

# 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 AND PAPUA NEW GUINEA

18 May 2006

### In Brief

**Appeal No. 05AA062; Appeal target: CHF 2,925,609 (USD 2,223,934 or EUR 1,877,544); Appeal coverage: 114.5%. ([click here to go directly to the attached Annual 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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### Operational Context

During the year 2005, Pacific national societies made progress towards achieving objectives agreed originally under the Pacific Action Plan 2003-2006, which were further revised in the partnership meeting in Samoa in May 2005. The three priority areas remained the same: health and care, disaster management and capacity building/organizational development. Following the review of *Strategy 2010* and the development of the *Federation of the Future*, national societies have committed to scale up on all programme areas. They will do this by focusing on vulnerable communities, improving the quality of programmes and increasing the capacity of staff and volunteers to prepare and respond to the needs of the people, both in their daily spheres as well as in disasters.

A stabilized political situation has decreased the tension in Papua New Guinea, although crimes rates and general insecurity remains high. Economical and social programmes as well as the Regional Assistance Mission to the Solomon Islands (RAMSI) have improved the situation in Solomon Islands. In both countries, the national society has been able to support and reach people living in difficult and/or insecure areas, such as settlements in PNG that have been reached through first aid or health awareness and youth programmes.

While there were no major disasters in the region, some minor natural disasters had a significant impact on livelihoods in the areas they affected. These included four cyclones hitting Cook Islands, floods in PNG and Fiji as well as volcano eruptions in PNG and Vanuatu. Nominated by the government, Red Cross national societies were the leading agency in all these cases. To compliment the limited capacity of the national societies, the operations were managed with assistance (human and financial resources) from other national societies, partner national societies and the Federation. The Solomon Islands Red Cross officer assisted Vanuatu Red Cross

colleagues during the response to the Ambae volcano eruption in December 2005, while the New Zealand Red Cross deployed a water and sanitation delegate for assessments. Earlier in the year, the Samoa Red Cross was able to transport supplies to Pukapuka, a remote island of the Cook Islands which is more accessible from Samoa. Equally, the exchange of expertise between national societies has had a positive impact on the improved capacity of Kiribati Red Cross in 2005 (refer to textbox on Integration and Cooperation in Kiribati). In the meantime, the secretary-general from the Solomon Islands added his experience and technical support to the constitutional revision process and the annual general meeting and election in the Vanuatu Red Cross.

### **A ray of hope in Tonga**



*It is the smile of a mother – deeply caring, all-enveloping and unconditional. Ospeti moves his head, and it is as if a ray of sunshine had entered the dark cramped quarters of this simple home on the outskirts of Nuku'alofa, the capital of the Kingdom of Tonga. Severely disabled since birth, Ospeti spends most of his days lying helplessly in a bed that is brightened only by the vivid red quilt that adorns it. The family is relatively lucky: there is a hoist, which enables them to lift Ospeti from the bed and place him into a wheelchair – amenities not often found amongst the disabled of Tonga. As a result, Ospeti gets to go outside, perhaps as 'often' as once a month.*

*In Tonga, there are few formal mechanisms in place for caring for the disabled. The Tonga Red Cross Society (TRCS) is the only organization to provide whatever minimal services are available. This includes the 'Ofa Tui 'Amanaki Centre for Special Education, as well as the Hearing and Speech Impaired Unit, both of which are situated on crown land alongside the Red Cross headquarters and have been folded into the TRCS's operations since 2003. There is also a Residential Centre for adults with disabilities – the Alonga Centre – that can accommodate twenty-five residents. All of these facilities are located in Nuku'alofa, offering a hope for those who live here.*

An integrated community approach initiated in 2004 by regional health, organizational development and disaster management programmes has continued this year. Thus, regional programme integration has been emphasized through increased joint activities and trainings. At the national level, many national societies have not only strengthened their traditional programmes, but also initiated new activities and projects as well as expanded to rural areas, islands and new communities. This not only increases their service delivery to vulnerable groups that are often isolated because of remote locations, but is also an opportunity to increase awareness on Red Cross activities and recruit members and/or volunteers.

The role of the Red Cross in the region has been recognized by other partners, leading to further and closer cooperation with the government (for example the ministry of health) and other partners, such as United Nations (UN) agencies and the Global Fund. Some national societies are part of the avian flu taskforce of their countries, achieving stronger roles and new responsibilities. A Pacific Regional Strategy in HIV/AIDS (PRISP), an initiative between 20 organizations working regionally in the Pacific, has been conceived as a joint effort to achieve the Millennium Development Goals (MDG) on HIV/AIDS. The purpose of the process has been to improve the coordination between different players and harmonize their goals, objectives and monitoring and evaluation mechanisms. Similar kinds of cooperation and coordination are going on between disaster management organizations, in which the Federation plays an important role. For example, the

Federation, linking with other regional organizations such as the World Health Organization (WHO), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as well as Red Cross donors, coordinated the Ambae operation in Vanuatu.

### **Papua New Guinea**

The political situation in PNG has stabilized in 2005. The coalition government appears to have consolidated its position, and now stands to be the first since independence to complete its term in office. Designed to provide direct personnel support to Papua New Guinea to curtail the long-term deterioration of law and order and strengthen economic management, the enhanced cooperation programme with Australia was dealt a blow in May 2005, when a supreme court ruling declared it unconstitutional.

The main basis for the ruling stemmed from the immunities granted to Australian personnel in Papua New Guinea. Following the ruling, most of the 160-strong police contingent was withdrawn. Subsequent efforts to revive the programme have resulted in an agreement that steps up the civilian component, with an emphasis on

anti-corruption efforts and a scaled-back programme of support to the police that is now mainly training and administrative in nature.

The Papua New Guinea Red Cross Society (PNGRCS) managed to respond affectively to the needs of most vulnerable people affected by the Manam volcanic eruption. The medium-term shelter assistance to the affected people contributed towards a raised national society profile throughout the operation. The Federation Secretariat continues to support the PNGRCS in its core programme areas such as health, organizational development, disaster management and humanitarian values, in addition to the PNGRCS traditional programmes. In the meantime, the International Committee of the Red Cross (ICRC) continued funding and technical assistance to the dissemination programme.

## **Overall analysis of the health and care programme in 2005**

[\*<click here for a specific analysis of the Papua New Guinea's health programme>\*](#)

**Overall Goal: Well-functioning national societies deliver effective and relevant health and care programmes improving overall health and wellbeing of vulnerable communities.**

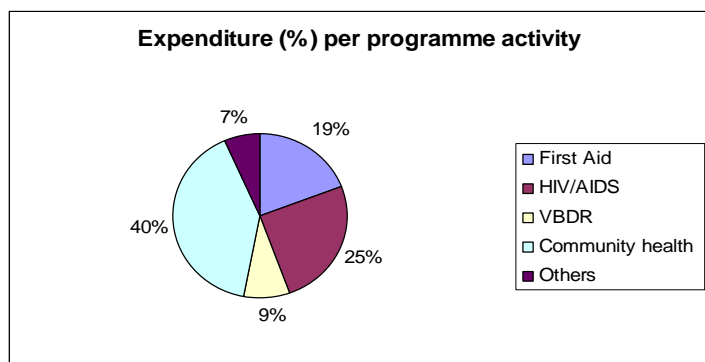
**Programme Objective: Pacific national societies develop and deliver effective and sustainable programmes on commercial and community based first aid (including health promotion, basic emotional support and health in emergencies), HIV/AIDS and voluntary blood donor recruitment.**

The Samoa partnership meeting confirmed the relevancy of existing priority areas in health and care – first aid/ community-based first aid, HIV/AIDS and blood donor recruitment. National society programmes and activities varied, depending on cooperation with local authorities, the amount of funds available and the needs of respective countries.

Since 2003, the goal and the objectives have basically remained the same and we can see improvements and changes in various areas although from time to time the progress is slow, even few steps back but mostly succeeding towards our joint vision. The improvements have occurred in both commercial First Aid and a more needs-orientated approach to community based first aid (including health promotion). The achievements of First Aid are because the long-term work of Pacific First Aid Quality Management committee and increased human resources in the delegation. During the last two years, the other health delegate has been able to concentrate purely on First Aid capacity building. In addition, increased resources, combined with the retention of first aid instructors, have been an important factor in this quality shift. In general, the capacity of the national society staff and volunteers (with a good gender balance) has improved through extensive training in all three priority areas, including Public Health in Emergencies at the latest. Combined with organizational development, an expansion to rural areas and outer islands has broadened the network of the Red Cross as a basis of the branch development. This has meant also focusing communities whose needs are the highest in their countries.

Cooperation with external partners has also increased and strengthened, especially in HIV/AIDS and health emergencies. Better cooperation and coordination among organizations in the Pacific means less duplication of activities, more effective initiatives, and for those that have limited resources nationally, joint efforts through partnerships help these organizations or national societies achieve more with better results, increasing the impact of their programmes on the vulnerable communities they work with.

Although none of the national societies are fully self-sufficient, a good progress has been made especially by Fiji Red Cross. More national societies are accurately capturing the costs of their first aid programmes than before, e.g. Solomon Islands Red Cross has doubled its' income this year and have captured costs which were previously missed.



**Figure 1. Expenditure (%) 2005, Regional health and care programme.**

New initiatives and scaling up of the health and care programme can also be attributed to the positive funding situation of the regional health and care programme. The use of funding has been as follows, with 50 per cent of the overall health and care budget dedicated to programme activities (refer to Figure 1), and the remaining percentage to support costs such as administration, programme support recovery (PSR) and delegate costs. The delegation has allocated more money and support to community health and care activities than before. Yet, all programmes have received technical,

financial and material assistance from the regional delegation, including training, information, education and communication (IEC) material and funds. There has been an under spend in the budget, as most of the funds were received after June 2005 or at the end of the year because of the different calendar years' of the donors. Also, some funds were earmarked to special activities. Under spending was also linked with a slow progress of the PNG Red Cross HIV programme.

## Achievements and Impact

### First aid:

This year has seen a positive move by national societies towards improving the quality of their first aid programmes, with total number of first aiders and first aid instructors across the Pacific increasing by 20-25 per cent from 2004 to 2005 (refer to Table 1). During the year, 22 new instructors were qualified. This included ten from Kiribati, who have been without instructors for most of the year and two in the Marshall Islands, who have not had a first aid programme to date. Furthermore, Solomon Islands Red Cross Society for example has doubled the number of first aid courses conducted. The only exceptions were Cook Islands and Tonga Red Cross societies. The national society in Cook Islands had to dedicate all their resources to respond to four consecutive cyclones, while data from the national society in Tonga is inaccurate because of limited record-keeping capacity.

National Society	First Aiders		First Aid Instructors	
	2004	2005	2004	2005
Solomon Islands	87	319	7	4
Micronesia	98	264	3	5
Tonga	339	127	8	7
Cook Islands	551	250	19	6
Samoa	262	378	5	5
Palau	146	NA	NA	15
Tuvalu	0	30	2	2
Vanuatu	50	219	4	9
Fiji	NA	1597	4	4
Kiribati	318	329 (Oct-Dec)	1	10
PNG	1095	NA	22	24
Marshall Islands	0	14	0	2
<b>Total</b>	<b>2,946</b>	<b>3,527</b>	<b>75</b>	<b>93</b>

**Table 1: Commercial first aid training per national society: new first aiders and the number of active first aid instructors.**

At least eight national societies are working to the minimum standards set by the Pacific First Aid Quality Management Committee (PFAQMC). For example, a follow up audit visit to Micronesia Red Cross in November 2005 has seen a great enhancement in first aid programme compliance with PFAQMC policies and recommendations. In the meantime, two national societies have adopted the Pacific first aid code of practice, reflecting their compliance to quality standards. A third is waiting final approval for printing.

All instructors have qualified to the minimum standard requirements. Each course has utilized the Pacific first aid instructor curriculum (refer to textbox: Pacific first aid instructors), which was developed by the PFAQMC and general Pacific senior instructors' input. This curriculum has become the recognized minimum standard for training of Pacific Red Cross first aid instructors. Indeed, PFAQMC policies on instructor recruitment, training and competency requirements are increasingly widely followed among national societies in the region.

#### **HIV/ AIDS:**

The main achievements of HIV/AIDS programmes are related to an understanding on the seriousness of the problem and promoting anti-stigma/discrimination that is still strong in the Pacific. A lot of training has taken place throughout 2005, for example through opportunities offered by the Global Fund to run a series of peer educator workshops, where a total of 100 peer educators from seven different national organizations were trained.

Staff and volunteers of national societies are well aware of the prevention of HIV/AIDS. Some years ago, national societies were not willing to start any HIV programmes; now most of them would like to move to this field too. Furthermore, people living with HIV/AIDS (PLWHA) have been involved in the programmes in Papua New Guinea (PNG), Samoa and Cook Islands. An important initiative of Fiji Red Cross Society to promote the development of HIV/AIDS work place policies (requested by the National AIDS Council) through training in various work places, such as business companies and institutions, is an important step to further prevent the spread of HIV/AIDS and fight against stigma and discrimination.

Most national societies have integrated HIV/AIDS component into their other health and care and/or other programmes, while increasing their HIV-related activities and campaigns such as HIV advocacy for youth. As an example of a good impact, the demand and use of condoms has increased in Cook Islands evidenced by Red Cross peer education programme.

The Organization of the Petroleum Exporting Countries (OPEC) funding throughout 2002-2004 was a good opportunity to initiate HIV programmes in the Pacific with continuous and effective support from the Australian Red Cross. In 2005, the peer education/community outreach programmes were sustained with other donors and at first Micronesia, Kiribati and Cook Islands were even able to expand to new areas. Later, unfortunately, Cook Islands, FSM and PNG national societies have been struggling with their programmes, mainly because of the difficulties with staff. Consequently, the HIV programme of PNG Red Cross has not run at full speed (some activities were not implemented at all or postponed). The PNG officially announced the existence of general HIV epidemics that would require more efforts from the whole country; therefore, more input is needed in the future to support the work of PNG Red Cross.

#### **Pacific first aid instructors: meeting the standard**



*While in January 2005, ten national societies had first aid instructors, you could never quite be sure what standards they were trained to. Turnover of instructors was high and the quality of training was hard to determine.*

*So, the Pacific first aid committee set the ambitious goal of creating a Pacific curriculum for the training of new first aid instructors. The course had to cater for people with no previous exposure to first aid as well as those with a health background.*

*Two courses have run according to these new standards in 2005. Student feedback has been enthusiastic. Instructor retention has been over 50 per cent much higher than previously, and 12 national societies are actively conducting first aid training. With such progress, you can be confident that any Pacific Red Cross first aid instructor meets the same high standard.*

**Blood donor recruitment:**

The promotion of voluntary blood donations remains very challenging in the Pacific. The preference persists within the region for blood donated by relatives. Fear about the results of the blood tests and lack of understanding of issues relating to blood donation also hamper the progress. Blood services are not high in the priority list of the ministries of health, and the resources/capacity of the national societies themselves limit the activities. Both the recruitment and retention of the voluntary blood donors require more and skillful human power; yet, at the moment only two national societies have an officer who is working in this field.

Three national safe blood workshops (in Samoa, Palau and Tonga) were conducted in 2004 and two workshop in 2005 (Cook Islands and Micronesia). These five national societies and Tuvalu Red Cross have been active in promoting voluntary blood donations last year. Though examples of blood donor registers and databases were introduced to the national societies, most of them fell behind in following up the donors and donations properly. An increased number of voluntary blood donations has been evidenced in Samoa, from 8% (2003) up to 40% (2005) and in Cook Islands where – as an only country in the Pacific, excluding Australia and New Zealand – blood transferred to the patients is 100% by voluntary donors.

All these countries work in close cooperation with the ministry of health through memoranda of understanding (MOU) in Tonga, Samoa, Micronesia. Cook Islands Red Cross has a draft MOU that has been approved by the secretary of health and is waiting a final decision through the minister of health.

**Integrated community approach/community-based first aid:**

National societies are beginning to adopt an approach that focuses on the first aid needs of communities and health promotion rather than teaching generic first aid courses to every community. Few national societies have a health-trained personnel, which adds to the challenge of providing diverse, needs-assessed community first aid.

The relevance of the community-based health activities is clear in the Pacific; however, the expectations of the communities do not always match with those of the Federation delegation or national societies. In Kiribati, health promotion activities on diarrhea prevention and care were part of a vulnerability and capacity assessment (VCA) project in Bonriki village and implemented by staff and volunteers in cooperation with MoH health clinic. They conducted two sessions with poor occupancy. The feedback received was “that most people in Bonriki are not interested in health promotion as this community’s main need is toilets” and that the health promotion was not based on their needs. Nevertheless, the brochures distributed were welcomed. Similar kind of expressions we experienced with Solomon Islands VCA project, too, meaning the communities sometimes expect Red Cross to work *for* them instead of working *with* them.

In Tonga, the Ha’apai first aid and health promotion project targeted at women’s and youth groups, with 65 participants completing the courses. The health promotion sessions with young people, which were conducted in a variety of settings, as well as formal first aid training are invaluable as the education system in Tonga, especially in more remote communities, does not have strong health, hygiene or communicable disease components. These sessions were the first opportunity for most of the young people to hear about and discuss the issues raised. This project has also increased the profile of the Red Cross among the communities and the number of trained volunteers in Ha’apai branch to prepare and respond in disasters and emergencies.

Though quite a few community-based self-resilience (CBSR) workshops have taken place over the years, the training skills on teaching methods and health education topics have been scarce. Therefore, the public health in emergencies (PHE) workshop in October 2005 for first aid instructors concentrated on improving these capacities. Based on the workshop evaluation, the participants now feel that they have good skills and knowledge to conduct health promotional sessions. The PHE preparedness and plans have become a reality in the threat of avian flu. Several national societies have been active in the national plans and activities. For example, Palau, Cook Islands, Solomon Islands, Samoa and Tuvalu national societies are all members in their national task force. In the meantime, Solomon and Cook Islands, Samoa and Palau are ready to begin health dissemination for the public. To enhance the PHE activities, the regional delegation is linking with the world health organization (WHO) and other partners at the regional level.

### **Constraints and Lessons Learnt**

The basis of good programme management is skillful and sufficient human resources. In the Pacific, national societies continue to struggle with human resource and a lack of staff and volunteers. There are only a few health professionals working in national societies as officers, which means programmes and activities that require special health and care expertise are limited. Also the staff turnover remains high. Follow up of new instructors, seen as an essential factor in the maintenance of instructor capacity, remains challenging in some areas. Adequate support and follow up for staff and volunteers hasn't been possible due to the time constraints and lack of communication means and opportunities.

Various health committees (first aid, HIV and blood) were founded to create forums for improved communication, decision making and tools. The results of the committees have varied time to time. Material and tools have been developed but the information has mainly remained within the members. In addition, the members/national societies involved have been mostly from the same countries and benefited from the additional technical support and training included in the committee meetings. General health topics – e.g. health promotion and health emergencies – were not the interest of any these committees. The need to merge these committees was discussed in several occasions and forums.

Over the years, lots of training and learning has taken place. Excluding first aid training, many workshops have offered knowledge but no skills – for example, on ways to implement projects in the communities. In many cases, knowledge had disappeared with the participants, even though these workshops had been named “training-of-trainers”. Moving from regional workshops to sub-regional or national however has expanded the pool of the trained staff in the national societies. Implementation from theory to practice is needed at all levels to facilitate national societies towards action.

As project planning and budgeting issues have been addressed in many occasions, the design and planning has improved but monitoring and evaluation is still a weak link. To measure the impact of the programmes, simplified tools have been introduced but more emphasis is needed. A lot of work has been put into finance management and accountability; consequently, most national societies are acting in accordance with the Federation systems and guidelines.

The sustainability of the Pacific national society programmes is and will be a big challenge, as only some national societies have been able to either raise money or find external donors nationally or regionally. A small grants project targeted at Pacific national societies was launched by the regional delegation health and care programme in November 2005 and was very welcomed by the national societies. 23 project proposals were submitted and the implementation of the 12 projects (from nine national societies) will start in the beginning of 2006. This is significant as these proposals are ultimately tailor-made to suit local needs and national societies will have strong ownership over the selected projects.

Pacific countries have enormous health and social problems. For example the incidence of tuberculosis has increased; the population suffers from the non-communicable diseases such as diabetes, heart diseases and high blood pressure, the rates of malaria in PNG, Vanuatu and Solomon Islands are one of the most serious in the world. Sexually transmitted diseases, pregnancies among the youth, domestic violence and child sexual exploitation (that has been reported in Solomon Islands) are grave issues too. Clearly-defined projects for special groups (e.g. high-risk groups in HIV/AIDS instead of youth from schools) and targeting the most important problems within health and care need to be empathized instead of general programming in order to use efficiently limited resources and to maximize the impact of the work.

### **Overall analysis of the disaster management programme in 2005**

[\*<click here for a specific analysis of the Papua New Guinea's disaster management programme>\*](#)

**Overall Goal: Communities are less vulnerable to natural disasters and emergencies.**

**Programme Objective: National societies are better prepared for effective emergency response and community risk reduction.**

### Achievements and Impact

The delegation disaster management programme has, over the last three years, been successful in introducing community-level disaster activities into national societies in the Pacific. In 2005, the regional disaster programme continued with incremental improvements in its disaster mitigation and preparedness activities. The regional disaster management delegate completed his contract in August 2005, but a replacement was not available until early 2006. This obviously caused some limitations in the delegation's regional disaster activities and not all that had hoped to be achieved in 2005 was accomplished. Nevertheless, national societies continued with many of the agreed activities, and support for these activities was provided by other delegates when and where possible.

Many positive activities occurred in the region. In the case of The Solomon Islands, Vanuatu, Kiribati, Cook Islands and Samoa, great improvements were made during this period in terms of their ability to respond to emergencies, with a combination of staff response training, and in the case of Samoa, assisting the Cook Islands Red Cross to respond with resources/materials to a disaster in one of the outlying islands that was closer to Samoa. Two national societies, Vanuatu and the Solomon Islands, also conducted emergency response team training. Indeed, in the case of the Solomon Islands, a total of six teams had been trained by the year's end. The Vanuatu Red Cross team had its first experience during a volcanic eruption in December 2005, and also received assistance from the Solomon Islands Red Cross that deployed its disaster manager. The Vanuatu Red Cross, with guidance from the Solomon Islands Red Cross disaster manager, provided assistance to the 5,000 people that were evacuated from their homes in case of destruction by volcanic activity. The regional delegation has been encouraging cooperation between national societies, and in 2005, this was successfully encouraged in the cases of both Vanuatu and Samoa.

In the meantime, the concept of a programme for disaster management has been adopted by most Pacific national societies and is being recognized as prime activities, or at least those that have received regular delegation support. In particular, Solomon Islands, Fiji, Tonga, Vanuatu, Cook Islands, Samoa and Papua New Guinea have functioning disaster management systems, and several other societies are in the process of following.

The Solomon Islands Red Cross, with support from the Australian Red Cross (ARC) and the Federation regional delegation in Suva, has also continued to expand the use of VCA in communities, and has also proposed that the process may have to be localized to suit the regional context before it is used extensively throughout the Pacific. This will be taken under consideration in 2006, when further VCA training and implementation will be undertaken. Following a Geneva initiative, the New Zealand Red Cross (NZRC) has also undertaken to support all Pacific island societies by supplying satellite phones, and later laptops, to all national society headquarters, and eventually selected branch offices. This will enable the Red Cross societies in the Pacific to keep in touch with each other, with their own branches, and with external partners in the event of a disaster. The NZRC has also agreed to cover the cost of such disaster related calls, as well minimal telecommunication costs to ensure the units are kept functional. A NZRC staff member will visit all RCS in 2006 to carry out training as required.

The Pacific Red Cross societies' disaster steering group, the Emergency Management Core Group held one meeting in April 2005. A further meeting had been planned for October, but had to be cancelled due to the lack of a disaster management department (DMD) to coordinate the meeting, but will resume in 2006.



The Pacific-wide disaster support container programme continued to prove to be a practical method for supporting smaller groups in disaster situations. It enables the Pacific Red Cross societies to respond quickly, or as quickly as possible, to localized situations. It was of great assistance in Vanuatu during the volcanic eruption, and was utilised by the Fiji Red Cross during localized flooding disasters in the country. However, the problem of maintaining the containers themselves as well as maintaining the stocks is an ongoing problem, and a review will have to be undertaken in 2006.

Climate change activities were also delayed, with a supported volunteer climate change officer only starting in October 2005. The expected result for increased public awareness of climate change across the region was not possible given the time and staff available, however steps have been taken to work towards this objective, especially within the national societies of Tuvalu and Samoa. Increased regional awareness of climate change will only occur after a lot of ground work within national societies and further establishment of networks with national climate change and disaster preparedness stakeholders. The second objective of concrete risk reduction at a community level will occur in 2006.

Although the climate change programme is only starting, the feedback has already been positive. In Tuvalu, workshops have been conducted in 2005, and the results show that there is a great deal of interest and concern about the possible side effects upon the country's environment. Other national societies, in particular Samoa and Fiji, have also expressed strong interest in being involved in the delegation's climate change activities, or in operating their own programmes. An unexpected outcome of this has been a general level of surprise from a number of national and regional organizations that the Federation is involved with climate change. The links between climate change and adaptation to the impact and services that the Federation offers are communicated at every opportunity, and this has started to pave the way towards a linking of the climate change and disaster management fields. It has been stressed that most climate change activities will merely mean an extension of the current disaster management efforts, rather than a whole new undertaking. This has been positively received by national societies, most of which have only limited resources.

In 2005 therefore, the delegation disaster activities have reached the tipping point in some societies. Other societies have noticed the difference and have requested to have similar support. Emergency response training, with Australian Red Cross strategic engagement support, will be introduced in Fiji, supported in PNG as well as continue to be supported and expanded in the Solomon Islands. It is hoped that this training will be expanded further in 2006. In addition, 2005 was the first general disaster staff meeting held in Fiji in April. This was the first such meeting, and showed that national societies now have staff dedicated, or at least partly dedicated, to disaster activities.

Helping the vulnerable to assist themselves is fundamental to the Federation strategy, and both of the programmes in the 2005 disaster management programme are essential to further these aims. In addition, several of the programmes have also furthered other important aims – emergency response teams have selection criteria designed to be by gender and age even, while community-based first aid has been integrated into the VCA process in the Solomon Islands. The Tuvalu Red Cross has integrated its first aid programme with disaster management and climate change awareness, and conducted four days of workshops in 2005 with this content.

Cooperation between organizations in the Pacific is improving markedly in the last few years, and the Federation has been at the forefront of this. The Federation is a founder member of the Pacific Emergency Management Training Advisory Group (PEMTAG). The delegation also cooperates closely with The Asia Foundation (TAF), and will be assisting national societies to assist TAF in conducting disaster training activities in several Pacific nations. The cooperation between the Australian Red Cross in implementing its strategic engagement project continued, while the delegation also cooperated closely with the New Zealand Red Cross in supporting several national societies. In 2005, the delegation also cooperated closely with the South Pacific Applied Geosciences Commission (SOPAC) in its programmes and will continue to do so in 2006.

Meanwhile, the climate change programme has opened other avenues for cooperation, and has been liaising with World Wide Fund for Nature and South Pacific Regional Environment Programme (SPREP). Close cooperation with the Red Cross Red Crescent Climate Centre has also opened up the possibility for national societies, with delegation support, to receive funding for small climate-related projects, which will be available in 2006. The

Pacific was very lucky in 2005 as there were no major disasters, but this state of affairs will not last. Most societies concentrated on activities other than disaster preparedness in 2005. However, they are aware that once a new disaster management department/disaster management centre is in place, those delayed activities will resume and 2006 will be a busy year for disaster management activities in the Pacific.

### **Constraints and Lessons Learnt**

The disaster management programme had to face a degree of operational challenges in 2005. One of them was human resource, where there was no regional disaster management delegate in the Federation delegation after August 2005, while the climate change officer did not start till October 2005. Thus there was little handover of relevant information, and the climate change officer, whilst knowledgeable and competent in all matters related to climate change, needed support from a disaster management counterpart, both to enhance knowledge in disaster management and function effectively as an integral component to a wider programme. Programme implementation was also severely limited and expenditure of the disaster management programme was less than planned. Activities not conducted this year will be continued in 2006.

Furthermore, it is very challenging to introduce foreign concepts into Pacific societies. Initial problems were found with the emergency response training when the system, successful in town environments, was used in village situations. The curriculum had to be reassessed and changed, changes that were introduced by Solomon Island Red Cross staff. In future all such trainings, either locally created or external, will be weighed up with local Red Cross staff to gauge suitability, and if required, altered to suit the environment.

In addition, most Pacific national societies have only limited resources available, and care must be taken not to overload the national society's ability to continue functioning effectively.

## **Overall analysis of the organizational development programme in 2005**

*[<click here for a specific analysis of the Papua New Guinea's organizational development programme>](#)*

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

**Programme Objective: Pacific national societies have made sustainable progress towards being 'well functioning national societies'.**

### **Achievements and Impact**

Highlights of the Pacific organizational development programme for 2005 included an important governance training event in December, a successful management training event for secretary-generals in September, and the refining of organization development priorities at the Pacific partnership meeting in Samoa in May. Through participatory activities, Pacific leaders at the partnership meeting agreed that for the rest of the lifespan of the current Pacific Action Plan (it finishes in 2007), the organizational development priorities should be governance, volunteer management and financial management. There were also affirmations to promote regional exchanges and new ways of encouraging communication and learning as well as youth. The Fiji and Kiribati Red Cross societies, in quite different circumstances, have taken notable steps to take the focus of activities away from headquarters and into communities and branches. The regional delegation has therefore made notable progress against the programme goal, objective and expected results, and Pacific national societies certainly have moved one step ahead towards becoming well-functioning national societies in 2005, which would enable them the enhance service delivery to vulnerable communities in the Pacific.

There was a small under spend in the organizational development budget as difficulties in recruiting key staff slowed the start up of a Fiji Red Cross programme funded by the Capacity Building Fund, while the Cook Islands project did not eventuate in 2005. Both are expected to catch up with other programme activities in 2006.

### **Governance:**

Governance training was carried out for national boards in Vanuatu, Palau, Kiribati, Cook Islands, Samoa and for the three branch committees in the Solomon Islands. This training was always followed by the development of

board plans to improve governance. As board members are volunteers and often occupied with other commitments, it was sometimes difficult to find times when everyone is available.

Nevertheless, the training was successfully conducted. Examples of feedback from governance training sessions throughout the region:

National society	Comments
Vanuatu	“enjoyed going over the role of governance and management, and the governing board self-assessment” “updated my knowledge on the Red Cross, Red Cross roles and governing board roles” “relevant, well presented, informative, very user friendly, logically set out, well resourced”
Kiribati	“It improves our understanding in planning strategies for multiple Red Cross activities” “It gives me a true picture of the organizational governance structure, planning finance and our weaknesses, and short- and long-term goals”
Palau	“The mere fact that the international organization is interested enough in us to help us improve our organization is a shot of adrenalin, a whisper of hope, an impetus to change!” “The way the workshop was able to help us focus on the need for better communication between the board and the members and volunteers was most beneficial”

The development of locally-relevant governance training materials (a process begun in 2004) resulted in a training event in December 2005 funded by the Federation Capacity Building Fund, where eight national societies sent up to two board members to be trained in the delivery of governance training to their own boards. A CD-ROM of Pacific governance material has been produced and action plans to role out this training in 2006 have been drawn up by each of the participating national societies. By developing the human resource capacity of national society boards so they can deliver governance training to their own members, the Federation delegation has contributed towards a sustainable solution, where traveling to training events can be impractical and expensive for Pacific island states. The training also affirmed the national societies’ own capabilities to produce trainers, making them less reliant on external trainings provided by the Federation delegation.

In Tuvalu and Vanuatu, new constitutions paved the way for new elections, which in both cases resulted in a fresh group of leaders. This is significant as achieving a quorum with previous boards was a rare event. Progress was made in the development of a new constitution by a committee from the Kiribati Red Cross and in Fiji, PNG, Tonga and Samoa, constitutional revision has been identified as a priority for the next two years.

A cooperation agreement strategy (CAS) process in the Solomon Islands, which allowed partners to meet and discuss and support strategic directions to the national society, saw two updates in 2005. The first resulted in a new strategic plan and mission statement in the local Pigin language. The second meeting in October reviewed progress against the plan. Progress was acknowledged as encouraging with some areas such a financial management showing a marked improvement in accountability.

### **Management:**

At the Samoa partnership meeting, a request was made for one week’s management training for all Pacific secretary-generals. The programme for this training was designed in consultation with Pacific leaders and focused on three areas: accessing community funding, performance management and financial management. Managers from ten national societies attended and all were confident it would improve their effectiveness in their management roles.

Three months after the training, a number of participants explained how the training had helped:

- “Our success story is the projects that have been funded [since the training]. [Writing] these proposals have given me a chance to practice the skills I learned at the Auckland meeting.”
- “Dealing with staff absentee was a challenge. The approach I took was so that she wouldn’t feel intimidated but allowed to speak out the reasons for not attending work. Just listening to the story was a great and I suggested ways to resolve it.”

### **Financial management:**

Financial management, which had been highlighted in the Pacific partnership meeting, was a feature in this week-long event. In addition, the Federation’s finance officer has provided hands on support in the Solomon Islands. In

Palau, an urgent need was for a reliable computer that wouldn't continually crash on which all financial records could be kept, a need that was fulfilled when the organizational development programme provided them with one.

National societies have therefore been active in finding other solutions to improve financial management. In Kiribati, assistance was received by a Volunteer Service Abroad (VSO) accountant at no charge to the Kiribati Red Cross.

In Samoa, a volunteer from an Australian volunteer programme seconded to the Samoa Red Cross for one year provided assistance in creating a clear and straightforward financial management system based on a spreadsheet computer programme. The staff responsible for financial management (who was previously untrained) praised the work that had been done, revealing that the process used to be a big headache, but now reports that usually took months take mere days, and financial balance can be immediately known upon receiving bills. "Now it is good, I can relax. [It is] a huge relief," says the staff. For 2006, this volunteer from Australia has been recruited by the Federation's regional delegation to support financial management in the four most 'at risk' national societies.

In the Cook Islands, the national society recruited a former accounts clerk as a volunteer to help set up a basic accounting package and provide regular assistance to their financial management.

### **Volunteer management:**

Volunteer management has been identified as a priority issue throughout the region. Some national societies face the issue of idle volunteers. Others prefer to avoid using volunteers because of the management problems they face. In 2005, training in volunteer management was carried out in the Solomon Islands, Kiribati, Vanuatu, Palau, Cook Islands and Samoa. In efforts to integrate volunteer training more closely with other programmes, volunteer management training was given to a meeting of HIV programme officers and a meeting of dissemination officers, which together were attended by staff from all national societies in the region.

When asked how this training will improve volunteer management, participants commonly identified the importance of considering the best ways to recruit volunteers, how to appraise them, show appreciation and methods of keeping records. In Vanuatu, Palau and Kiribati, the training in volunteer management happened within a few months of the training of volunteer first aid instructors. This has helped to strengthen the organization of those first aid programmes.

While familiarization with the Red Cross Movement and principles are a part of all organizational development training in the Pacific, in Vanuatu and Samoa, interactive presentations of on these topics were carried out for volunteers and youth. In both cases, the response was enthusiastic. In Samoa, a junior youth leadership event was funded by the Federation to take advantage of increasing interest from school students. As a result, the Samoa Red Cross is developing a new youth programme targeted at younger school students.

As a first step towards promoting youth more broadly in the region, two youth representatives were sponsored to attend the Federation General Assembly in Seoul. One of these youth representatives from the Cook Islands Red Cross was then elected into the Federation's Youth Commission.

### **Communication and learning:**

Communication and learning between national societies continues to be a challenge in the Pacific dominated by remote small islands with often unreliable telecommunications. Three organizational development case studies were published in 2005, sharing lessons learned from branch governance training in the Solomon Islands, volunteer management indicators in Vanuatu and community engagement in Kiribati. At the partnership meeting, instead of a regional newsletter as had been trialed in 2004, national societies asked that their own newsletters be distributed throughout the region.

In the partnership meeting in May, the Federation regional delegation agreed to periodically call for national society publications and distribute them to fellow national societies and partners in the Pacific. Following this, two mail outs of newsletters occurred in the second half of 2005. In the first, there were contributions from the Fiji Red Cross Society, as well as a Solomon Islands Red Cross VCA case study and other tools from the Federation Secretariat. In the second, newsletters from Papua New Guinea and Micronesia were also distributed.

The first mail out of 2006 is set to include the first newsletters created in many years from the Solomon Islands and Kiribati. These mail outs have contributed towards information sharing amongst Pacific national societies, as national societies now know more about each others activities, and can identify common areas of concern as well as relate better to each other. The mail outs have also provided an incentive for some national societies to develop newsletters. In a region where costly distances and poor technology capacity often affects communication between the island states, the Federation delegation has greatly contributed towards regional cooperation and knowledge sharing by agreeing to coordinate these mail outs.

### **Fiji and Kiribati – taking the Red Cross out to the community:**

The Fiji Red Cross Society has been undergoing an ambitious restructuring programme in 2005, supported by the Capacity Building Fund, in order to focus its activities more on branches reaching out to their vulnerable communities through a decentralized and participatory management framework. They have created a new strategic plan through a participatory process involving the reflections of all branches and key external partners. A branch manager to oversee the process and two divisional service centre (DSC) coordinators has been appointed. The northern DSC has begun operations and the western DSC is being constructed.

An advisory group including volunteer, staff and board representatives called VOSA (Fijian for 'speak') held four meetings in 2005 and has been reviewing existing policies, identifying weaknesses and formulating draft policies. Following training on how to carry out a strengths-weaknesses-opportunities-threats (SWOT) analysis, nine branches contributed comprehensive analyses of their branches. The level of participation throughout the Fiji Red Cross Society has never been greater. The recent production of the FRCS Strategic Plan 2006-2009 is a tangible result of this participation.

The Kiribati Red Cross Society operates on a much smaller scale than the Fiji Red Cross Society. Nevertheless, supported by the Republic of Korea National Red Cross in a multi-year 'capacity building and disaster management' project, they have begun reaching out to communities through community-based first aid. This has resulted in developing a most significant presence off the main island of South Tarawa that they have had for many years. (See text box on Kiribati).

### **Constraints and Lessons Learnt**

- The organizational development programme is presented with huge challenges in this region. Where possible, it can be of great benefit to contract out capacity building functions to take advantage from expertise available outside the Movement. This was particularly valuable in the case of the management training for secretary-generals, where trainers from a New Zealand tertiary training provider with extensive Pacific experience were hired.
- The importance of finding local solutions is critical to the development of a small national society. With some creativity, even small national societies can make up for a lack of technical expertise (for example financial expertise) as the Kiribati Red Cross, the Cook Island Red Cross and the Samoa Red Cross have done.
- Integrating with the health, disaster management and the ICRC's dissemination programmes can make organizational development interventions far more effective. Volunteer management training as a part of

### *Integration and cooperation in Kiribati*



*In 2005, the Kiribati Red Cross Society has gone from having no first aid instructors and virtually no presence off their main island to having ten active instructors, 17 volunteers on the island of Abiang with branch development plans, 329 new first aiders, a new younger KRCS youth group doing public first aid demonstrations and a new guaranteed source of local funding. How did that happen?*

*Take trainers from the New Zealand RC, the Micronesia RCS and the Tonga RCS, mix in the Federation's Health programme, stir with the Korean Red Cross and the Federation's organizational development programme with training in proposal writing and budgeting, and then most importantly the enthusiasm and commitment of the KRCS secretary-general and volunteers. You then get well budgeted proposals to give first aid training to graduating students from a teacher's college, a local school and the community on Abiang island.*

*The teacher's college was so happy with the training that they have budgeted to pay full price for 90 graduates to have first aid training each year in the future.*

health and dissemination officer meetings was an example of this in 2005, and similar initiatives are in planning for 2006.

- With so many organizational development needs, it is critical to clearly prioritize the most important throughout the region. Efforts to do this in the Pacific Partnership meeting helped to make the programme more focused and coherent. It is better to focus on a few priority issues acknowledged by everyone (for example, governance, financial management, volunteer management) than try to focus on too many areas.
- The creation of training materials relevant to the Pacific environment is vital to the effectiveness of the organizational development programme. Much material that comes from other parts of the Red Cross Red Crescent Movement and world needs major modification before it can be applied usefully in the Pacific.
- The human resources in the Pacific are very limited. All but three national societies have less than five staff. When key staff turnover in a national society occurs, smooth transitions are rare. There are no easy answers to this constraint which is always an issue.

## **Representation, Management and Implementation in 2005**

### **Coordination, cooperation and strategic partnerships**

In 2005, existing coordination, cooperation and strategic partnerships between Red Cross actors in the region, as well as with other external stakeholders were strengthened. The Federation secretariat and national societies have been guided closely by the Pacific Action Plan adopted in July 2003, a plan which was revised in the partnership meeting in Samoa in May 2005 to better suit the needs and capacities of the region. Not only were priority areas identified within the four core areas of the plan to streamline its implementation, the Samoa meeting also resulted in increased direct cooperation between Pacific national societies already elaborated in the programme sections above.

In the meantime, the Solomon Islands Red Cross undertook CAS meetings during the year, while PNG's was postponed to 2006. Preparations for a CAS process in Vanuatu were also made in 2005 for future implementation to enhance cooperation between all partners in the country.

“Group 4”, including the leadership from Australian Red Cross, New Zealand Red Cross, ICRC and the Federation, gathered together in November 2005 in order to improve coordination within the Movement in the Pacific through quarterly meetings. This event was also as a result of closer and regular communication with ICRC. Joint trainings between ICRC and the Federation have taken place twice during the year and others will follow in 2006.

### **Effective representation and advocacy**

Throughout 2005, the Federation regional delegation and Pacific national societies continued with efforts to advocate commitments made in the *Manila Action Plan, Strategy 2010* and the *Federation of the Future*, while striving to represent the Fundamental Principles of the Movement and gender diversity in programmes. Serving as a credible voice for humanitarian issues related to small island developing states, the Federation regional delegation and various Pacific national societies took part in a number regional and international meetings or conferences. Of note were the APEC meeting and WHO meeting on avian flu preparedness, Pacific HIV/AIDS conference in Auckland and regional meetings on HIV, disaster management, and public health in emergencies (Health Summit) among other regional organizations in the Pacific.

The role and the recognition of the Red Cross Movement have improved through continuous efforts of the delegation and the national societies. However, as some national societies have recently been recognized, the work of the Red Cross is well known and understood everywhere. Advocacy is probably strongest and most visible in HIV/AIDS programmes. Campaigns for example on World Red Cross and AIDS Days have been focusing the needs of the vulnerable groups as well as promoting humanitarian values (as mentioned in the Health and Care section). Movement Principles have been disseminated in all campaigns and trainings. Discussion, not just over the rights of HIV positive people but also the occupational health of the staff and volunteers, has been raised in various events.

**Delegation management**

The Federation delegations has witnessed significant staff changes in 2005, especially in disaster management, with the disaster management delegate post empty from August 2005 to February 2006, while the climate change officer did not begin her contract until October. A reporting trainee delegate was also in the region until July, but there was no resource capacity to replace this position beyond the contract's ending. A finance assistant was employed in November, but the finance officer left the delegation in January 2006. Other programmes however remained stable, with health and care programme particularly supported by a regional health delegate, first aid delegate, and two HIV/AIDS technical advisors from Australian Red Cross in PNG and Fiji who ended their contracts in October 2005. A health officer was selected for local recruitment at the end of 2005 but later failed to honour her application. The organizational development programme also ran at normal capacity.

In PNG, the organizational development delegate finished in the middle of 2005 and duties were managed by head of delegation. The recruitment of a disaster management delegate started in October 2005 but the position was only filled in April 2006. A short-term relief delegate (from Bangladesh) served the PNG delegation for four months to support Manam operation.

**International Disaster Response**

Working with the South Pacific Applied Secretariat of the Pacific Community Geoscience Commission (SOPAC) and other disaster management officials in the region, the Federation contributed actively to the drafting of a new ten-year regional framework for action in disaster management, which was also endorsed by Pacific leaders. The Federation regional delegation also effectively coordinated with partner national societies most likely to respond, and coordinated exchanges of assistance between Pacific national societies during disasters and peacetime. An international appeal was also mobilized for Papua New Guinea's Manam and Langila volcanoes, with a significant contribution from the Humanitarian Aid Department of the European Commission (ECHO).

Two Pacific national society staff served the Movement as part of the tsunami response in 2005. The secretary-generals from the Cook Islands and Tonga become the first international delegates from the Pacific, serving in the Maldives and Aceh respectively.

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

International Federation of Red Cross and Red Crescent Societies

PACIFIC REGIONAL PROGRAMMES

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA062
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
A. Budget	805'134	1'233'497	71'016	741'095	74'866	2'925'609
B. Opening Balance	175'257	2'595	0	312'104	81'236	571'192
<b>Income</b>						
Cash contributions						
Asia Foundation		52'553				52'553
ATM Global Fund	71'731					71'731
Australian Red Cross		541'913		2'403	34'101	578'417
Canadian Red Cross Society	89'595	288'800		89'681	29'865	497'940
Capacity Building Fund				146'180		146'180
China Red Cross Society	38'400			25'600	38'400	102'400
Finnish Red Cross	123'786					123'786
Japanese Red Cross Society	112'532	130'209		92'198	42'043	376'981
Korea Republic National Red C				60'214		60'214
New Zealand Government					90'344	90'344
New Zealand Red Cross	4'836			4'836	8'892	18'564
C1. Cash contributions	440'880	1'013'474		421'111	243'646	2'119'110
Outstanding pledges (Revalued)						
American Red Cross				155'098		155'098
Finnish Red Cross	44'682					44'682
Korea Republic National Red C				54'866		54'866
New Zealand Red Cross	67'238					67'238
C2. Outstanding pledges (Revalued)	111'920			209'964		321'884
Reallocations (within appeal or from/to another appeal)						
Japanese Red Cross Society	4'231	-10'000		23'409	10'000	27'640
On Line donations					20'000	20'000
C3. Reallocations (within appeal)	4'231	-10'000		23'409	30'000	47'640
Inkind Personnel						
Australian Red Cross				50'013		50'013
Finnish Red Cross	74'400					74'400
New Zealand Red Cross	74'400			74'400		148'800
C5. Inkind Personnel	148'800			124'413		273'213
Other Income						
Miscellaneous Income	240	2'216			14'735	17'192
C6. Other Income	240	2'216			14'735	17'192
C. Total Income = SUM(C1..C6)	706'071	1'005'690	0	778'897	288'381	2'779'039
D. Total Funding = B + C	881'328	1'008'285	0	1'091'001	369'617	3'350'231

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	175'257	2'595	0	312'104	81'236	571'192
C. Income	706'071	1'005'690	0	778'897	288'381	2'779'039
E. Expenditure	-519'892	-566'645		-528'168	-186'830	-1'801'535
F. Closing Balance = (B + C + E)	361'436	441'640	0	562'833	182'787	1'548'696

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA062
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>		805'134	1'233'497	71'016	741'095	74'866	2'925'609	
<b>Supplies</b>								
Shelter			11'557				11'557	-11'557
Construction			395				395	-395
Clothing & textiles			472				472	-472
Food			1'045				1'045	-1'045
Water & Sanitation			2'274				2'274	-2'274
Medical & First Aid		1'217	414		403	403	2'437	-2'437
Teaching Materials	85'000	4'449					4'449	80'551
Utensils & Tools			4'117				4'117	-4'117
Other Supplies & Services	50'500		2'463		271		2'734	47'766
<b>Total Supplies</b>	<b>135'500</b>	<b>5'666</b>	<b>22'737</b>		<b>674</b>	<b>403</b>	<b>29'480</b>	<b>106'020</b>
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	42'430		950		950		1'899	40'531
Computers & Telecom	227'200	2'252	9'629		8'494	3'623	23'997	203'203
Office/Household Furniture & Eq	10'000		3'861		15'523		19'384	-9'384
<b>Total Land, vehicles &amp; equipment</b>	<b>279'630</b>	<b>2'252</b>	<b>14'440</b>		<b>24'966</b>	<b>3'623</b>	<b>45'281</b>	<b>234'349</b>
<b>Transport &amp; Storage</b>								
Storage			2'775				2'775	-2'775
Distribution & Monitoring		32	4'751		26		4'808	-4'808
Transport & Vehicle Costs	8'760	1'873	10'512		4'329	4'561	21'275	-12'515
<b>Total Transport &amp; Storage</b>	<b>8'760</b>	<b>1'905</b>	<b>18'038</b>		<b>4'355</b>	<b>4'561</b>	<b>28'859</b>	<b>-20'099</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	878'400	31	140'182		229	12'637	153'079	725'321
Delegate Benefits	195'164	224'924	66'444		190'462	9'023	490'853	-295'689
National Staff		510	2'231		2'238	30'186	35'165	-35'165
National Society Staff		12'363	10'957		35'681		59'000	-59'000
Consultants	86'500	11'975	17'943				29'918	56'582
<b>Total Personnel Expenditures</b>	<b>1'160'064</b>	<b>249'803</b>	<b>237'756</b>		<b>228'610</b>	<b>51'846</b>	<b>768'015</b>	<b>392'049</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	723'010	131'681	110'902		137'913	87'344	467'840	255'170
<b>Total Workshops &amp; Training</b>	<b>723'010</b>	<b>131'681</b>	<b>110'902</b>		<b>137'913</b>	<b>87'344</b>	<b>467'840</b>	<b>255'170</b>
<b>General Expenditure</b>								
Travel	258'300	32'433	33'563		21'991	14'499	102'486	155'814
Information & Public Relation	62'800	18'040	10'124		12'981	959	42'104	20'696
Office Costs	103'780	14'356	24'812		18'345	5'387	62'900	40'880
Communications		15'751	30'447		18'845	5'341	70'383	-70'383
Professional Fees		2'205	6'485		1'432	865	10'987	-10'987
Financial Charges		864	221		430	-9'359	-7'845	7'845
Other General Expenses	3'600	710	1'208		2'098	368	4'384	-784
<b>Total General Expenditure</b>	<b>428'480</b>	<b>84'359</b>	<b>106'860</b>		<b>76'122</b>	<b>18'059</b>	<b>285'399</b>	<b>143'081</b>
<b>Depreciation</b>								
Depreciation		666	666		666		1'997	-1'997
<b>Total Depreciation</b>		<b>666</b>	<b>666</b>		<b>666</b>		<b>1'997</b>	<b>-1'997</b>
<b>Program Support</b>								
Program Support	190'165	33'164	36'832		33'805	12'144	115'945	74'219
<b>Total Program Support</b>	<b>190'165</b>	<b>33'164</b>	<b>36'832</b>		<b>33'805</b>	<b>12'144</b>	<b>115'945</b>	<b>74'219</b>
<b>Operational Provisions</b>								
Operational Provisions		10'397	18'414		21'057	8'850	58'718	-58'718
<b>Total Operational Provisions</b>		<b>10'397</b>	<b>18'414</b>		<b>21'057</b>	<b>8'850</b>	<b>58'718</b>	<b>-58'718</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>2'925'609</b>	<b>519'892</b>	<b>566'645</b>		<b>528'168</b>	<b>186'830</b>	<b>1'801'535</b>	<b>1'124'073</b>
<b>VARIANCE (C - D)</b>		<b>285'242</b>	<b>666'852</b>	<b>71'016</b>	<b>212'927</b>	<b>-111'963</b>	<b>1'124'073</b>	