

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

BOTSWANA

30 April 2005

In Brief

Appeal No.: 01.12/2004 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/011204.pdf

Appeal target: CHF 723,016 (USD 543,009 or EUR 465,411)

Appeal coverage: 8.0% ([Click here to access the final financial report](#))

Appeal 2005: Botswana no. 05AA009 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA009.pdf

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 analysis of the programme

HIV and AIDS is the leading cause of death in Botswana. The HIV prevalence rate among pregnant women aged between 15–49 years has reached 37.4%, one of the highest rates in the world. With almost 100,000 children left orphaned, the epidemic is having a devastating effect on families. The Botswana Red Cross Society¹ continued responding positively in community support for people living with HIV and AIDS (PLHIV)² and orphans and other children made vulnerable by HIV and AIDS (OVC) through projects for OVC, community home-based care (CHBC) and youth peer education (with the emphasis on positive behavioural change among the youth). The national society's volunteers are actively advocating for strong support for PLHIV and OVC in collaboration with the government and other partners.

The HIV and AIDS programme is targeting 30,000 youths, in Kasane/Kazungula. Botswana Red Cross has a home-based care project (HBC) in Chobe district with 13 trained care facilitators providing services to 70 clients. The clients are receiving counselling, referral to health facilities and food parcels from government. Many of the clients are on anti-retroviral treatment (ART) provided at the government hospital. The ART and food parcels have improved the health condition of many clients, many are now ambulant and some returning to work. The care facilitators have fewer clients who are bedridden at the moment and this has reduced their workload to a greater extent. However care facilitators have an important role in working with clients on ART adherence. There

¹ Botswana Red Cross Society – <http://www.ifrc.org/where/country/check.asp?countryid=34>

² PLHIV, also referred to as PLWHA.

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is one support group established and with horticultural project where members meet to share experiences and coping mechanisms. The support groups are powerful in the sense that through meetings and sharing testimonies, stigma and discrimination is addressed and is now slowly eroding away. Anti-stigma campaigns were conducted in all branches of the national societies during the World AIDS Day commemoration held in Chobe district where the national society was a key organizer among other stakeholders.

The care facilitators are also working with 20 primary schools. A total of 88 peer educators have been trained and have reached 40,407 in and out of school youths. A total of 20,000 condoms have been distributed. The national society has assisted 122 OVC and has introduced a mentoring programme implemented in collaboration with REPSSI – SAPSSI. The mentors are adult volunteers from the community such as teachers, nurses, social workers, who volunteer to provide guidance to the OVC on issues of life and schoolwork.

The Federation supported the organizational development by financing branch volunteer base enhancement. However, high staff turnover has severely affected the implementation of programmes and volunteers are attracted to other organizations offering better incentives.

Botswana Red Cross is recognised by the government as a key humanitarian organization in disaster management and saving lives of the most vulnerable in the community. The national society has carried out a number of activities to build its capacity to respond timely and effectively to disasters. In September 2004 the Botswana Red Cross participated in veldt fire fighting and assisted 24 victims of domestic fire at different localities. The annual general meeting (AGM) was successfully held and interim committees established in three branches. Botswana Red Cross is reorganising volunteer management systems to improve its efficiency in service delivery. Programme policies are being put in place to revitalise the national society branches.

The year 2004, has seen a remarkable recovery of the Botswana Red Cross and more particularly the branch development department in an effort to revive/strengthen the branches and increase volunteer base. Botswana Red Cross currently has a total of 20 divisions. However, low funding towards the planned organizational development activities coupled with high staff turnover negatively impacted on implementation. The regional finance development department is to identify the required needs for support towards the national society finance development.

Health and Care

Goal: The general health of the vulnerable people in Botswana is improved through community-based health care.

Health and Care: HIV and AIDS

Objective: Transmission of HIV/AIDS is reduced among 30,000 youths, and 1,000 people living with HIV/AIDS (PLHIV) and orphans and other vulnerable children (OVC) are cared for and supported by the end of 2007.

Progress/Achievements

PLHIV receive care and support through HBC

The Kasane HBC project supports 55 clients most of whom are on ART since the programme started in July 2004 and care facilitators continue to support them in adherence to treatment. Care facilitators also continued to identify new clients, referred PLHIV to the VCT and hospital, referred clients and children for counselling, conducted advocacy and awareness campaigns, gave health talks at the clinics and helped to clean the hospital.

About 40 clients have been weaned from the HBC programme although they still receive visits from the care facilitators. It is important to note that four of the care facilitators are living positively with HIV and have experiences on positive living with the clients. Through sharing their experiences, more clients are now opening up and disclosing their status.

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All registered HBC clients received food baskets from the government and Red Cross care facilitators are advocating for PLHIV to register all clients in order to access the much needed food parcels. They emphasize the importance of good nutrition to the clients and patients on ART and tuberculosis treatment. A strong support group has been formed in Kazangula and the group has started a horticultural project. The 53 members are provided with fresh vegetable from the project and the rest sold for cash to sustain the gardens.

The Federation conducted a HIV and AIDS project officers' workshop in Caprivi, Namibia and two officers from Botswana Red Cross attended. Some of the topics covered were ART, HBC, nutrition, support groups, counselling, OVC, project planning process, finance and volunteer management

OVC receive psychological and social support

The department of social welfare registered 523 OVC in Kasane/Kazungula in 2004. Although the social welfare department provides material needs, they are only able to provide social or psychological support to 122 OVC who are usually mistreated by family members and may lose the family property when the parents die. They are also vulnerable to physical, mental and sexual abuse.

In an effort to provide psychosocial and emotional support for some of these children, the national society initiated a Mentor Project (Bo Nkgonne). The aim of the Mentor Project is to match orphans with adult volunteer mentors in order to promote healthy development of the child and bring a positive adult influence back into their lives through this relationship. A total of 20 adult mentors were trained in July 2004. Some of the activities include school visits to discuss performance establishing where assistance is required; and home visits to meet guardians, teach OVCs to cook, playing games, going for walks and picnics etc. The project has also provided school uniforms to 100 OVCs in the Chobe district.

About 80% of the mentors are workers from various government departments in the Chobe district and the national society collaborates closely with these departments. The communities in Kasane and Kazungula are enthusiastic about the project and government social workers have requested rolling to other villages in the district.

Knowledge, attitudes and practices of 5,000 youths and 400 adults is improved

The youth peer education project has rolled out to Moshupa, Kanye, Lekgolobotlo, Ranaka, Molapowabojang and Ntlhantlhe. Botswana Red Cross started established a HIV and AIDS project in Tonota in Tutume sub district in June 2004 with training 23 youth peer educators. These peer educators were drawn from five villages namely Tonota, Leomboko, Semotswane, Shashe Station and Mandunyane. The total number of youths reached in 2004 is 13,518. The youth are also very active in condom distribution and 20,000 condoms have been distributed to public places, rallies and AIDS fairs. All 30 schools in the three districts where the youth peer education operates have organized activities such as drama, poetry and debates to promote prevention methods. .

HIV and AIDS fairs have become an effective way of spreading community awareness in Botswana. They inspire people to explore the issues of HIV and AIDS and also show what different organizations are offering. HIV and AIDS information has been shared with more than 20,000 people in the five fairs in which national society participated in 2004.

The peer education project in Dukwi refugee camp has recruited and trained 30 peer educators. Their main activities include topics on HIV and AIDS awareness, sexually transmitted infections (STI), environmental and reproductive health, teenage pregnancy and personal hygiene. During the food ration week (once a month) the community at Dukwi receives condoms. The programme is a collaborative effort between the national society and United Nations High Commission for Refugees (UNHCR) who also provided funding.

Stigma and discrimination against PLHIV and OVC is reduced

In 2004, the National World Aids Day was commemorated in Ghanzi. The focus of the day was on the need to respect the rights of women and girls to say **NO** to sex and to insist on protection. The state President gave an impressive speech about HIV and AIDS in Botswana. He pointed out that women and girls have been found to be

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more susceptible to HIV and AIDS than men and boys, in particular in the 15 – 19 years age group. He also stressed his concern regarding the problem of violence against women and girls, a problem that also occurs in the teacher-student relationships. The national society volunteers and staff participated in the commemoration marches carrying banners with messages condemning abuse of women and girls and urging the public to summon their deeper moral sense of responsibility to put a stop to unacceptable behaviour.

Botswana Red Cross developed a work place HIV and AIDS policy in 2004, which will be implemented in 2005. Anti stigma and discrimination advocacy work was carried out for some employers in commercial businesses in support to their employees on ART. Topics discussed included reduction of stigma and discrimination in the work environment; the impact of employees living positively on productivity; and the need for employers' cooperation to employees who need to go for testing or are on treatment.

Impact

Due to the quality of services being provided by the care facilitators, the HBC project has weaned a number of clients. Care facilitators do not need to visit these clients so frequently and this has reduced the workload of the care facilitators and the primary care givers. The HBC programme in Chobe has contributed to an improvement in the personal hygiene of some clients as a result of health education received from the care facilitators, they also and improved hygiene in the hospital because they cleaned on a regular basis.

There has been progress in capacity building through training of staff and volunteers. The training given has improved technical knowledge, management of projects, of funds and volunteers. The HIV and AIDS coordinator's technical knowledge has increased capacity building from attending workshop such as on prevention, ART and finance. The coordinator in turn conducted refresher courses for care facilitators and youth peer educators.

The mentor project has reduced abuse and stress for some of the OVCs in Kasane and raised the issue of the need for psychological and social support. Local social workers have seen the positive impact of the mentor project on the children and have asked Botswana Red Cross to scale up the project and expand it to other areas.

The nutritional status of 53 clients has improved through the horticulture project of the Kazangula support group. HBC clients who have been referred for ART treatment have improved their health and are encouraging those who are still reluctant, to go for testing or treatment.

Strong networking and collaboration with other organizations has increased the impact of the programme. These partners include SAPASSI, BONEPWA, and government departments of health, education and social welfare. The project officer in Kasane sits on the local District Multi Sectorial AIDS committee and collaborates with all other organizations working on HIV and AIDS issues through that forum.

Constraints

Non compliance to treatment by clients affects the success of ART. People stop treatment when they feel better and then they become very sick again. Care facilitators need to undergo further training to equip them for their new role in relation to ART. Stigma and discrimination are still strong and prevents people going for VCT and treatment. The few children and parents on ART wait until being very sick before going for VCT. Alcohol abuse is widespread and this increases risky behaviour and exposure to infection.

The number of OVC requiring support in the country is increasing on daily basis. The national society sees support for OVC as a major priority and hope to scale up OVC support in 2005. Botswana is not receiving any additional support, neither multilaterally through the Federation annual appeal nor bilaterally through partner national societies for the implementation of this programme.

Disaster Management

Goal: Vulnerability of the communities is reduced through implementation of disaster management interventions.

Objective: Botswana Red Cross capacity in disaster management is enhanced through capacity building and community empowerment.

Progress/Achievements

The disaster management programme did not attract funding through the appeal and therefore planned activities were not implemented to the level expected. Despite the low appeal coverage, Botswana Red Cross conducted a vulnerability and capacity assessment (VCA) in three villages of Boronong, Molalatau and Mathathane in the sub-district of Bobirwa in January 2004, in recognition of the need to empower local communities to reduce risks through community-based initiatives. The community identified and prioritised the need for community-based food security project and the national society requested for support from the regional delegation to facilitate the process. Technical support and advice were provided in developing a community garden project to address the food insecurity of the vulnerable people in the village of Molalatau. Lessons learnt from the Baphalali Swaziland Red Cross pilot food security project were shared with the programme staff and a draft project proposal was developed. It was unfortunate that the project proposal was delayed as the responsible national society programme officer resigned before finalizing the proposal, and the replacement only came in the last quarter of 2004.

In September 2004 the disaster management department conducted a rapid assessment following a raging veldt fire that caused substantial damage to the environment and surrounding villages in Kasane district. The Red Cross volunteers assisted in the fire fighting and provided blankets, tents and clothing to the affected.

The disaster management department and other officers joined the commemoration of the Risk Reduction Day organized by the national disaster management office on 13 October. The commemoration provided the national society with an opportunity to profile its activities and increased visibility.

In October, five staff and seven volunteers attended an emergency preparedness training facilitated by the ICRC in preparation of the parliamentary elections held beginning of November. There was equal gender balance among the participants. The training was aimed at equipping Red Cross volunteers and staff with techniques of providing first aid and gaining safer access to the victims during emergencies. The training also empowered staff and volunteers to respond swiftly and with integrity during complex emergencies. This was reflected in the Red Cross response during the parliamentary elections held in November 2004.

The regional disaster response team (RDRT) refresher course was held in Zambia in September and one RDRT trained member from the Botswana Red Cross attended. The training focused on complex emergencies with a special attention on refugees. Trained RDRT members have become valuable resources for the national society as they form part of the national disaster response mechanism.

The Botswana Red Cross collaborated with government to maintain community-based early warning systems and operations benefiting the vulnerable communities. The national society has good working relationship with government and has participated in various activities planned by the national disaster management office. However, non-availability of funding has hampered implementation of the planned activities thus not building disaster resilient communities.

In December, the disaster management department managed to conduct an appraisal to establish whether the services offered at Dukwi Refugee camp are in line with SPHERE minimum standards and gaps were identified in the areas of water and sanitation, health and hygiene promotion and lack of capacity to implement SPHERE standards. The national society has already planned to conduct a SPHERE training workshop for Red Cross staff and partners within the first quarter of 2005, so that services provided at Dukwi refugee camp are in line with SPHERE globally accepted standards.

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Impact

The relief activities such as distribution of blankets and dousing the fire provided to people affected by the domestic and veldt fires have managed to alleviate suffering of the vulnerable people. There are now increased public awareness Botswana Red Cross society disaster management activities. RDRT trained members have become an important resource and are imparting their knowledge and skills acquired to others.

Constraints

Resource mobilization for the Botswana Red Cross has become a major challenge. All efforts are focusing on creating partnerships with other stakeholders and writing proposal to government to support the disaster management programme for the work it does country-wide in alleviating human suffering.

Lack of access to internet services is hampering effective information exchange and accessing the Federation Disaster Management Information System (DMIS), a valuable disaster management information site. The national society has limited human and material resources for effective disaster response activities including weak volunteer base and monitoring systems.

Humanitarian Values

Goal: The Fundamental Principles of the Movement and humanitarian values are promoted and understood by the public.

Objective: Botswana Red Cross programmes and activities are promoted.

Progress/ Achievements:

The Botswana Red Cross through its information department has been promoting the fundamental principles of the International Red Cross and Red Crescent Movement. Dissemination of information to key partners through different media has enabled the national society to be well understood in the country and awareness and visibility improved in all communities. The dissemination of information on the fundamental principles was mainly through workshops, provision of educational material such as brochures and the national society newsletter.

The national society also contributed towards making a difference in the lives of refugees/Asylum seekers by restoring communication between family members who have been separated by conflict, war, and natural disasters. Plans are underway to re-establish a radio programme to increase awareness on the activities of the National Society. The national society is also planning to re establish strong and effective Red Cross youth clubs in the towns of Gaborone, Francistown, Maun, Kasane, Gantsi, Kanye and Dukwi in 2005.

On September 18, the Botswana Red Cross observed and celebrated its World First Aid Day in Gaborone under the theme "First Aid, a gesture of humanity which makes a difference." A march was also organized for the day to the stadium, with marchers carrying messages that promote humanitarian values, the Movement's Fundamental Principles and the International Humanitarian Law.

Botswana Red Cross society also joined the world in commemorating the World Risk Reduction day on the 13th of October. Press releases were shared with the local media to emphasize on the importance of reducing risk. An annual general meeting was also held to strengthen coordination and communication between officers at headquarters and divisional coordinators in the promotion of humanitarian values.

Impact

A lot of interest was generated during the First Aid day which has seen many people come forward for first aid training. People in Botswana are beginning to understand the fundamental principles and humanitarian values. The local media has supported the Red Cross through coverage of its activities in both in print, on radio and television.

Constraints

Botswana Red Cross recruited new information and tracing officer. This has affected continuity of the programme as more time is required to understand the roles. The information office currently lacks important information gathering and processing equipment such as cameras. Due to shortage of manpower and lack of equipment, the office has not been able to accomplish the planned activities.

Organizational Development

Goal: The Botswana Red Cross has improved in terms of foundation, capacity and performance through implementing the Federation's characteristics of a well-functioning national society.

Objective: The national society's institutional capacity and its progress towards operating a well-functioning national society is enhanced and programmes are responsive to local vulnerabilities.

Progress/Achievements

The national society has a legal foundation and capacity to effectively support its activities

The new constitution that was presented to the ICRC and Federation was adopted with amendments at the AGM in December 2004. The constitution review was done as one of the recommendations from a Federation assessment in 2003. This will help to improve the legal base and develop a coordinated structure of the national society. The national society has also developed its strategic and revival plan with technical assistance from a local consultant and financial assistance from Swedish Red Cross.

The Botswana Red Cross Staff and volunteers have improved capacity in project management

A team building and annual planning retreat was held at the headquarters in January 2004. A capacity building exercise was carried out in which ten branches of Maun, Kasane, Francistown, Bobonong, Molalatau, Palapye, Molepolole, Kanye, Bokaa and Tlokweng were visited and volunteers mobilised, interim committees formed and divisional annual work-plans developed. A VCA was carried out in the Bobirwa sub-district, a district hit hard by drought. Although some divisions such as Francistown held elections and also successfully hosted the 2004 Red Cross Commemoration day, a lot more (15 divisions) could not hold elections for the, local committee board members and are now targeted for revival.

Information management systems at national and division level is enhanced

An information dissemination workshop was conducted for patrons of the eight newly established Red Cross youth clubs. A multi-sector first aid retreat was held in Jwaneng in July. The main objectives of the retreat were to review curriculum of First Aid examinations for competitions and also to look at the coordination of First Aid activities in Botswana.

Youth and gender activities are promoted

Youth groups were formed in schools during the revival and capacity building exercise in ten branches of the national society. As a follow up to a VCA, an eight-day youth camp was held in Molalatau in April 2004 with the participation of the communities and their leaders. Another week-long youth work-camp was held in Thamaga in July. A youth group consisting of 20 youths from different youth clubs visited Baphalali Swaziland Red Cross on an exchange programme. Youth groups were formed four in Bobonong, and one each in Molalatau and Palapye districts. The youth groups moulded 2,500 bricks towards the construction of an orphan care centre in Molalatau. In total, 50 trees were planted around the village and a clean up campaign was held. Another 1,300 bricks were moulded by the youth groups towards the construction of a house for a destitute family in Thamaga.

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Impact

The constitution review was a landmark towards the development of the national society which was followed by the establishment of branch interim committees at Bobonong, Molalatau, and Palapye. First Aid curriculum reviewed and examination standards were also established. The youth exchanged information on HIV and AIDS issues, responsible living, and implementation of youth projects during the exchange visit, which lead to youth social support projects to orphans and the elderly.

Constraints

Most of the planned activities could not be carried out due to insufficient funding generated through the appeal. The effect of limited knowledge about the Movement amongst volunteers is a great challenge for the national society. This affects the volunteer's efforts to effectively deliver services to the targeted beneficiaries. Limited information technology systems and knowledge among staff and volunteers is also hampering development.

Due to inadequate human resources the national society is finding it difficult to institute monitoring of progress through out the country. This is also creating a cycle of repeated trainings due to continuous loss of trained volunteers. It has also become difficult to retain volunteers due to competition with other voluntary organization as these organizations offer more attractive incentives. Lack of guidelines on how to apply a systematic approach to a variety of institutional development that will deal with the setting up of clear and defined rules and regulations (Volunteering Policy) also affected the management of the volunteers.

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

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA012
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
Budget (A)	228'385	86'417		408'214		723'016
Opening Balance (B)	58'114	0		0		58'114
Income						
Cash contributions						
Other		0		0		0
Cash contributions (C1)		0		0		0
Reallocations (within appeal or from/to another appeal)						
Irish Government	100'000					100'000
Netherlands Government	80'397					80'397
Reallocations (C2)	180'397					180'397
Total Income (C) = SUM(C1..C5)	180'397	0		0		180'397
Total Funding (B + C)	238'511	0		0		238'511

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	58'114	0		0		58'114
Income (C)	180'397	0		0		180'397
Expenditure (D)	-232'917			0		-232'917
Closing Balance (B + C + D)	5'594	0		0		5'594

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA012
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)		228'385	86'417		408'214		723'016	
Supplies								
Clothing & textiles	10'350	13'046				13'046	-2'696	
Food	9'300	1'199				1'199	8'101	
Seeds,Plants	11'200	28				28	11'172	
Medical & First Aid	9'000	14'211				14'211	-5'211	
Teaching Materials	10'600	10'221				10'221	379	
Utensils & Tools	5'000	25				25	4'975	
Other Supplies & Services		21'771			2	21'773	-21'773	
Total Supplies	55'450	60'500			2	60'502	-5'052	
Capital Expenditure								
Computers & Telecom	4'600				3'424	3'424	1'176	
Total Capital Expenditure	4'600				3'424	3'424	1'176	
Transport & Storage								
Storage		33				33	-33	
Transport & Vehicle Costs	46'680	9'066			2'830	11'895	34'785	
Total Transport & Storage	46'680	9'099			2'830	11'929	34'751	
Personnel Expenditures								
Delegates Payroll	144'000						144'000	
Regionally Deployed Staff	146'400						146'400	
National & National Society Staff		132'290			13'770	146'060	-146'060	
Consultants	12'000	4'557				4'557	7'443	
Total Personnel Expenditures	302'400	136'847			13'770	150'617	151'783	
Workshops & Training								
Workshops & Training	172'000	19'817			5'110	24'927	147'073	
Total Workshops & Training	172'000	19'817			5'110	24'927	147'073	
General Expenditure								
Travel	27'290	12'993			116	13'109	14'181	
Information & Public Relation	2'000	15'397			2'395	17'792	-15'792	
Office Costs	51'800	9'346			2'521	11'867	39'933	
Communications	10'800	1'675			234	1'909	8'891	
Professional Fees	3'000						3'000	
Financial Charges		11'196			2'061	13'258	-13'258	
Other General Expenses		195				195	-195	
Total General Expenditure	94'890	50'802			7'328	58'129	36'761	
Program Support								
Program Support	46'996	15'140				15'140	31'856	
Total Program Support	46'996	15'140				15'140	31'856	
Operational Provisions								
Operational Provisions		-59'287			-32'463	-91'750	91'750	
Total Operational Provisions		-59'287			-32'463	-91'750	91'750	
TOTAL EXPENDITURE (D)	723'016	232'917			0	232'917	490'099	
VARIANCE (C - D)		-4'532	86'417		408'214		490'099	