

# 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

## SWAZILAND

30 April 2005

### In Brief

**Appeal No.:** 01.18/2004 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/011804.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/011804.pdf)

**Appeal target:** CHF 3,326,436 (USD 2,498,262 or EUR 2,141,253)

**Appeal coverage:** 12.5% ([Click here to access the final financial report](#))

**Appeal 2005:** Swaziland no. 05AA015 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA015.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA015.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

The Baphalali Swaziland Red Cross Society<sup>1</sup> works closely with the Ministry of Health (MoH) in the provision of primary health care services in the country through its three clinics in the rural areas of Mahwalala, Sigombeni and Silele. In 2004, the clinics assisted the communities through primary health care, mother and childcare including immunization, family planning, home-based care (HBC), limited curative services and health promotion. Approximately 50,000 people benefited from the services of the clinic this year, which are part of the government's health referral system and the sentinel (transmission) survey for HIV and AIDS. Although the government funds the national society to run the clinics, the support is insufficient to cover all costs and Baphalali Swaziland Red Cross covers approximately 50%. In 2005, the national society will not be able to cover these costs from its own resources and has prepared a plan of action for resource mobilization and to initiate health promotion activities in the communities surrounding the clinic focusing on the prevention of malaria, tuberculosis and HIV and AIDS.

The national society provided first aid services that include training and operating first aid posts. Since 2003, Baphalali Swaziland Red Cross has ventured into commercial first aid in the form of selling kits, promotion of first aid training to public transport drivers and the construction of a national training centre. The introduction of community first aid in the branches continued in 2004.

<sup>1</sup> Baphalali Swaziland Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=163>

## Swaziland; Annual Appeal no. 01.18/2004; Annual Report

The Baphalali Swaziland Red Cross continued responding to the humanitarian crisis and scaled up its HIV and AIDS activities with a focus on prevention and care. The national society has HBC projects linked to the three clinics and assists 3,278 clients. In 2004, a new project was established in Mahwalala. Prevention campaigns on HIV and AIDS were also conducted for inmates in correctional services. It was established in 2004 that other components of the HBC project such as care for the carers, support groups, income generation activities (IGA), orphans and other children made vulnerable by HIV and AIDS (OVC) support, prevention activities in the correctional services and drama activities requires strengthening.

A number of HIV and AIDS food security projects were implemented between 2002-2004 namely indigenous fowls and backyard nutritional gardens for people affected or infected by HIV and AIDS. Anecdotal evidence shows that the high nutritional value of the garden products has improved the patient's nutritional status. In the coming year, a more in-depth survey will be conducted to document the impact of the improved nutrition. The government has supported the national society with funds to establish this project, for example the National Emergency Response Council on HIV and AIDS provided chickens for 16,000 OVC through the Red Cross project.

Support groups for people living with HIV and AIDS (PLHIV)<sup>2</sup> in Swaziland encounter huge challenge because of stigma. Through the food security programme, informal gatherings for social exchange and psychological support for the affected and infected people have been formed and will be expanded in 2005. Stigma and discrimination can be reduced through interaction and psychological support from IGA activities done by support groups.

The Baphalali Swaziland Red Cross has recently finalized its disaster management policy and plans. A disaster manager has been hired to take charge of scaling up and coordinating all disaster management activities in the country. Further training of staff and volunteers in disaster management, consolidation and coordination of ongoing programmes will be one of the national society's main priorities in the next two years in order to improve its response capacity.

The food security pilot project to target the chronic food shortage situation in the country and to address the linkage between HIV and AIDS and food insecurity and the drought-related food security project has improved the livelihood of the most vulnerable. The vulnerable and chronically ill can now generate food for consumption and raising income for other basic necessities.

The national society was able to assist approximately 500 households that were affected by storm disaster that hit some parts of the country in December 2003 and January 2004. The affected households were assisted with tarpaulins, blankets, clothes and food with Swiss Red Cross bilateral support (CHF 77,000).

The national society has been more active in implementing its organizational development through its own change strategy. The most important elements of the change process are the review constitution and the development of a four-year strategic plan, which is reviewed every year. The branch development support enabled the national society to recruit more members and established 30 branches by 2005 in five divisions. In 2004 new board members were elected and will remain in office until 2007. Members have translated the constitution into the local language (SiSwati) for better understanding and use.

## Health and Care

**Goal: A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted areas through provision of community-based health and care interventions.**

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<sup>2</sup> PLHIV, also referred to as PLWHA.

## **Health and Care: HIV and AIDS**

**Objective: Holistic care and support provided to HIV and AIDS infected and affected people in targeted areas.**

### **Progress/ Achievements**

#### **5.000 correctional services officers and inmate nationwide practice safer sex by 2004**

The national society trained four counselors in HIV and AIDS counseling to assist in the correctional services and total of 62 commandants and 30 inmates were trained and sensitized on HIV and AIDS prevention. A committee was formed named 'His Majesty's Correctional Services HIV and AIDS Task Committee' to assist inmates and commandants on monthly basis. Approximately 5.000 inmates from 14 prison institutions in the country were reached with information, education and communication (IEC) material through a massive social mobilization conducted by the committee. A number of inmates were mobilized for voluntary counseling and testing (VCT); in 2004, 40 inmates were put on anti-retroviral treatment (ART). As a result of the Red Cross initiative, the Swaziland National Emergency Council on HIV and AIDS donated five televisions for correctional services. The commissioner of correctional services is a member of the HIV and AIDS task committee and in August 2004, established an office in Matsapha Prison College manned by Baphalali Swaziland Red Cross.

#### **Knowledge, attitudes behavior and practices of youth improved in targeted communities**

The national society trained a total of 30 youth in drama and groups of Piggs Peak and Zibonele conducted live performances at eight schools and in five communities. Another ten youth were recruited and will be trained in 2005. A total of ten communities were sensitized on improving knowledge, attitudes, behavior of youth in relation to HIV and AIDS. The Piggs Peak youth recreations centre construction is in progress. The Swiss Red Cross funded the youth training in clowning, which was facilitated by the ICRC comedians who are experienced in theatre and arts. Through the initiative of the Swiss Clowns, more than 300 children were given soup and bread during August and September 2004. This was aimed at motivating interest among young children to learn more about HIV and AIDS through comedy.

In August 2004, the national society received youth from Botswana Red Cross to exchange ideas on HIV and AIDS issues through debate and drama. The visiting youths also participated in distributing 10,000 condoms during the Swaziland International Trade Fair. Baphalali Swaziland Red Cross had planned to establish ten condom distribution outlets in targeted communities and has increased to 26 outlets due to the positive response to social mobilization.

#### **Establish a VCT centre to promote early diagnosis of HIV and AIDS at Sigombeni by 2004**

The Swiss Red Cross delegated ART/PMTCT/VCT expert to support the establishment of the ART centre since March 2004. Only two counsellors were trained and eight communities sensitized for the establishment of an ART centre at Sigombeni clinic. The national society has been negotiating with the government for the provision of consumables such as for ART and diagnostic procedures. Approximately 60% of children born from sero-positive mothers at Sigombeni clinic were HIV negative, due to improved PMTCT services. Through HBC programme, it was discovered that even though the national society has not started ART for PLHIV, the statistic showed that there are HBC clients already on ART provided by the government.

From July 26 to August 2004, the national society sent five staff members for an ART course facilitated by the Zimbabwe Swiss Aide HIV and AIDS Clinic. Another course is scheduled for January 2005.

#### **60% of children born from sero-positive mothers are HIV negative in Sigombeni clinic as a result of improved mother-to child transmission services**

The maternity wing at Sigombeni clinic was completed in 2004 to support PMTCT activities. The surrounding communities were sensitized through meetings with mostly mothers. At the clinic, PMTCT has been successfully integrated into antenatal care education sessions. During the reporting period, 38 care facilitators were also trained on PMTCT. The distribution on IEC material on PMTCT was ongoing throughout the year.

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### **The quality of life for 4,000 PLHIV in all divisions is improved through the provision of HBC services**

During the course of the year, a total of 28 coaches – 11 from Mahwalala, ten Sigombeni and seven Silele HBC project were trained in HBC. The coaches consequently trained 177 care facilitators who supported 3,278 HBC clients. Sigombeni support groups were allocated some land by the community leaders for IGAs.

In July 2004, a Memory project workshop was conducted for five days at Silele clinic for 23 participants from Sigombeni, Silele, Nhlanguano and Siteki villages. During the workshop, a VCT outreach campaign was organized and attracted 50 clients and community leaders.

### **The quality of lives for inmates, officers and their families in the correctional services is improved by 2004**

The correctional services prevention activities were not sufficiently funded in 2004; however, inmates have been sensitized on modes of transmission and prevention of the HIV transmission.

### **Targeted communities and general public respect rights of PLHIV and OVC by 2007**

The national society managed to coordinate five support groups in a network that advocates for the general public respect of rights of PLHIV and OVC. Baphalali Swaziland Red Cross in collaboration with UNICEF and the coordinating ensemble of nongovernmental organizations working on children's issues meet on monthly basis addressing relevant issues. Community meetings also increased in three clinic catchments areas sensitizing on anti-stigma and discrimination of PLHIV and OVC.

### **2,000 PLHIV and 5,000 OVC are food secure in five branches by 2004**

The Finnish and the German Red Cross Societies assisted 39,000 children through a school-feeding programme in Shiselweni and Hhlohlo districts. A total of 543 OVC were identified through the HBC activities. The diet of PLHIV has improved through the distributed food parcels and the two IGA activities established in HBC projects has improved food security. Self-help projects were established in Silele and Hosea villages where affected families received chickens to raise for consumption and sell for income.

### **5,000 OVC in the clinics receive psychological, social and material support by 2006.**

An annual survey on OVC was done in each HBC project with the support of the 35 care facilitators trained in Memory project. In Silele, 570 OVC were assisted with school fees and some with food parcels.

## **Health and Care: Clinical Services**

**Objective: Primary health care services are provided to 45,000 clients in the three Baphalali Swaziland Red Cross clinics annually.**

### **Progress/ Achievements**

#### **Preventive and curative services provided to 45,000 people of Baphalali Swaziland Red Cross clinics**

Immunization activities were efficiently conducted through the assistance of the three Red Cross Clinics. Safe baby deliveries were recorded at Sigombeni and Silele clinics as expecting mothers were referred to the clinic by care facilitators. Treatment of infections, HIV and AIDS prevention campaign and counselling are on-going activities at the clinics and their catchment areas. Family planning services is also provided during home visits.

## **Health and Care: First Aid**

**Objective: First aid services are provided countrywide.**

### **Progress/ Achievements**

#### **First aid services at work place secured and public transport drivers and industrial workers trained in basic first aid and the Movement.**

The national society trained 19 disaster emergency response team (DERT) members and 230 industrial workers on basic first aid service at work place. It is also manning 20 first aid posts throughout the country. In 2004,

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Baphalali Swaziland Red Cross trained 11 of its staff member and sold 550 first aid kits to generate income to support first aid activities.

Land for the construction of a first aid centre was acquired and construction is hindered by lack of funds. The headquarters and one of the divisions rehabilitated their training centres. The design, production and distribution of IEC material were effective throughout the year.

### **Impact**

The HIV and AIDS activities with correctional services resulted in more inmates and staff responding to counselling and voluntarily went for HIV test. The national VCT centre in Mbabane is now mobilized to visit inmates on specific days to support with HIV and AIDS related issues. Condom distribution to prison staff has increased as was indicated by 2004 report from correctional services

Behaviour, knowledge and practice among the youth with regards to HIV and AIDS prevention have changed and as a result there is an increased need for condoms. Community response to PMTCT is positive and sero-positive mother have stopped breast feeding or are breast feed exclusively. Expecting mothers from the villages surrounding the three clinics accessed safe delivery support. Anti stigma and discrimination of PLHIV and OVC has encouraged positive living and afforded OVC to access basic primary education. Interested HIV positive people managed to access ART and VCT services and chronically ill patients were assisted through HBC. Livelihood of HBC clients enhanced though HBC, ART and food parcels distributed, that they are now fending for their families.

The clinical services supported communities with reducing vulnerability to diseases such as polio, diphtheria, tetanus and measles within the project areas. The first aid trained staff and volunteers effectively offered first aid services during the national nurses' industrial action that left patients at hospitals and clinics unattended. The sell of first aid kits and services raised some income for health programme.

### **Constraints**

Progress in the health and care programme is hindered by insufficient financial, human and material resources leaving lot more people vulnerable. The high staff turnover caused by staff opting to join organizations with competent staff has also affected the most implementation of programmes. In the communities there reports of chieftaincy disputes also affecting HBC and support group activities.

## **Disaster Management**

**Goal: The vulnerability of the people affected by natural disasters is reduced.**

**Objective: The capacity of Baphalali Swaziland Red Cross to provide appropriate and timely support to people threatened or affected by disasters is increased.**

**National society capacity in disaster management is strengthened and exhibiting minimum standards of a well-prepared national society.**

Baphalali Swaziland Red Cross revived the management teams in all the five divisions. In 2004, the national society was implementing the food security pilot project in its third year. The project targets 430 vulnerable households (Approximately 3,440 beneficiaries) in Maphungwane, Mahhashini and Sigombeni areas. The food security pilot project experiences and lessons were shared with the other national societies such as the Zambia Red Cross who sent in two officers in December 2004 on an exchange visit.

As part of capacity building the disaster management officer attended the refresher regional disaster response training (RDRT) held in Zambia in September 2004. The training enhanced the capacity to manage the disaster management programme as well as imparting knowledge to others. The national society in collaboration with the Finnish Red Cross representative trained volunteers on food distribution from the 22 to 23 November 2004. The training was aimed at strengthening monitoring and evaluation capacities of the volunteers. Through the regional delegation some funding from the Finnish Red Cross was reallocated to the national society to enable basic disaster management training for 25 volunteers in November 2004. The competent volunteers will become part of

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the national society disaster response team. The ICRC facilitated a course on safer access of emergency victims, attended by 15 emergency response team members representing all the divisions.

The national society continued to carryout food distribution for 14,000 beneficiaries in Piggs Peak divisions funded by ECHO through the Finnish Red Cross, 32.000 in Manzini and Shiselweni division funded by WFP and national disaster task force. The school feeding programme supported by the German Red Cross benefits 39,000 pupils from 95 primary schools in four divisions.

The national society efficiently responded to a cholera outbreak in Manzini region. The relief items distributed included water tankers, water disinfectant, oral rehydration salts and the care facilitors conducted health education.

### **Impact**

Through trainings, pilot food security projects, the national society increased capacity to respond to disasters. Household affected by the drought were made food secure and it has enhanced school attendance and concentration of OVCs. The national society realized the need to implement more food security projects at a larger scale so that the national society would be able to assist food insecure household and schools.

### **Constraints**

The disaster management programme did not attract enough funding through the annual appeal, except through the food security pilot project; hence most of the activities were not implemented. The government is still working on disaster management act given its availability would clearly define the role of the national society in emergency.

## **Organizational Development**

**Goal: The lives of the most vulnerable in Swaziland are improved as Baphalali Swaziland Red Cross moves towards a well-functioning national society.**

**Objective: Baphalali Swaziland Red Cross becomes a well-governed and functional national society by 2007.**

### **Progress/Achievements**

#### **Branch Development**

Baphalali Swaziland Red Cross formed 16 new branches; seven in Nhlngano and nine in Mbabane division. The branch committees were elected in all the 55 branches between July and August 2004. The national executive committee (NEC) members were also elected and the induction of new members started in November 2004. Regular monitoring and evaluation of branch activities were carried in all the divisions with monitoring on weekly and evaluations on a quarterly basis. Some ten of the branches were trained on HIV and AIDS awareness education; five in the Piggs Peak. two in the Mbabane and three in the Shiselweni region

Project management training was conducted and 95 volunteers from the five divisions were trained. The volunteer and youth policies were adopted by the general assembly during the annual general meeting.

#### **Finance Development**

The Federation carried out financial review on all programmes and the food security project, and made recommendations on strengthening internal control. The national society worked with the regional finance development delegate in the analysis of financial management systems. From the review, it is recommended to hire a new accountant early 2005 as the department is short staffed. The internal controls not in place will be drafted in 2005 and the outstanding reports completed.

The finance department at the headquarters has no electronic link with the divisions also causing delays in monthly financial reports. The national society would like to organize exchange visits with sister national societies to share knowledge on how to operate the finance department. This will help in ensuring conformity

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with Federation accounting principles and policy, therefore ensuring standard reporting requirements. It was also recommended for a refresher course is necessary for national society accounting principles and procedures.

### **Administration**

The inventory reports were completed. The national society administration is coding the assets for ease of identification. Buildings and equipment are well maintained, there is enough office space and the filing system has been improved to be more logical and easily retrievable.

### **Human Resources**

The performance appraisal process is implemented and national society is in the process of organizing management workshop to review conditions of service as a priority. All staff members have been trained in first aid. It is recommended to conduct a workshop for the dissemination of national society's policies. The human resources policy is still in development stage and should be finalized in 2005.

### **Information Systems**

The project - until capacities are built up internally - has no funding; the national society relies on external consultants for any IT-related problem.

### **Impact**

The national society's branches have been strengthened and the increase in their number allowed the volunteers to reach more vulnerable people. The national society fulfilled its legal foundation by engaging in a democratic process of electing governing board members throughout its structure. Volunteers were able to interact and strengthen their relationships during the campaigns for the elections. The branches with income generating projects are more sustainable in terms of membership than others.

### **Constraints**

The late disbursement of funds from the Federation delayed the implementation of some activities and the funds received were not adequate to cover the planned activities. The understaffing in the finance department had negative implications on financial reporting. Due to the inadequacy of the computer network, divisions prepared their accounts manually before sending them to the headquarters.

### **Coordination**

The national society collaborated with the national umbrella organization CANGO, and government departments in the implementation of the HIV and AIDS programme. Baphalali Swaziland Red Cross will also benefit from the country's Global Fund for HIV and AIDS in the area of prevention through promotion of safe blood nationally. The Federation regional HIV and AIDS support team provided technical support to the project in the form of support visits and training.

In disaster management, Baphalali Swaziland Red Cross worked with the other stakeholders such as the national disaster task force, and WFP in food distribution. The number of programmes that national society has embarked on has continued to increase the demand for a well-functioning national society with sound structures, systems and procedures. In the year 2004, the national society received support from the regional delegation in financial management, branch development, volunteer management, governance and training.

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

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA018
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)	1'312'819	0		645'525		1'958'344
Opening Balance (B)	12'381	0		22'383		34'764
Income						
Cash contributions						
Finnish Red Cross		108'115		38'613		146'728
Other	0					0
Cash contributions (C1)	0	108'115		38'613		146'728
Reallocations (within appeal or from/to another appeal)						
Finnish Red Cross		-91'557				-91'557
Netherlands Government	102'460					102'460
PRM		-16'558				-16'558
Swedish Red Cross	150'000			10'000		160'000
Reallocations (C2)	252'460	-108'115		10'000		154'345
Total Income (C) = SUM(C1..C5)	252'460	0		48'613		301'073
Total Funding (B + C)	264'841	0		70'996		335'837

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	12'381	0		22'383		34'764
Income (C)	252'460	0		48'613		301'073
Expenditure (D)	-260'384	0		-59'295		-319'679
Closing Balance (B + C + D)	4'457	0		11'700		16'157

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA018
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
<b>BUDGET (C)</b>		1'312'819	0		645'525		1'958'344	
<b>Supplies</b>								
Shelter	61'321							61'321
Construction		7'928				7'928		-7'928
Clothing & textiles	37'538	35'157				35'157		2'381
Food	77'112	28'829				28'829		48'284
Water & Sanitation	108'600							108'600
Medical & First Aid	102'624	7'173				7'173		95'451
Teaching Materials	59'246	38'238				38'238		21'008
Utensils & Tools	5'620							5'620
Other Supplies & Services	101'020	24'498				24'498		76'522
<b>Total Supplies</b>	<b>553'081</b>	<b>141'822</b>				<b>141'822</b>		<b>411'259</b>
<b>Capital Expenditure</b>								
Land & Buildings	3'378							3'378
Vehicles	52'000							52'000
Computers & Telecom	55'562							55'562
Others Machinery & Equipment	87'604							87'604
<b>Total Capital Expenditure</b>	<b>198'544</b>							<b>198'544</b>
<b>Transport &amp; Storage</b>								
Storage	44'943							44'943
Transport & Vehicle Costs	43'500	8'075				8'075		35'425
<b>Total Transport &amp; Storage</b>	<b>88'443</b>	<b>8'075</b>				<b>8'075</b>		<b>80'368</b>
<b>Personnel Expenditures</b>								
Delegate Benefits		61				61		-61
Regionally Deployed Staff	276'975							276'975
National & National Society Staff		88'848			19'998	108'846		-108'846
Consultants	23'027							23'027
<b>Total Personnel Expenditures</b>	<b>300'002</b>	<b>88'909</b>			<b>19'998</b>	<b>108'907</b>		<b>191'095</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	169'039	58'191			3'320	61'511		107'528
<b>Total Workshops &amp; Training</b>	<b>169'039</b>	<b>58'191</b>			<b>3'320</b>	<b>61'511</b>		<b>107'528</b>
<b>General Expenditure</b>								
Travel	107'528	19'353			89	19'443		88'085
Information & Public Relation	157'967	17'066				17'066		140'901
Office Costs	222'664	4'578			544	5'123		217'541
Communications	29'633	4'991				4'991		24'642
Professional Fees	4'151							4'151
Financial Charges		611			4'206	4'817		-4'817
Other General Expenses		2'764				2'764		-2'764
<b>Total General Expenditure</b>	<b>521'943</b>	<b>49'364</b>			<b>4'839</b>	<b>54'203</b>		<b>467'740</b>
<b>Program Support</b>								
Program Support	127'292	16'925			3'854	20'779		106'513
<b>Total Program Support</b>	<b>127'292</b>	<b>16'925</b>			<b>3'854</b>	<b>20'779</b>		<b>106'513</b>
<b>Operational Provisions</b>								
Operational Provisions		-102'903			27'285	-75'618		75'618
<b>Total Operational Provisions</b>		<b>-102'903</b>			<b>27'285</b>	<b>-75'618</b>		<b>75'618</b>
<b>Total</b>								<b>0</b>
<b>Total</b>								<b>0</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'958'344</b>	<b>260'384</b>			<b>59'295</b>	<b>319'679</b>		<b>1'638'665</b>
<b>VARIANCE (C - D)</b>		<b>1'052'436</b>	<b>0</b>		<b>586'229</b>	<b>1'638'665</b>		