

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

AFRICA – MEASLES AND POLIO REDUCTION

April 2005

In Brief

Appeal No. 01.50/2004;

Appeal target: CHF 3,844,000 (USD 2,866,970 or EUR 2,474,413); Appeal coverage: 46%.

[click here to go directly to the attached final financial report.](#)

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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Context

This program is designed to support increased participation of national societies in community mobilization for immunization services, and a gradual transition from accelerated disease control initiatives in selected countries (measles mortality reduction and polio eradication) towards supporting sustainable routine immunization programs, through the participation of national societies and the Federation as partners in the work of the Global Alliance on Vaccines and Immunization (GAVI).

Overall analysis of the program

National Red Cross and Red Crescent Societies were able to actively plan and implement supplemental immunization activities in 6 countries using donations received through this Appeal. The main objective was to immunize children between the ages of 9 months and 15 years of age against measles, and children under 5-years of age for polio. As a result of the 2000–2004 measles campaigns, WHO is reporting a 39% reduction in measles mortality globally, and for Africa the reduction is an unprecedented 46% drop. While there has been impressive progress in measles control, the global goal of eradicating polio has still not been met due largely to continuing cases in Nigeria, Niger, India and Pakistan. A final assault on polio virus transmission will be WHO's primary focus for 2005. An important innovation in public health (due largely to Red Cross and Red Crescent efforts) has been a new integrated approach linking vaccination efforts with distribution of long-lasting insecticide-treated bed nets (LLITN) to prevent malaria. This was demonstrated on a nationwide scale in Togo in December 2004 and is being recognized as a watershed public health event for African countries. Priority activities for 2004 targeted 59 million children for measles and a total of 80 million for polio. In addition to the countries covered in this appeal, the Red Cross and Red Crescent implemented similar programs in Asia. The Red Cross and Red Crescent social mobilization efforts in these campaigns have been crucial in reaching the overall objective with a

vaccination coverage rate higher than 90% for both measles and polio. The operations for 2004 utilized the same strategy employed in the 2003 efforts. Priority countries for participation in the Measles Initiative and Polio Eradication program are identified annually by WHO/AFRO in collaboration with Ministries of Health based on information on the epidemiology of polio and measles, rates of vaccination coverage and previous campaigns, status of measles surveillance, status of strategic planning and political commitment, funding, vaccine availability and the status of polio eradication. Côte d'Ivoire was included in 2004 campaigns since the 2003 campaign was delayed due to security concerns. The Democratic Republic of Congo delayed its sub-national campaign due to lack of funding.

Objectives: to support national society participation in community mobilization for supplemental immunization activities and to contribute to achieving the highest possible coverage among the most vulnerable and hard-to-reach children. The aim is to complete polio eradication in the remaining countries and to vaccinate 59 million children in the target countries.

Appeal funding supported the mobilization of volunteer networks, training, information materials, coaching, incentives and transport. Priority support was given to countries where wild poliovirus still existed in 2004 and where access to the population was difficult. The Federation Delegations and national societies actively participated in the Interagency Coordinating Committees (ICC) with Ministry of Health, WHO, UNICEF; Rotary International, and other partners for joint planning and monitoring of country activities. The Red Cross and Red Crescent strength and value added in these campaigns were in community mobilization to raise awareness and demand for immunization services at the local level. These activities are being integrated into ongoing Red Cross and Red Crescent community health activities and contribute to sustainable routine immunization programs.

POLIO ERADICATION

Background, achievements and lessons to date

The Federation and WHO signed a partnership agreement in November 2000, to meet the WHO objective of eradicating polio by the year 2005. In line with plans, 2003 was intended to be the last year of Federation involvement in the polio eradication partnership. However, there was a greater call than ever from the polio

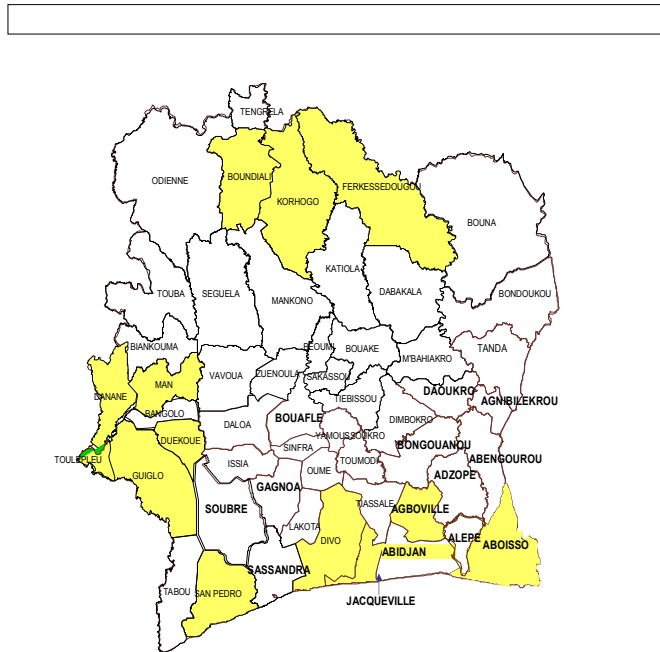


partnership for Red Cross and Red Crescent participation to help in the final push in the remaining polio endemic countries. Therefore, polio activities continued in 2004. Today India, Nigeria, Pakistan and Egypt account for 99% of new cases with most of the cases having occurred in just a few states or provinces. In November 2004, WHO reported that 885 confirmed cases had been reported in 16 countries compared to 491 cases in 11 countries for the same period in 2003. Most of the cases, 655 were reported in Nigeria which currently accounts for 74% of the global wild poliovirus. In 2004, 80% of these cases were reported from a northern band of 7 states Kano, Kaduna, Katsina, Sokoto, Zamfara and Jigawa. Other cases of polio were reported from India (77), Pakistan (36), Niger (20),

Afghanistan (3) and Egypt (1).

Red Cross and Red Crescent action

Côte d’Ivoire experienced a resurgence of polio in 2004. Fifteen cases of wild poliovirus were discovered in several areas of the country, specifically in Tengrela, Korhogo, Boundiali, Daloa, Duekoue, Divo, Abidjan, San Pedro and Grand Lahou. Four campaigns were conducted in February, March, July and October/November. In March, during the socio-political unrest that resulted in population movements, the Red Cross intervention was particularly requested by the Ministry of Health (MoH) in areas where other health workers did not dare to go. Because of the confidence that the communities have in the Red Cross, the volunteers managed to visit families wherever they were and to encourage parents and caretakers to have their children immunized. The number of districts that the Red Cross volunteers worked in varied from 7-14 during the campaigns. A total of 1,060 volunteers worked at various times during the campaigns, and 1,726.964 children under the age of five were vaccinated.



Republic of Congo (Congo Brazzaville) The Republic of Congo like the other Central African countries participated in the National Polio Immunization Days (NID) conducted in the region. The Congolese Red Cross Society (CRCS) participated in the campaign that took place from 16-18 November. A total of 515 volunteers worked in 11 districts. To reach the vulnerable people in the communities, the CRCS used various modes of transport which included motorcars, bicycles and even pirogues (wooden boats). In the areas where Red Cross worked a total of 654,483 children out of 735,959 registered were vaccinated against polio for an 89% coverage rate.

Niger Volunteers of the Niger Red Cross Society (NRCS) were well integrated into Ministry of Health teams that worked on both the polio and measles campaigns conducted in the months of October, November and December. The teams delivered messages on the advantages of polio and measles vaccination, and encouraged the mothers to have their children vaccinated. During the 3-phased polio campaigns more than 175,454 families within the 17-targeted districts were visited in their households. Meetings were held to raise awareness amongst the 65 local leaders that included village chiefs and religious leaders. Community social mobilizers also visited public meeting areas and disseminated their immunization messages in local languages. Volunteers received pre-campaign training in social mobilization and each volunteer visited a maximum of 16 households per day. Administrative coverage reported by WHO for the December campaigns was 99% for measles and 107% for polio.

Photos at right and page below: volunteers undergoing training.

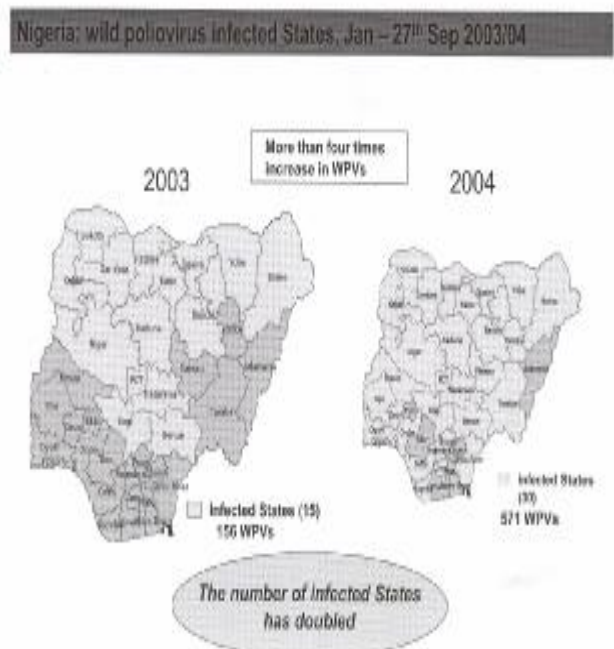


Burkina Faso (covered by IOC funds) The Burkina Faso Red Cross Society (BFRCS) participated in an integrated measles and polio vaccination campaign that was conducted from 14–20 December 2004. Volunteers from BFRCS worked in seven medical districts, in the East in Bogandé, Diapaga, Fada Gourma, Gayéri and Pama, in the Centre in Tenkodogo and in Orodara in the West. 360 volunteers received training and did community social mobilization. A one day pre-campaign meeting allowed Red Cross volunteers and other partners to divide responsibilities and tasks. This important step enhanced the smooth running of campaigns. Red Cross volunteers reached the poorly served communities to sensitise and mobilize them to respond to the vaccination calls. BFRCS collaborated with their National Sports Olympic Committee. Participation of BFRCS in the campaigns contributed to the high coverage rates, which were recorded as 102% for measles and 96.27% for polio.

Gambia has a high vaccination coverage rate and no wild polio virus (WPV) cases have been reported since 1996. However, 13 cases of acute flaccid paralysis (AFP) were reported in 2000 and 5 cases were identified during the 2004 campaigns. Polio campaigns in Gambia were conducted in October and November. The Ministry of Health requested Gambia Red Cross Society (GRCS) to be responsible for community mobilization in the Western Division where there is the highest population density and lowest routine immunisation coverage among children under the age of one year. GRCS participated in the micro-planning of the campaign together with Divisional Health Teams, WHO and UNICEF. The divisional health offices trained Red Cross *Mothers at Serre Kunde Health centre* volunteers and ministry of health staff. The training focussed on polio vaccination technique, AFP case identification and reporting, vitamin A administration, waste management, reporting and monitoring of campaign activities. A total of 198,672 children were vaccinated during the first round, reaching a coverage rate of 95.5%, while an additional 16,593 children were vaccinated during the second round, achieving a coverage rate of 99%. Vitamin A supplementation was an added activity during the second round of the polio campaign and was administered to all children between the ages of 6 to 59 months.



Sierra Leone Although no cases of polio have been reported in recent years, Sierra Leone joined the rest of West African countries in conducting synchronized polio immunization days in October and November. The Red Cross Society's Community Based Health Program (CBHP) Coordinator managed the program with technical support from the country Federation office, the Ministry of Health and Sanitation, UNICEF and WHO. Joint micro-planning sessions with the ICC, in which SLRCS was a part, were held during the preparatory phases. Training of volunteers was conducted in collaboration with MoH. Prior to the vaccination campaign Red Cross volunteers spent one week conducting community awareness through door-to-door visits as well as dissemination of information in public meeting places. The SLRC participated in 11 districts. Thirty three supervisors worked with 620 volunteers during the campaigns. A total of 26,000 households were visited and 393,542 children (102% of the target population) were vaccinated during round one, while 349,733 children (101% of the target



population) were vaccinated against polio during round two. Vitamin A was administered to 33,792 children.

Nigeria Earlier reluctance to accept the polio vaccine led to an increase in the number of wild polio cases (WPC) in Nigeria. A total of 762 WPC were recorded between January and December 2004. Eight states in the North West zone accounted for 81% of these cases. Nationally, twenty-three percent of reported polio cases had received 4 or more doses of oral polio vaccine (OPV), and 77% of cases were in children under 3 years. There was increasing demand on Nigeria Red Cross Society (NRCS), to participate in social mobilization activities, by the Government and partner agencies. A full time NRCS technical staff member worked closely with the social mobilization working group in Abuja, and other key partners including the National Program of Immunization (NPI, WHO and UNICEF). In addition the following activities were undertaken:

- 37 branch secretaries and 37 mothers' clubs coordinators received training conducted in collaboration with WHO, UNICEF, and NPI.
- Cross border Muslim Religious Leaders Workshops to build trust for polio vaccine in Kano and Kaduna
- More than 3,000 pictorial volunteer community guides were produced for use by all including those with limited literacy.
- Red Cross volunteers were trained to serve as polio vaccinators and guides in Plateau state during the ethnic religious crisis.
- Red Cross volunteers, worked jointly with polio victims to organize dramas on polio eradication in Kano, Bauchi, Sokoto, Kaduna and Kebbi.

The Nigerian Red Cross mobilized more than 13 million children in each of the 7 rounds of immunization. By end of the year it was estimated that 89,615,392 million children under 5 years of age had been mobilised for vaccination. Technical support was given to the volunteers by NRCS Zonal Officers as well as other partner agencies. A total of 12,054 volunteers and 33,646 town announcers worked on the campaigns. A total of 116,017 community leaders were contacted in the sensitisation efforts. The leaders subsequently played an important role in advocating for immunizations leading to an increased immunization acceptance.

Chad has received externally displaced populations from the Sudan. More than half of the children of the displaced people had never been vaccinated before. With support from the Federation, CRCS established a camp for the displaced people in Trejine in September 2004. Most of the refugees that moved to this new camp had resided in Brejine camp but only 45% of the children had received any vaccination. The first two rounds of polio vaccinations were conducted in October and November and the last round for 2004 was conducted in December resulting in the vaccination of 862 people; 2,823; and 2,287 children under 60 months respectively. The measles campaign in December reached 99% of the total population of eligible children. A total of 33 volunteers were trained to conduct education and awareness sessions among the people

Chad Red Cross volunteer encourage residents of Tréguine to wait in line for the medical team



MEASLES VACCINATION CAMPAIGNS

Background

The Measles Initiative (MI) established in 2000 is a long-term commitment to reduce measles mortality in Africa. To date more than 163 million children have been vaccinated with the support from the MI and the Red Cross and Red Crescent movement. It is estimated that more than one million lives have been saved. In December 2004, WHO and UNICEF reported a 39% reduction in global measles mortality and 46% drop in Africa alone. During

2004, the following 11 countries took part in the vaccinations campaigns, Niger, Côte d'Ivoire, Madagascar, Mali, Mauritania, Burkina Faso, Ethiopia, Togo, Chad, Liberia, and DR Congo. In Togo an integrated countrywide measles and malaria campaign took place in December 2004, reaching the Abuja target in one week for children <5 years sleeping under a net. The Red Cross and Red Crescent volunteers played an important role in achieving these results through social mobilization activities prior to and during the campaign. The integrated approach linked several different health interventions such as administration of Mebendazole (for de-worming), the distribution of 905,000 insecticide treated mosquito nets and measles and polio vaccinations. By the end of 2004, measles supplemental immunization activities (SIA) had been conducted in 46 countries. By the end of 2005, more than 200 million children in 36 Sub-Saharan Africa, will have received measles vaccination through SIA. It is anticipated that up to 1.2 million deaths will have been prevented, bringing the measles deaths in Africa to the lowest levels ever documented for the continent.

RED CROSS AND RED CRESCENT ACTIVITIES

Mali - Although the number of measles cases in Mali has dropped from 4,464 in 2001 to 239 in 2003, measles is still ranked among the top 10 causes of death among children under 5 years of age. The December campaign included polio and measles vaccination and distribution of insecticide treated bed nets (ITN) in some designated areas. The Ministry of Health coordinated the campaigns with collaboration from the other partners that included USAID, CDC, MRCS, UNICEF, WHO and the Measles Partnership. Volunteers of the MRCS intervened in Koulikoro and Ségou in the medical district of Kangaba and in Sikasso and Kidal in the medical district of Kadiolo. The roles played by the Red Cross volunteers during the campaign included:

- Sensitizing the parents and care givers on the importance of having their children vaccinated against measles and polio.
- Information dissemination on prevention of malaria through the correct use of insecticide treated mosquito-nets (ITN).
- Welcoming the client to the vaccination point and ensuring crowd control
- Free distribution of ITNs, that had been made available by CDC, for children under 5 years in the target areas.
- Pre campaign registration of children.
- Participation with other partners in assessments of the campaign results.



In the areas where MRCS participated, 17,604 children were vaccinated of the targeted 15,352 bringing the coverage rate to 115% and 11,000 ITNs were distributed. The vaccination coverage rates in December for the whole country as reported by WHO were 118% for measles and 53% for polio. The reason sited for low polio rates was short supply of polio vaccine in some districts.

Burkina – The Burkina Faso Red Cross Society (BFRCS) in collaboration with the MoH and other partners participated in an integrated measles and polio vaccination campaign that was conducted from 14–20 December 2004. BFRCS volunteers (360) worked in seven medical districts, in the East in Bogandé, Diapaga, Fada Gourma, Gayéri and Pama, in the Centre in Tenkodogo and in Orodara in the West. Measles vaccination coverage in December, as reported by WHO, was 102% for measles and 95% for polio.

Democratic Republic of Congo - The polio vaccination campaign was integrated with measles, tetanus and Vitamin A administration. The Congolese Red Cross Society worked in collaboration with the MoH, WHO and other partners. The campaigns were conducted in two phases between 6-10 October and 10-14 November. The Red Cross participated in micro-planning and evaluation workshops and in the coordination, social mobilization and technical committee meetings prior to the campaigns. For the polio campaign the Congolese Red Cross Society took part in the social mobilization efforts in the following provinces, Sud Kivu, Kivu North, Prov. Orientale and Kasai Orientale. For measles, the districts covered were Kasai Occidentale, Katanga 1, Katanga 2, and Maniema. A total of 1,422 Red Cross volunteers were mobilized targeting 10,043,645 children between 6

months and 15 years for measles and polio vaccinations. In addition, 95,805 women between 14-49 years were vaccinated against tetanus. Vitamin A supplementation was given to all children between 6 months and 5 years, totaling 5,365,771.

Ethiopia The measles campaign in Ethiopia was conducted within the Measles Partnership Initiative. Ethiopian Red Cross participated in the three phase campaign between March and June targeting children below 15 year. Phase I targeted 4,066,582 children, phase II 2,484,976, and phase III 2,946,749 children. Volunteers of the ERC concentrated their efforts in reaching street children, children with parents who were sick - particularly those with AIDS and others children in hard to reach areas.

Madagascar Before the vaccination campaigns in 2004, six out of 10 children in Madagascar were not immunized. The Ministry of Health, the Madagascar Red Cross Society and other partners conducted the measles campaign from 13 September to 8 October. The launch of the campaign was a historic event in Madagascar with many dignitaries in attendance. Volunteers from all walks of life including religious groups, traditional chiefs, and teachers offered their services. The Madagascar Red Cross participated in the micro-planning meeting and selected to work in 12 districts. In each district a supervisor was identified and trained and the supervisor subsequently worked closely with volunteers. A total of 574 volunteers participated in the campaign and visited 34,486 households. The volunteers assisted unaccompanied children including street children to get to the vaccination points. Some volunteers working in collaboration with ICRC ensured the vaccination of 10 children from prisons. Furthermore, some volunteers working in Tamatave province, found a village of 700 people between Tamatave I and II that had not been registered and assisted parents to take 107 children to the vaccination points. In addition to measles vaccination, children under 5 years received vitamin A while all children under 14 years received mebendazole for intestinal de-worming. Country-wide, a total of 7.3 million children were vaccinated during the campaign. Of these children, 195,413 children were from the Red Cross- targeted areas.

Togo conducted one of the biggest health interventions of its kind to date, where a country-wide distribution of insecticide treated bet nets was done. The ITN distribution was integrated with a mass measles vaccination campaign. A total of 905,000 ITNs were distributed. Details are given in a separate report. See Togo Malaria/Measles Appeal Update at <http://www.ifrc.org/cgi/pdf_appeals.pl?04/1004proginital&measTogo.pdf>

Sri Lanka (supported outside this appeal). The September 2004 campaign targeted 10-14 year old children for measles and rubella for young females 16-20 year old with support from UNICEF, CDC and WHO. Realising that the 2 million target population were difficult to reach, the Epidemiology Unit (MoH) asked the SLRCS for support in social mobilisation recognising the national society's capacity in mobilising its network of district branches and volunteers during recent floods. The SLRCS supported the campaign through mobilisation, printing of information, education and communication materials. The MoH trained the volunteers and provided IEC materials. The New Zealand Red Cross funded volunteer mobilisation, printing of IEC materials and project management. The campaign vaccinated more than 1.7 million young adults, or 85% of the target population. Some 30,000 volunteers were mobilised during the campaign.

Collaboration, Coordination and Monitoring:

The Federation, as part of the Measles Initiative, takes part in the global coordination mechanism. The Federation also supports and encourages the National Societies to engage in key in-country partnerships with (Ministry of Health, WHO, UNICEF) to become formal members of the respective in-country Interagency Coordinating Committees (ICC), under the authority of the Ministry of Health. Participation of the National Societies in the campaigns enhances their presence as active members in the ICC, raising their visibility and recognition as important partners. In 2004, the Federation provided financial support and technical assistance to the national societies through the Regional Delegations. Funding provided by donors supported the national societies to work with partners nationally and regionally and facilitated volunteer management, participation in national planning and monitoring committees. Specifically, the national societies were assisted in developing social mobilization and operational plans for the measles campaigns.

National Society Participation and partnerships:

Funding to national societies for social mobilization in the 2004 campaigns was secured through:

- 1) The Federation Annual Appeal (supported by the Swedish and Norwegian Red Cross).
- 2) the Measles Partnership Initiative.
- 3) International Olympic Committee and the Singapore Red Cross.

Partnership through the United Nations system; The United Nations mechanism has a key advantage in that the UN Foundation has committed to match up to USD 10 million of the funding coming from Measles Initiative donors. Funding from this match is made available to Ministries of Health through WHO or UNICEF. Of the total cost of CHF 1.30 per child vaccinated, it is estimated that the cost for social mobilization for the campaign is CHF 0.25 per child. Red Cross national society efforts in community social mobilization complement the national efforts.

Strengthening ARCHI 2010 Approach:

The supplemental immunization campaigns, supported by the Measles Initiative, serves as a platform for further engagement of Red Cross/Red Crescent community volunteers in maintaining routine immunization and disease prevention activities. Financial support through the Federation of the Red Cross and Red Crescent to other health programs enables the national society to further strengthen their capacities to address health needs at community level. National societies will integrate mobilization for vaccination in ongoing projects to continue supporting routine immunization as well as other priority health needs. The focus of these community interventions will be in the districts where national societies participated in the campaign. These activities will be coordinated with partners through the ongoing presence of national societies in existing ICC.

NGO coordination and representation to the GAVI Board

GAVI is a public-private partnership created in 1999, focused on increasing access to vaccines and vaccination services in poor countries. The GAVI Board administers the Vaccine Fund with USD 1.2 billion in assets. Members of the GAVI Board include UN agencies, governments of countries receiving assistance from the Vaccine Fund, governments of industrialized countries, vaccine manufacturers, technical agencies, and one representative of the NGO community. In October 2002, the Sierra Leone Red Cross Society, represented by its President Dr. Muctaru Jalloh, was selected by the GAVI Board to be the NGO representative for a two-year term, with technical support from the Federation Secretariat (Geneva) and the American Red Cross. The NGO Representative has participated in all scheduled GAVI Board meetings as well as teleconference calls. The NGO seat at the board was handed over to the IPA (International Paediatric Association) in July 2004.

Please find the final financial report below; click here to return to the title page and contact details

International Federation of Red Cross and Red Crescent Societies

01.50/2004 AFRICA - MEASLES AND POLI

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA050
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)	3,844,000					3,844,000
Opening Balance (B)	827,564					827,564
Income						
<u>Cash contributions</u>						
<i>Diners Club</i>	0					0
<i>Norwegian Red Cross</i>	520,500					520,500
<i>Other</i>	0					0
<i>Singapore Red Cross Society</i>	4,949					4,949
<i>Swedish Red Cross</i>	167,500					167,500
<i>Switzerland - Private Donors</i>	50,000					50,000
Cash contributions (C1)	742,949					742,949
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>American Red Cross</i>	-5,178					-5,178
<i>Canadian Red Cross Society</i>	-2,576					-2,576
<i>Diners Club</i>	0					0
<i>Great Britain - Private Donors</i>	46,937					46,937
<i>Norwegian Red Cross</i>	0					0
<i>Singapore Red Cross Society</i>	0					0
<i>Swedish Red Cross</i>	-8,485					-8,485
<i>Switzerland - Private Donors</i>	0					0
Reallocations (C2)	30,698					30,698
<u>Inkind Personnel</u>						
<i>CDC</i>	35,340					35,340
Inkind Personnel (C4)	35,340					35,340
Total Income (C) = SUM(C1..C5)	808,987					808,987
Total Funding (B + C)	1,636,552					1,636,552

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	827,564					827,564
Income (C)	808,987					808,987
Expenditure (D)	-1,238,240					-1,238,240
Closing Balance (B + C + D)	398,312					398,312

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA050
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)		3,844,000					3,844,000	
Supplies								
Shelter		3,910					3,910	-3,910
Clothing & textiles		6,294					6,294	-6,294
Medical & First Aid		-12,382					-12,382	12,382
Other Supplies & Services		2					2	-2
Total Supplies		-2,176					-2,176	2,176
Capital Expenditure								
Vehicles	318,240	5,044					5,044	313,196
Others Machinery & Equipment	18,720							18,720
Total Capital Expenditure	336,960	5,044					5,044	331,916
Transport & Storage								
Storage		251					251	-251
Transport & Vehicle Costs	355,680	51,385					51,385	304,295
Total Transport & Storage	355,680	51,636					51,636	304,044
Personnel Expenditures								
Delegates Payroll	374,400							374,400
Delegate Benefits		65,550					65,550	-65,550
Regionally Deployed Staff	1,123,200							1,123,200
Staff-on-Loan		35,340					35,340	-35,340
National & National Society Staff		181,497					181,497	-181,497
Consultants		885					885	-885
Total Personnel Expenditures	1,497,600	283,273					283,273	1,214,327
Workshops & Training								
Workshops & Training		188,846					188,846	-188,846
Total Workshops & Training		188,846					188,846	-188,846
General Expenditure								
Travel	516,720	178,918					178,918	337,802
Information & Public Relation	287,080	29,032					29,032	258,048
Office Costs	600,100	42,462					42,462	557,638
Communications		22,803					22,803	-22,803
Professional Fees		1,313					1,313	-1,313
Financial Charges		18,393					18,393	-18,393
Other General Expenses		557					557	-557
Total General Expenditure	1,403,900	293,479					293,479	1,110,421
Federation Contributions & Transfers								
Cash Transfers National Societies		125,513					125,513	-125,513
Total Federation Contributions & Tr		125,513					125,513	-125,513
Program Support								
Program Support	249,860	80,336					80,336	169,524
Total Program Support	249,860	80,336					80,336	169,524
Operational Provisions								
Operational Provisions		212,289					212,289	-212,289
Total Operational Provisions		212,289					212,289	-212,289
								0
Total								0
TOTAL EXPENDITURE (D)	3,844,000	1,238,240					1,238,240	2,605,760
VARIANCE (C - D)		2,605,760					2,605,760	