

# ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## AFRICA: POLIO AND MEASLES

May, 2006

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

### In Brief

**Appeal No. 05AA089; Appeal target: CHF 3,502,674; Appeal coverage: 23.4%.**

[<click here to go directly to the attached Financial Report>](#)

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

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**Overall objective of the 2005 Polio and Measles Appeal:** to support national societies' involvement in community mobilization for polio and measles immunization activities and to contribute towards the achievement of the highest-possible coverage, reaching the most vulnerable and difficult-to-access children.

**Summary results of 2005 activities:** Nine national societies participated in measles vaccination campaigns (Bangladesh, Botswana, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Mozambique, Tanzania, and Tunisia). Eleven national societies participated in polio National Immunizations Days (Angola, Burkina Faso, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Mali, Niger, Nigeria and Yemen).

### Regional Context - Measles Situation

This appeal aims to support increased participation of national societies in community mobilization for immunization services, and for a gradual transition from accelerated disease control initiatives in selected countries (measles mortality reduction and polio eradication) to supporting sustainable routine immunization programmes. This is accomplished through the participation of national societies and the Federation in collaborative efforts of the Global Vaccine Programme. According to the World Health Organization's African

Regional Office (WHO-AFRO), approximately 600,000-700,000 children died of measles prior to 2000 and was a primary cause of vaccine-preventable deaths among children under 5 years of age in Africa.

In September 2005, a dramatic 60% decrease in measles deaths was reported by WHO which credits the Africa Measles Initiative Partnership<sup>1</sup> for this dramatic result. The impact of the Red Cross led Measles Initiative which vaccinated more than 200 million children in Africa since 2001, is impressive. The annual mortality rate has now declined to approximately 250,000 by the end of 2005. With this success and with the vision to achieve further reductions, the Measles Initiative partners have pledged to provide funding for another 5 years in order to implement more Supplemental Immunization Activities (SIA) and achieve a mortality reduction of more than 80% by 2010.

The global measles death and disease burden is dropping but it is still unacceptable. Further reductions in mortality can be achieved through high routine and supplemental vaccination of infants and children. Future Measles Initiative funding and support to the Federation's Measles and Polio appeals will enable the successful conduct of SIAs in the coming years.

## 2005 Achievement - Measles

**Botswana Red Cross (BRC)** - A Measles and Vitamin A campaign was undertaken to immunize all children aged between 9 months and 5 years of age during the month of October. A collaboration of the Measles Initiative, the Ministry of Health, the Botswana Red Cross Society, as well as faith-based organizations worked together in micro-planning and implementation of the campaign. Volunteers of the BRC worked in Chobe, Ngamiland and Kgatleng. The partners recognized the participation and role played by the RC volunteers in increasing vaccination coverage.

**Central African Republic Red Cross (CAR RC)** worked in collaboration with the Ministry of Health and partners from the Measles Initiative to conduct a successful measles campaign in October 2005. Participation of the CAR RC had specifically been requested for by the government. The first phase of this campaign took place in October and the second phase take place in January 2006. The CAR RC participated in 3 regions, Bangui, Bimbo and Begoua where seventy percent of the targeted population live. Mebendazole distribution was integrated into this measles campaign. A total of 5 coaches worked with 290 volunteers.

**Equatorial Guinea Red Cross (EGRC)** participated in several preparatory meetings of the Multidisciplinary Coordination Committee (MCC). The meetings aimed at assessing the level of preparedness for the nationwide immunisation campaign supported by the Measles Initiative Partnership, WHO, UNICEF, the Federation, Exxon-Mobil, and Ministry of Health. Micro planning seminars were organised in the two regions (island and mainland). The EGRC participated in the Bata seminar in July 2005. 150 TRC volunteers supported the campaign which provided measles immunisation, Vitamin A, and impregnated mosquito nets. In Bata, 98 Red Cross volunteers took part in the campaign. A total 113,739 were vaccinated - (79,138 on the mainland and 34,631 on the island). The number of nets distributed included 30,875 (18,276 mainland and 12,599 island). 91,000 mosquito nets were purchased but only 40,000 arrived in time for this campaign. The remaining nets will be distributed in early 2006. The HESS Company supported social mobilisation, and WHO ensured supervision, evaluation, and training, and supported part of operational costs.

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<sup>1</sup> The **Measles Initiative** is a long-term commitment to control measles deaths in Africa by vaccinating 200 million children, preventing 1.2 million deaths over five years. Leading this effort is the American Red Cross, United Nations Foundation, Centers for Disease Control and Prevention, World Health Organization, and United Nations Children's Fund and other key players.

**Mozambique Red Cross (CVM)** supported financially by the Canadian Red Cross and the Federation. The Ministry of Health through the Measles Initiative Partnership, participated in the National Immunization Campaign conducted in two phases. During the first phase, children were vaccinated against measles, and those 6-59 months received their 1<sup>st</sup> doses of polio and Vitamin A supplement. During the 2<sup>nd</sup> phase conducted a month later children were vaccinated against polio. Using a voucher method, children under 5 years in Sofala and Manica received free long lasting insecticide treated mosquito nets. The campaign included a vast social mobilization undertaken by 3,599 CVM volunteers that worked all over the country. The focus of the volunteers was to provide information to parents and people responsible for children, teachers, educators, the private sector, community, political and religious leaders on the need to immunize children against measles and polio and the importance of Vitamin A supplementation. According to the data reported by the Ministry of Health on the National Immunisation Campaign, 8,189,159 (96.6%) children were vaccinated against measles 4,391,090 and 4,305,897 children were vaccinated against polio during the 1<sup>st</sup> and 2<sup>nd</sup> phase respectively 132.5%. A total 3,398,535 children received Vitamin A supplement.



**Tanzanian Red Cross Society (TRCS)** supported the Ministry of Health (MoH)'s three-day integrated measles campaign in July 2005. More than 6,000,000 children were vaccinated against measles and received Vitamin A supplements and deworming tablets in this nationwide campaign. In addition, children under the age of five in the Lindi region, Tanga and Pangani districts, received insecticide-treated bed nets (ITNs). TRCS specifically provided social mobilization support to the MoH in 10 districts – Kibondo, Kigoma Rural, Musoma Rural, Pagani, Mvomero, Rufijii, Muleba, Ludewa, and Mtwara Urban and Rural that was spread across eight regions -- Kigoma, Mara, Tanga, Morogoro, Coast, Kagera, Iringa, and Mtwara. TRCS' social mobilization activities were structured to support the delivery of services. TRCS provided 800+ volunteers recruited, interviewed, and trained for the campaign. They conducted advocacy meetings with key local religious and community representatives and participated in the Interagency Coordinating Committee's (ICC) advocacy committee. They also: participated in the ICC's Social Mobilization/Communication committee, developed a distribution plan, indicating the items to be distributed in the districts as well as their dates and mode of distribution, promoted the campaign through post and street banners, posters outside the vaccination posts and in public places, and orientation signs, conducted "door-to-door" sensitization visits to mothers, fathers, and caretakers on the need to vaccinate their children, distributed brochures in the community before the campaign, organized and participated in folk media drama, assisted MoH health workers at vaccination posts on campaign days, and followed up on defaulters post-campaign. To support TRCS, the American Red Cross (ARC) proposed a campaign review to help assess the role of the TRCS in the integrated measles campaign and to identify the most effective aspects of the TRCS' volunteer management system and social mobilization practices.

**The Tunisian Red Crescent (TRC)** worked with the government, UNICEF, and WHO on a rubella vaccination campaign targeting young Tunisians (13-18 years) in order to prevent congenital rubella syndrome in infants. A total of 556,000 were vaccinated in schools and another 165,000 outside of schools. TRC was an active member of the National Organizing Committee (NOC). All the involved partners, particularly the TRC, mobilised their facilities and volunteers to make the campaign successful. TRC mobilised its local and regional facilities where 200 volunteers did social mobilisation. TV and Radio spots, posters, technical brochures, folders, were available for teachers, health teams, and TRC volunteers. All partners were trained at the national and regional levels.

**Note:** Reports of measles activities from Bangladesh, Democratic Republic of Congo, and Côte d'Ivoire were not available for inclusion in this report.

## Global Context - Polio Situation

The 2005 case count reported by the Global Polio Eradication Initiative (GPEI) in January 2006 was 1,802 polio cases compared to 1,255 cases in 2004. Nigeria experienced more cases of the paralyzing disease (703) than any other single country. Nigeria suspended childhood immunizations against polio for a year beginning in 2003, and

thus the virus was able to establish itself better and travel to other countries. The Nigerian poliovirus travelled to 18 countries ultimately, reintroducing the disease in some countries that previously had been declared polio free. Sudan and Yemen have stopped transmission of polio and Indonesia is making encouraging progress in stopping the virus. After Nigeria, Yemen and Indonesia had the largest numbers of polio cases in 2005 -- 478 and 297, respectively. Most of the countries that experienced a reintroduction of polio managed to regain control of the situation through massive vaccination campaigns. East Africa is the one remaining region still experiencing transmission of the disease, especially in Ethiopia and Somalia. There are reasons for optimism to make greater progress against the disease in 2006, with a good chance of interrupting transmission of polio in all countries in 2006, except possibly Nigeria. The use of the monovalent vaccine is one reason for the recent successes in beating the poliovirus. This vaccine is designed to protect against only one of the three types of poliovirus. With its capability to confer an enhanced immunity, the monovalent vaccine was used widely for the first time in 2005.

## 2005 Achievements – Polio

This year's efforts successfully achieved complete control and prevention of further virus transmission in almost all of the affected countries where cross-country contamination had occurred. This was in large part due to the implementation of the continental-wide synchronized polio vaccination campaigns in contiguous countries throughout 2005. At the end of 2005, there were encouraging signs that the eradication goal is in sight. Red Cross and Red Crescent volunteers in many countries responded by serving as house to house vaccinators, as educators and motivators at the community level and in logistics support.

**Angola Red Cross (ARC)** – Six imported cases of polio were reported in Angola in June in children under five who had received fewer than four doses of the polio vaccine. This prompted the Angola Ministry of Health to co-opt its partners in undertaking National immunization campaigns throughout the country. A total 5,115,130 children under 5 years were vaccinated. In the four provinces where the polio cases have been detected, the results reported were as follows Lunda Sul 61,358 children (83%), Moxico 151,652 (95%), Benguela 942,559 (97%) and Luanda 1,431,721 (102%). The ARC worked in 18 provinces. Two more rounds were conducted in August and September to increase coverage, improve quality and stop the spreading of the poliovirus. Volunteers from ARC participated in the second round of NIDs reaching more than 220,350 households. All 24 ARC health posts were involved in the vaccinations. Angola RC received support from the French Red Cross in Huambo, Spanish Red Cross in Benguela, Bie and Huila and Federation and from the Federation. A total of 200 ARC volunteers received training in social community mobilization activities at the provincial level by the Ministry of Health National Immunization Programme. The volunteers worked during, before and the campaign, conducting community mobilization, educating the population and then participating in the post campaign surveys.



**Côte d'Ivoire Red Cross (CRC)** participated during the 3rd round of the polio campaign held in May. The Ministry of Health had specifically requested the assistance of the CRC given the political unrest in the country. The volunteers collaborated with the MoH in conducting training of the community social mobilizers. They worked in 4 regions Danane, San-Pedro, Tabou and Toulepleu. Activities by the national society included: 1) local recruitment and training of the volunteers, 2) community mobilization before and during vaccination activities, 3) door to door sensitization by the volunteers in the cities, 4) mass sensitization by announcers in the villages and towns, 5) identification and registration of eligible children ( 0-5 years old), 6) supervision of social mobilization activities, 7) coordination and collaboration with MoH, 8) community social mobilization by volunteers and other developmental agencies involved in the NID, and 9) meetings with the local authorities, religious leaders and youth leaders. Of the 759 volunteers funded by the Red Cross, 61 worked as public announcers moving through villages, towns and public meeting area spreading the polio campaign messages. The WHO financed 2,741 volunteers of the Red Cross CIV from 44 local committees, giving a total of 3,500 volunteers that successfully carried out social mobilization in various health districts. The volunteers worked in 300 villages and paid visits to 17,949 homes. During the campaign 239,469 children under-five years were vaccinated. The vaccination coverage rate in the target areas was reported as 98%.

**Ethiopian Red Cross (ERC)** - No cases have been reported since the September NIDs. The quality of the activities of the most recent round using mOPV (monovalent OPV) was high, according to independent data monitoring. The Ethiopian Red Cross participated in the polio vaccination campaign in April-May as an urgent response to polio virus cases that were detected in the country after many polio free years. The ERC worked with local health authorities to plan, train and supervise the vaccination teams. A total of 1,063 volunteers provided support in 13 zones to reach 721,497 persons who were vaccinated children during this campaign. The Ethiopia Red Cross conducted house-to-house visits before and during the national immunization campaign. The local authority with funding from Rotary International printed 2.5 million copies of nine types of guides and forms in local languages, which were dispatched to the regions for use during the campaign. Radio and TV spots with messages of the reemergence of polio and the benefits of having children vaccinated, were transmitted on national network in different nationality languages.

**Guinea Conakry Red Cross (GCRC)** The Guinea Conakry Red Cross worked in collaboration with its partners (National Program on Immunization - NPI), Rotary, WHO and others) and participated in the third round National Immunization Days (NIDs). The GCRC conducted intensified social mobilization in 5 districts Kaloum, Dixinn, Matam, Ratoma and Matoto. A total of 100 volunteers visited 14,253 homes and worked with religious leaders and key people in the communities which included health staff, teachers, women groups, etc. They conducted door to door education of the communities before and during the campaign. The polio campaign was conducted in May. The target population was 315,500. Participation of the GRC in the campaign contributed to increased coverage rate from 114% during the second round to 132% during the 3rd round.

**Niger** A pilot study in Dosso region involving the distribution of bednets for malaria protection demonstrated the success of an integrated campaign, leading to a nationwide joint polio-malaria intervention in December. Polio coverage in the December round were superior to the results achieved in the November round with nearly 10% more children reached, e.g. 3,687,935 versus 3,414,778. This increase was attributed to the fact that free malaria bednets were distributed to families of vaccinees in December. This highly successful integrated polio-malaria bednet campaign was an unprecedented event and the largest of its kind ever. It was funded by support to the Federation from GFATM and the Canadian Red Cross. The Niger Red Cross played an important part in this massive campaign with more than 3,800 volunteers distributing more than 2 million bednets during a one week period.

**Nigerian Red Cross (NRC)** From January to May 2005 the Nigeria Red Cross Society (NRC) participated in three rounds of National Immunization Days (NIDs). The NRC focused in 8 highest risk states as opposed to all the 37 States in which the national society had worked during 2004. The national society collaborated with State and Local Government Authorities to mobilize volunteers to reach the most vulnerable in the hard to reach areas. A total of 1,000 volunteers participated in the campaign. This year as in the previous year the NRCS and Federation continued to participate in Inter-agency Coordination Committee (ICC) meetings at the national level and reinforced the national societies' role in the multi-agency social mobilization working group based in Abuja. Over 5,000 pictorial volunteers' guides as well as handbills for household use were produced for distribution amongst the community. The guides were designed especially to take into consideration people with limited literacy. Red Cross volunteers organized and conducted dramas in Bauchi, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara. The volunteers were charged with reporting cases of acute flaccid paralysis (AFP) to the ministry of health for follow up. Volunteers received additional support from partner agencies such as UICEF and WHO in areas of vaccination technique, reporting and monitoring. In the 8 states where NRC worked a total of 2,078,266 children were vaccinated. The results of the massive and aggressive advocacy launched in the states of Kaduna, Kano, Kogi, Lagos and Yobe increased the Red Cross volunteer's involvement at local government agency (LGA) and in the state social mobilization committees. The involvement of Red Cross volunteers and their participation at the grassroot level led to increased acceptance and demand of polio vaccination in the difficult areas. Additional involvement of branch secretaries, mothers clubs, health coordinators as well as divisional secretaries at different levels in planning and strategy formulation has greatly reduced resistance and rejection of the polio vaccines among women, opinion holders in the communities and heads of households. However, Nigeria continues to suffer from non-compliance in some pockets. The need for continued advocacy and awareness campaigns by all partners, especially Red Cross volunteers who over time have gained the trust of the communities is a high priority. It is also imperative to continue to look deeply into reasons of non-acceptance of

polio vaccination and to develop other novel strategies that encourage all the communities to accept the polio vaccine.

**Sierra Leone Red Cross (SLRC)** Although Sierra Leone has not had any outbreaks of polio in recent years it is included among the West African countries scheduled for synchronized polio immunization campaigns in 2005. The creation of herd immunity is important in assisting the eradication of the disease. The SLRC participated in the 2nd round of the polio campaign conducted in April. The volunteer activities included community mobilization, administration of the polio vaccine and vitamin A and participation in acute flaccid paralysis (AFP) surveillance. The SLRC worked in 140 communities in 40 chiefdoms. 240,882 children received the oral polio vaccine (OPV) and 209,083 children received oral Vitamin A. The joint training meetings before the campaign and feedback sessions during the campaign motivated the volunteers and strengthened their feelings of ownership of the programme. AFP surveillance has been intensified and is now a part of the Mothers' Clubs activities. The SLRC gained recognition from partners especially MoH, UNICEF and WHO.

**Yemen Red Crescent (YRC)** A country which had been polio-free for some years experienced outbreaks of the disease in April 2005. The authorities in Yemen and partners such as UNICEF, WHO and the Yemen Red Crescent assisted by the Federation, mounted a quick response. Six million doses of the new vaccine were quickly shipped to the country by UNICEF. A polio campaign was conducted during the last three days of May. A full report has been given on the Federation website under appeal No. 05AA089 update: [www.irfc.org](http://www.irfc.org). The YRCS volunteers were very active in the entire operation. Ten supervisors were selected from the Executive Board including the President, the Secretary General and other senior staff and volunteers of the national society. Altogether 390 volunteers in 39 districts participated in the activities. Ten volunteers headed by one supervisor were assigned to carry out monitoring in each of the 15 branches and sub-branches of YRCS. Intensive monitoring showed high immunization coverage. The entire YRC and the Federation delegation team participated fully in the campaign. Federation's regional health delegate provided the required technical support. The epidemic was contained in a record period for an outbreak of such large scale, with no cases reported since 17 October 2005.

**Note:** Reports of polio activities from Burkina Faso, Chad, Democratic Republic of Congo, and Mali were not available for inclusion in this report.

### **Conclusions (Polio Eradication)**

The commitment to polio eradication is high thanks to visible progress in the hardest endemic areas and powerful new tools like monovalent oral polio vaccines. Of the six countries considered endemic at the start of 2005, five reported polio cases in 2005 (Nigeria, India, Pakistan, Niger and Afghanistan). The sixth (Egypt) reported its last poliovirus in an environmental sample in January 2005. Additionally, 11 previously polio-free countries reported polio cases in 2005 (Somalia, Yemen, Indonesia, Sudan, Ethiopia, Angola, Mali, Cameroon, Chad, Eritrea and Nepal). The necessary tools to eradicate polio are now in place. Stopping polio transmission can be completed rapidly, except in Nigeria. Nigeria will need at least an additional 12 months, due to a 12-month suspension of immunizations in 2003-04.

The remaining challenges to a polio-free world are: 1) Breaking the final chains of polio transmission in the endemic countries, 2) Quickly stopping polio outbreaks in previously polio-free countries, 3) Maintaining funding and political commitment, 4) Addressing low routine immunization rates in polio-free countries, and 5) Ensuring that sufficient vaccine is available.

***Financial report below; [click here to return to the title page and contact details](#)***

# International Federation of Red Cross and Red Crescent Societies

## POLIO & MEASLES

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	m05aa089
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	3,502,674					3,502,674
B. Opening Balance	398,312					398,312
<b>Income</b>						
<u>Cash contributions</u>						
<i>Canadian Red Cross Society</i>	23,114					23,114
<i>IOC/CIO</i>	21,000					21,000
<i>New Zealand Red Cross</i>	16,382					16,382
<i>Norwegian Red Cross</i>	57,510					57,510
<i>Swedish Red Cross</i>	401,265					401,265
<b>C1. Cash contributions</b>	<b>519,272</b>					<b>519,272</b>
<u>Outstanding pledges (Revalued)</u>						
<i>Swedish Red Cross</i>	19,800					19,800
<b>C2. Outstanding pledges (Revalued)</b>	<b>19,800</b>					<b>19,800</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>American Red Cross</i>	0					0
<i>Diners Club</i>	0					0
<i>Great Britain - Private Donors</i>	-0					0
<i>IOC/CIO</i>	0					0
<i>New Zealand Red Cross</i>	0					0
<i>Norwegian Red Cross</i>	0					-0
<i>Swedish Red Cross</i>	-76,091					-76,091
<i>Switzerland - Private Donors</i>	-0					-0
<i>United States - Private Donors</i>	0					0
<b>C3. Reallocations (within appeal or from/to another appeal)</b>	<b>-76,091</b>					<b>-76,091</b>
C. Total Income = SUM(C1..C6)	462,981					462,981
D. Total Funding = B + C	861,292					861,292

### II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	398,312					398,312
C. Income	462,981					462,981
E. Expenditure	-609,040					-609,040
F. Closing Balance = (B + C + E)	252,252					252,252

**International Federation of Red Cross and Red Crescent Societies**

**POLIO & MEASLES**

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	m05aa089
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		3,502,674					3,502,674	
<b>Supplies</b>								
Clothing & textiles		2,400					2,400	-2,400
Food		565					565	-565
Water & Sanitation		844					844	-844
Medical & First Aid		1,715					1,715	-1,715
Teaching Materials		1,562					1,562	-1,562
Other Supplies & Services		2,205					2,205	-2,205
<b>Total Supplies</b>		<b>9,291</b>					<b>9,291</b>	<b>-9,291</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	100,000	1,020					1,020	98,980
Computers & Telecom		9,056					9,056	-9,056
<b>Total Land, vehicles &amp; equipment</b>	<b>100,000</b>	<b>10,076</b>					<b>10,076</b>	<b>89,924</b>
<b>Transport &amp; Storage</b>								
Storage		183					183	-183
Distribution & Monitoring		285					285	-285
Transport & Vehicle Costs	500,000	62,214					62,214	437,786
<b>Total Transport &amp; Storage</b>	<b>500,000</b>	<b>62,682</b>					<b>62,682</b>	<b>437,318</b>
<b>Personnel Expenditures</b>								
Delegate Benefits		-1,494					-1,494	1,494
Regionally Deployed Staff	1,600,000							1,600,000
National Staff		17,778					17,778	-17,778
National Society Staff		337,945					337,945	-337,945
Consultants		1,851					1,851	-1,851
<b>Total Personnel Expenditures</b>	<b>1,600,000</b>	<b>356,080</b>					<b>356,080</b>	<b>1,243,920</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	425,000	50,821					50,821	374,179
<b>Total Workshops &amp; Training</b>	<b>425,000</b>	<b>50,821</b>					<b>50,821</b>	<b>374,179</b>
<b>General Expenditure</b>								
Travel	350,000	36,414					36,414	313,586
Information & Public Relation	100,000	38,181					38,181	61,819
Office Costs	50,000	32,635					32,635	17,365
Communications	50,000	14,558					14,558	35,442
Professional Fees		2,432					2,432	-2,432
Financial Charges		-3,922					-3,922	3,922
Other General Expenses	100,000	9,814					9,814	90,186
<b>Total General Expenditure</b>	<b>650,000</b>	<b>130,111</b>					<b>130,111</b>	<b>519,889</b>
<b>Federation Contributions &amp; Transfers</b>								
Cash Transfers National Societies		98,175					98,175	-98,175
<b>Total Federation Contributions &amp; Tr</b>		<b>98,175</b>					<b>98,175</b>	<b>-98,175</b>
<b>Program Support</b>								
Program Support	227,674	39,588					39,588	188,086
<b>Total Program Support</b>	<b>227,674</b>	<b>39,588</b>					<b>39,588</b>	<b>188,086</b>
<b>Operational Provisions</b>								
Operational Provisions		-147,784					-147,784	147,784
<b>Total Operational Provisions</b>		<b>-147,784</b>					<b>-147,784</b>	<b>147,784</b>
								0
<b>Total</b>								<b>0</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>3,502,674</b>	<b>609,040</b>					<b>609,040</b>	<b>2,893,633</b>
<b>VARIANCE (C - D)</b>		<b>2,893,633</b>					<b>2,893,633</b>	