

# 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

## PACIFIC REGION

31 March 2005

### In Brief

Appeal No. 01.72/2004; Appeal target: CHF 2,051,861; Appeal coverage: 90.1%.  
([click here to go directly to the attached 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. This annual report also covers the operational period 1 December 2004 to 30 December 2004 not covered by the previous programme update. 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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### Operational Context

Throughout the year 2004, Pacific national societies made further progress towards achieving common objectives agreed under the Pacific Action Plan 2003-2006 in the three priority areas of health and care, disaster management and capacity building. HIV/AIDS programming was scaled up and significant progress was made in improving the quality and depth of ongoing first aid training, while blood donor recruitment was promoted, especially through a series of targeted workshops at national level.

Natural disasters affecting the region included cyclone Heta, which devastated Niue and caused damage in Samoa and, to a much lesser extent, Tonga. Cyclone Ivy seriously affected parts of Vanuatu, while typhoon Sudal wreaked havoc on the island of Yap in the Federated States of Micronesia (FSM). Heavy rains in Fiji led to severe flooding. Finally, several volcanic eruptions on the island of Manam in Papua New Guinea (PNG) led to a forced evacuation of around ten thousand people to the mainland, where they were still in temporary shelter at the time of writing.

In all cases, the Red Cross was involved in emergency relief operations, including damage assessments and distribution of basic relief items such as tarpaulins, blankets, sheets, water containers and clothing items. Further information about relief activities has been made available through regular information updates and reports.



**Natural disasters have badly affected the Pacific region's populace**

## **Health and care programme**

**Goal: Well-functioning national societies are able to deliver effective and relevant health and care programmes.**

**Objective: Pacific national societies develop and deliver effective programmes in the areas of first aid, HIV/AIDS and voluntary blood donor recruitment.**

### **Expected results:**

- National societies carry out commercial and community-based first aid programmes to agreed standards.
- National societies scale up HIV/AIDS programmes on prevention, home-based care and fighting stigma.
- National societies contribute to a safe blood supply by recruiting sufficient voluntary blood donors.

### **First aid**

Five of the Pacific region's national societies now have self-funded first aid programmes, and all national societies in the region have made significant progress in that direction, with a more strategic approach to marketing and a greater focus on meeting quality benchmarks. Most of the national societies in the Pacific have only limited financial resources, so the expansion of their first aid programmes generally progresses slowly. Travel and communications are expensive throughout the region, a factor that keeps the number of instructor training courses and subsequent follow-up activities to support new instructors relatively low.

The five-member Pacific first aid quality management committee has been central to many of the improvements in first aid that have taken place throughout 2004. It instigated the system of quality auditing and developed a range of policies to address problems identified by the quality audits. Most national societies have adopted minimum standards for policy, instructor qualifications and accountability and the committee is developing a Pacific code of practice for first aid. A second round of quality and performance audits will be conducted in 2005 if funding permits.

The 2004 quality audit has been crucial in identifying priority areas for activity and support to national societies. Some of the issues highlighted by the audit, such as problems with equipment maintenance, have been effectively addressed. Others, such as the need for more regular and reliable data collection on first aid activities, continue to be a challenge. Even where first aid programme statistics are recorded regularly, the data is not necessarily comparable from one country to another. If progress across the region is to be monitored, there needs to be some regional coordination to ensure that a core set of standard statistics is available from all national societies. The Federation has assisted the Micronesia Red Cross Society to set up a first aid database and the feedback received has been positive. The Fiji Red Cross Society, in partnership with New Zealand Red Cross Society, has also introduced a new, more comprehensive database. Options to replicate or adapt these measures throughout the region will be considered in 2005.

Some elements of the original plan for first aid in 2004 have been deferred because the audit results indicated that there were other, more fundamental issues that needed to take priority. The introduction of training modules on first aid in conflict and basic emotional support was such a case. The focus on community-based first aid that had been planned for some national societies was also put on hold because few national societies actually had the instructor capacity or resources to expand their programmes.

Retention of instructors and maintenance of their competency levels continue to be difficult for many Pacific national societies. The Federation's regional delegation is encouraging national societies to provide more development that is professional for instructors and to choose candidates for training, according to specific criteria, in order to address the problem. The Pacific first aid quality management committee (PFAQMC) has also introduced a section on professional development for instructors in its audit materials.

The situation regarding instructor capacity has improved throughout the year, however. The Solomon Islands Red Cross Society's (SIRCS) first aid programme officer received support from the New Zealand Red Cross Society for further training, the benefits of which have already been passed on to other SIRCS instructors. As a

result of this fundamental strengthening, the SIRCS could now realistically expect to generate income through its first aid programme and consider moving into community-based first aid. The Vanuatu Red Cross Society, which saw a significant change of its key personnel in 2004, has now recruited and trained a core team of instructors and is once again able to provide first aid courses. Further training will, however, be crucial to maintaining the viability of the programme. The Kiribati Red Cross Society (KRCS) also lost much of its first aid expertise last year, and discussions have begun on ways in which the Federation and other partners might be able to support the rebuilding of the KRCS first aid programme.

Although not addressed as a specific module of training, issues surrounding health in emergencies and community-based first aid have been introduced to a number of Pacific national societies. The importance of health in emergencies is also raised during all country visits by regional health and first aid delegates and has been introduced at meetings of all committees – first aid, HIV/AIDS and blood – attended by the regional health delegate. One critical gap identified, however, has been the absence of basic health promotion, such as prevention of diarrhoea, in first aid programmes in the region. This will be one of the key priorities in 2005.

A review of the community-based self-reliance (CBSR) programme's health component has been completed, including a review of relevant documents, face-to-face interviews with national society staff and a questionnaire completed by trainee first aid instructors. A full report will be completed in 2005, but preliminary findings are as follows:

- Very few community-based initiatives have been undertaken after CBSR workshops.
- Most national societies provide only commercial first aid courses, the curriculum of which does not generally include basic health promotion topics.
- The questionnaire completed by national society staff and volunteers indicated that volunteer management and health education materials were areas of priority.



**First aid al fresco in the Federated States of Micronesia**

In light of these findings and observations by regional delegates from all programme areas that CBSR training did not always lead to community-level activity, a more action-based, community-focussed approach integrating all programme areas has now been developed. It involves providing a high level of support as a national society works its way through the process of conducting a vulnerability and capacity analysis (VCA) and developing community-based projects based on the results. This approach is being trialled in the Solomon Islands and Kiribati and will be discussed further below, particularly in the disaster management section.

## **HIV/AIDS**

Guidelines have been developed to promote the integration of HIV/AIDS awareness into all core programmes of national societies, and in 2005, the regional delegation will monitor whether these issues are being included in all training as recommended.

Support for "targeted stream" HIV/AIDS programmes in PNG, Kiribati, FSM and the Cook Islands has been provided throughout 2004 by the Australian Red Cross Society's technical advisor working from Suva, Fiji. The regional delegation, meanwhile, as part of its overall support for health activities in the national societies of the Pacific, follows developments in all the region's Red Cross HIV/AIDS programmes, and the regional health delegate provides advice and support on programme planning, implementation, monitoring and evaluation during all country visits, as well as supplying information and education materials. Building and strengthening relationships with other key agencies working on HIV/AIDS issues (such as ministries of health, the World Health

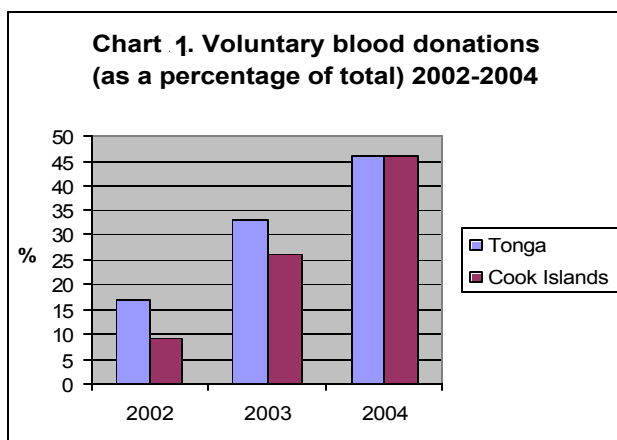
Organisation and the Global Fund for AIDS, Tuberculosis and Malaria) has been another important part of the regional delegation's role.

A project using puppet shows to disseminate information about HIV/AIDS (in the Cook Islands, Samoa and Fiji) was to have been reviewed in 2004. It has been decided, however, that this project should be part of a wider review of all dissemination methods and materials currently in use. Discussions have begun in the search for funding for such a more comprehensive review.

### Voluntary blood donor recruitment

Efforts to build up national societies' capacity for promoting voluntary blood donation have progressed in 2004, but the programme faces significant hurdles. Although there has been some reported impact from awareness campaigns, the preference persists within the region for blood donated by relatives. Fear about the results of blood tests and a lack of understanding of issues relating to blood donation also hamper progress.

The Pacific regional advisory blood committee, established at the end of 2003, has developed a database that can be used as a guide for national societies in their blood programme data management. Statistics on voluntary blood donors are not always available from ministries of health, however, making it difficult to evaluate the impact of recruitment campaigns. Statistics collected in Tonga and the Cook Islands show an encouraging trend, however (see chart 1).



Safe blood workshops were held in Palau, Samoa and Tonga, bringing the number of national societies to have received this training to six. The difficulty encountered by many national societies in retaining appropriately trained staff and volunteers has emerged as a serious issue for the programme however. The problem was highlighted by a review of the 2003 regional training-of-trainers workshop, which showed that just seven of the 24 participants are active in blood programme activities today.

Five national societies in the Pacific presently have blood officers in place. It was encouraging then to see that eight national societies organised activities

to mark World Blood Donor Day, often in cooperation with their respective ministries of health. The Federation provided both funds and materials for these events, which allowed even those national societies that did not have blood officers to promote voluntary blood donation. It has been noted that by providing information, education and communications materials, the Federation can assist national societies to stage better quality awareness campaigns, often conducted through national media networks.

Memoranda of understanding (MOU) regarding national societies' role and legal responsibilities in blood donor recruitment have been agreed with ministries of health in Fiji, the FSM (in some states), Samoa, the Solomon Islands and Tonga. Negotiations have begun on similar MOU in Kiribati, the Cook Islands and PNG.

### Analysis of health and care programme in 2004

The national societies of the Pacific have different levels of development, capacity and resources, and their involvement in health and care programmes varies widely. For these reasons, a one-size-fits-all approach to supporting the introduction of new components of health and care programmes is not appropriate. One common factor is that the level of initial support required is usually high. The Pacific regional delegation has



**Puppet theatre provides a non-threatening medium for dissemination on HIV/AIDS**

also provided considerable support in 2004 for national societies' involvement in health-related training and forums taking place locally, regionally and internationally (see table 1).

The health and care team of the regional delegation expanded in 2004. There are now two delegates for health and first aid respectively. In addition, the Australian Red Cross Society has based its regional HIV/AIDS technical advisor at the Federation's office in Suva, allowing for a high level of consultation and coordination of activities. The result has been that the Federation has been able to provide a higher level of support to national societies in the Pacific in 2004.

**Table 1: Events attended by Pacific national societies with Federation support in 2004**

	Meeting / event	National society attendees
<b>International</b>	Blood colloquium (Beijing)	1
	International HIV/AIDS conference (Bangkok)	2
<b>Regional</b>	Basic first aid course/first aid training for instructors course	18 participants 4 facilitators
	HIV in the community - workshop	1
	Pacific regional advisory blood committee	2 x 2
	Pacific first aid quality management committee	2 x 2

## **Disaster management programme**

**Goal: Communities become less vulnerable to disasters and emergencies.**

**Objective: National societies are better prepared for effective emergency responses as well as community risk reduction.**

### **Expected results:**

- National societies are better prepared in times of disasters.
- National societies carry out effective programmes that reduce community risk.

### **Operations from 1 to 31 December 2004**

Activity undertaken since the end of the previous reporting period has centred on preparations for the annual cyclone season. The disaster management (DM) delegate updated the regional cyclone season contingency plan at the instigation of the Emergency Management Core Group in the Pacific (EMCG Pacific). The DM delegate has also prompted national societies, particularly those in the southern Pacific area, to review their operational procedures and ensure reliable lines of communication in the event of an emergency. Most national societies have also checked stocks in disaster preparedness containers.

The regional DM delegate has also provided support to VCA-trained Kiribati Red Cross Society volunteers who were conducting a vulnerability and capacity assessment in December.

### **Analysis of the disaster management programme in 2004**

The Federation's regional disaster management programme for 2004 was based on the Pacific Action Plan, and the focus was primarily placed on introducing a range of good practice in disaster management to national societies. The most exciting outcome of the programme has been the reinvigoration of the VCA tool and its translation into practical activity at community level. When VCA was introduced in the Pacific in 2002, interest from national societies was limited as they were more focused on the community-based self reliance (CBSR) concept. In practice, though, CBSR implementation tended to stall after the training stage and little impact was evident at community level. It was to address this problem that regional delegates in the Pacific have trialled a new approach, centring on VCA, to generate community-based action that will actually reduce vulnerability within communities.

In each of the pilot projects (in Kiribati and the Solomon Islands, mentioned above in the health and care section), the regional DM delegate provided training in VCA skills to national and branch-level personnel. The delegate then provided a high level of guidance and support as those trained conducted a VCA, analysed the results and devised a small-scale community project to address some aspect of needs identified. The entire process from training to project implementation was presented as part of a single cycle to reinforce the idea that VCA is not an end in itself, but just a first step.

The tangible outcomes of these pilot projects and the interest generated in communities and relevant national societies alike are encouraging. This apparent success in bridging the chasm between training and action on the ground is a particularly significant achievement and has had a great influence on the future direction the disaster management programme will take in the region.

One of the most significant contributions of the Federation programme was the support provided to develop the skill and knowledge base of national societies' key disaster management staff and volunteers. More national societies had designated disaster management staff in place this year than has ever been the case in the past. The regional delegation has contributed directly to this development by supporting the salaries of DM officers in Vanuatu and the Solomon Islands, and a commitment was given to support salaries for climate change officers in Tuvalu and Samoa in 2005.

Federation assistance has been also provided for national society representatives to attend key forums and training events, such as training for VCA instructors and a disaster management and equality workshop in Hawaii. In the process of determining who should attend such events, it became apparent that most national societies did not have a systematic training strategy for disaster management. In response to this problem, a series of emergency response team (ERT) training modules was developed in 2004, which should be particularly useful in building operational capacity at branch level. Although the modules have only been used in a small number of national societies so far, the results have been encouraging. National societies yet to introduce the ERT concept have also indicated an interest in possibly adopting it in the near future. This has been an important step forward.

The only planned activities that were deferred were related to the introduction of memoranda of understanding with government counterparts (delayed so that national societies could first review their national disaster management plans) and projects relating to climate change, for which anticipated funding did not materialise immediately.

The regional delegation has continued to lay the groundwork for a focus on climate change in Red Cross disaster preparedness activities in the region however. In particular, key relationships have been maintained with technical partners such as the South Pacific Regional Environmental Programme (SPREP) in preparation for the start of the project in 2005. A small amount of the funding required has already been secured and will be used to recruit the relevant staff for the first half 2005, but further funding is still needed.

Geographical constraints have historically hampered Pacific national societies' ability to respond swiftly in the event of a disaster. In an effort to mitigate this difficulty, national societies in this region embarked on a programme of pre-positioning containers stocked with relief items in key locations in the 1980s. The benefit of



The DP container in Yap state, FSM, gets a new lease on life



ready access to relief supplies has been demonstrated on several occasions throughout the region and in 2004, pre-positioned relief stocks were accessed to respond to a number of emergencies .

## **Organisational development programme**

**Goal: Well functioning national societies are able to carry out their mandate effectively and efficiently**

**Objective: Pacific national societies have made sustainable progress towards being ‘well functioning national societies’**

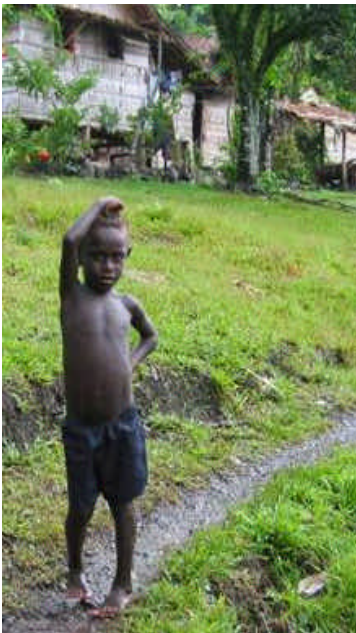
### **Expected results:**

- National societies’ governance and management have been strengthened at headquarters and branch level.
- Pacific national societies have developed sustainable models for local branch development. Communication, knowledge sharing and learning between and within national societies has been improved.

### **Operations from 1 to 31 December 2004**

A group of leadership representatives from Pacific national societies met with the regional organisational development (OD) delegate in Suva to design the framework for a governance-level leadership development programme for the Pacific . Once it had formulated a list of topics to be covered, the team evaluated the leadership training materials already available within the Movement and established that it would be possible – and more efficient – to adapt existing materials for several topics rather than develop new ones from scratch. Representatives of five of the region’s national societies will be trained in the second half of 2005 to deliver the new training modules, after which they will begin conducting training with their boards.

During this period, the first edition of a Pacific Red Cross newsletter, *Pacific Link* , was distributed. The aim of the newsletter is to encourage national societies to share the benefit of their experience throughout the region, as many of the challenges they face are common in the Pacific. The inaugural edition included tips for preparing for the cyclone season, a preview of World AIDS Day activities, suggestions for improving volunteer management and an interview with a Pacific Secretary-General about the Federation Secretariat’s distance education effective writing course.



**VCA brings the national society closer to the community in the Solomon Islands**

### **Analysis of the organisational development programme in 2004**

In order to provide a level of support likely to produce sustainable progress, the OD programme in 2004 saw particularly concentrated activity in relation to national societies in the Solomon Islands, Kiribati and Tuvalu. Throughout the course of the year, each of these national societies made important progress towards meeting the criteria for well-functioning national societies .

The Solomon Islands Red Cross Society serves a large population (the third largest of any national society in the region) that faces frequent disasters in addition to the challenges of post-conflict rehabilitation. The last of those factors has also meant that a number of outside agencies have been interested in assisting the SIRCS, and the cooperation agreement strategy process facilitated by the Federation at the end of August greatly assisted the coordination of these approaches . The other focus of activity in the Solomon Islands was the pilot VCA/community project mentioned above. The Kiribati Red Cross Society, which also took part in the pilot project, requested support as it entered a period of consolidation and expansion of its activities, while in Tuvalu, the Federation continued to provide assistance for the national society’s work towards attaining full recognition, especially in its constitutional review process. Support was given in both countries in the strategic planning process and a range of volunteer

management tools, such as position descriptions and volunteer agreements, were introduced to both national societies. In Tuvalu, the Federation also provided financial support for visits to three branches by the Secretary-General and accompanying Federation personnel. The prohibitive cost of travel around Tuvalu has meant that such visits are usually impossible for the national society to undertake.

The struggle many national societies in this region face as they try to establish sustainable structures and programmes parallels the difficulties faced by the countries in which they are located. Without the support of participating national societies such as the Australian Red Cross Society, the Japanese Red Cross Society, the Korean Red Cross Society and the New Zealand Red Cross Society, several national societies would face possibly insurmountable hurdles.

It was particularly satisfying for the Pacific delegation to be able to facilitate some of the partnerships developed in 2004. This was particularly the case in the Solomon Islands (with the Australian Red Cross Society), in Kiribati (where the Korean Red Cross Society has given a multi-year commitment) and with various branches of the New Zealand Red Cross Society (which has lent support and expertise to Vanuatu, Kiribati and Tuvalu).

The elaboration of a more integrated approach to promote community-based activity, mentioned above in the health and care and disaster management sections, also holds out considerable promise for organisational development. The new approach has the potential to create real momentum for the expansion of both the branch networks and volunteer base of national societies. Equally important are the more service-focused foundations upon which the expansion is based. In the Solomon Islands, the pilot project has already generated a great deal of excitement and energy in the branches. As the reality that real improvements to people's lives can be made at the community level, all involved have begun to recognise the possibility of a new role for the Red Cross. In Kiribati, the excitement has been less palpable, but the project has nonetheless mobilised a number of committed volunteers and developed strong links between the Kiribati Red Cross Society and the community.

The Federation has also facilitated the cooperation agreement strategy (CAS) processes undertaken in the Solomon Islands and PNG, strategic planning (in Kiribati) and statute revision (in Tuvalu, Kiribati and the Solomon Islands). Improved communication -- in terms of both quantity and quality -- between and within national societies in the region has been observed, resulting from the Secretaries-General meeting hosted by the New Zealand Red Cross Society in May. Several reports indicate greater levels of respect being shown for the various roles and responsibilities within a national society, of new energy arising from genuinely shared commitment to strategic directions and increased interest in standing for governance positions.

A recurring theme in all programme areas has been the difficulty of recruiting and, in particular, retaining volunteers. Volunteer management accordingly featured strongly in the Secretaries-General meeting in New Zealand. Following the initiatives already made in Kiribati and Tuvalu, the Federation's OD programme for 2005 will include a focus on developing effective volunteer management practices.

## **Conclusion**

Programming throughout the year has been firmly based on the commitments and strategic directions of the Pacific Action Plan, and many national societies have been able to make steady progress in the fields of health and care, disaster management and capacity building. In a number of cases, more specific targeting -- for instance in HIV/AIDS programming, first aid quality management, or statutes revision and strategic planning -- led to a much quicker up-scaling of programmes and strengthening of capacities. Given the huge geographical spread, the associated cost of travel and time involved as well as the wide range of levels of development between different national societies, the delegation has to maintain the right balance between focusing on a limited number of priority countries or programmes and meeting the needs and expectations of all national societies. The piloting of a more community-based, action-oriented approach through VCA and other mechanisms will be extended to other national societies, and the closer integration of technical programmes can lead to a more efficient use of human resources in this regard.

The Federation's country delegation in Papua New Guinea and the regional delegation in Suva have further aligned their goals and objectives. A single annual appeal was launched for the entire region for the year 2005, also allowing for stronger integration of management, reporting and resource mobilisation.

The regional programmes continued to receive strong support from key donors such as the Japanese, Finnish and New Zealand Red Cross societies, as well as NZAID and the Global Fund. The development of a five-year strategic engagement with the Australian Red Cross Society in the area of disaster management and capacity building heralds a promising trend towards a long-term programmatic approach rather than the more short-term project focus. Similarly, the Korea Red Cross Society agreed to support a three-year capacity building programme focusing on disaster management and organisational strengthening in Kiribati, while the New Zealand Red Cross Society is developing multi-year partnerships with selected Pacific national societies on a bilateral basis, which is closely coordinated with the Federation. Such multi-year support will no doubt lead to better planning, monitoring and evaluation, more opportunities for learning and knowledge sharing, and ultimately better quality and greater impact.

**[Financial report below; click here to return to the title page](#)**

International Federation of Red Cross and Red Crescent Societies

01.72/2004 PACIFIC REGIONAL PROGRAMM

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA072
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
<b>Budget (A)</b>	652,770	560,214		340,000	498,877	2,051,861
<b>Opening Balance (B)</b>	36,364	53,414		181,115	16,940	287,833
<b>Income</b>						
<u>Cash contributions</u>						
ATM Global Fund	18,931					18,931
Australian Red Cross					8,126	8,126
Finnish Red Cross	96,902					96,902
Japanese Red Cross Society	75,000	234,286			23,826	333,112
Korea Republic National Red Cross				49,518		49,518
New Zealand Government	43,391	43,391		87,034	130,425	304,240
New Zealand Red Cross	153,383	7,997		100,551		261,931
OPEC Fund For International Develop	0					0
Other				0	0	0
Switzerland - Private Donors	20,000					20,000
<b>Cash contributions (C1)</b>	<b>407,607</b>	<b>285,674</b>		<b>237,103</b>	<b>162,377</b>	<b>1,092,761</b>
<u>Inkind Personnel</u>						
Finnish Red Cross	77,707					77,707
New Zealand Red Cross	67,993			74,400		142,393
<b>Inkind Personnel (C4)</b>	<b>145,700</b>			<b>74,400</b>		<b>220,100</b>
<u>Other Income</u>						
Miscellaneous Income	2,181					2,181
<b>Other Income (C5)</b>	<b>2,181</b>					<b>2,181</b>
<b>Total Income (C) = SUM(C1..C5)</b>	<b>555,488</b>	<b>285,674</b>		<b>311,503</b>	<b>162,377</b>	<b>1,315,042</b>
<b>Total Funding (B + C)</b>	<b>591,852</b>	<b>339,088</b>		<b>492,619</b>	<b>179,317</b>	<b>1,602,876</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>Opening Balance (B)</b>	36,364	53,414		181,115	16,940	287,833
<b>Income (C)</b>	555,488	285,674		311,503	162,377	1,315,042
<b>Expenditure (D)</b>	-436,596	-282,771		-254,698	-98,822	-1,072,887
<b>Closing Balance (B + C + D)</b>	155,257	56,318		237,920	80,494	529,989

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA072
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		<b>652,770</b>	<b>560,214</b>		<b>340,000</b>	<b>498,877</b>	<b>2,051,861</b>	
<b>Supplies</b>								
Medical & First Aid	8,000							8,000
<b>Total Supplies</b>	<b>8,000</b>							<b>8,000</b>
<b>Capital Expenditure</b>								
Vehicles					3,068		3,068	-3,068
Computers & Telecom	17,000	4,147	4,155		4,775		13,077	3,923
Office/Household Furniture & Equipm.		256			4,039		4,296	-4,296
Others Machinery & Equipment	26,600					-349	-349	26,949
<b>Total Capital Expenditure</b>	<b>43,600</b>	<b>4,403</b>	<b>4,155</b>		<b>11,882</b>	<b>-349</b>	<b>20,091</b>	<b>23,509</b>
<b>Transport &amp; Storage</b>								
Storage			6,237				6,237	-6,237
Distribution & Monitoring			2,748				2,748	-2,748
Transport & Vehicle Costs	21,200	807	867		1,205	1,236	4,115	17,085
<b>Total Transport &amp; Storage</b>	<b>21,200</b>	<b>807</b>	<b>9,852</b>		<b>1,205</b>	<b>1,236</b>	<b>13,100</b>	<b>8,100</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	766,500	4,255	69,177				73,432	693,068
Delegate Benefits		218,415	51,630		118,719	10,886	399,652	-399,652
Regionally Deployed Staff	220,950							220,950
National & National Society Staff		7,177	18,528		13,680	38,181	77,566	-77,566
Consultants	76,100				2,687		2,687	73,413
<b>Total Personnel Expenditures</b>	<b>1,063,550</b>	<b>229,847</b>	<b>139,336</b>		<b>135,086</b>	<b>49,067</b>	<b>553,337</b>	<b>510,213</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	301,900	86,614	25,638		26,983	10,726	149,960	151,940
<b>Total Workshops &amp; Training</b>	<b>301,900</b>	<b>86,614</b>	<b>25,638</b>		<b>26,983</b>	<b>10,726</b>	<b>149,960</b>	<b>151,940</b>
<b>General Expenditure</b>								
Travel	226,240	40,104	41,289		26,273	20,213	127,879	98,361
Information & Public Relation	99,000	15,641	9,255		5,490	181	30,566	68,434
Office Costs	155,000	13,944	13,601		14,877	1,370	43,792	111,208
Communications		13,345	12,300		10,644	3,086	39,376	-39,376
Professional Fees			10		2,165	39	2,214	-2,214
Financial Charges		375	467		503	2,755	4,101	-4,101
Other General Expenses		653	742		1,452	4,074	6,921	-6,921
<b>Total General Expenditure</b>	<b>480,240</b>	<b>84,062</b>	<b>77,664</b>		<b>61,403</b>	<b>31,719</b>	<b>254,848</b>	<b>225,392</b>
<b>Program Support</b>								
Program Support	133,371	27,763	18,380		16,241	6,423	68,808	64,563
<b>Total Program Support</b>	<b>133,371</b>	<b>27,763</b>	<b>18,380</b>		<b>16,241</b>	<b>6,423</b>	<b>68,808</b>	<b>64,563</b>
<b>Operational Provisions</b>								
Operational Provisions		3,099	7,745		1,898		12,742	-12,742
<b>Total Operational Provisions</b>		<b>3,099</b>	<b>7,745</b>		<b>1,898</b>		<b>12,742</b>	<b>-12,742</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>2,051,861</b>	<b>436,596</b>	<b>282,771</b>		<b>254,698</b>	<b>98,822</b>	<b>1,072,887</b>	<b>978,974</b>
<b>VARIANCE (C - D)</b>		<b>216,174</b>	<b>277,443</b>		<b>85,302</b>	<b>400,055</b>	<b>978,974</b>	