spanish Red Cross national societies. During the one-week workshop, participants were acquainted with the CBHFA package comprising an implementation guide, an animator/facilitator guide with seven modules, a volunteers manual with 7 modules, and a dialogue form for the community. It was also stressed that for CBHFA to be effective, all analyses and validation need to be jointly made with the community in order to facilitate the joint development of a community-based plan of action to be implemented using local initiatives.

In the Central African Republic, the Ministry of Health organized three anti polio immunization sessions, respectively in April, May, and June 2009 in close collaboration with key partners, including the CAR Red Cross society that mobilized 550 Red Cross volunteers who succeeded in sensitizing 4,302,359 people, including 669,017 children, in 17 health districts nationwide.

In Cameroon, immunization sessions are organized on a regular basis in all 72 sites covered by the CAR refugees operation, under the national expanded immunization programme (EIP). The immunization target mostly children and pregnant women.

Still in Cameroon, 340 cases of measles were discovered in Maroua, Northern Cameroon, in January 2009. In response to that epidemic, Cameroon Red Cross supported by CARREP organized a campaign to sensitize children from 9 months to 5 years. This resulted in the immunization of 30,639 children with the assistance of 40 Red Cross volunteers.

In May 2009, an anti polio immunization campaign took place, and Cameroon Red Cross Society mobilized its volunteers to facilitate the operation. As a result of that action, 756 Cameroonian children and 702 children of CAR refugees were immunized.

As part of the efforts to control malaria in CAR refugees and the host communities in the east and Adamaoua regions of Cameroon, Cameroon Red Cross volunteers facilitated the distribution of 37,938 long lasting insecticide treated mosquito nets (LLIN), on the basis of 15,738 in the Adamaoua region and 22,200 in the East region. During the distribution, priority was given to families with children below five years. The distribution took place in January 2009, and an evaluation was conducted in June 2009 to see how the beneficiaries have been using the LLIN. The result of the evaluation will be provided in the 2009 annual report. The remaining 12,062 LLIN out of 50,000 made available by the UNHCR were deposited in the primary health centres of the East region as a contribution to the success of the Cameroon's expanded immunization programme. These LLIN will be distributed to those children who will have taken all their vaccines from birth to 9 months, including the vaccine against measles, as it has already been the case in the Adamaoua region with the LLIN provided by UNICEF.

Programme Component 3: Emergency Health

Outcomes

- The Red Cross national societies of Central Africa are well prepared and equipped to respond to various epidemic outbreaks, including cholera in Cameroon, Equatorial Guinea, Congo Brazzaville and Sao Tome and Principe, meningitis in Cameroon and Central African Republic, Ebola in Gabon and Congo Brazzaville, and chikungunya in Gabon.
- The members of 15,000 households in the targeted zones at risk in Cameroon, Central African Republic, Congo Brazzaville and Gabon knowing the signs and symptoms of bird flu in human beings and poultry immediately rush to the nearest health centre after the first alert and an emergency stock of bird flu drugs is constituted and prepositioned at the Federation's Regional Representation in Yaoundé for distribution when necessary.

Achievements

In January 2009, an Emergency Response Unit (ERU) training workshop took place in Yaoundé, Cameroon, with emphasis on the use of a Basic Health Care (BHC) unit. The workshop that was jointly organized by CARREP and the French Red Cross brought together 19 nurses and medical doctors from the national societies of Cameroon, Democratic Republic of the Congo, Congo Brazzaville, CAR, Chad and Gabon, a participant from the Sahel Plus region, and 10 participants from the French Red Cross. All 30 participants spent eight days of intensive course with practical exercises (setting up and running a BHC unit). They were also exposed to some topics like health, ERU framework, water and sanitation (watsan), telecommunication, Red Cross Movement, BHC tools, going for ERU mission, bibliography, administration, finance and security.

As part of the efforts to help prevent the outbreak of cholera epidemics which has almost become recurrent in Congo Brazzaville, CARREP offered sensitization materials like posters and folders, and about 1,000 manuals on epidemics management for Red Cross volunteers to the Congolese Red Cross Society. Those tools will enable Red Cross volunteers to easily sensitize the populations to what should be done or not in case of a cholera outbreak. They will also facilitate the dissemination of Red Cross messages on the hygiene rules to be followed by the community in order to avoid a cholera outbreak.

An outbreak of yellow fever occurred in CAR, and the national society mobilized 200 volunteers to help put the situation under control in collaboration with the Ministry of health and other partners. In addition, CAR Red Cross trained 50 volunteers in Boali from 11 to 13 June as part of their epidemics preparedness efforts. The training focused on public health emergencies and Flu AH1N1. The volunteers came from five towns of the Ombella M'poko Prefecture, namely Bogangolo, Boali, Bossembélé, Damara and Yaloké.

In Gabon, 47 Red Cross volunteers (20 from Tchibanga, 10 from Lambarene and 17 from Mouila) have been trained on flu A H1N1 management. The trainees were all lectured on how to recognize the signs and symptoms of flu A H1N1, and on what to do in case of an outbreak of this epidemic in Gabon.

Constraints or Challenges

The main constraint lies in the fact that national societies hardly send their reports to the International Federation, which in turn has to use the telephone to know what has been achieved at national society level. The other constraint is the delay in the transfer of funds. This makes it almost impossible to meet implementation deadlines.

Organizational Development/Capacity Building

Programme Component 1: Improving national society leadership capacities to develop and implement strategies, to ensure good performance and accountability.

Outcomes

National societies' branches are restructured, created as required and made operational. Constitutional meetings are held consistently with the provisions in the national societies' statutes.

Achievements

In the Republic of Congo (RoC), three divisional committees out of the ten that make up the Congolese Red Cross network of divisional committees have been restructured during the first half of 2009. These three committees include Cuvette, Cuvette Ouest and Plateaux. In addition, twelve local branches in these committees out of 93 have been restructured; namely Oyo, Owando, Boundji and Makoua in Cuvette; Okoyo, Itoumbi, Mbama and Ewo in Cuvette Ouest; and Lékana, Ollombo, Gamboma and Djamballa in Plateaux.

In the Central African Republic, 13 prefectural committees out of the 16 that make up the CAR Red Cross network of prefectural committees have been restructured during the first half of 2009. These three committees include Basse Kotto (Mobaye Prefecture), Gribingui Economique (Kaga-Bandoro Prefecture), Haute Kotto (Bria Prefecture), Kémo Gribingui (Sibut Prefecture), Lobaye (Mbaïki Prefecture), Mambéré Kadéi or Haute-Sangha (Berbérati Prefecture), Mbomou (Bangassou Prefecture), Nana Mambéré (Bouar Prefecture), Ombelle Mpoko (Bimbo Prefecture), Ouaka (Bambari Prefecture), Ouham (Bossangoa Prefecture), Ouham Pendé (Bozoum Prefecture), and Sangha Mbaéré (Nola Prefecture).

In the Republic of Congo (RoC), 16 national executives have been trained on the relationships between Governance and Management, on how both entities should work together and on what is expected from them.

Many activities have been carried out in the field of Organizational Development. However, it should be noted that the contribution of OD programme towards improving the lives of men and women, boys and girls cannot be perceived on a short term basis. In fact, almost all OD activities target national societies' structures, members and volunteers. When structures are improved and the human resources are strengthened, quality services are delivered to vulnerable people, thereby improving their living conditions. A much longer period is needed to better assess and ascertain this.

Constraints or Challenges

Having their own sources of funding is an issue that the national societies of Central Africa are facing almost permanently. In fact, although planning is generally conducted earlier enough, they spend the greater part of the year waiting for funding, and where this funding is provided, it is

disbursed very late and insufficient to cover all expenses. Obviously, the lack of funding or the delay in disbursing available funds seriously jeopardizes programmes implementation, thereby impacting negatively on the image of national societies. In addition, this leads to the demotivation of both staff and volunteers. In an attempt to solve this problem, the national societies of Central Africa have started making good use of the few available funding opportunities at local level. They have also been enjoying the bilateral relations with Participating National Society which is growing.

The cardinal weakness of the national societies of Central Africa is management. Management procedures need to be developed, adopted, disseminated and implemented. These procedures should be seen as preconditions for any cooperation or partnership.

For these constraints or challenges to be met, there is a need to have a clear separation of powers between governance and management teams. In addition, each national society should establish a culture of programmes monitoring and evaluation and recruit its own monitoring, evaluation and reporting officer. More funding should be as well allocated to national societies to facilitate programme implementation.

Principles and Values

Programme Component 1: Operationalization of fundamental principles and humanitarian values

Outcomes

Media officials and volunteers of committees in conflict areas are better trained to facilitate the fight against intolerance and to promote respect for diversity. The principles and values of the Movement, as well as the activities of the Red Cross are disseminated widely in Central Africa.

Achievements

Air time over the radio was granted to the Red Cross in Congo Brazzaville and Gabon, the respective national societies seized that opportunity to broadcast 24 programmes to promote Red Cross activities and the culture of peace in each country.

As far as the promotion of the fundamental principles and humanitarian values is concerned, the Information and dissemination departments of the Cameroon and Gabon Red Cross national societies organized dissemination sessions in schools and universities. Two sessions were organized at the University of Soa in Cameroon, and four in Libreville and Lambarene.

Six issues of the “Lien Humanitaire” have been published in Gabon, two issues of “Croix-Rouge Info” and two magazines have been published in Cameroon, five issues of “Sango Ti” have been published in CAR and 2 issues of “l’Etendard de la paix” have been published in Congo Brazzaville. These are the names of the news bulletins published by each national society to disseminate Red Cross and Red Crescent Principles and Values and promote the activities of their respective national societies.

At CARREP level, the regional magazine “La Tribune du volontaire” and five monthly news bulletins dubbed “Afrique Centrale en Bref” were published to promote Red Cross and Red Crescent Principles and Values and promote the activities of the various national societies covered. Some of the salient humanitarian values-oriented activities included activities to fight against gender-based violence, and the discrimination against old people.

The Cameroon and Gabon Red Cross societies organized activities to mark the “Our World. Your Move.” campaign or the 150th anniversary of the Red Cross, with the support of the International Federation. Some of those activities included games and gifts for refugees in Cameroon, and the promotion of the fundamental principles and values in Gabon. In Cameroon,

about 1,000 youths paraded the streets of Yaoundé, the capital of Cameroon on 24 June 2009 to mark the 150 years of the Solferino battle which led to the creation of the Red Cross.

Although efforts have been made in some countries during the first half of 2009, it is still too early to assess the impact of the achievements.

Working in partnership

During this reporting period, CARREP worked in partnership with UNHCR within the framework of refugees operations in Cameroon and Gabon. The World Food Programme (WFP) also promised to support the refugees operation in Cameroon during the second half of 2009. Participating National Societies (PNS) such as the French and the Spanish Red Cross societies have also been working with Cameroon, CAR and Gabon national societies. The Spanish Red Cross has been supporting the capacity building programmes, and the French Red Cross has been supporting health programmes. On their part, PNSs such as the Irish and Swedish Red Cross societies have been supporting all the programmes in the 2009-2010 plan. The International Committee of the Red Cross (ICRC) has been supporting efforts to promote humanitarian principles and values, disaster management planning and disaster response in conflict areas. Governments in all six countries have been making available subsidies for programmes implementation and national societies functioning. The Japanese Embassy in Cameroon contributed to the health programme. The Chinese Embassy in Cameroon contributed to all Cameroon Red Cross programmes. National AIDS control committees in all six countries, UNICEF, UNDP, UNFPA, Serment Sacré, Association de la solidarité international, Marathon oil company, USA Crisis unit, Coca-Cola Foundation, Global Funds, ALISE, Chevron oil company, Total Gabon and Celtel are also contributing or contemplating to do so to Red Cross programmes in Central Africa.

So far, partners have been meeting informally, as their coordination meeting is yet to be institutionalized. In April 2009, CARREP initiated a kind of coordination meeting between partners and Cameroon Red Cross Society. This meeting brings together ICRC, the International Federation, the French and Spanish Red Cross (PNS), and Cameroon Red Cross Society. This is an occasion where all the components of the Movement in Cameroon took stock of their achievements and decide on where to go from there. It should also be noted that although the French and Spanish Red Cross societies are based in Cameroon, they also cover other national societies in central Africa.

In all six countries covered by this report, there is good collaboration between Government and the respective national societies as they are all members of their respective emergency coordination mechanisms. Moreover, Government authorities are always involved in major Red Cross activities.

The gap that needs to be addressed is the issue of resource mobilization at local level. It would be better if partners could contribute to the advocacy activities carried out by the International federation on behalf of national societies.

Contributing to longer-term impact

As already mentioned above, the main areas of DM interventions in Central Africa were the CAR refugees operation in Cameroon, the urban refugees operation in Gabon, and the response to violent winds in CAR and Gabon. In order to ensure good monitoring and evaluation, CARREP deployed RDRT members in the respective countries concerned to work with the national societies and coach volunteers as required. This facilitated an efficient follow up of the various activities. National executives in the countries concerned also seized the opportunity to improve their operational capacities through the learning by doing approach. The existing structures of the respective national societies have been improved; new local branches have been created (73 in Cameroon and 5 in Gabon), and new volunteers have been trained (800 in Cameroon and

150 in Gabon). This will go a long way to making the Gabon and Cameroon Red Cross societies become well-functioning national societies.

In the area of organizational development, efforts were made to promote gender equity and diversity. In fact, when creating the new local branches of the Red Cross, CARREP made sure that all the positions were equitably shared among men and women.

Although no concrete approach to lessons sharing has been put in place yet, the national societies of Central Africa created COSNAC where they used to share their experience and good practices. In 2008 for example, the Sao Tome and Principe Red Cross society shared with sister national societies the success they obtained in the area of local fund raising through TOTOLOTO. Cameroon Red Cross also shared their experience in partnership establishment with local economic operators.

Looking ahead

During the first half of 2009, focus was on the launching of the CAR refugees and urban refugees operations in Cameroon and Gabon respectively. This took much of CARREP's time, leading to only few additional activities carried out. Objectively, the remaining activities cannot be carried out all during the second half of the year. Moreover, the Representation has not received enough funding so far to enable her carry out all of those activities; and does not expect to receive 100 per cent of the funding needed by the end of the year. It has been thus decided to review the programmes objectives and budget. Some of the activities that were initially planned have been carried forward to 2010. The following activities will be carried out during the second half of 2009:

Disaster management

While focus will continue to be on the CAR refugees operation in Cameroon and the urban refugees operation in Gabon, disaster response will continue to be a priority. In fact, currently with the rainy season, floods and violent winds are likely to occur in several countries like in the previous years. Moreover, presidential elections will take place in Gabon and Congo Brazzaville in the days ahead. Mindful of this, the following activities will be carried out during the second half of 2009:

| Programme Components | Outcomes |
|----------------------|---|
| Disaster Response | <ul style="list-style-type: none"> • Assistance to refugees; • Response to emergency situations (floods, social crises); • Implementing the pilot food security project in Gabon. |
| Disaster planning | <ul style="list-style-type: none"> • Replacement and reinforcement of the regional emergency stock; • Updating flood preparedness plans in CAR, Congo Brazzaville and Cameroon; • Supporting the Gabon and Congo Brazzaville Red Cross societies' contingency plans ahead of the upcoming presidential elections in their respective countries; • Reinforcing advocacy for the establishment of partnerships between government and other organs and the national societies in the area of disaster management. |

Health and care

While focus will also continue to be on the CAR refugees operation in Cameroon, particular attention will also be paid to emergency health situations. In fact, the rainy season often comes along with epidemics outbreaks in Central Africa. However, the CEMAC-EU project to fight

against HIV-AIDS will be pursued. Out of the programme components and outcomes that were initially planned, only the following will be implemented over the second half of 2009. All other priorities have been carried forward to 2010-2011.

| Programme Components | Outcomes |
|--------------------------------------|---|
| HIV-AIDS | <ul style="list-style-type: none"> • 200 sex workers diagnosed with sexually transmitted infection STI, HIV and AIDS have received appropriate treatment as a result of Behavioural Change Communication (BCC) interventions carried out by Red Cross volunteers in Cameroon, Central African Republic. • The quality of life of 300 People Living With HIV (PLWH) is enhanced through Home-Based Care and support for the development of Income-Generating Activities (IGA) in Gabon, Central African Republic, Sao Tome and Principe and Equatorial Guinea. • At least two Clubs 25 for blood donation exist in the Republic of Congo, Gabon, and Cameroon, and serve as a shortcut to know the serological status of blood donors and encourage them to adopt a responsible behaviour. • Refugees and host communities within Red Cross intervention zones have adopted safer sexual behaviours through enhanced access to means of prevention, treatment and support. • A 100% of people showing tuberculosis symptoms in areas covered by the Red Cross are referred to health centres for diagnosis and treatment in Cameroon, Central African Republic and Gabon. |
| Community-based health and first aid | <ul style="list-style-type: none"> • Red Cross volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns based on community-based health programmes (CBHP) tools developed at individual country and Movement levels. • 100 women practicing excision have quitted female genital mutilations (FGM) in Cameroon and Central African Republic, and the capacities of six Community-Based Organizations (CBO) bringing together such women have been enhanced in the areas of leadership, associations management, partnership development with ministries of health, Civil Society Organization (CSO), and the development of Global Fund-funded health projects. |

| | |
|------------------|---|
| | <ul style="list-style-type: none"> • An increased number of children attending mass immunization campaigns against measles and polio are reached through sensitization of targeted communities. • The impact of malaria is reduced through the training of 15,000 households on household management of malaria, the distribution of 30,000 long lasting insecticide treated nets (LLITN) to selected beneficiaries, and the conduct of Behavioural Change Communication (BCC) campaigns and home visits to ensure that targeted persons effectively use LLITN. • Red Cross volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns based on community-based health programmes (CBHP) tools developed at individual country and Movement levels. |
| Emergency health | <ul style="list-style-type: none"> • The Red Cross national societies of Central Africa are well prepared and equipped to respond to various epidemic outbreaks, including cholera in Cameroon, Equatorial Guinea, Congo Brazzaville and Sao Tome and Principe, meningitis in Cameroon and Central African Republic, Ebola in Gabon and Congo Brazzaville, and chikungunya in Gabon. |

Organizational development

Most of the outcomes that were initially planned appeared to be too general. In order to match them with the actual funding available and the current financial expectations, only the following activities will be carried out:

| National societies | Activities |
|--------------------------|--|
| Congo Brazzaville | <ul style="list-style-type: none"> • Launching of the process to develop personnel policies; • Launching of the process to develop a procedures code; • Evaluating the situation of cooperation. |
| Cameroon | <ul style="list-style-type: none"> • Evaluating the situation of the secretariat general (human resources and functioning); • Encouraging the national society to respect the organization chart as approved by the Coordination of Red Cross national societies in Central Africa (COSNAC); • Encouraging the revision and adoption of the articles of association through the expeditious procedures; • Updating the code of procedures and encouraging its adoption; • Training provincial coordinators; • Proposal of a resources development plan; • Evaluating the situation of local branches and volunteers (data). |
| Central African republic | <ul style="list-style-type: none"> • Evaluating the situation of the secretariat general (human resources and functioning); • Training the OD officer and other newly recruited staffs; • Evaluating the situation of local branches and volunteers (data); • Evaluating the situation of cooperation |

| | |
|-----------------------|--|
| Sao Tome and Principe | <ul style="list-style-type: none"> • Evaluating the situation of the secretariat general (human resources and functioning); • Evaluating the situation of local branches and volunteers (data); • Supporting the process to restructure the secretariat general; • Supporting the election of an operational vice president; • Evaluating the situation of cooperation. |
| In Gabon | <ul style="list-style-type: none"> • Evaluating the situation of the secretariat general (human resources and functioning); • Finalizing the revision of the articles of association; • Updating the code of procedures; • Developing a strategic plan; • Preparing the general assembly; • Evaluating the situation of cooperation. |

Principles and values

Mindful of the particularly low level of funding received for this programme, we have left out most of the outcomes that were initially planned. While some of them have been carried forward to 2010-2011, the following activities will be implemented during the second half of 2009:

| National societies | Outcomes |
|--------------------|---|
| Gabon | <ul style="list-style-type: none"> • Launching of the project to fight against child trafficking. |
| Cameroon | <ul style="list-style-type: none"> • Promoting the schooling of young girls in the Bororos culture; • Fighting against the discrimination imposed on sex workers along the Douala-N'Djamena and Douala-Bangui corridors; • Publishing of two issues of "La tribune du volontaire". |

How we work

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".

Global Agenda Goals:

- 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.

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International Federation of Red Cross and Red Crescent Societies

MAA62001 - Central Africa Region

Mid-year report 2009

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2009/1-2009/6 |
| Budget Timeframe | 2009/1-2009/12 |
| Appeal | MAA62001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL |
|---|-----------------------------|-------------------------|---------------------------|-------------------------------|----------------|------------------|
| A. Budget | 1,284,145 | 1,258,870 | 842,416 | 70,310 | 404,883 | 3,860,623 |
| B. Opening Balance | 51,382 | 1,845 | 470 | 443 | 39,116 | 93,256 |
| Income | | | | | | |
| Cash contributions | | | | | | |
| American Red Cross | | 1 | | | | 1 |
| EU Partnership - CEMAC | | 139,467 | | | | 139,467 |
| Finnish Red Cross | | 8,898 | | | | 8,898 |
| Finnish Red Cross (from Finnish Government) | | 50,423 | | | | 50,423 |
| Norwegian Red Cross | 393 | | | | | 393 |
| Other | 106,569 | 102,829 | 65,659 | | 38,060 | 313,118 |
| UNHCR (UN Agency) | 305,847 | 260,330 | | | | 566,177 |
| Unidentified donor | -393 | | | | | -393 |
| C1. Cash contributions | 412,416 | 561,948 | 65,659 | | 38,060 | 1,078,084 |
| Outstanding pledges (Revalued) | | | | | | |
| EU Partnership - CEMAC | | 314,491 | | | | 314,491 |
| Sweden Red Cross (from Swedish Government) | 139,468 | 139,468 | 69,734 | 69,734 | 139,468 | 557,872 |
| UNHCR (UN Agency) | 924,026 | 0 | | | | 924,026 |
| C2. Outstanding pledges (Revalued) | 1,063,494 | 453,959 | 69,734 | 69,734 | 139,468 | 1,796,389 |
| Inkind Personnel | | | | | | |
| Spanish Red Cross | | | | | 37,200 | 37,200 |
| C4. Inkind Personnel | | | | | 37,200 | 37,200 |
| Other Income | | | | | | |
| Miscellaneous Income | | | | | 7,884 | 7,884 |
| Services | | | | | 3,643 | 3,643 |
| C5. Other Income | | | | | 11,526 | 11,526 |
| C. Total Income = SUM(C1..C5) | 1,475,910 | 1,015,907 | 135,393 | 69,734 | 226,255 | 2,923,199 |
| D. Total Funding = B + C | 1,527,292 | 1,017,752 | 135,863 | 70,177 | 265,371 | 3,016,455 |
| Appeal Coverage | 119% | 81% | 16% | 100% | 66% | 78% |

II. Balance of Funds

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL |
|---|-----------------------------|-------------------------|---------------------------|-------------------------------|-----------------|-------------------|
| B. Opening Balance | 51,382 | 1,845 | 470 | 443 | 39,116 | 93,256 |
| C. Income | 1,475,910 | 1,015,907 | 135,393 | 69,734 | 226,255 | 2,923,199 |
| E. Expenditure | -758,286 | -375,164 | -82,313 | -35,259 | -194,034 | -1,445,056 |
| F. Closing Balance = (B + C + E) | 769,006 | 642,587 | 53,550 | 34,918 | 71,337 | 1,571,399 |

International Federation of Red Cross and Red Crescent Societies

MAA62001 - Central Africa Region

Mid-year report 2009

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2009/1-2009/6 |
| Budget Timeframe | 2009/1-2009/12 |
| Appeal | MAA62001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance A - B |
|---|------------------|-----------------------------|-------------------------|---------------------------|-------------------------------|----------------|------------------|-------------------|
| | | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | | |
| A | | | | | | | B | A - B |
| BUDGET (C) | | 1,284,145 | 1,258,870 | 842,416 | 70,310 | 404,883 | 3,860,623 | |
| Supplies | | | | | | | | |
| Clothing & textiles | 112,600 | 1,013 | 1,744 | | | | 2,757 | 109,843 |
| Seeds,Plants | 108,000 | | | | | | | 108,000 |
| Water & Sanitation | 130,800 | 68 | 6,363 | | | | 6,431 | 124,369 |
| Medical & First Aid | 113,370 | 4,356 | 1,132 | | | | 5,489 | 107,881 |
| Teaching Materials | | 4,606 | | | | | 4,606 | -4,606 |
| Utensils & Tools | 389,147 | 897 | | | | | 897 | 388,250 |
| Other Supplies & Services | | 7,908 | 1,906 | | | | 9,815 | -9,815 |
| Total Supplies | 853,917 | 18,847 | 11,146 | | | | 29,993 | 823,924 |
| Land, vehicles & equipment | | | | | | | | |
| Vehicles | | | 26,422 | | | | 26,422 | -26,422 |
| Computers & Telecom | 10,126 | 9,414 | 1,338 | | | 969 | 11,721 | -1,595 |
| Office/Household Furniture & Equipm. | 6,000 | 1,185 | | 1,082 | | | 2,267 | 3,733 |
| Others Machinery & Equipment | | 127 | | | | | 127 | -127 |
| Total Land, vehicles & equipment | 16,126 | 10,727 | 27,760 | 1,082 | | 969 | 40,537 | -24,411 |
| Transport & Storage | | | | | | | | |
| Storage | | 7,441 | 1,092 | 391 | 348 | | 9,271 | -9,271 |
| Distribution & Monitoring | | 33,338 | 6,213 | 3,587 | 3,660 | 561 | 47,358 | -47,358 |
| Transport & Vehicle Costs | 51,112 | 86,060 | 40,100 | 4,200 | 354 | 2,594 | 133,309 | -82,197 |
| Total Transport & Storage | 51,112 | 126,839 | 47,405 | 8,178 | 4,362 | 3,155 | 189,939 | -138,826 |
| Personnel | | | | | | | | |
| International Staff | 264,607 | 65,944 | 1,148 | | | 93,973 | 161,064 | 103,543 |
| Regionally Deployed Staff | 197,280 | 53,660 | 11,399 | | | | 65,059 | 132,221 |
| National Staff | 99,408 | 59,351 | 66,474 | 24,705 | 8,778 | 22,150 | 181,458 | -82,050 |
| National Society Staff | 786,199 | 123,305 | 55,172 | 30,066 | | 14,182 | 222,726 | 563,473 |
| Consultants | 73,200 | | 1,278 | | | | 1,278 | 71,922 |
| Total Personnel | 1,420,694 | 302,259 | 135,472 | 54,771 | 8,778 | 130,305 | 631,585 | 789,109 |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 545,028 | 11,950 | 43,304 | 235 | 541 | 9,834 | 65,864 | 479,164 |
| Total Workshops & Training | 545,028 | 11,950 | 43,304 | 235 | 541 | 9,834 | 65,864 | 479,164 |
| General Expenditure | | | | | | | | |
| Travel | 120,615 | 8,240 | 2,993 | 2,554 | 76 | 9,910 | 23,772 | 96,843 |
| Information & Public Relation | 305,041 | 4,950 | 17,878 | 78 | 1,003 | 2,316 | 26,224 | 278,817 |
| Office Costs | 81,145 | 44,079 | 13,869 | 6,766 | 1,182 | 18,003 | 83,898 | -2,753 |
| Communications | 49,161 | 9,259 | 17,322 | 3,810 | 2,033 | 1,042 | 33,465 | 15,695 |
| Professional Fees | 40,000 | 13,034 | 4,870 | 470 | | 1,682 | 20,056 | 19,944 |
| Financial Charges | 6,000 | -8,659 | -5,640 | 107 | 141 | -1,693 | -15,744 | 21,744 |
| Other General Expenses | 125,414 | 263 | 411 | | | 1,380 | 2,054 | 123,360 |
| Total General Expenditure | 727,376 | 71,164 | 51,703 | 13,784 | 4,434 | 32,639 | 173,725 | 553,651 |
| Depreciation | | | | | | | | |
| Depreciation | | | | | | 2,407 | 2,407 | -2,407 |
| Total Depreciation | | | | | | 2,407 | 2,407 | -2,407 |
| Programme Support | | | | | | | | |
| Program Support | 246,370 | 49,645 | 24,602 | 5,350 | 2,292 | 10,194 | 92,084 | 154,287 |
| Total Programme Support | 246,370 | 49,645 | 24,602 | 5,350 | 2,292 | 10,194 | 92,084 | 154,287 |
| Operational Provisions | | | | | | | | |
| Operational Provisions | | 166,854 | 33,773 | -1,088 | 14,852 | 4,531 | 218,922 | -218,922 |
| Total Operational Provisions | | 166,854 | 33,773 | -1,088 | 14,852 | 4,531 | 218,922 | -218,922 |
| TOTAL EXPENDITURE (D) | 3,860,623 | 758,286 | 375,164 | 82,313 | 35,259 | 194,034 | 1,445,056 | 2,415,567 |
| VARIANCE (C - D) | | 525,859 | 883,705 | 760,103 | 35,051 | 210,849 | 2,415,567 | |