

PROGRAMME UPDATE



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

CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP) BELARUS, RUSSIA, UKRAINE

Appeal No. MAA67002
14 July 2006

The Federation's vision is to strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity. Its 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.

In Brief

Programme Update no. 1, Period covered: 1 January to 31 May 2006;
Appeal target: CHF 1,231,110 (USD 997,470 or EUR 787,920);
Appeal coverage: 101 % [Click here for the interim financial report to date](#)

Related Emergency or Annual Appeals:

Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) Annual Appeal 2006/2007.
For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA67002.pdf

Belarus, Moldova and Ukraine Annual Appeal 2006/2007. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA67001.pdf

Russian Federation Annual Appeal 2006/2007. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAARU001.pdf

Annual Appeals 2006/2007 for Europe/Central Asia region. For details please see the website at <http://www.ifrc.org/where/europe.asp>

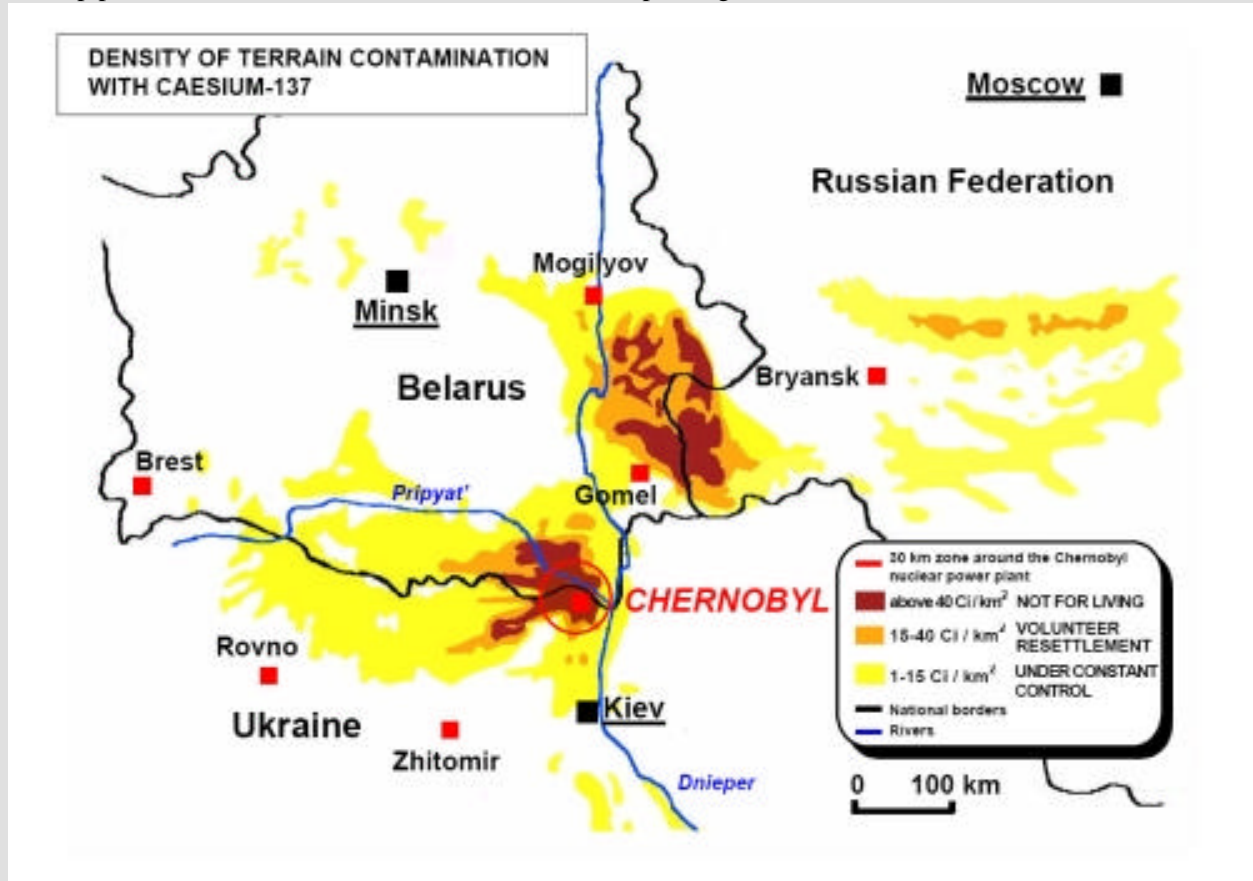
The programmes herein are aligned with the Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission:

1. Reduce the numbers of deaths, injuries and impact from disasters.
2. Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
3. Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
4. Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Programme summary:

During the reporting period, CHARP continued to provide effective medical, social and psychological assistance to people affected by the Chernobyl disaster. The core activity of the programme was thyroid gland screening. This service was provided by six mobile diagnostic laboratories (MDL) working in the six regions affected by the Chernobyl disaster. Three MDLs are situated in the Brest, Gomel and Mogilev regions of Belarus, two MDLs are in the Rovno and Zhitomir regions of Ukraine, and one MDL is in Bryansk region of the Russian Federation.

The map placed below shows the areas where CHARP is operating.



As the Chernobyl disaster has long-term consequences affecting those residing in radiation contaminated regions the relevance of the programme at present is high. In recognition of this, CHARP has continued to receive support from a number of donors and national societies. At present the main donors of the programme are the Irish Government, Canadian Red Cross, Japanese Red Cross and British Government/DFID.

For further information specifically related to this operation please contact:

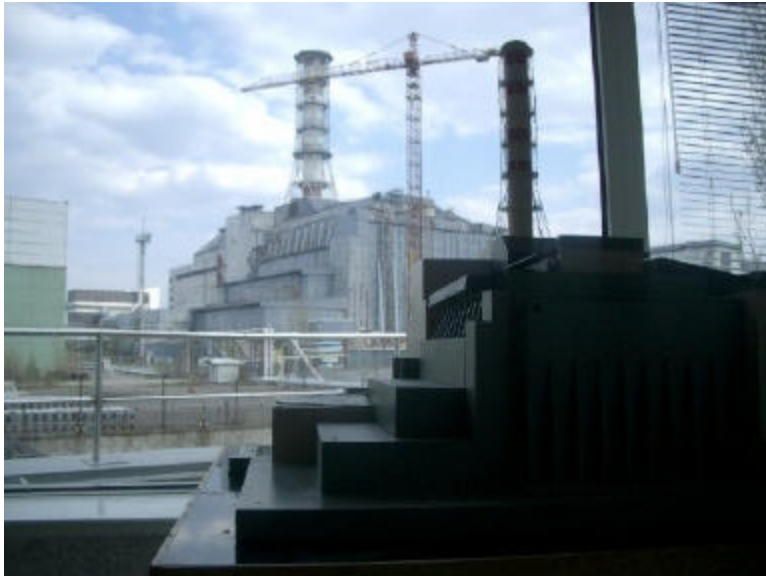
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All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering quality and accountable assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

The most important event during the reporting period was the international commemoration of the 20th anniversary of the explosion of the Chernobyl nuclear power plant in northern Ukraine on 26 April 1986—the worst accident in the history of the civil nuclear industry. In connection with this event a series of international conferences and forums were held where scientists and other experts discussed the aftermath of the Chernobyl disaster. Of particular controversial debate was the number of people who could eventually die as a result of the Chernobyl accident. An extra 9,000 cancer deaths are expected by the United Nations study "Chernobyl's Legacy: Health, Environmental and Socio-Economic Impacts". The campaign group Greenpeace is among those to predict more serious health effects. It expects up to 93,000 extra cancer deaths, with other illnesses taking the toll as high as 200,000. Greenpeace also says there could eventually be 60,000 cases of radiation-caused thyroid cancer.



Chernobyl Nuclear Power Plant. The concrete sarcophagus covers the fourth unit destroyed by the explosion on 26th April 1986

On 24 April 2006, the heads of CIS member-states appealed to the international community in the context of the 20th anniversary of the Chernobyl nuclear accident, reminding the world of the disaster and declaring their resolve to make every possible effort to minimize its consequences. They emphasized the necessity to involve the potential of the entire world community in dealing with the problems of the affected regions.

On 25 April 2006, in Ukraine, vigils were held overnight in both the capital, Kiev, and in Slavutyich, the town built to house the Chernobyl plant workers displaced by the accident. In Kiev, thousands of mourners, each carrying a single carnation and flickering candle, joined an outdoor Orthodox Christian service. Ukraine President Viktor Yushchenko laid a wreath to remember those who were sent to deal with the accident and to the many who

have since been affected. At 01:23 (22:23 GMT on Tuesday) - the precise time an alarm warning of the accident was set off on 26 April 1986 - the church bells tolled 20 times.

A special session of the United Nations (UN) General Assembly dedicated to the 20th anniversary of the Chernobyl accident was held on April 28, 2006 in the UN Headquarters in New York. Representatives from all states of the world observed a minute of silence in tribute to the memory of victims of the tragedy and exchanged viewpoints on the ways to mitigate the Chernobyl consequences. The same day, in the afternoon, bells tolled in the patio to remind the international community about the tragedy that struck 20 years ago, about the courage of the disaster relief workers who tried to prevent its aftermath, and the calamity that befell the population of the affected countries. A photographic exhibition entitled "20 Years after Chernobyl: From Tragedy to Recovery" officially opened in the General Assembly Visitors' Lobby earlier that day, commemorating the 20th anniversary of the Chernobyl disaster. This exhibition featured a collection of over 70 photographs contributed by the Republic of Belarus, the Russian Federation, Ukraine and the USA.

In connection with the commemoration of the 20th anniversary, the Red Cross undertook efforts to draw the attention of the international community once again to the humanitarian consequences of this technological catastrophe and to show the important role played by the CHARP programme. The Federation and National Societies of Belarus, Ukraine and Russia have held a series of events to commemorate the 20th anniversary of the world's worst nuclear disaster at the Chernobyl power plant (*detailed information can be found in the section "International Representation and Advocacy"*).

Disaster Management

Overview

In the reporting period, CHARP was focused on thyroid cancer screening and rendering psycho-social support to the target population affected by the Chernobyl disaster. The objectives set were mainly fulfilled. The MDLs provided thousands of people living in radiation polluted areas with the opportunity to receive objective information on their health status, enabling them to undertake adequate actions to prevent and treat detected diseases. Anxiety and stress in people affected by the disaster have been diminished due to psychosocial support provided within the programme. The multivitamins supplied by the Netherlands RC and distributed in February-May 2006 improved the immune system of thousands of children living in radiation contaminated areas.

CHARP's mobile diagnostics laboratories gradually improved their early detection capabilities. Practically all the MDLs have now started to conduct "fine needle" biopsies in the field on suspected cases of thyroid cancer, giving a reliable and rapid diagnosis which is essential to save lives. In order to improve information flow and feedback within the programme, the creation of a new database system has been completed and in April-May 2006 the MDL PC operators were trained to use the new software.

The overall funding situation in the programme is satisfactory. In the first half of 2006 the programme has received donations from the Irish Government, Canadian Red Cross, British Government and Netherlands Red Cross. However, it is relevant to note that the generous donation of the Irish Government is intended for three years (from May 2006 to May 2009).

Overall Goal: The health of the population affected by the Chernobyl nuclear disaster is improved

Programme Objective: Effective medical, social and psychological assistance is provided to targeted individuals in the six regions affected by the Chernobyl nuclear disaster.

Progress/Achievements (activities implemented within this objective)

Expected Result 1: Six mobile diagnostic laboratories have screened 90,000 people for thyroid gland pathologies in the target group of individuals who were 40 years old or younger at the time of the accident and living in contaminated areas.



Dr. Vasily Berezhnoi (Zhitomir MDL) is screening thyroid gland in a young woman who is living in the Chernobyl contaminated area

In the period from January to May 2006, the specialists of six MDLs working within CHARP have checked **39,887** people. In accordance with the recommendations of the latest evaluation (March 2005) the examinations concentrated on thyroid cancer screening in the priority target group: individuals who were between 0-40 at the time of the accident and living in contaminated areas. Some 20,741 people of those tested were being checked by the MDLs for the first time.

Along with thyroid screening, the laboratory doctors carried out the diagnosis and treatment of other ailments upon receiving patient requests or the results of clinic tests. This is linked to the limits of the primary health care system in rural areas and the need for the programme to fill this gap to some extent. At the

present time, this activity is comparatively limited as a percentage of all work performed by the MDLs, ranging from about 20% in Ukraine to 50% in Belarus.

Expected Result 2: Prevention of death from thyroid cancer because of timely detection and referral to medical institutions for treatment.

In the examined group, specialists have detected 17,648 cases of abnormal scans (i.e. pathologies). This means that almost every second patient has pathology of the thyroid gland of different degrees of development. The MDLs doctors gave them necessary medical consultations. Some 3,756 patients have been referred to specialized medical institutions for further examinations (for hormones and fine needle biopsies).

One of the main concerns in the programme was further improving the diagnostic abilities of MDLs. This is a matter of high importance because an early and precise diagnosis of thyroid cancer is essential to ensure proper treatment of this disease. Therefore, MDLs began performing fine needle biopsies on the spot in the sites where MDLs operate. However, approaches in this matter are different due to different legal regulations in each country. In Belarus and Ukraine, MDL specialists perform the biopsies themselves. Having screened a number of people over a 2-3 week period, they select those who require biopsies and perform them at district hospitals with appropriate sanitary and hygienic conditions. In Russia, specialists from the Bryansk Diagnostic Centre go to the areas where the MDL is operating. The specialists perform biopsies for patients where the Red Cross MDL teams have detected possible thyroid cancer.

During the reporting period, no fatalities caused by thyroid cancer were registered among those patients who had been referred by the Red Cross MDLs to medical institutions for treatment.

Expected Result 3: Stress and anxiety linked to radiation is reduced for 15,000 people annually through psychosocial support.



Psychosocial support is an essential part of CHARP. Dr. Ludmila Khomenko of Zhitomir MDL is counselling elderly people living in Chernobyl affected areas

During the reporting period CHARP continued providing psychosocial support (PSS) to the population affected by the Chernobyl accident. The PSS was rendered at medical and social centers, at places visited by MDLs, and in individual residences. It was directed towards restoring the inner resources of an individual and rehabilitating a person suffering from stress and traumatic events. This kind of assistance was primarily given to persons experiencing serious emotional suffering caused by the crisis situations (serious illness, etc.) and to elderly people.

Trained Red Cross staff and volunteers informed the population on the consequences of the Chernobyl accident, methods of reducing the risk of radioactivity, and methods of coping with stress. This was done through

counselling, active listening, lectures, discussions and other PSS tools. In addition to this, there were newspaper articles and local radio interviews aimed at highlighting the consequences of the accident; explaining methods of stress prophylactics; describing related diseases and social problems; and suggesting ways to cope with crisis situations.

On 29-31 March, 2006 a seminar on psycho-social support was held by the Belarus Red Cross. Taking part were 22 workers and Red Cross volunteers from the three regions of Belarus covered by CHARP. The trainer/facilitator

of the seminar was a professor from Minsk University. Trainings explored the peculiarities of emotional and behavioral disorders evolving from Chernobyl and ecological disasters, stress and pathological reactions to a crisis situation, and the posttraumatic stress of the population. The participants learnt to use different PSS techniques in the psychological rehabilitation of the population.

Expected Result 4: Immunity is improved for 24,000 children living in highly contaminated areas through winter supplies of multivitamins containing C, D and B group with iron, folic acid and stable iodine



During the reporting period, regional and local Red Cross Committees distributed 3,900,000 multivitamins to boost the immune systems of children living in affected areas

During the reporting period the Regional and local Red Cross Committees distributed multivitamins in the amount of 2,400,000 tabs that had been supplied by the Netherlands Red Cross (NLRC) in October 2005. After clearing customs, the multivitamins were distributed from January to March 2006.

An additional 1,500,000 tabs have been purchased locally and distributed by the National Societies of Belarus, Ukraine and Russia (Bryansk branch) in April-May 2006.

These multivitamins—containing C, D and B group with iron, folic acid and stable iodine—were distributed through local Red Cross branches to children living in highly contaminated areas in the months of highest vitamin deficiency (January-May) when vitamin-rich food is very expensive.

Expected Result 5: Red Cross national societies have well trained and equipped mobile diagnostic laboratory teams carrying out diagnosis and treatment of ailments of the affected population in remote rural areas of the six highly-affected regions.

Thanks to the donation of the Netherlands Red Cross and other international donors, over last three years the diagnostic abilities and quality of examinations provided by the six MDLs were improved through the supply of new sophisticated equipment and all necessary reagents, staff trainings, and the introduction of modern screening techniques. The technical infrastructure of CHARP is presently in good shape.

One pending issue was creating a centralized system for using data collected by the MDLs. To solve this issue, a specialist from the Ukrainian Institute of Endocrinology and Metabolism had been employed who has developed unified software and installed it into the computers of all MDLs. The creation of the new database system has been mainly completed and in April-May 2006 the MDL PC operators were trained in Kiev to use the new software.

In the new system, the data collected in the field by MDLs will be transferred electronically to the computers of national managers and to the server at Kiev Federation Office. At both levels, the data will be subject to examination. This type of system improves information flow and feedback within the programme. The data collected in CHARP will be shared with appropriate medical institutions.

Expected Result 6: The sustainability of CHARP is increased due to new management strategy that hands over more programme responsibilities to Red Cross national societies and gradually integrates activities into the health care system.

During the reporting period, CHARP was working on the basis of the new management system introduced in 2004 in order to improve the sustainability of the programme. At present, the National Societies bear responsibility for the general planning, budgeting, reporting, staff training, logistics support and day-to-day management of the Chernobyl programme. The implementing role of the Federation is focused on the coordination of technical support, as well as support in planning, financial management, monitoring, international representation and advocacy.

The strategy of CHARP presupposes further integration of the programme into the health systems in order to enhance its sustainability. It also means that the funding input of National Societies and local governments/authorities into the programme should be increased in 2006. This issue will be discussed at the next meeting of the International Chernobyl Coordination Committee (ICCC) scheduled for the middle of July 2006.

Impact

During the reporting period, the specialists of six RC MDLs referred 2,290 patients with suspected thyroid gland cancer to specialized medical institutions for in-depth examination and surgery if needed. In **103** patients the suspected thyroid cancer cases were confirmed by cytological examinations; information on these cases was provided by these clinics to the Red Cross. The number of thyroid cancer cases detected during the reporting period is much higher than the result for the same period of the previous year when the MDLs had detected **81** confirmed cancer cases.

The above mentioned patients have received necessary treatment and are being monitored by the RC MDLs and healthcare institutions.

Besides thyroid cancer, the two primary thyroid pathologies detected by MDLs via screening were nodular pathology (6,750 cases – 34.6% of all people diagnosed with thyroid pathologies) and diffuse goitre (6,108 cases – 34.0%). It is relevant to mention that the rate of nodular pathology is also higher than during the similar reporting period of 2005 when 4,885 cases were detected (or 29% of the total amount of pathologies for that period). If left undiagnosed or untreated there is certain risk that these conditions can develop into thyroid cancer. Therefore these patients are also under monitoring by Red Cross MDLs.

The impact of the programme can be confirmed by the fact that the immunity of about 40,000 children living in the areas affected by the Chernobyl disaster has been improved owing to the consumption of multivitamins.

It is also estimated that about 9,000 people have received psychosocial support from CHARP.

Constraints

During the reporting period there were few constraints in project implementation. Due to a favorable exchange rate and savings in local procurements, not all funds allocated by the Netherlands Red Cross were spent in 2005 as originally planned. Therefore, the Federation approached the NLRC with a request to extend implementation activities into the next year. This request was approved and the project implementation period was prolonged to 30 April 2006. The allocated funds have been fully spent by the end of this period.

Other constraints were linked with complicated local laws and procedures which caused occasional minor problems to occur when clearing goods through customs. For instance, in Belarus the customs services refused to provide clearance for microscopes and ultrasound scanners because the shipment documents omitted information about year and country of manufacture of these goods. This problem was successfully resolved after receiving the necessary information from the donor.

Implementation and coordination

The implementation and coordination of this appeal is governed by the Federation's Framework for Action which will orient capacity-building actions over the next five years, with the aim of building a well-functioning Federation network. The framework is a clear set of actions to reform and renew the Federation to ensure that it remains relevant and effective as an organization. This calls for collective leadership and accountability at all levels of the International Federation to succeed.

Coordination, cooperation and strategic partnerships

CHARP is an international project being implemented in three countries; however, it has a centralized coordination and management system. At present, the overall coordinative body of the programme is the International Chernobyl Coordination Committee (ICCC), composed of the Presidents of Ukraine and Russia Red Cross, the Secretary General of Belarus Red Cross, and the head of the Federation's delegation in Minsk, with the participation of the CHARP coordinator. The main task of the ICCC is to develop and approve programme strategies. The executive management of CHARP is being provided from Federation's Representative Office in Kiev, Ukraine.

In the implementation of the programme, both the national societies and the International Federation's delegation have close cooperation with the Ministries of Health and Ministries of Emergencies (or corresponding ministries) in each country and maintain contacts with various agencies including WHO, TACIS, USAID, UN agencies, Swiss Development Agency as well as with radiological centers, dispensaries and many leading specialists and experts from Belarus, Russia and Ukraine.

During the reporting period efforts were made to facilitate a dialogue with a number of national societies in order to ensure proper co-ordination of partner national societies' and other donors' support for the Programme. As mentioned above, at present the primary CHARP donors are the Irish Government, the Canadian Red Cross, the Japanese Red Cross and the British Government/DFID.

International representation and advocacy

In the connection with 20th anniversary of the Chernobyl disaster, the Red Cross undertook efforts for international representation and advocacy in order to show the important role played by the CHARP programme in rendering assistance to those who have been affected by this catastrophe. The leaders of the International Federation visited Belarus and Ukraine in the connection with the commemoration of the 20th anniversary of the Chernobyl disaster. In particular, the Secretary General Markku Niskala participated in the "Twenty Years after Chernobyl" international conference held on 19-21 April 2006 which brought together 1,500 representatives from 46 countries, international organizations, governmental organizations and NGOs from donor States.

Meanwhile in Kiev, the Federation President Juan Manuel Suárez del Toro took part in a Humanitarian Forum entitled 'Rebirth, Renewal and Human Development', hosted by Ukrainian First Lady Katerina Yushchenko, and attended by ministers, United Nations representatives and concerned celebrities. The Federation President also visited a Ukrainian Red Cross mobile laboratory in the contaminated zone, and met with staff and patients. On his last day in Kiev he took part in the session devoted to the Chernobyl 20th anniversary at the Ukrainian Rada (Parliament).

In their speeches and meetings, Federation President Juan Manuel Suárez del Toro and Secretary General Markku Niskala emphasized the essential role the Red Cross has played in Belarus, Ukraine and the Russian Federation in preventing hundreds of deaths from thyroid cancer, as well as providing vital psychological support to the millions of people who still live in contaminated areas. They urged for continuing support of the Federation's Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) and its six mobile diagnostic laboratories, which screen 90,000 people a year for thyroid cancer in remote, rural regions.

A number of high level events were organized by the Red Cross in the three countries. In particular, the Ukraine Red Cross and Kiev Federation Office have organized the Round Table meeting "20 years after Chernobyl: Red Cross and CHARP" which was held on 29 March in Kiev. Taking part in the meeting were representatives from all the governmental, non-governmental and scientific-research institutions based in Kiev that are dealing with Chernobyl issues, as well as representatives from the UN, Embassies of the Netherlands, Japan, Austria, Germany, USA, International Committee of the Red Cross, the Head of IFRC Regional Delegation in Moscow, and the Vice-President of the Russian Red Cross. Some 50 journalists of print and electronic mass media covered this event. The participants of the Round Table appealed to those who are not indifferent to combine their efforts in assisting the victims of Chernobyl.

Similar events have been organized by the Belarus and Russian Red Cross Societies. In Belarus, the Round Table meeting was held on 21 April 2006, and in Russia (Bryansk) the Round Table was held on 30 May 2006. Along with these meetings, numerous events have been organized by Regional Red Cross branches on local levels.

From February-April 2006, due to the commemoration of the 20th anniversary of the Chernobyl disaster, CHARP was highly covered by international mass media. There were interviews and visits with Associated Press, Reuters, Cox News, BBC Radio, BBC World Service, RTE Ireland, Radio France Culturelle, Brazil Press, Deutsche Welle, Canadian Broadcasting Corporation, La Liberation (France), Radio Madrid, Radio Mallorca, Argentinian Radio, National Public Radio USA, Finnish magazine "SEURA", and Austrian print and electronic mass media. Accordingly, numerous materials about CHARP have been published in those countries providing international representation for the programme.

[Interim financial report below; click here to return to the title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

MAA67002 - CHERNOBYL HUMANITARIAN ASSISTANCE & REHABILITATION

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA67002
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	0	1'231'110			0	1'231'110
B. Opening Balance	0	339'827			0	339'827
Income						
Cash contributions						
Canadian Red Cross Society		71'677				71'677
DFID Partnership		39'913				39'913
Irish Government		262'114				262'114
Netherlands Red Cross		8'003				8'003
On Line donations		14				14
United States - Private Donors		514				514
C1. Cash contributions		382'235				382'235
Outstanding pledges (Revalued)						
Irish Government		521'040				521'040
C2. Outstanding pledges (Revalued)		521'040				521'040
C. Total Income = SUM(C1..C6)	0	903'275			0	903'275
D. Total Funding = B + C	0	1'243'103			0	1'243'103

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0	339'827			0	339'827
C. Income	0	903'275			0	903'275
E. Expenditure		-333'715				-333'715
F. Closing Balance = (B + C + E)	0	909'388			0	909'388

International Federation of Red Cross and Red Crescent Societies

MAA67002 - CHERNOBYL HUMANITARIAN ASSISTANCE & REHABILITATION

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA67002
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)		0	1'231'110			0	1'231'110	
Supplies								
Medical & First Aid	288'000		124'391				124'391	163'609
Total Supplies	288'000		124'391				124'391	163'609
Land, vehicles & equipment								
Vehicles			-9'451				-9'451	9'451
Computers & Telecom	2'000		1'295				1'295	705
Office/Household Furniture & Equipment			5'455				5'455	-5'455
Total Land, vehicles & equipment	2'000		-2'702				-2'702	4'702
Transport & Storage								
Storage	3'960		705				705	3'255
Distribution & Monitoring			128				128	-128
Transport & Vehicle Costs	113'220		21'048				21'048	92'172
Total Transport & Storage	117'180		21'881				21'881	95'299
Personnel Expenditures								
Delegate Benefits			1'670				1'670	-1'670
National Staff	126'844		40'289				40'289	86'555
National Society Staff	444'826		73'170				73'170	371'656
Total Personnel Expenditures	571'670		115'129				115'129	456'541
Workshops & Training								
Workshops & Training	59'500		7'442				7'442	52'058
Total Workshops & Training	59'500		7'442				7'442	52'058
General Expenditure								
Travel	34'160		10'086				10'086	24'074
Information & Public Relation	9'300		14'538				14'538	-5'238
Office Costs	43'596		7'796				7'796	35'800
Communications	19'996		6'555				6'555	13'441
Professional Fees	240		757				757	-517
Financial Charges	3'000		16'587				16'587	-13'587
Other General Expenses	2'446		454				454	1'992
Total General Expenditure	112'738		56'773				56'773	55'965
Depreciation								
Depreciation			2'412				2'412	-2'412
Total Depreciation			2'412				2'412	-2'412
Program Support								
Program Support	80'022		21'691				21'691	58'331
Total Program Support	80'022		21'691				21'691	58'331
Operational Provisions								
Operational Provisions			-13'302				-13'302	13'302
Total Operational Provisions			-13'302				-13'302	13'302
TOTAL EXPENDITURE (D)	1'231'110		333'715				333'715	897'395
VARIANCE (C - D)			897'395				897'395	