

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

MOZAMBIQUE

30 April 2005

In Brief

Appeal No.: 01.15/2004 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/011504.pdf

Appeal target: CHF 2,121,801 (USD 1,593,542 or EUR 1,365,820)

Appeal coverage: 33.0% ([Click here to access the final financial report](#))

Appeal 2005: Mozambique no. 05AA012 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA012.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

Mozambique, like many other African countries, suffers from a high prevalence of poverty-related diseases. The main health problems are; malaria, HIV and AIDS, tuberculosis, cholera and other diarrhoeal diseases, and a high rate of malnutrition among children. Furthermore, the access to health facilities is poor. Malaria is the biggest cause of death. The poorest populations are most at risk and the disease often strikes children (one in every four dies before the age of five), women who lose their acquired immunity to malaria during pregnancy and people who lack any immunity to the disease, such as displaced persons and migrants.

The Mozambique Red Cross Society¹ has a total of 20 home-based care (HBC) projects and two prevention projects. In 2004 the HIV and AIDS programme received financial support from the Federation, British Red Cross, Danish Red Cross, German Red Cross, Norwegian Red Cross, Netherlands Red Cross, Spanish Red Cross, Save the Children (SCF-UK) and the National AIDS Council. The Ministry of Health provided technical support.

The Danish Red Cross supports two community-based health care (CBHC) projects in Inhambane and Netherlands supports three in Manica with assistance from the National Aids Council. A total of 350 care facilitators provide care and support to 5,389 HBC clients. The demand for HBC services has increased extensively due to the appreciation of the quality of services that the care facilitators are providing to the clients

¹ Mozambique Red Cross Society – <http://www.ifrc.org/where/country/check.asp?countryid=120>

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and family members. There is reduced stigma and discrimination against people living with HIV and AIDS (PLHIV)² and orphans and other children made vulnerable by HIV and AIDS (OVC). The national society has been conducting anti-stigma campaigns in communities, on TV and at public events such as Independence Day celebrations. During the year, four anti-stigma campaigns were conducted in collaboration with the network for PLHIV. A total of 11 support groups have been established continued to contribute to the reduction of stigma and discrimination at community and household levels, the groups' clients are actively involved in 800 nutrition gardens for self help projects.

In 2004, 1,662 OVC were registered and 512 OVC received support from the national society in the form of school uniforms and other education materials. In total 903 clients were provided with nutritional support and 70 others received agricultural inputs such as seed and fertilizer. The national society has trained 780 volunteers to implement prevention activities and the programme has reached 663,576 people with HIV and AIDS prevention messages. The national society continues to strengthen its relationship with the National AIDS Council, MSF, Ministry of Health and UN agencies in the fight against HIV and AIDS.

The water and sanitation programme worked in four districts of Nampula province, Mogincual, Mogovalas, Monapo, Meconte and in Nampula City with hardware and software interventions; and in two districts, Muecate and Murrupula with follow up software interventions, building on previous year's projects. The projects conducted in district areas in which Mozambique Red Cross implements other health and care and disaster preparedness activities, and are well coordinated with these other interventions. All the non-functional hand-pumps fitted on boreholes have been rehabilitated in these districts. The number of beneficiaries of the project has reduced from approximately 27,500 in the appeal to 16,500, mainly due to this reduced funding and expenditure. Regional support has been given on resource mobilization, project design, budgeting, procurement, monitoring and development of a strategy for 2005. The regional water and sanitation delegate conducted two support missions to the national society.

Due to the delays of funding for organizational development activities at July, costs were covered by the coordination budget. The priority areas for organizational development areas for the 2004 were the following; governance, with emphasis on elections; volunteers management and Youth; and branch development. The national society focused on finalising provincial assemblies and provincial elections in preparations of the general assembly that was supposed to be held in the second semester of 2004. Despite human resource and organizational development constraints the national society managed to carry out all the planned activities for 2004, except for the capacity building workshop planned for Niassa and Maputo provincial branches. Most of the organizational development activities were funded through bilateral funds from Belgium, British, Canadian, Danish, Icelandic and Norwegian Red Cross Societies, and in some cases through integration with other programmes. One of the main achievements of the year has been the passing by the parliament of the Red Cross Emblem Law.

Health and Care

Goal: The lives and the general health conditions of vulnerable communities in Mozambique are improved.

Health and Care: Community-based health

Objective: Through promotion of community-based health care and first aid activities in line with the ARCHI 2010 principles, the general health situation in four priority districts has improved by the end 2005.

Activities and progress specific to this objective are covered within the HIV/AIDS and Water and Sanitation sections below.

² PLHIV – also referred to as PLWHA

Health and Care: HIV/AIDS

Objective: The spread of HIV/AIDS is reduced and the quality of life of PLWHA, especially orphans, is improved, or at least maintained in the districts where Mozambique Red Cross carries out HIV/AIDS programme activities.

Progress/Achievements

CBHC provided to PLHIV and their families, including the OVC.

In 2004, CHBC activities were carried out in the provinces of Maputo City, Maputo, Gaza, Manica, Nampula and Tete. As a way of scaling up HIV and AIDS activities, new HBC projects were established in several areas, namely; Morrumbala district in Zambézia province with financial support from SCF-UK, Nhamatanda district in Sofala province with financial support from British Red Cross. The National AIDS Council supported the expansion of HBC projects, in Maputo City, Maputo, Inhambane, Zambézia and Manica Provinces.

During the home visits, the care facilitators provided care to HBC clients and their families through health and hygiene education with emphasis on personal, environmental hygiene and nutrition. Family members of the clients have also been trained on basic care of the clients. The care facilitators assisted 5,389 clients through a total of 64,668 home visits and managed to refer 3,386 clients to health centres, for voluntary counselling and testing (VCT), tuberculosis (TB) treatment and with nutritional support.

A total of 11 support groups have been established and are being run by clients, provincial and district coordinators and care facilitators trained on self-help projects. The training was conducted in August 2004 with the assistance from the Federation regional delegation and Kindlimuka - an association for PLHIV. In Maputo City a total of 70 clients received support on seeds and agricultural tools and trained in vegetable gardening self-help projects. A total of 30 clients received support for poultry projects, also self help project and specifically Tete Province team women are developing the project.

The 1,662 OVC identified and registered received psychological support, school materials which include school bags, exercise books and pens. The Red Cross also provided 537 clients with medical supplies and/or hygiene material, and nutritional support in the form of food parcels to a total of 903 PLHIV and OVC.

The HBC volunteers were mobilized through receiving material support in the form of uniforms, food baskets, 60 bicycles and some incentives. A total of 245 care facilitators received basic training and/refresher training course in HBC. Coordination and planning meetings for volunteers were carried out at district and provincial levels. The district and provincial technicians as well as the headquarters staff carried out monitoring visits to the projects, at the same time giving support to volunteers.

In November 2004, two district technicians and a health assistant attended a workshop in Caprivi, Namibia organized by the regional delegation for project staff from seven national societies of the region and covered topics on HBC, anti-retroviral drugs (ARV), project planning process (PPP), finance development and volunteer management. The participants also had an opportunity to share knowledge and experiences. In February, 2004 a regional assessment of the HIV and AIDS programme began and the pre-testing of the evaluation tools was made in Maputo and Maputo City provinces.

HIV and AIDS preventive skills provided to target communities

Activities on HIV and AIDS prevention have been carried out for youth in and out of school through talks, debates, video sessions, theatre, music and dance in the same locations as for HBC as mentioned above. New prevention projects were established with the financial support from the National AIDS Council, in Maputo province and Sofala. In the context of information, education and communication (IEC), a total of 63,172 pieces of material and 298,393 condoms were distributed to youth, clients and volunteers, within all HBC projects.

The national society trained 547 Active and Influential Members of the Community on HIV and AIDS issues including stigma and discrimination, gender and community support for OVC. Exchange visits took place between Maputo City, Maputo, and Inhambane province to share knowledge and experiences. Technicians and

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volunteers from Zambézia exchanged experiences with Manica province and also within the province with Associations of PLHIV technicians from Gaza province visited Manica province and Zimbabwe Red Cross society HBC proposed.

A district coordinator from Maputo City and a HBC volunteer from Maputo province traveled to Dakar to participate in a youth conference on HIV and AIDS. The department organized four sessions for staff at the headquarters on HIV and AIDS and gender related issues and the rights of PLHIV and stigma and discrimination were also highlighted. This was done with the participation of a representative from the Association of PLHIV - Kindlimuka.

Collaboration and coordination meetings have been held with several institutions and organizations at district, provincial and headquarters levels: Ministry of Health, National AIDS Council, Network of AIDS Services Organizations in Mozambique (MONASO), Association of PLHIV- Kindlimuka, International HIV and AIDS Alliance, SCF-UK, Switzerland Organization (OSEO), Austral Consultoria e Projectos, and partner national societies (PNS), namely the Spanish Red Cross, German Red Cross, Danish Red Cross, Icelandic Red Cross, Finnish Red Cross and British Red Cross Societies.

Impact

The inclusion of food parcels in the four the HBC projects, although limited, and support activities for vegetable gardening and poultry self-help projects have contributed to remarkable improvement of the conditions of PLHIV. The clients and their families are testifying of the “visible” effects of good nutrition as they confirmed that they are now putting on weight and the skin rashes are disappearing. The support to the programme by the community leaders is facilitating the project acceptance and implementation in several districts. The ultimate aim is to make the project comprehensive through networking with other relevant institutions in the care of PLHIV such as VCT and health centre and hospitals.

Constraints

The collection of accurate data from the provinces continues being a concern. A training-of-trainers workshop is urgently needed for the HIV and AIDS technicians at provincial and district level, covering programme implementation and data collection. It is also necessary to standardize and improve the data collection tools in order to have user-friendly forms that are clear and simple for the care facilitators to fill in.

Health and Care: Water and Sanitation

Objective: Sustainable improvement in health and well-being for 100,000 vulnerable people in Nampula, Niassa, Cabo Delgado and Inhambane provinces.

Progress/Achievements

Hygiene promotion/ sanitation promotion volunteers effectively cover target population of 27,500 by year 2005

In 2004, 52 hygiene promotion volunteers were recruited and trained and given bicycles and PHAST³ kits to enable them to carry out activities effectively and efficiently. These volunteers worked in the project areas promoting hygiene and identified households to benefit from the sanitary platforms (SanPlat) distribution. The hygiene promoters covered approximately 75% of the total 16,500 expected beneficiaries through household visits and community meetings.

Distribution of 600 SanPlats to households who build adequate traditional latrines by 2005

A total 600 SanPlats have been distributed to families who already have constructed a traditional latrine. SanPlats are purchased by the Red Cross from a private company in Nampula town that manufacturers them. The production of SanPlats was delayed in the beginning of the year due to a shortage of cement in Nampula caused by the temporary closure of the local cement factory. The SanPlats have been distributed in three districts of Mongicoal, Meconta and peri urban area of Nampula City.

³ PHAST – Participatory hygiene and sanitation transformation

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52 viable, fully functioning and adequate communities managed water supplies in low-income villages by 2005 (52 hand-pump rehabilitations)

The department rehabilitated 33 hand-pumps benefiting approximately 16,500 people. This was reduced from the appeal target of 52 based on the following:

- The appeal was not fully funded
- The human resources committed to the project could not achieve more than the 33 rehabilitations in the year
- Delays in the procurement of some materials
- It was found during detailed assessment that some of the hand-pumps that it was envisaged to rehabilitate had already been done by other agencies or were found to be not actually broken down as reported by the provincial water and sanitation department.
- 33 pump mechanics have been given on-the-job training during these rehabilitations.

Water supply, sanitation and hygiene promotion projects efficiently and effectively implemented using demand responsive community managed approaches by 2005

The cost per beneficiary was approximately CHF 14, inclusive of programme support recovery (PSR). This included rehabilitation of water points, community management training and hygiene promotion. For 3,500 of the beneficiaries this included sanitation promotion as detailed above. This is a reasonable cost per beneficiary for this type of project. Additionally there are still stocks of hand-pumps remaining from the purchases that will be used in 2005.

Increased resources for water/ sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2005

The income for the project (CHF 244,000) is in line with the appeal budget (CHF 272,000), and reflects a 35% increase from 2003. The project received additional funding in late 2004 to purchase a vehicle for the 2005 project. The project manager has been active in the Nampula rural water supply coordination meetings. The national society water and sanitation coordinator also participated at national level in sector forum.

Impact

Better access to safe water and sanitation not only leads to improvement in health, but also saves time and energy and enhances livelihood opportunities. A total of 33 villages (approximately 16,500 people) now have access to safe water within a reasonable distance from their homes and with a capacity to ensure 15 litres of water per person per day. The project contributed to the increased number of girl children attending schools because of the reduced time spent collecting water.

Constraints

Delays in implementation have been due to; a lack of cement in Nampula province; wrong details about the number of hand-pumps needing rehabilitation provided by the provincial water and sanitation department; and the delays in the procurement of equipment. Mozambique Red Cross is looking into improving these processes.

Disaster Management

Goal: The vulnerability of the populations living in disaster-prone areas is reduced.

Objective: The vulnerability of the communities in disaster-prone areas in all provinces is reduced and their capacity to respond to disasters strengthened.

Achievements

Despite the low appeal coverage, the disaster management department was able to implement a number of activities with technical and financial support from the regional delegation. Bilateral support from the Danish Red Cross facilitated implementation of disaster management activities in the provinces of Zambezia, Inhambane and Maputo. The British Red Cross contributed positively to the implementation of basic community-based disaster preparedness (CBDP) activities throughout the country especially in the provinces of Nampula, Niassa, Cabo Delgado, Manica, Sofala, Tete, Maputo City and Gaza. Gaza province received a further received USD 7,200

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(CHF 8,600) support from the regional delegation which was used to support disaster management activities in province.

The national society through the Federation support managed to assist flood victims in Sofala and Maputo provinces with provision of relief items so as to enhance the right to life with dignity. The relief items were 55 tents, 130 mosquito nets, 10 rolls plastic sheeting, 28 tarpaulins, 50 kitchen sets, 40 blankets, 88 sets of second hand clothes and 600 bars of soap. The national society provided incentives to volunteers in the Maputo province localities of Pessene and Moamba Sede (bar of soap, six plates and cups for each volunteer) and in the districts of Mopeia, Maganja da Costa and Namacurra (cooking oil, soap and tooth paste). Spare parts for the maintenance of bicycles distributed to volunteer were procured. A boat was pre-positioned in Maganja da Costa district, ready for response to emergency situations/flooding.

The national society conducted three regional disaster management planning workshops in the northern (Nampula), central (Manica) and southern regions (Inhambane). Participants included six disaster management officers from Nampula, Manica and Inhambane provinces, five from other provinces and eleven provincial secretaries. Regional disaster response team (RDRT) refresher training was held in Zambia in September 2004; three disaster management provincial officers attended.

In Maputo province 25 volunteers were trained in CBDP in Moamba district, including two community leaders and three members of the district commission. Training of trainers courses on the curriculum of CBDP were conducted in Maganja da Costa district for 20 volunteers. A water rescue simulation was held in the same district and ten Red Cross volunteers participated.

The CBDP was rolled out nationally aiming at reducing the levels of vulnerability in disaster-prone areas such as to Maputo City, Manica and Nampula province. Funds were allocated for needs assessment in the districts of Catembe (communities of Chali and Guachene), Sussundenga (Community of Dombe) and Angoche (Community of Aúbe). Community-based disaster risk reduction facilitated the building of disaster resilient communities. A CBDP lessons learnt workshop was held in Inhambane province in August 2004 with the participation of 14 participants drawn from national, provincial and district levels.

Mozambique Red Cross provided assistance during the local elections held in May in the Municipality of Xai Xai, Gaza province. With funding from ICRC six staff and 64 volunteers were positioned in 26 voting posts to manage emergencies and first aid. There was full participation of all disaster preparedness officers and volunteers at national level during the elections. An emergency response training workshop attended by 24 participants was held aimed at equipping participants to cascade the information to other officers and volunteers in preparation of intervention during the general election held in December 2004. The training empowered the volunteers and staff to respond swiftly and with integrity to complex situations. This was reflected positively in the Red Cross response during the general elections held in December 2004.

There has been effective participation in various coordination meetings, both at headquarters and provincial levels with national disaster management institute (INGC), German Organization for Technical Cooperation, and other national and international governmental and non-governmental organizations operating in the country.

Impact

Through bilateral funding and regional delegation financial and technical support, Mozambique Red Cross continued to enhance the disaster management programme to the benefit of the most vulnerable and at-risk communities. With the support of the Danish Red Cross, the CBDP capacity has improved in Zambezia, Maputo and Sofala provinces where the communities are well prepared for disasters. The regional disaster management planning workshops provided a forum for the elaboration of realistic narrative activity plans and budgets for the 11 provincial branches.

Constraints

Lack of funding through the annual appeal has meant that other activities not funded through bilateral funds could not be implemented.

Organizational Development

Goal: The lives of vulnerable people in Mozambique are improved and their vulnerability to disasters reduced.

Objective: Quality services responsive to local vulnerability, focused on the four core areas, have been provided by the Mozambique Red Cross in a sustainable manner.

Progress/Achievements

Governance and branch development

District and provincial assemblies and elections started in 2003 have been completed in all 11 provinces and in 97 out of the 110 districts where Mozambique Red Cross is present. The central commission meeting, general assembly and national elections have been postponed to 2005. For the first time there is an electronic database of all the members of the newly elected bodies, even though it is not perfect yet. The four of the provinces have a female president. A national meeting with all provincial secretaries and national coordinators was held to discuss/be trained on human resources, team building, income generation, decentralization, revision of the strategic plan, and 2004 plans and budgets.

District commissions in five provinces were trained in governance and management. The branch development manual, translated and adapted from the regional one, has not been printed yet as some issues need to be discussed and approved by the central commission and general assembly. Photocopies of the draft have been used for training and shared with the Federation for use in other Portuguese speaking countries.

Volunteer management and development, including youth

A pilot volunteer management plan has been developed in the context of the community-based integrated health project (CBIHP), implemented in Inhambane province. A significant number of youth members have been elected as members of district or provincial governing bodies. Some two provinces have set up a youth committee and eight out of 11 provincial executive councils have a youth representative.

A total of 69 youth leaders have been trained in three regional seminars and one provincial. In these seminars a three-year youth strategic plan was drawn up, based on provincial plans. The revised youth manual was reprinted (1,000 copies) and distributed. The youth policy was disseminated during the various seminars with youth and elected bodies. At least 3,640 youth benefited from education on the Humanitarian Principles, and 5,160 from environmental education. In a bilateral cooperation project with Spanish Red Cross youth “Schools as places of Friendship”, Mozambique Red Cross received 13,536 school kits to be distributed in 46 schools in four provinces. A youth member participated in a ‘Summer School’ course organized by Spanish Red Cross, and two took part in a youth workshop organized by South African Red Cross for the regional national societies.

Finance development

Supervision visits or visits to integrate newly recruited staff were conducted to all provinces, as well as to the Mozambique Red Cross training centre in Chimoio. The 2003 audit has been done and preparations have been made to establish an internal audit unit. All provincial administrators and headquarters finance staff participated in a national finance meeting. The preparation of the finance management manual is at its final stage before printing.

Programme management skills development

The Planning Implementation Monitoring Evaluation System (PIMES) introduced in 2002 in the context of the above CBIH project in Inhambane was internally evaluated. The recommendation will contribute to improving the project, implementation and project management in other provinces. A seminar was held to prepare the new strategic plan for 2005 –2010. The scaling-up of HIV and AIDS activities and its implications for the capacity of Mozambique Red Cross were brainstormed. The national coordinators and provincial staff of the four southern provinces received logframe-approach training which they used to plan for the 2005-2006. In the context of the

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above mentioned CBIH programme, programme staff contributed at the end of the year to the development of a model for a baseline study that can be used anywhere in the country by any programme. The model, developed with the help of a consultant, will be first used in Inhambane province early 2005.

Information systems development

The headquarters staff visited all 11 provinces to complete the inventory of IT equipment, install certain software, and carry out maintenance and specific training, according to a checklist previously prepared. A one-day IT training was given for each of the three regional disaster preparedness and response workshops. The national society drafted an IT policy which awaits finalisation.

Human resources development

Provincial secretaries and national coordinators received training on how to do performance appraisals according to the new format. Job descriptions for all staff are being revised according to a new format, recommended by the 2002 consultancy and in addition staff regulations document was drafted. A personnel database has been set up with support of the IT team. Discussions have started on a new job grading system, salary scale and a minimum staff chart.

Finance resource development

Based on the finance resource development strategy drawn up in 2003, a finance resource development plan was prepared for the 2004 and 2005, focussing on containing/reducing expenditure and resource mobilization. The Spanish Red Cross finance director facilitated a workshop on income generating and fundraising activities that provided valuable input to the national society's resource mobilization efforts. Belgian Red Cross made available a specialist on Commercial First Aid (CFA) to support the national society. A CFA action plan was designed and is being implemented. In the meantime, Maputo City achieved substantial financial results from CFA and a few other provincial branches have also increased their income significantly.

The "Friends of Red Cross" campaign targeting the 100 biggest companies was started. There are already some concrete results, and negotiations with a couple of other companies achieved. A publicity folder for Mozambique Red Cross has been designed and will be reprinted in 2005; the first printing was not satisfactory. Donation collection boxes have been designed and produced, and some have already been placed in hotels, supermarkets and at Maputo international airport.

Technical support, cooperation and coordination

The finance development delegate ended his mission in July 2004 and joined the regional delegation. Similarly the Federation representative, who also assisted senior management in matters related to organizational development, ended mission in August. The Australian volunteer who supported IT development finished mission at the end of the year. German Red Cross continued with a regional bilateral office in Mozambique, Spanish Red Cross with a small country bilateral office and one delegate in the field, Danish Red Cross with two delegates and Finnish Red Cross with a delegate on a short mission to prepare a project in cooperation with the national society.

In the last quarter of the year, external consultants evaluated the bilateral cooperation between the Norwegian Red Cross and the Mozambique Red Cross over the past years. The emphasis was on the importance of this cooperation for the institutional development and capacity building of the national society.

In November 2004, Mozambique Red Cross held a partnership meeting. Apart from presenting reports and plans, some of the main issues for discussion were the follow-up on partnership sustainability issue, discussed in the 2003 meeting, a proposed standard memorandum of understanding between partners, and developed a standard finance report format.

Impact

The strengthened capacity in resource mobilization of the national society enabled fundraising such that the national society was supporting implementation of some of the highlighted activities.

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Constraints

Limited Appeal funding in 2004, and delays in the transfer of funds (received in July by the national society) impacted negatively the implementation of activities.

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

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA015
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)	1'170'815	445'598		271'431	233'957	2'121'801
Opening Balance (B)	61'928	18'927		0	-38'731	42'125
Income						
Cash contributions						
British Red Cross	174'610					174'610
Danish Red Cross					12'565	12'565
Finnish Red Cross	347'203			38'613		385'816
Icelandic Red Cross					60'000	60'000
Norwegian Red Cross				7'405		7'405
Other		0				0
Singapore Red Cross Society	656					656
Cash contributions (C1)	522'469	0		46'017	72'565	641'052
Reallocations (within appeal or from/to another appeal)						
Danish Red Cross					-2'091	-2'091
Netherlands Government	101'111					101'111
Swedish Red Cross	70'202				29'798	100'000
Reallocations (C2)	171'313				27'707	199'020
Inkind Personnel						
Danish Red Cross					64'317	64'317
Norwegian Red Cross				40'920		40'920
Inkind Personnel (C4)				40'920	64'317	105'237
Total Income (C) = SUM(C1..C5)	693'782	0		86'937	164'589	945'309
Total Funding (B + C)	755'711	18'927		86'937	125'858	987'433

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	61'928	18'927		0	-38'731	42'125
Income (C)	693'782	0		86'937	164'589	945'309
Expenditure (D)	-734'437	-18'916		-84'590	-125'858	-963'801
Closing Balance (B + C + D)	21'274	11		2'347	0	23'632

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA015
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		1'170'815	445'598		271'431	233'957	2'121'801	
Supplies								
Construction		95					95	-95
Clothing & textiles	45'920	10'938					10'938	34'982
Water & Sanitation	76'160	354					354	75'806
Medical & First Aid	78'450	11'952					11'952	66'498
Teaching Materials	37'000	1'129					1'129	35'871
Utensils & Tools		388					388	-388
Other Supplies & Services	6'240							6'240
Total Supplies	243'770	24'856					24'856	218'914
Capital Expenditure								
Land & Buildings	117'600							117'600
Vehicles	51'800							51'800
Computers & Telecom	7'990	2'549					2'549	5'441
Others Machinery & Equipment	11'400							11'400
Total Capital Expenditure	188'790	2'549					2'549	186'241
Transport & Storage								
Transport & Vehicle Costs	206'800	8'125				8'989	17'114	189'686
Total Transport & Storage	206'800	8'125				8'989	17'114	189'686
Personnel Expenditures								
Delegates Payroll	127'800					175	175	127'625
Delegate Benefits				42'057	75'454		117'511	-117'511
Regionally Deployed Staff	466'262							466'262
National & National Society Staff		104'308				60	104'368	-104'368
Total Personnel Expenditures	594'062	104'308			42'057	75'689	222'054	372'008
Workshops & Training								
Workshops & Training	288'470	33'992					33'992	254'478
Total Workshops & Training	288'470	33'992					33'992	254'478
General Expenditure								
Travel	141'440	14'414				4'282	18'696	122'744
Information & Public Relation	55'390	12'107				1'355	13'462	41'928
Office Costs	265'162	10'031				22'206	32'237	232'925
Communications		5'054			2'091	4'077	11'223	-11'223
Professional Fees						1'076	1'076	-1'076
Financial Charges		-454	20		117	176	-142	142
Other General Expenses						100	100	-100
Total General Expenditure	461'992	41'153	20		2'208	33'271	76'652	385'340
Federation Contributions & Transfers								
Cash Transfers National Societies		485'482	17'666		35'000		538'148	-538'148
Total Federation Contributions & Transfers		485'482	17'666		35'000		538'148	-538'148
Program Support								
Program Support	137'917	47'738	1'230		5'325	7'909	62'202	75'715
Total Program Support	137'917	47'738	1'230		5'325	7'909	62'202	75'715
Operational Provisions								
Operational Provisions		-13'766					-13'766	13'766
Total Operational Provisions		-13'766					-13'766	13'766
TOTAL EXPENDITURE (D)	2'121'801	734'437	18'916		84'590	125'858	963'801	1'158'000
VARIANCE (C - D)		436'378	426'682		186'841	108'099	1'158'000	