

Programme Update 2007



International Federation
of Red Cross and Red Crescent Societies

Health Initiative - Malaria, Measles and Polio

Appeal No. MAA60004

Programme Update No. 2

23 October 2007

This report covers the period of 01/01/2007 to 30/06/2007.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



A Red Cross Volunteer supports a measles vaccination campaign. International Federation.

In brief

Programme Summary: The Africa Health Initiative, which includes the International Federation's work on the Global Malaria Programme, and support to measles and polio campaigns, continued to grow rapidly in 2007. This year, a total of 13 long lasting insecticidal net (LLIN) campaigns are planned by the global partnership, six of which are integrated with measles supplementary immunization activity (SIA) campaigns. In addition, 10 other measles SIAs are planned for this year.

Donors have assisted the International Federation in funding ongoing programmes and planning for longer-term Keep-Up programmes in Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Sierra Leone, Togo, Uganda and Liberia (funds permitting). A Hang-Up and Keep-Up programme is also underway in Indonesia. In the first quarter of 2007, the Mozambique and Kenya Red Cross societies distributed LLINs during flood operations. The LLINs were donated by UNICEF and the respective ministries of health.

In the first half of 2007, the Secretariat supported community social mobilization for measles and polio mass campaigns in Cameroon, Chad, and Democratic Republic of the Congo. This support included: National Society participation in their national committees and planning groups, formulation of social mobilization plans and budgets, participation in national vaccination campaigns and

preparation of online and offline reports on the achievements.

Planning of integrated programmes for the last quarter of 2007 has currently started in Madagascar, Liberia and Mali. National societies in all three countries have expressed a strong interest in participating in the campaigns with social mobilization and to develop a post-campaign Keep-Up programme.

Red Cross Red Crescent societies continue to be an active partner in their country-level planning committees, including National Malaria Control Programmes, and Inter-country Coordinating Committees. The International Federation has also experienced increased interest in Keep-Up programmes from global partners such as UNICEF, "Malaria No More," and the Kenya Ministry of Health.

Operational research components which examine the value-added of volunteers in these post-campaign programmes and malaria campaign tools development will continue to be a priority for the Secretariat in 2007.

With the limited funds secured for measles and polio activities, the Secretariat has only been able to support national societies' involvement in three campaigns so far, and did not have sufficient funds to support five other campaigns during the first six months of 2007. Urgent funding is needed to meet increasing national societies' requests for the remaining measles and polio campaigns in 2007.

Needs: The total 2006-2007 budget is CHF 19,492,251 (USD 16,645,816 or EUR 11,742,320), out of which 25 per cent is covered. **Click here to go directly to the attached financial report.**

For more detailed information on Africa Health Initiative Programmes, please refer to:

Appeal 2006-2007: <http://www.ifrc.org/docs/appeals/annual06/MAA60004.pdf>, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6000101.pdf>, for Measles and Polio

Annual Report:, http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf, for Measles and Polio

Annual Report:, http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60002Rep0607.pdf, for Malaria

More info is also available at:

<http://www.ifrc.org/what/health/diseases/malaria/index.asp>

<http://www.measlesinitiative.org/index3.asp>

Goal: To work with partners to scale-up malaria control in endemic countries in order to reduce malaria cases and deaths by at least 50% by 2015, and to provide community social mobilization before, during and after mass vaccination campaigns to reduce measles and polio morbidity and mortality.

No. of people we help: More than 8.3 million children received LLINs in 2006 and, an additional 7 million are targeted through integrated campaigns planned for 2007. More than 3 million people have been reached with malaria prevention messages and direct health education through Hang-Up and Keep-Up activities. During the reporting period, a total of 26,000 LLINs were distributed in the International Federation's home-based care programmes, targeting the chronically ill and people living with HIV (PLHIV).

Between 2001 and 2006, approximately 314 million children were vaccinated against measles

throughout Africa. In 2006 alone, more than 43 million children aged under five years were vaccinated during measles and polio campaigns. The World Health Organization (WHO) has estimated that more than 290,000 child deaths have been averted due to these efforts. More than 33 million children aged under five years from 18 African countries are scheduled to be vaccinated this year.

Our Partners: The Global Malaria Programme and Measles Initiative are each made up of more than 25 partners, including international agencies, institutions and NGOs. This is in addition to personnel from the targeted countries. Weekly global conference calls are the principal means for coordinating, collaborating, sharing resources and planning national efforts. The International Federation's work on malaria, measles and polio is supported by the American, Belgium, Finnish, New Zealand, Norwegian and Swedish Red Cross societies as well as Shell International and World Swim for Malaria.

Current context

Since 2002, the distribution of LLINs increased ten-fold in sub-Saharan Africa. This was largely due to the International Federation's pilot efforts in Ghana, Zambia and Togo which demonstrated to the world's public health community that free distribution of LLINs was one of the best ways to meet global malaria prevention goals. This paradigm shift was widely accepted by donors and governments and has resulted in a number of nationwide free LLIN distribution campaigns. This approach is now accepted as a viable option for accelerated malaria control.

In 2006, WHO, the United Nations Children's Fund (UNICEF), U.S. Centers for Disease Control and Prevention (CDC), the United Nations Foundation and the American Red Cross announced a historic 75 per cent reduction in measles mortality in African children and an impressive 60 per cent decrease worldwide as compared to the 1999 mortality levels. The Polio Eradication Programme also declared that it had eliminated the polio virus in all but four countries worldwide (Afghanistan, India, Nigeria and Pakistan). This is a decrease from 125 countries in 1988, and down from six endemic and 18 countries affected by polio in 2005.

National societies have played an extremely important role in providing volunteer assistance before, during and after malaria, measles and polio campaigns. Some activities during these campaigns also included the administration of Vitamin A and de-worming medicine for intestinal worms. National societies also played a valuable role in providing the additional manpower required for campaign efforts and contributed critical social mobilization components necessary for successful campaigns. In relation to National Society capacity enhancement, the International Federation created a global model – "Keep-Up Programme" – where community volunteers have been conducting post-distribution campaign follow-up at household level for three years.

Monthly or bi-monthly household visits, linked with community awareness sessions, are being held to ensure that LLINs are appropriately used and that newborns and pregnant women go for vaccinations and have access to the available health services. Community action is a positive contribution to help in coping with the gap in human resources for health at community level. A priority for regional delegations and the International Federation should be to ensure a sustainable and high quality Keep-Up programme in all countries where LLINs have been distributed on a wide-scale .

National societies that are engaging in malaria Keep-Up programmes as well as measles and polio vaccination campaigns, are building upon their Community-Based First Aid (CBFA) competencies and applying the African Red Cross Red Crescent Health Strategy (ARCHI 2010) on volunteer management systems.

Progress towards objectives

Objective 1: Integrated LLIN distribution to the most vulnerable populations

Objective 2: Community-based Keep-Up programmes

Objective 3: Support childhood immunization campaigns

Objective 4. Support with LLIN distribution for conflicts, emergencies and other special circumstances.

Objective 5: Support participation in regional and global networks

Achievements in national societies

West and Central Africa

With financial support from the International Federation, the **Cameroon Red Cross Society** supported the integrated measles and LLIN distribution campaign in four of the seven provinces from 30 January to 4 February. In the national campaign, 1.7 million children were vaccinated against measles, over 200,000 people received bed nets and 1.7 million received Vitamin A supplements. Measles vaccination coverage for the national campaign was estimated at 93.6%, while in the four provinces, in which Red Cross volunteers conducted social mobilization activities, the vaccination coverage was estimated at 96.3%. Similarly, it was estimated that 88.3% of eligible households received LLINs during the campaign, while in the provinces where Cameroon Red Cross Society volunteers participated, the post-distribution coverage was estimated at 95.9%.

The Red Cross of Chad engaged approximately 350 volunteers in social mobilization activities during its national polio immunization days (NID) from 25 to 28 February. The International Federation has been able to support the National Society with funds contributed by the Swedish Red Cross. In addition, social mobilization activities for the polio vaccination campaign took place in six regions.

The Red Cross of the Democratic Republic of the Congo participated in the three phases of its polio NID with support from the International Federation. Three hundred and twenty Red Cross volunteers supported social mobilization activities before, during and after the national immunization day in 16 health zones of 3 provinces. Pre-campaign activities included involvement in government planning and equipping volunteers with key social mobilization messages. During the campaign, volunteers helped to mobilize parents to have their children vaccinated. After the campaign, volunteers assisted in evaluation of the vaccination coverage results.

The Liberian Red Cross Society participated in a Hang-Up campaign after the distribution of LLINs by MoH volunteers and community health workers. Between 2006 and early 2007, the MoH distributed a total of 446,000 LLINs to children aged between 06-59 months from 12 counties (three counties in 2006 and nine counties in 2007). The initial plan was to cover all 15 counties in Liberia but, due to a shortage of nets, this was not possible. Hang-Up results showed that over 60% of the bed nets were hung. There are ongoing plans to cover the remaining counties later this year if funding and nets will be available. The Liberian Red Cross Society is supported by the Finnish Red Cross to develop a Keep-Up programme, which is integrated into the ongoing CBFA programme. The International Federation could not support the National Society's participation in their January measles vaccination campaign due to inadequate funds.

The Niger Red Cross Society has successfully conducted its second Hang-Up campaign since the

bed net distribution in December 2005. The Hang-Up was conducted for two weeks in May and was the last planned activity in the Global Fund for AIDS, Tuberculosis and Malaria (GFATM)-supported programme. Currently, no further support to Niger is planned. The International Federation could not support the National Society's participation during the polio vaccination campaign earlier in the year due to inadequate funds.

The Sierra Leone Red Cross Society conducted an intensive Hang-Up campaign in January 2007, just after the large-scale integrated campaign that took place at the end of 2006. This intensive effort has been followed with a Keep-Up programme which is integrated in the SLRCS community-based health programme and funded by the Swedish and Finnish Red Cross societies. The total target population in participating districts is estimated to be 680,000 people.

The Togolese Red Cross is in its third and final year of implementing the Keep-Up programme. The programme is implemented in 12 districts, where the ARCHI 2010 strategy and a volunteer management system are in place. Key Keep-Up activities have also been integrated into the Swiss Red Cross-supported HIV/AIDS programme in the central region. Focus will continue to be on strengthening and developing capacity among Red Cross staff and volunteers to ensure high awareness and positive health seeking behaviours at community level. The programme will be extended to include the National Society's "mothers clubs programme." A three year post-campaign mortality study, supported by the Canadian Red Cross and CDC, will take place in October 2007. In addition, a study to evaluate the durability of LLINs distributed during 2004 will be conducted.

East Africa

The Kenya Red Cross Society's three year Keep-Up programme, funded by the International Federation and the Norwegian Red Cross, started in October 2006. The baseline survey and documentation of value-added of Red Cross volunteers started in May 2007, with technical support from the American Red Cross. A separate evaluation is planned to take place in order to document the value-added when involving Red Cross volunteers in longer-term community health programmes. The programme is currently being implemented in four districts: Kisumu, Siaya, Bureti and Kilifi. The programme aims to involve 800 volunteers in reaching a population of approximately 970,000 in the four districts. The International Federation could not support the National Society in the emergency polio NID earlier in the year due to inadequate funds.

The Uganda Red Cross Society supported the MoH in the distribution of 1,800,000 LLINs in a "stand alone" distribution campaign that took place in 81 districts in March. The National Society was also involved in social mobilization, community sensitization, identification and registration of the beneficiaries as well as in the distribution of bed nets. It has expressed interest in and has developed a proposal for a post-campaign Keep-Up programme. However, due to inadequate funds, the National Society has not been able to support post-campaign activities. In addition to the distribution exercise, the Uganda Red Cross Society received 3,000 bed nets for their home-based care programmes in 2006 and has applied for another 16,000 LLINs from the World Swim for Malaria charity in 2007.

Southern Africa

The Mozambique Red Cross Society carried out district-wide LLIN distributions in Sofala and Manica provinces, followed by a Hang-Up campaign funded by the Canadian Red Cross at the end of 2005. In Manica Province, the programme has been implemented in Sussundenga and Bàrue districts, with extension to a new district, Mossurize, in 2007. The Keep-Up activities are integrated into an ongoing community health programme funded by the Belgium Red Cross in Manica. In Sofala Province, the programme has been implemented in Nhamatanda and Buzi districts, expanding to Dondo District in 2007. The National Society is also developing a new monitoring and evaluation protocol - including reporting formats - for volunteers, with technical support from the

American Red Cross and in collaboration with the International Federation. The programme implementation was slightly delayed during the first quarter due to the floods emergency situation in the two provinces.

The Malawi Red Cross, in partnership with the Ministry of Health and CDC, and with support from the International Federation, the Finnish, Canadian and the American Red Cross societies, has started a malaria programme with routine distribution of LLINs to fully-vaccinated children and pregnant women. The National Society has also established several drama groups in the two districts that perform on a regular basis. Household visits are being integrated in HIV/AIDS home-based care programmes, while additional nets (a total of 500 during the first quarter) have been distributed to the orphan and vulnerable children (OVC) programme after a donation from the Netherlands Embassy. A new national malaria policy is currently being implemented, where LLINs will be distributed free of charge through routine vaccination of children and antenatal clinics.

South East Asia

The Indonesian Red Cross (Palang Merah Indonesia), with support from the International Federation, made a total of 189,000 LLINs available for distribution the Eastern Part of Indonesia. This was possible due to funding from the American, Norwegian and Swedish Red Cross societies. The distribution programme is a partnership between UNICEF, the Indonesian MoH and PMI. The PMI is planning a Hang-Up programme in the provinces of Babel, Bengkulu, and Jambi in Sumatra. The programme will serve as the “stepping stone” for PMI to develop a CBFA programme starting July 2007. Additional funding for LLINs to the Eastern part of Indonesia is still being sought.

World Swim for Malaria (WSM)

In 2006, a contract was signed between the International Federation and WSM, a charitable foundation based in London which is raising funds for procurement of LLINs. A total of 50,000 LLINs have been donated by WSM to Red Cross Red Crescent national societies to date. This includes national societies in Botswana, Burundi, Cambodia, Ethiopia, Haiti, Kenya, Malawi, Namibia, Sao Tome and Principe, Uganda, Zambia and Zimbabwe. The World Swim for Malaria partnership is a valuable contribution to Red Cross Red Crescent health programmes as they focus on vulnerable groups, otherwise not specifically addressed during national campaigns. For more information click on: <http://www.worldswimformalaria.com>

Evaluation, documentation and development of tools and guidelines

The work with the “malaria tool box” started in March with the aim to develop a guide and materials for national societies involved in large-scale LLIN distribution and integrated Keep-Up programmes. Three training modules will be developed: coaching and monitoring, malaria as well as behaviour change communication (BCC). The training materials for coaching and monitoring for supervisors, and the malaria technical training for supervisors and volunteers will be finalized by the end of September 2007. The training materials for BCC, and additional materials that will complete the toolbox, are expected to be finalized by the end of 2007.

Constraints or challenges

The main constraint for the International Federation’s Africa Health Initiative has been a lack of sufficient funding to make firm commitments to national societies and to develop long-term Keep-Up programmes in all countries where large-scale distributions take place. In addition, there is a need to strongly advocate to MoHs to ensure follow-up routine distribution of free bed nets to other vulnerable groups such as newborns, the newly pregnant and the chronically ill.

Due to a shortage of funds for 2007, there have been missed opportunities for the International

Federation to support the critical component of social mobilization for national measles and polio vaccination campaigns in Angola, Benin, Ethiopia, Kenya, Liberia, Mali, Niger, Nigeria, South Africa and Zambia. Although efforts have been made by national societies to mobilize local funding mechanisms, it is critical that the Appeal be sufficiently funded so as to support social mobilization activities around these campaigns. Red Cross Red Crescent national societies are frequently called upon by their ministries of health to provide social mobilization activities to maximize campaign success and reach high coverage levels. Thus, without an adequately-funded Appeal, the International Federation will not be able to realize its full potential in supporting and contributing to the success of measles and polio vaccination campaigns. To reach the 2010 goal of a 90% global reduction in measles deaths, Red Cross Red Crescent national societies must continue to play a lead role in social mobilization activities.

Some National Society programmes are also adversely affected by limited and inexperienced staff. Therefore, regular follow-up visits to give technical support and assistance for long-term programming are needed. This requires additional funding in order to engage delegates who can provide this needed support and guidance to national societies on a regular basis according to their needs.

Working in partnership

The Africa Health Initiative is comprised of many international and national groups throughout Africa. The Global Malaria Programme includes WHO and UNICEF technical offices, including the Roll Back Malaria (RBM) partnership, which provides the International Federation and field staff with technical and programmatic support guidelines. Other groups, such as CDC and the DataDyne Corporation, have provided evaluation services. The two-year partnership with GFATM enabled the International Federation to undertake the largest single LLIN distribution in Niger in 2005. Long-term impact assessments of malaria interventions in Niger are being undertaken by the Center for Medical Research (CERMES) under a contract with the International Federation.

Integrating LLIN distribution into measles campaigns has resulted in close collaboration with the highly successful Measles Initiative spearheaded by the American Red Cross, CDC, the United Nations Foundation, UNICEF and WHO. There are more than 25 other global partners - not including individual Red Cross Red Crescent national societies - participating in the Malaria Initiative.

Contributing to longer-term impact

Impact on reducing morbidity and mortality due to malaria and vaccine-preventable diseases in Africa will only be achieved with the sustained support of civil society partners such as Red Cross Red Crescent national societies. By being involved in social mobilization activities around LLIN distribution as well as measles and polio vaccination campaigns, Red Cross Red Crescent volunteers are contributing to the success of these campaigns and maximizing the number of beneficiaries. With support to the Measles Initiative, the International Federation is helping to reach the 90% reduction goal in measles deaths by 2010, and was a partner in the 2006 announcement of a 75% reduction in measles deaths in Africa. Due to the successes of the Measles Initiative, WHO estimated that 1.2 million deaths due to measles had been prevented by 2005.

Reducing malaria morbidity and mortality by reaching a high coverage of bed net ownership with free distribution of LLINs can only happen if LLINs are properly hung and used. By following up large-scale distribution of LLINs with longer-term Keep-Up programmes, Red Cross Red Crescent volunteers are actively contributing to the achievement of the Abuja Targets and the Millennium Development Goal (MDG) of having more than 60% of nets in the household hung and used. In Togo, the utilization rates have increased to more than 80% since the Keep-Up programme was implemented. In 2006 it was estimated that 58,200 lives would be saved if nets were properly used.

The International Federation estimates similar or higher figures of lives saved in 2007 if funds are available for national societies to carry out direct follow-up and assistance after large-scale distributions have taken place.

Looking Ahead

Achieving the MDGs and Abuja Targets requires many more LLINs to be distributed in countries with high malaria transmission, and more children to be vaccinated against measles and polio. This can only be done with the contribution of social mobilization activities by Red Cross Red Crescent national societies, which help to maximize the uptake of these services. The upcoming measles and polio vaccination campaigns will be an opportunity to continue supporting this important community-based work, and can serve as an entry point for distributing malaria bed nets and engaging volunteers in longer-term Keep-Up programmes.

After bed net distribution campaigns, there is a need to ensure continued high LLIN coverage among those most at risk through free distribution via routine services or “follow up distribution campaigns.” The International Federation will therefore continue to actively participate in the Global Malaria Programme and Measles Initiative and will seek continued and additional funding for these programmes. The malaria partners are guided by the measles vaccination campaign calendar for future integrated LLIN distributions, but are also planning “stand alone” campaigns. Donors, governments, civil society and other groups are committed to working together to continue addressing the challenges faced in decreasing malaria, measles and polio morbidity and mortality as well as in building on the impressive results accomplished to date.

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International Federation of Red Cross and Red Crescent Societies

MAA60004 - HEALTH INITIATIVE: MALARIA, MEASLES AND POLIO

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/9
Budget Timeframe	2006/1-2007/12
Appeal	MAA60004
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	19,492,251					19,492,251
B. Opening Balance	0					0
Income						
<u>Cash contributions (received)</u>						
American Red Cross	576,654					576,654
Diners Club	1,321					1,321
Finnish Red Cross	252,603					252,603
France - Private Donors	771					771
New Zealand Red Cross	14,695					14,695
Norwegian Red Cross	1,214,175					1,214,175
Other	2,821					2,821
Shell	107,029					107,029
C1. Cash contributions	2,170,069					2,170,069
<u>Outstanding pledges (Revalued)</u>						
Canadian Red Cross	352,170					352,170
Diners Club	2					2
Finnish Red Cross	78,186					78,186
Norwegian Red Cross	86,000					86,000
C2. Outstanding pledges (Revalued)	516,358					516,358
<u>Reallocations (from appeals MAA60001 & MAA60002)</u>						
American Red Cross	196,764					196,764
Canadian Red Cross	403,182					403,182
Finnish Red Cross	86,619					86,619
Global Fund to Fight AIDS, TB	429,650					429,650
Great Britain - Private Donors	2,003					2,003
IOC/CIO	6,000					6,000
Netherlands Red Cross	0					0
New Zealand Red Cross	-13,990					-13,990
Norwegian Red Cross	60,458					60,458
Swedish Red Cross	829,504					829,504
Switzerland - Private Donors	18,332					18,332
Unidentified donor	-126					-126
United States - Private Donors	11,000					11,000
C3. Reallocations	2,029,395					2,029,395
<u>Inkind Personnel</u>						
Norwegian Red Cross	55,800					55,800
WHO	18,600					18,600
C5. Inkind Personnel	74,400					74,400
C. Total Income = SUM(C1..C6)	4,790,222					4,790,222
D. Total Funding = B + C	4,790,222					4,790,222

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0					0
C. Income	4,790,222					4,790,222
E. Expenditure	-2,799,213					-2,799,213
F. Closing Balance = (B + C + E)	1,991,009					1,991,009

International Federation of Red Cross and Red Crescent Societies
MAA60004 - HEALTH INITIATIVE: MALARIA, MEASLES AND POLIO
 Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/9
Budget Timeframe	2006/1-2007/12
Appeal	MAA60004
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
BUDGET (C)		19,492,251					19,492,251	
Supplies								
Clothing & textiles	10,500,000	1,173,086				1,173,086	9,326,914	
Food		38				38	-38	
Medical & First Aid		6,765				6,765	-6,765	
Teaching Materials	0	1,132				1,132	-1,132	
Total Supplies	10,500,000	1,181,020				1,181,020	9,318,980	
Land, vehicles & equipment								
Vehicles	60,000	5,627				5,627	54,373	
Computers & Telecom	30,000	3,699				3,699	26,301	
Office/Household Furniture & Equipm.	0	2,315				2,315	-2,315	
Medical Equipment	25,000						25,000	
Others Machinery & Equipment	250,000	1,555				1,555	248,445	
Total Land, vehicles & equipment	365,000	13,196				13,196	351,804	
Transport & Storage								
Storage	250,000	56				56	249,944	
Distribution & Monitoring		24,438				24,438	-24,438	
Transport & Vehicle Costs	550,000	28,768				28,768	521,232	
Total Transport & Storage	800,000	53,261				53,261	746,739	
Personnel Expenditures								
International Staff Payroll Benefits	3,912,800	206,869				206,869	3,705,931	
Delegate Benefits	400,000						400,000	
Regionally Deployed Staff	150,000						150,000	
National Staff	0	11,554				11,554	-11,554	
National Society Staff	76,800	104,607				104,607	-27,807	
Consultants	375,000	104,427				104,427	270,573	
Total Personnel Expenditures	4,914,600	427,458				427,458	4,487,142	
Workshops & Training								
Workshops & Training	650,000	72,225				72,225	577,775	
Total Workshops & Training	650,000	72,225				72,225	577,775	
General Expenditure								
Travel	400,000	68,671				68,671	331,329	
Information & Public Relation	150,000	23,767				23,767	126,233	
Office Costs	66,500	34,392				34,392	32,108	
Communications	54,200	11,737				11,737	42,463	
Professional Fees		15,304				15,304	-15,304	
Financial Charges	0	11,196				11,196	-11,196	
Other General Expenses	327,000	15,375				15,375	311,625	
Total General Expenditure	997,700	180,441				180,441	817,259	
Federation Contributions & Transfers								
Cash Transfers National Societies		106,231				106,231	-106,231	
Cash Transfers Others		271,155				271,155	-271,155	
Total Federation Contributions & Tr		377,386				377,386	-377,386	
Program Support								
Program Support	1,264,951	181,635				181,635	1,083,317	
Total Program Support	1,264,951	181,635				181,635	1,083,317	
Operational Provisions								
Operational Provisions		312,592				312,592	-312,592	
Total Operational Provisions		312,592				312,592	-312,592	
TOTAL EXPENDITURE (D)	19,492,251	2,799,213				2,799,213	16,693,038	
VARIANCE (C - D)		16,693,038				16,693,038		