

Operations update



International Federation
of Red Cross and Red Crescent Societies

Africa: Polio outbreak

Emergency appeal n°:
MDR61004 (West & Central Africa); MDR64005
(East Africa); MDR63002 (Southern Africa)
Operations update n° 2
24 June 2009

Focus on the campaign in Togo

Period covered by this Ops
Update no. 2, Focus on Togo:
27-29 March, 2009

Appeal target (current): this
appeal has been provisionally
increased to CHF 2,475,768
(USD 2.2m or EUR 1.7)

Appeal coverage: 42% [<click here to link to the financial status, or here for contact details for further information>](#)

Appeal history:

- This Emergency Appeal was initially launched on 7 April 2009 for CHF 2,432,933 to assist approximately 25 million children under 5 years of age in 14 countries affected by the polio outbreak for four months.
- Disaster Relief Emergency Fund (DREF): CHF 357,842 was initially allocated from the Federation's DREF to support emergency response campaigns in March (Benin, Cote d'Ivoire, Ghana, and Mali) and April (Central African Republic and Democratic Republic of the Congo). CHF 235,888 was allocated from the Federation's DREF to support the emergency response campaign in April in Kenya.
- Global Measles & Polio Initiative: CHF 160,000 was initially allocated from the Health and Care Department's Global Measles & Polio Initiative to support activities in four countries during February and March (Cote d'Ivoire, Burkina Faso, Niger, and Togo).
- Operations Update (no. 1) issued 14 May 2009 added emergency campaigns in Guinea, Liberia, and Sierra Leone to the Appeal, and the budget was provisionally revised to CHF 2.4m.
- This Operations Update (no. 2) focuses specifically on the action in Togo carried out from 27-29 March 2009.



Summary: From 27 to 29 March 2009, the Togolese Government, working through the Ministry of Health and in cooperation with polio eradication partners, conducted the third round of the nationwide polio immunization campaign, as part of a synchronized campaign involving eight countries in the sub region: Benin, Burkina Faso,

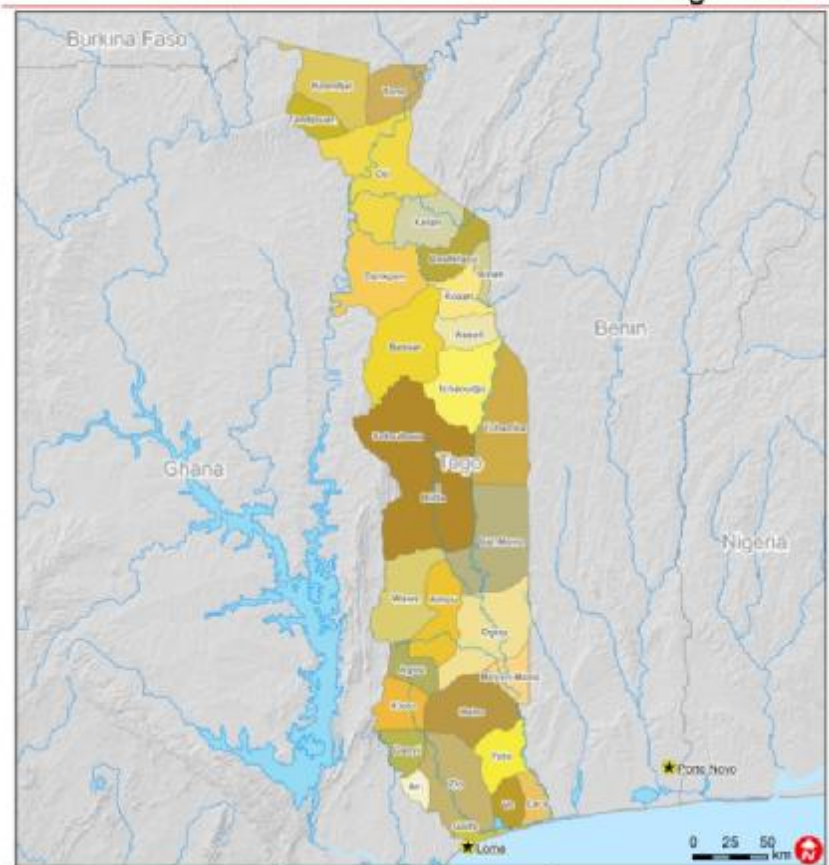
Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, and Togo. The campaign goals were to: immunize at least 95% of all children aged 0-59 months against polio, conduct active AFP screening at household level and disseminate information on good practices for child survival and development.

With a view to ensuring good vaccination coverage in the region where cases had been detected (the Savannah area), the Togolese Red Cross (CRT) mobilized 630 community volunteers, including local coaches, community first-aiders and HIV home-based care workers, members of the Mothers' Clubs and peer educators, to conduct social mobilization around the emergency campaign.

By using its volunteer network for social mobilization in the third round of the synchronized polio campaign, the CRT helped to reach an estimated 91,101 households out of an estimated 93,576 in the Savannah region (approximately 97.35%). These results were achieved despite the difficulties encountered, which included challenges to access remote and disparate communities, and refusal of some parents to have their children immunized. A particular challenge was the refusal of some parents to vaccinate their children against polio after the December 2008 integrated campaign, which included distribution of long lasting mosquito nets, resulted in some partners not receiving nets. These parents noted that they had not benefited from the net distribution and thus refused to comply with the polio immunization campaign.

The opportunity to partner with new stakeholders at both the national and international levels clearly helped to more effectively achieve the campaign goals and build the capacity of the national society. The remaining challenge in Togo today is to ensure continued support to the Ministry of Health in community-based surveillance of wild polio virus (WPV) and community mobilization to increase routine immunization in order to "get rid of polio in our country once and for all."

Togo: Polio



- ★ Capitals
- Rivers
- Lakes

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: ICFP, UN/WHO, International Federation - ICFP/WHO/2008

The situation

The ongoing circulation of wild polio virus (WPV) in Nigeria, and particularly the surge of cases in 2008 (528 WPV cases as of 09 June 2009) present a serious re-infection threat to surrounding countries. As of 09 June, seventeen African countries had reported 150 cases of polio due to importations in 2009 (excluding Nigeria). Most of these importations are linked to the ongoing circulation in Nigeria, the only endemic country in Africa, which had reported 298 cases in 2009 (as of 09 June 2009).

Polio exportations of a viral origin from Nigeria have been detected in countries to the west, north and east of the country. These importations mean that countries in the Horn of Africa which have not had polio cases in more than a decade are now faced with the re-emergence of polio. In addition to these exportations, a reservoir of circulating WPV thought to originate from Sudan had been traced to outbreaks in Uganda and Kenya, resulting in

a total of eight (8) and thirteen (13) cases in 2009, respectively (as of 02 June 2009). In addition, of interest to international communities is the detection of polio in the Port of Sudan - a significant development as it presents the opportunity for WPV to spread to other continents.

The recent expansion of wild poliovirus outbreaks in West and Central Africa, and the Horn of Africa, poses a high risk of further international spread and threatens progress towards global polio eradication unless stopped immediately. In order to assist in the international response, on 7 April 2009 the Federation launched a tri-zonal Emergency Appeal to support National Societies as partners in emergency response campaigns in 14 countries across Africa.¹ The Appeal aims to assist approximately 25 million children under 5 years of age through *synchronized supplementary immunization activities* (SIAs) from the 20 March to 31 July 2009. Fourteen (14) countries were originally covered in the Appeal, namely in Central Africa (Angola, Central African Republic, and Democratic Republic of Congo), West Africa (Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger, and Togo) and the Horn of Africa (Ethiopia, Kenya, Uganda, Sudan - north and south). However, as precautionary measure, and taking into account the traced spread of polio westward in Cote d'Ivoire, three additional countries (Guinea, Liberia, Sierra Leone) have been added to the end-May West Africa synchronized round; the Appeal was revised to include these three countries on 14 May 2009. This Operations Update focuses on the recent action in Togo carried out from 27-29 March 2009. Seven countries in West Africa; Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger and Togo participated in the second synchronized WPV vaccination round in March. Approximately 12.5 million children under 5 years were targeted by Red Cross and Red Crescent volunteers.

Togo Coordination and partnerships

The Togolese Red Cross (CRT) actively participated in coordination meetings and formed partnerships with national as well as external stakeholders. During the March vaccination campaigns, the CRT participated at all levels of planning, coordination and implementation: national, regional and local.

At a national level, the CRT was involved in collaboration and coordination meetings with the Ministry of Health (MoH) to discuss campaign preparations. The Ministry of Health provided leadership during the immunization campaign through the following bodies: the General Health Directorate, the National Organizing Committee, on which the CRT is represented, the Division of Epidemiology, the Savannah Regional Health Directorate, the four Savannah Prefectural Health Directorates and the Station Head Nurses. The Head of the CRT Health Department participated in the National Organizing Committee, the ICC and its subcommittees, and in particular on the Social Mobilization Committee. The CRT also provided additional human resource support at the national and branch levels during the campaign.

At the regional level, the CRT was involved in technical meetings convened by the Regional Health Directorates as part of regional coordination efforts. Informal working sessions were also undertaken with the Prefectural Health Directorate for Tône to ensure the best possible coverage during the mass vaccination campaigns.

At the local level, the CRT provided support to Station Head Nurses who were responsible for briefing volunteers on their role during the campaign, including any specific skills required. Local support and coordination also included the participation of: community first-aiders and AIDS control workers, leaders and members of the Mothers' Clubs and peer educators.

Partnerships were not limited to national organisations but included joint planning with UNICEF, WHO, Rotary International and Plan Togo to insure coordinated activity during the immunization round. These partnerships, including that at the regional and international level with Global Polio Eradication partners, but most importantly at the national level, helped to forge a coalition focussed on mutual support and coordination that was essential to the success of the campaign.

Appeal Coordination and partnerships

At the global level, the fourteen National Societies within the Appeal, and the Federation (Africa Zones and Geneva) are coordinating with Ministries of Health, WHO and other Global Polio Eradication Initiative (GPEI) partners (particularly UNICEF and Rotary International) to ensure that our response is harmonized and aligned with national and international response plans. All National Society plans are developed within the inter-agency coordinating committee (ICC), the body responsible for national vaccination efforts, and thus delineate a clear role and geographical area of responsibility for each National Society. National Society social mobilization activities are being done in coordination with other civil society partners working at the community level, such as Rotary International, World Vision, and CORE.

¹ Chad, an outbreak country, is not included in this Appeal.

The Federation's Geneva-based Health and Care Department is facilitating planning across the three Federation Africa Zones to ensure a coordinated continental approach. Technical support is provided by the Health Coordinators within each Zone and Geneva, and is based upon frequent updates and WPV surveillance data made available by WHO. Where limited financial resources are available, prioritization for National Society support has been determined in consultation with the polio eradication team at WHO Headquarters.

The purpose of the Federation's and National Society involvement in this operation is to complement outbreak response activities and fill gaps in national plans. Working within our existing structures, and using our experience in rapid mobilization of large numbers of volunteers, National Societies are scaling-up and intensifying the work that is routinely undertaken in the area of immunization. Of particular importance is the role that National Societies are being asked to play in outbreak countries which have not seen polio cases in a number of years, and thus do not have recent experience organizing mass vaccination campaigns. Extra social mobilization and communications support, readily available with the mobilization of thousands of National Society volunteers, will heighten campaign awareness, increase acceptance of vaccination, and maximize campaign results.

While acknowledging the emergency nature of this intervention, the Federation is working to balance urgent outbreak response activities with our longer-term work in polio eradication. Developmental health activities including the promotion of routine immunization and more scheduled participation in supplementary immunization activities will not be compromised by our involvement in this operation. Instead, by responding to WHO requests for our intensified contribution during these outbreak response measures, the Federation is reinforcing its contribution to the GPEI goal of achieving eradication.

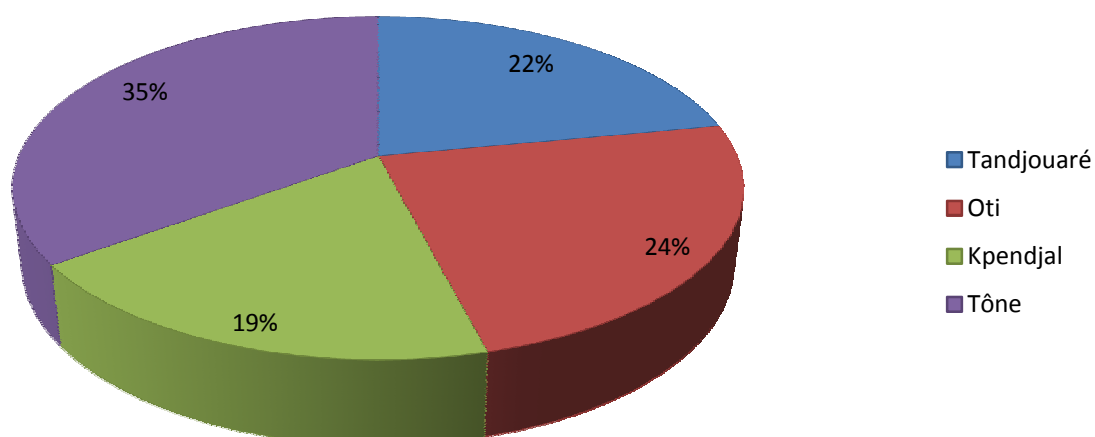
National Society Capacity Building

As a primary social mobilization partner in their national outbreak response activities, National Societies are building their capacity in the areas of new and reinforced partnerships, development of volunteer knowledge and skills, strengthened volunteer management systems, and heightening visibility as a key partner in polio eradication.

New partnerships at the country level, such as that with Rotary PolioPlus Committees, are helping to build longer-term alliances for polio eradication. Additionally, increased recognition by WHO and UNICEF country offices of the capacity of National Societies to mobilize large numbers of volunteers to reach the most vulnerable and hard-to-reach areas is resulting in expanded requests for National Society support.

As auxiliary to government, National Societies' role in the polio response has been recognized and appreciated by Ministries of Health. Where they had not previously been members, National Societies are receiving invitations to join the inter-agency coordinating committees (ICCs) – a key body for all national immunization planning. This will

Figure 1: Distribution of volunteers mobilized by health district



support longer term work in National Society health promotion activities, particularly in the area of immunization.

Using ARCHI 2010, the CRT equipped volunteers with the means necessary to educate communities about the importance of participating in the polio vaccination campaign, and contextualized the campaign as part of the broader national movement to improve child health. During household visits (door-to-door mobilization), CRT volunteers educated households about polio, the importance of polio immunization, the four practices to enhance child survival and development, and screening for AFP. Volunteers followed up these activities at all levels, helping to ensure a 95% coverage rate, one of the campaign goals.

Red Cross and Red Crescent action

Progress towards objectives

Emergency health and care

Overall objective: To assist in ending the spread of wild polio virus (WPV) by supporting national polio vaccination campaigns in designated areas of the affected countries through social mobilization and door-to-door campaign sensitization by National Societies and their Red Cross and Red Crescent volunteers.

Specific objectives:

- 1. Conduct social mobilization and communications activities via Red Cross and Red Crescent volunteers in the 14 countries affected by the polio outbreak.**
- 2. Conduct effective capacity building within the implicated Red Cross Red and Crescent National Societies.**
- 3. Reinforce relationship building between National Societies and their Ministries of Health, and other polio eradication partners.**

For details on the expected results and activities planned, please refer to the initial appeal document available at http://www.ifrc.org/cgi/pdf_appeals.pl?09/MDR61004-65005-63002.pdf

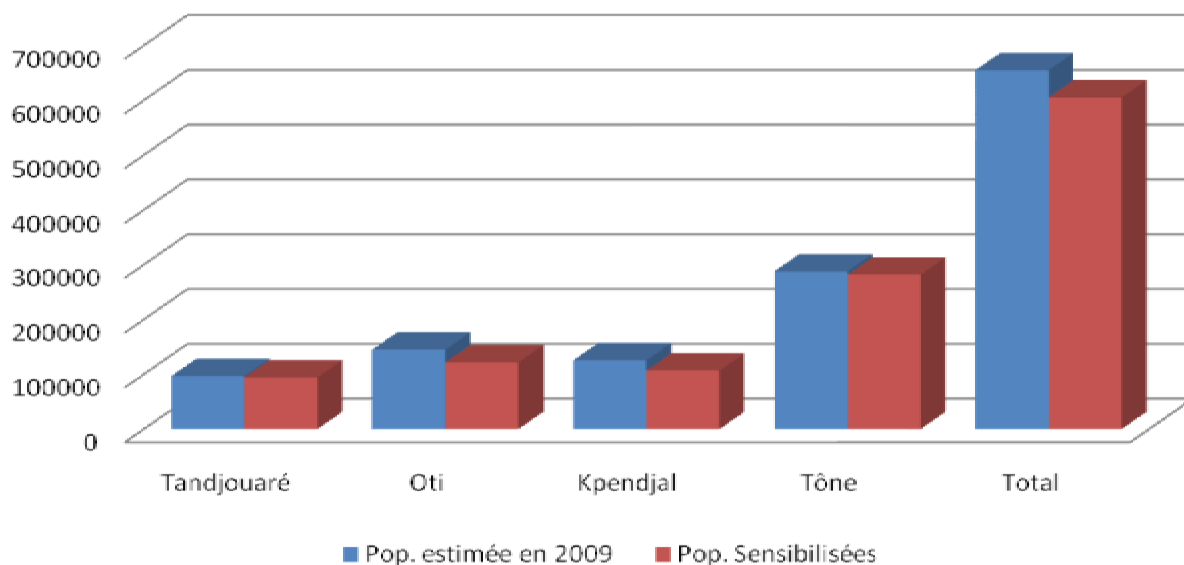
Achievements

For the March 2009 campaign, the Togolese Red Cross aimed to reach 134,000 children under 5 years with vaccination messages. Household visits by 630 volunteers reached 91,101 households in the region (out of an estimated 93,576), a coverage of 97.35%. Furthermore, CRT volunteers were able to raise the awareness of 605,313 people out of 655,032, or some 92.40% of the communities where immunization rounds took place.

The following specific activities were completed:

- CRT coordinated with the MoH, UNICEF, WHO, Rotary International and Plan Togo to ensure effective social mobilization across the four districts of their responsibility.
- Supervisors were trained to guide CRT volunteers in the pre-, during- and post-campaign activities.
- A Working Guide for Volunteers was prepared, reproduced and distributed to volunteers to help guide and facilitate their activities. In addition, volunteers used ARCHI 2010 as a source of information and IEC materials.
- CRT ensured that volunteers were mobilized from within the local communities in each of the four districts. The Togo polio campaigns were supported by village heads, opinion leaders and religious leaders. Involvement of these groups increased the capacity of volunteers to successfully mobilize communities to vaccinate their children against polio.
- When requested by the MoH, volunteers were trained specifically as immunizers and worked alongside National immunization teams. These immunizers were supervised by the MoH.
- Volunteers undertook door-to-door social mobilization, disseminating key messages about polio, regular immunization and hygiene messages that were drawn from ARCHI 2010. IEC materials from ARCHI 2010 were used as a communications tool.

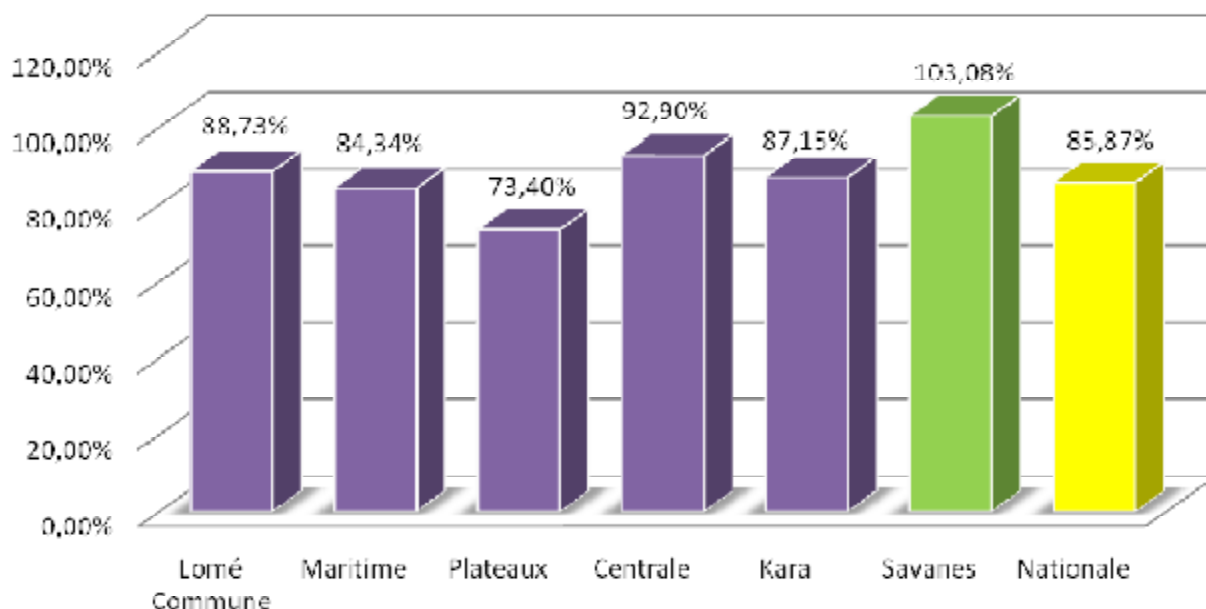
Figure 3: Proportion de la population sensibilisée par les volontaires par district



Awareness was raised among more than 80% of the estimated population in each district.

The results of the third day of activities published in the Togo National Immunization Day (NID) Information Bulletin showed a satisfactory national coverage of 85.87%. In the Savannah region, where Togolese Red Cross activities were undertaken, an immunization coverage of 103.08% was achieved.

Figure 2: Taux de Couverture VPO chez les enfants de 0 à 59 mois publiés au 3^e jour de la campagne



Out of 149,835 children aged 0-59 months identified in the households visited by the CRT volunteers, 147,698 received oral polio vaccination when visited by the immunization team. 1,993 children were identified as not having been vaccinated against polio and referred to the local Primary Health Unit for vaccination.

Household visits by the CRT volunteers helped to reassure people that vaccination against polio was safe and important for the health of their children. Simple messaging by the volunteers helped to clarify questions on the

vaccination campaign while simultaneously promoting routine immunization. During household visits, volunteers transmitted messages on good practices for child survival and development: systematic washing of hands; 100% breastfeeding; use of oral rehydration salts (ORSs) to treat diarrhoea and the use of impregnated mosquito nets. Additionally, the volunteers' work in the field had a beneficial impact on not only the public but also on the volunteers themselves, who began to follow these messages on child survival and development in managing everyday health problems in their own households.

Communications – Advocacy and Public Information

The Africa Polio Outbreak Emergency Appeal has received much media attention, particularly at the time of its launch. Information on the Appeal has been posted on the GPEI website (www.polioeradication.org) and recognition of the Federation's contribution to the outbreak response has been made through high level communications.

Frequent updates on National Society activities are being shared with GPEI partners at the global level, and through regional communications. At the national level, Red Cross Red Crescent National Society participation in campaigns has been commended through campaign bulletins and communications materials. The most meaningful recognition of the important social mobilization work conducted by National Societies, however, has come in repeated requests by Ministries of Health for additional and scaled up involvement in subsequent vaccination rounds. In order to meet these requests, and cease the spread of WPV in re-infected countries, this Emergency Appeal must be properly resourced.

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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.

Contact information

For further information specifically related to this appeal please contact: in the Federation's Secretariat:

- Kate Elder, Senior Health Officer, Health and Care Department; email: kate.elder@ifrc.org; phone: +41 22 730 4323.
- Tammam Aloudat, Senior Health in Emergency Officer, Health and Care department; email: tammam.aloudat@ifrc.org; phone: +41 22 730 4566

[<interim financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDR63002 - South Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR63002
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	119,999					119,999
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Unidentified donor</i>	<i>20,000</i>					<i>20,000</i>
C1. Cash contributions	20,000					20,000
<u>Outstanding pledges (Revalued)</u>						
<i>Canadian Red Cross</i>	<i>29,297</i>					<i>29,297</i>
<i>Sweden Red Cross</i>	<i>32,782</i>					<i>32,782</i>
C2. Outstanding pledges (Revalued)	62,079					62,079
C. Total Income = SUM(C1..C5)	82,079					82,079
D. Total Funding = B + C	82,079					82,079
Appeal Coverage	68%					68%

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	0					0
C. Income	82,079					82,079
E. Expenditure	0					0
F. Closing Balance = (B + C + E)	82,079					82,079

International Federation of Red Cross and Red Crescent Societies

MDR63002 - South Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		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)		119,999						119,999	
Supplies									
Teaching Materials	1,206							1,206	
Total Supplies	1,206							1,206	
Transport & Storage									
Distribution & Monitoring	1,489							1,489	
Total Transport & Storage	1,489							1,489	
Personnel									
National Society Staff	86,786							86,786	
Total Personnel	86,786							86,786	
Workshops & Training									
Workshops & Training	5,855							5,855	
Total Workshops & Training	5,855							5,855	
General Expenditure									
Travel	2,605							2,605	
Information & Public Relation	3,104							3,104	
Financial Charges	1,191							1,191	
Total General Expenditure	6,900							6,900	
Depreciation									
Depreciation	9,963							9,963	
Total Depreciation	9,963							9,963	
Programme Support									
Program Support	7,800							7,800	
Total Programme Support	7,800							7,800	
TOTAL EXPENDITURE (D)	119,999								119,999
VARIANCE (C - D)		119,999						119,999	

International Federation of Red Cross and Red Crescent Societies

MDR61004 - West & Central Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR61004
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	1,015,429					1,015,429
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Irish Red Cross</i>	12,119					12,119
<i>Unidentified donor</i>	60,000					60,000
C1. Cash contributions	72,119					72,119
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>	17,295					17,295
<i>Canadian Red Cross</i>	68,359					68,359
<i>Icelandic Red Cross</i>	40,000					40,000
<i>Japanese Red Cross</i>	81,700					81,700
C2. Outstanding pledges (Revalued)	207,354					207,354
<u>Other Income</u>						
<i>Voluntary Income</i>	357,842					357,842
C5. Other Income	357,842					357,842
C. Total Income = SUM(C1..C5)	637,316					637,316
D. Total Funding = B + C	637,316					637,316
Appeal Coverage	63%					63%

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	0					0
C. Income	637,316					637,316
E. Expenditure	-446,406					-446,406
F. Closing Balance = (B + C + E)	190,910					190,910

International Federation of Red Cross and Red Crescent Societies

MDR61004 - West & Central Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR61004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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)		1,015,429					1,015,429	
Supplies								
Teaching Materials	44,169							44,169
Total Supplies	44,169							44,169
Transport & Storage								
Transport & Vehicle Costs	68,724	1,574				1,574		67,150
Total Transport & Storage	68,724	1,574				1,574		67,150
Personnel								
National Staff	345,463							345,463
National Society Staff	163,019	76,614				76,614		86,405
Total Personnel	508,482	76,614				76,614		431,868
Workshops & Training								
Workshops & Training	131,870	8,852				8,852		123,018
Total Workshops & Training	131,870	8,852				8,852		123,018
General Expenditure								
Travel	51,605	23,300				23,300		28,305
Information & Public Relation	110,325	8,098				8,098		102,227
Office Costs	24,103	2,007				2,007		22,096
Communications	10,148	210				210		9,938
Financial Charges		18,661				18,661		-18,661
Other General Expenses		2,009				2,009		-2,009
Total General Expenditure	196,181	54,284				54,284		141,897
Programme Support								
Program Support	66,003	29,099				29,099		36,904
Total Programme Support	66,003	29,099				29,099		36,904
Operational Provisions								
Operational Provisions		275,983				275,983		-275,983
Total Operational Provisions		275,983				275,983		-275,983
TOTAL EXPENDITURE (D)	1,015,429	446,406				446,406		569,023
VARIANCE (C - D)		569,023				569,023		

International Federation of Red Cross and Red Crescent Societies

MDR64005 - East Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR64005
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		1,348,956				1,348,956
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		119,670				119,670
<i>Unidentified donor</i>		20,000				20,000
C1. Cash contributions		139,670				139,670
<u>Outstanding pledges (Revalued)</u>						
<i>Sweden Red Cross</i>		249,703				249,703
C2. Outstanding pledges (Revalued)		249,703				249,703
<u>Other Income</u>						
<i>Voluntary Income</i>		235,888				235,888
C5. Other Income		235,888				235,888
C. Total Income = SUM(C1..C5)		625,261				625,261
D. Total Funding = B + C		625,261				625,261
Appeal Coverage		46%				46%

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		0				0
C. Income		625,261				625,261
E. Expenditure		-546,240				-546,240
F. Closing Balance = (B + C + E)		79,021				79,021

International Federation of Red Cross and Red Crescent Societies

MDR64005 - East Africa - Polio Outbreak

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2009/05
Budget Timeframe	2009/1-2009/12
Appeal	MDR64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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)		1,348,956					1,348,956	
Supplies								
Teaching Materials	23,000						23,000	
Total Supplies	23,000						23,000	
Transport & Storage								
Storage	86,846						86,846	
Transport & Vehicle Costs	34,500						34,500	
Total Transport & Storage	121,346						121,346	
Personnel								
National Staff	38,729						38,729	
National Society Staff	60,500		28,136			28,136	32,364	
Total Personnel	99,229		28,136			28,136	71,093	
Workshops & Training								
Workshops & Training	565,576						565,576	
Total Workshops & Training	565,576						565,576	
General Expenditure								
Travel	16,000		626			626	15,374	
Information & Public Relation	295,952		162			162	295,790	
Office Costs	104,797		193			193	104,603	
Communications	4,200		218			218	3,982	
Financial Charges	425		3			3	422	
Other General Expenses	30,750		2,914			2,914	27,836	
Total General Expenditure	452,123		4,116			4,116	448,008	
Contributions & Transfers								
Cash Transfers National Societies			468,285			468,285	-468,285	
Total Contributions & Transfers			468,285			468,285	-468,285	
Programme Support								
Program Support	87,682		36,626			36,626	51,056	
Total Programme Support	87,682		36,626			36,626	51,056	
Operational Provisions								
Operational Provisions			9,077			9,077	-9,077	
Total Operational Provisions			9,077			9,077	-9,077	
TOTAL EXPENDITURE (D)	1,348,956		546,240			546,240	802,716	
VARIANCE (C - D)			802,716			802,716		