

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Central Europe

Appeal No. MAA66001

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Red Cross assists victims of floods in Romania.
International Federation/Y.Grune

In brief

Programme Summary:

In 2006, the Federation Regional Delegation for Central Europe (RD) continued to support the Red Cross (RC) National Societies of the region (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Latvia, Macedonia, Montenegro, Poland, Romania and Serbia) by providing membership services in the four core areas related to the Federation's Global Agenda Goals. The level of trust, confidence and information flow between the RD and National Societies has improved significantly, and this has positively influenced the implementation of programmes and their success.

Goal: The RD works with the RC societies of the Central Europe (CE) region in:

- Strengthening their role in health and care (HC) programmes to reduce the number of deaths, illnesses and impact from diseases and public health in emergencies as viable partners of their governments
- Improving the efficiency and effectiveness of RC staff to respond to natural and man-made disasters through its Disaster Management (DM) programme
- Achieving a stronger and more responsive organization that can better respond to the needs of vulnerable communities and groups through its Organizational Development (OD) programme, and in empowering local vulnerable communities by means of participatory community action through its Participatory Community Development (PCD) programme.
- Working with multi-ethnic communities in the national areas of return in Croatia in order to empower the most vulnerable persons in starting their life back home after displacement through its Population Movement (PM) programme.

- Reducing intolerance, discrimination and social exclusion, and promoting respect for diversity and human dignity of vulnerable communities and individuals in Central Europe through its Promoting Humanitarian Values (PHV) programme.

Needs: Total 2006-2007 programme budget is CHF 4,257,996 (USD 3,524,100 or EUR 2,595,535) (out of which 56% is covered.) [Click here to go directly to the attached financial report.](#)

No. of people we help: In 2006, more than 1,000,000 people in the Central Europe region benefited directly from Federation programme interventions.

Programme	Number of Beneficiaries
Health and Care	930,615
Disaster Management	60,000
Organizational Development	3,356
Participatory Community Development	5,865
Population Movement	1,400
Promoting Humanitarian Values	1,200
Total	1,002,436

It is expected that 800,000 people will benefit from activities planned for 2007.

Our Partners: During 2006, the RD worked with some 15 direct partners including all RC societies from the region and donor RC societies, International Committee of the Red Cross (ICRC), World Health Organisation (WHO), and the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI)

Current context

In 2006, the region was affected by two significant socio-political events - the separation of Serbia and Montenegro in May 2006, and Bulgaria and Romania's preparation for EU accession in January 2007. Due to the emergence of a new RC national society in Montenegro it was necessary to appoint suitable coordinators to manage and oversee projects. Furthermore, in cooperation with the Federation delegation in Belgrade, the RD actively supported the re-recognition process of the two RC societies. In the case of Bulgaria and particularly Romania, internal capacity, organization and structure needed to be strengthened for these RC societies to adjust to the EU working environment.

The region was affected from natural/man-made disasters, which led to Disaster Relief Emergency Fund (DREF) allocations to the sum of CHF 428,330. Staff and volunteers from the RC societies of the affected regions were involved in disaster response activities in all cases. To deal with the flooding in Romania, a joint Field Assessment Coordination Team (FACT)/Regional Disaster Response Team (RDRT)/Romanian RC team was deployed at the request of the Romanian RC. Avian influenza also emerged in a number of countries in the region. The RD responded by keeping the RC societies informed and preparing them to deal with this threat. The prevalence of TB and HIV/AIDS in the region is increasing; however, the RD and RC societies are targeting these issues through awareness and anti-stigma campaigns.

Whilst the RD is currently supported strongly by the Swedish and Norwegian Red Cross Societies, traditional funding from governmental sources is diminishing. Although new funding opportunities are opening up (EU, civil society/international development funds), the capacity within regional RC

societies to identify and respond to calls for funding, translate them into local languages, and implement projects in higher funding ranges is limited. RC leaders in the region are also concerned about national societies' access to basic membership services, provided as close to home as possible, regardless of any geo-political changes (EU accession and the changing funding situation in Europe, for example).

Progress towards objectives

Health and Care

Objective: National societies' Health and Care programmes are well functioning in identifying and responding to the needs in the country.

The increased prevalence of **HIV** infections among young people and intravenous drug users and **tuberculosis** (TB) among prisoners constituted the main health concern in the region. To address these issues, the RD strongly supported RC societies in advocacy campaigns to fight stigma and discrimination of people living with HIV (PLHIV) and people living with TB (PLTB), marking World AIDS Day and World TB Day, as well as in **home care** programmes and hospital visits. It is difficult for RC societies to maintain programme development due to low political commitment to stigma and discrimination, and stigma within the RC itself. Although there are developments and good examples such as the **harm reduction** program in Croatia and Macedonia (needle exchange for intravenous drug users), we need to better demonstrate social integration of PLHIV and PLTB in practice by integrating them into the RC structure and work and by overcoming stigma from within.

The competence of RC societies in providing **blood donation** services is increasing, and greater emphasis has been placed on recruiting youth blood donors through the Club 25 promotion campaign to ensure safe blood supplies.

The emergence of **avian influenza** in a number of countries in the region posed a new threat. The RD kept all RC societies informed about the issue and a number of them have partnerships with governmental bodies responsible for avian influenza. However, the RD still needs to create greater awareness about the potential threat and to encourage the RC societies to undertake appropriate preparedness action.

In Albania and Kosovo, **child survival projects** to decrease mortality rates and health education for women of a reproductive age continue. Moreover, **psychosocial support** programs have been integrated into other health activities in some RC societies in the last year with more attention placed on practical tools and supporting professional staff. Psychosocial support is currently also being introduced into DM projects; HC staff in the RC societies belong to the RDRT and are able to respond to public health emergencies.

Cooperation between RC societies and government agencies and local non-governmental organizations (NGOs) needs to be developed further. Moreover, RC societies have to lobby strongly to be included in projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and also have to approach the Ministry of Health (MoH) with HIV/AIDS and TB proposals.

Disaster Management

Objective: The disaster response capacity of national societies is strengthened through the development of disaster preparedness plans and a regional disaster management strategy, including a contingency plan and regional cooperation.

During 2006, the RD continued to consolidate the existing **DM coordinator network** and to strengthen cooperation within and outside the region. Indeed, this network is the greatest strength of the DM program; DM coordinators exchange their disaster preparedness (DP) training material, and invite one another to act as facilitators at regional and national DM workshops and in simulations. **The RDRT concept** is well-received in the region and is recognized as a regional disaster response tool.

This cooperation was exemplified in the case of flooding in Romania - the deployed FACT/RDRT team worked closely with the Romania RC, conducting assessments, assisting in coordination and developing and implementing a plan of action. Cooperation between teams in the field was excellent, proving that joint teams are a good idea and should be considered in the future.

Montenegrin RC was heavily involved in a disaster response operation following a tragic train accident in January 2006; its staff provided technical assistance and mobilized its 25-member disaster response unit for rescuing, tracing and psychological support. During analysis of response activities to the accident, governmental institutions in Montenegro claimed that the response of the RC was valuable, effective and well coordinated.

With input from DM coordinators, work on a **regional contingency plan**, and the possibility of using neighbouring RC societies' emergency stocks in disasters continued in 2006. The plan will be linked to the RDRT. Although the RD has circa 70 members on its RDRT roster, of which 18 are women, some 20 RDRT members have been deployed in emergency response activities. Experience shows that the criteria for selection of RDRT members need to be widened to include people with administration, finance and reporting backgrounds. RDRT members participated successfully in assessment and relief missions in their own countries and in international missions in Pakistan and Romania in 2006.

In 2006, RDRT members were trained in logistics, water/sanitation and reporting. Training on psychological support and health and capacity building in emergencies forms an integral part of **RDRT training**, as does vulnerability and capacity assessment (VCA).

National disaster preparedness at state and municipal level is limited in some countries, and greater systems of protection against natural disasters needs to be established. Public awareness of potential risks in disaster-prone areas also needs strengthening. Furthermore, RC societies need to better integrate the work of DM and HC in times of disaster to improve response effectiveness. The image of DM amongst women needs more attention so that more women become involved; currently all DM coordinators in the region are male (although the regional DM coordinator is female).

Organizational Development

Objective: Stronger and responsive national societies with good image, finance management, planning, sustainable programmes, appropriate structure and people.

Whilst the level of success of this programme differs from RC to RC society, general indicators such as better planning and reporting, initiatives launched within the RC societies themselves, and wider sources of funding suggest that there is increased commitment and readiness at leadership level to strengthen their respective RC societies. In fact, the RD is taking more and more of a back seat role in the OD process.

Seventy percent of national societies targeted by the program now have adequate planning, including **strategic and operational planning** in place, while the Albanian, Bulgarian, Latvian, and Macedonian RC also produce their strategic and operational plans in English, providing open and transparent communication. Peer support was an important tool used to exchange knowledge and expertise. RC societies are diversifying their funding base. More local sources of funding have been obtained in the Albanian and Macedonian RC through increased governmental funding and income-generating activities such as commercial first aid. An improved level of national fundraising in Croatia, Bulgaria and Romania has resulted in self-sufficiency, mainly in the case of Croatia and Bulgaria.

The RD has continued to provide support and advice with regard to **human resources (HR)** - open positions within the RC societies, including those at management level, are increasingly being advertised externally. However, certain HR aspects such as career development and salary scale need to be consolidated in the future, particularly as high staff turnover affects several RC societies.

Furthermore, the RD has supported the participation of representatives from RC societies in workshops organized externally. Some RC societies have improved their partnerships with local NGOs and governmental ministries – partnership between the Polish RC and the Ministry of Foreign Affairs resulted in funding for development work in Azerbaijan and Moldova, for example.

It is too early to say whether the long term **capacity building (CB) processes** implemented at headquarter level in the Latvian, Polish and Romanian RC have improved the provision of services to beneficiaries. However, lessons learned demonstrate that it is necessary to better examine the reasons for which a RC society enters into the CB process, since its success depends on the RC leadership's commitment, and cannot be imposed from the outside. External support always has to be provided by respecting the local context and dynamic within the organization.

Participatory Community Development

Objective: National societies in the region are working with local vulnerable communities in a participatory way aiming at reducing vulnerability and strengthening the process of social integration of marginalized groups

In 2006, three new RC societies of CE (Bosnia and Herzegovina, Croatia and Romania) and one in Central Asia (Tajikistan Red Crescent) implemented pilot PCD projects, building skills and competence in the area of participatory work and development. In Romania, two additional RC branches began implementing PCD, and the Tajikistan Red Crescent started a pilot PCD project in four communities in Dushanbe.

A large majority of RC societies that implement PCD programmes targeted vulnerable Roma communities, while some RC societies widened the use of PCD by applying participatory approaches with other marginalized target groups, such as children in isolated communities, juvenile delinquents, and Arab migrants.

Within the Bulgarian RC, plans are being made to integrate participatory methodologies into other projects - PCD and community action planning are combined in programmes with elderly people, for example. A similar approach is used in the home care programme in Serbia where staff is trained in participatory needs assessment for elderly patients, thus directly involving beneficiaries. The Hargita branch of the Romanian RC has managed to obtain funding from a private business for its work with three Roma communities. Pilot PCD projects with juvenile delinquents in Sofia, Bulgaria evolved into participatory efforts to develop good practice, and later into a system for de-institutionalization of young delinquents and their re-integration into society, in partnership with a number of state institutions and local NGOs.

Although all RC societies in the region (with the exception of Albania) implement PCD projects, there is still scope for greater use of community approaches within all of the RC societies, as this provides space for change characterized by a bottom-up approach versus traditional top-down thinking.

Population Movement

Objective: Multiethnic local communities within the return areas in Croatia have increased their capacities to integrate the most vulnerable returnee families and to ensure basic conditions for sustainable return.

In 2006, this programme was extended to five new branches in Croatia: Slunj, Otocac, Nasice, Ogulin and Korenica/Plitvicka Jezera. This strengthened the capacity of staff and volunteers in these branches to empower returnee communities.

The programme successfully reached the target beneficiary population; returnees and other vulnerable persons in return areas benefited from various types of assistance aimed at easing their destitute life conditions, addressing their basic needs and supporting their initial integration into recipient communities.

Through community-based projects, interaction within multiethnic communities was enhanced. For example, those who received machinery as part of the project were not able to realize any significant financial benefit, but they were able to trade services with their neighbours. This helped to convert hopelessness into a vision of mobilizing resources to improve the lives of individuals and their families, facilitating mutual cooperation. Furthermore, elderly and disabled people were not isolated by the communities.

Promoting Humanitarian Values

Objective: The protection of, and respect for, the dignity of vulnerable and affected groups is embedded in all national society programmes

Campaigns to reduce discrimination and intolerance for people living with HIV and TB within the HC programme and advocacy work within PCD go some way in meeting this programme objective. Moreover, regional RC societies have gained media support in demonstrating that they can make a difference to the lives of the most vulnerable. The Macedonian RC's Promotion of Humanitarian Values (PHV) programme is one example of this. Supported by the Norwegian RC and the ICRC, this is an educational programme in schools. Whilst it is not a highly visible programme, a news clip about the programme was created and broadcast by CNN. Other RC societies in the region are interested in starting similar projects.

2006 also saw the finalization of a point of view paper on the Red Cross and Roma programming, and the production of practical guidelines for those working with Roma in Europe, drawing on the extensive experience of practitioners in the region. Relevant materials are shared with the RC societies as they are produced.

The RD has also been working with the Romanian RC on a project that plans to integrate PCD to approach the issue of trafficking in two high-risk communities. In using a community approach, the project seeks to improve the general situation of the community as a means to prevent young people, particularly girls and young women, from leaving. The British Red Cross supports this project.

Nevertheless, the PHV programme as a whole is severely under funded. The key advocacy and promotional tool of the Federation in Europe – *The Bridge* magazine also requires considerable fundraising efforts prior to each issue. Further funds are needed to ensure an additional edition of the Bridge in 2007. Moreover, *funding* does not reflect the breadth and scope of the articles.

Implementation and Management

Objective: Effective and efficient resource mobilization and management in the region for maximum benefit to vulnerable communities and individuals

During 2006, the RD coordinated peer support to the RC societies both within and outside of the region. Although a regional roster has not been completely formalized yet, the RC societies that are experienced and competent in certain fields provide support to those RC societies that have needs in

that area. The table below shows the type of support the RC societies had provided to one another in 2006.

Working in partnership

The RD works with numerous organizations both within and outside of the RC Movement. Its main partners include, but are not limited to: all RC societies in the region, as well as the Swedish, Norwegian, British, Danish, German and Icelandic RC, ICRC, United Nations High Commissioner for Refugees (UNHCR), the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI) and the Civil Society Development Foundation.

RC societies in the region are improving their cooperation with a wide range of local, national and international partners. For example, majority of them work with their respective Ministries of Health and Social Welfare when implementing activities funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), through the HC programme. In PCD, each micro (community) project involves stakeholders from all areas of community life such as local authorities, schools, hospitals, churches and local NGOs. Montenegro RC for example works with five local Roma NGOs and with local doctors who act as volunteers to provide medical check ups for everyone in five Roma communities. 100 per cent of Roma children have been covered through this initiative. In Albania, good cooperation exists between the RC and the WHO.

Although these examples demonstrate that for both the RD and the RC societies' partnership is a means to improve the lives of vulnerable people, many existing and new partnerships need to be strengthened. For example, the global agreement between the WHO and the Federation needs to be demonstrated in the region when responding to the threat of avian influenza. The same goes for cooperation with the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), where the Federation has a lead role in shelter.

Programme /Technical Area	Support Provided by	Support Received by
Promotion of Humanitarian Values	Macedonian RC	Serbian RC
Participatory Community Development	Serbian and Macedonian RC Bulgarian RC/RD	Red Cross Society of Bosnia and Herzegovina and Croatian RC Tajikistan RC
Finance Development/Management	Serbian RC	Macedonian RC
Disaster Management/Deployment of RDRT	RDRT team members from Croatia, Macedonia, Serbia, Bosnia and Herzegovina, Bulgaria, Israel (15 in total) 4 RDRT members from the region.	Romanian RC Pakistan RC

Contributing to longer-term impact

The RD's policy is to only provide support to sustainable programmes implemented by the RC societies and to ensure that the full ownership and implementation responsibility lies with these societies. Continued RD support in capacity development further strengthens the organizational and operational structures of RC societies. Long-term funding commitments from donor RC societies and other partners help to support the RD in this work.

RD goals are aligned with the Federation Global Agenda Goals, which contribute to achieving the Millennium Development Goals. For example, HC campaigns aim to inform the general public about health risks and to tackle stigma issues thus reducing discrimination and social exclusion, while the Promoting Humanitarian Values programme aims to promote respect for diversity and human dignity, thus contributing to Global Agenda Goals two and four.

In all programmes, gender equality is promoted, ensuring the involvement of all groups as best possible. Furthermore, Sphere standards are followed; those involved in DM are trained in the Sphere standards and in the Code of Conduct. HC programmes follow guidelines on harm reduction and TB, and also follow HC strategy and policy.

Looking Ahead

Leaders of the RC societies in the region indicated their priorities for the coming years and discussed them closely with the RD during a leadership meeting held in June 2006. Their main priority is to improve the quality of programmes as a basis for scaling up quantity and outreach. Further priorities include the need to improve the legal framework, increase the skills and knowledge of staff and volunteers in technical programmes, further diversify funding, improve the level of monitoring and evaluation and improve internal and external communication. The RD is aligning its planning, capacities and working methods with these needs and also with the Federation Secretariat Support Strategy for Central Europe 2006-2009. **Click here to read this document**

One of the most effective ways of responding to the needs of the RC societies is through the Regional Resource Roster – a pool of regional RC expertise (such as RDRT for example). This roster needs to be evaluated and formalized so that people on the roster can contribute effectively to the priority needs of the RC societies. In addition, up-to-date knowledge has to be regularly transferred to the people on the roster while team spirit and professional and technical standards need to be maintained. In order to achieve this additional funding is needed.

The RD will continue to address key issues that need more attention and action in the RC societies. These are avian influenza, the inclusion of vulnerable and marginalized groups in RC work, stronger integration of psychological support in emergencies for all affected and participatory approaches at all levels within RC societies.

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International Federation of Red Cross and Red Crescent Societies

MAA66001 - CENTRAL EUROPE

Annual Report 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAA66001
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	588,824	969,235	221,549	2,208,772	269,617	4,257,996
B. Opening Balance	22,422	157,819	0	530,859	26,044	737,145
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>			11,475	0		11,475
<i>Capacity Building Fund</i>				129,105		129,105
<i>Finnish Red Cross</i>	47,370	63,160		20,975	32,610	164,115
<i>New York Office</i>				2,029		2,029
<i>Norwegian Red Cross</i>	129,545	149,475		634,249		913,269
<i>Swedish Red Cross</i>		169,349	33,992	135,480	0	338,821
C1. Cash contributions	176,915	381,984	45,467	921,837	32,610	1,558,814
<u>Outstanding pledges (Revalued)</u>						
<i>Finnish Red Cross</i>					8,226	8,226
C2. Outstanding pledges (Revalued)					8,226	8,226
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>Norwegian Red Cross</i>				0		0
C3. Reallocations (within appeal or				0		0
<u>Inkind Personnel</u>						
<i>Finnish Red Cross</i>					74,400	74,400
C5. Inkind Personnel					74,400	74,400
<u>Other Income</u>						
<i>Miscellaneous Income</i>		1,037				1,037
C6. Other Income		1,037				1,037
C. Total Income = SUM(C1..C6)	176,915	383,021	45,467	921,837	115,236	1,642,477
D. Total Funding = B + C	199,337	540,841	45,467	1,452,697	141,280	2,379,622

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	22,422	157,819	0	530,859	26,044	737,145
C. Income	176,915	383,021	45,467	921,837	115,236	1,642,477
E. Expenditure	-109,675	-343,695	-15,390	-920,601	-95,887	-1,485,249
F. Closing Balance = (B + C + E)	89,662	197,145	30,077	532,096	45,393	894,373

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAA66001
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	
BUDGET (C)		588,824	969,235	221,549	2,208,772	269,617	4,257,996	
Supplies								
Construction Materials					41,490		41,490	-41,490
Clothing & textiles					34,376		34,376	-34,376
Food					1,379		1,379	-1,379
Seeds,Plants					9,365		9,365	-9,365
Medical & First Aid		783			7,429		8,212	-8,212
Teaching Materials	6,500				24,404		24,404	-17,904
Utensils & Tools					22,906		22,906	-22,906
Other Supplies & Services	910,589				27,233		27,233	883,355
Total Supplies	917,089	783			168,582		169,365	747,724
Land, vehicles & equipment								
Vehicles					1,185		1,185	-1,185
Computers & Telecom	36,910		2,196		46,140		48,336	-11,426
Office/Household Furniture & Equipm.			1,002		13,727		14,729	-14,729
Total Land, vehicles & equipment	36,910		3,198		61,052		64,250	-27,340
Transport & Storage								
Storage			220				220	-220
Distribution & Monitoring			5		1,965		1,970	-1,970
Transport & Vehicle Costs	56,665	881	14,072	42	19,046	-144	33,897	22,768
Total Transport & Storage	56,665	881	14,297	42	21,011	-144	36,087	20,578
Personnel Expenditures								
Delegates Payroll	148,800	488				48	536	148,264
Delegate Benefits	106,619				312	102,153	102,466	4,153
Regionally Deployed Staff	415,842	640	2,882		344		3,866	411,976
National Staff	171,192	38,372	114,827	60	94,828		248,086	-76,894
National Society Staff	119,923	815	3,158		131,953		135,926	-16,004
Consultants	120,900		3,778	9,254	15,247		28,279	92,621
Total Personnel Expenditures	1,083,276	40,314	124,645	9,314	242,684	102,202	519,159	564,117
Workshops & Training								
Workshops & Training	1,230,151	46,901	108,059	219	224,114	-212	379,081	851,070
Total Workshops & Training	1,230,151	46,901	108,059	219	224,114	-212	379,081	851,070
General Expenditure								
Travel	192,772	17,510	44,743	316	56,044	1,012	119,625	73,147
Information & Public Relation	250,739	34,102	236	3,876	68,604		106,817	143,922
Office Costs	55,326	1,633	6,592		24,762		32,986	22,340
Communications	124,552	4,088	26,807	544	39,289	496	71,225	53,327
Professional Fees	5,527				5,751		5,751	-225
Financial Charges	28,221	-1,940	-2,378	78	-4,296	-13,386	-21,921	50,143
Other General Expenses			-870		20		-849	849
Total General Expenditure	657,137	55,393	75,130	4,814	190,173	-11,878	313,633	343,504
Program Support								
Program Support	276,770	7,129	22,340	1,000	59,839	5,918	96,227	180,543
Total Program Support	276,770	7,129	22,340	1,000	59,839	5,918	96,227	180,543
Operational Provisions								
Operational Provisions		-41,724	-3,974		-46,854		-92,553	92,553
Total Operational Provisions		-41,724	-3,974		-46,854		-92,553	92,553
TOTAL EXPENDITURE (D)	4,257,996	109,675	343,695	15,390	920,601	95,887	1,485,249	2,772,748
VARIANCE (C - D)		479,148	625,540	206,159	1,288,171	173,730	2,772,748	