

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Zimbabwe : Cholera

Emergency appeal n° MDRZW004  
GLIDE n° EP-2008-000218-ZWE  
Operations update n° 3  
15 January 2009

Period covered by this Ops Update:  
28 December 2008 to 15 January 2009

Appeal target (current):  
CHF 10,170,233 (USD 9.2m or EUR 6.6m);

Appeal coverage: 40%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

### Appeal history:

- This Emergency Appeal was initially launched on 23 December, 2008 CHF 10,170,233 (USD 9.2m or EUR 6.6m) for seven months to assist 1.5 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):**
  - CHF 203,302 (USD 177,556 or EUR 139,248) allocated on 11 November, 2008.
  - CHF 200,000 (USD 181,818 or EUR 130,208) allocated on 12 December, 2008.

**Summary:** The number of reported cholera cases and deaths continue to increase compared to the previous months. The country's ten provinces reported a cumulative total of 41,986 suspected cases and 2,201 deaths with a case fatality (CFR) of 5.2 percent as of 13 January 2009. The proportion of death occurring in the community is now at 56.1 percent.

The International Federation of Red Cross and Red Crescent Societies (IFRC) in close collaboration with the Zimbabwe Red Cross Society (ZRCS) and the Ministry of Health and Child Welfare (MoHCW) has deployed a total of seven Emergency Response Units (ERU's) which are deployed as follows:

- Japanese Red Cross: Basic Health Unit in Mashonaland West Province;
- Norwegian Red Cross: Basic Health Care Unit in Midlands Province;
- Finnish Red Cross: Basic Health Care Unit in Manicaland Province;
- British Red Cross: Mass Sanitation in Midlands Province;
- French Red Cross: Mass Sanitation in Harare (Chikurubi Maximum Prison);



A cholera patient in Nyamunga clinic in Kariba District supported by the basic health ERU

- Spanish Red Cross: Mass Sanitation in Mashonaland West Province;
- German/Austrian Red Cross: Water and Sanitation in Midlands Province, Manicaland and Harare.

The ERU's are now fully functional and are coordinating activities with the MoHCW at the provincial and district levels and have re-enforced the work of the ZRCS. The cholera emergency operation is only 40 percent covered thus leaving a significant funding gap which might cripple the implementation of the activities.

## The situation

Zimbabwe's ten provinces continue reporting new cholera cases and deaths. According to the Ministry of Health and Child Welfare and WHO epidemiological report on 14 January 2009, the cumulative totals are 41,986 cases and 2,201 deaths. The case fatality rate (CFR) is 5.2 and the trends of the epidemic are illustrated in Table 1 below. The CFR is improving in some districts due to improved case management although the situation is still very serious. An estimated 56.1 percent of deaths are classified as "community deaths" i.e. occurring outside of the established Cholera Treatment Centres (CTC) and Cholera Treatment Units (CTU). This figure is an approximate figure since a physical autopsy is not always done so the real figure may be lower or higher. Key to addressing this problem is bringing treatment closer to the communities coupled with improving health education. It is reported that on average it takes one to two days for a cholera case to reach a CTC/CTU due to poor geographical access and logistical constraints, cultural issues and limited knowledge and awareness of the disease. Stakeholders have agreed that the solution is to increase the number of CTC and CTU and the distribution of material (ORS, chlorine, hygiene packages inc. soap etc) at community and household levels.

In Matebeleland South Province, the situation has not improved as new cases are being reported in Beitbridge urban and the outlying areas of Tshapfutshe, Chituripasi and Shabwe. There is reported to be as a result of the influx of people coming from other parts of the country to harvest mopani worms for relish.

Schools are due to open in the third week of January and there are fears that this may complicate the cholera situation. In the event of cholera outbreaks in schools, the MoHCW has protocols under health legislation to close them as required. Parts of the country (Mashonaland Central, Muzarabani district) are experiencing flooding, which poses further risk for cholera and malaria in particular.

**Table 1: Cumulative Number of cholera cases and deaths as of 14 January 2009**

Provinces	Suspected Cholera Cases		Deaths	
	28 December	14 January 2009	28 December	14 January 2009
Harare	10,712	11,916	472	391
Mashonaland West	6,617	10,071	327	547
Mashonaland East	2,780	3,755	216	261
Mashonaland Central	454	1,024	35	74
Matebeleland South	3,714	4,392	109	142
Matebeleland North	2	202	0	26
Bulawayo	368	387	12	12
Manicaland	2,317	5,200	165	357
Midlands	446	1,037	41	86
Masvingo	1,721	4,002	187	305
<b>Total</b>	<b>29,131</b>	<b>41,986</b>	<b>1,564</b>	<b>2,201</b>

*Source OCHA cholera situation report of 14 January 2009*

The government with support of the humanitarian community has enhanced its response mechanism and coordination in managing the outbreak. The agencies are reported to have spread coverage throughout the affected provinces, although preparedness measures and contingencies still have to be strengthened since cholera cases are envisaged to increase with the onset of the rainy season. The MoHCW highlighted that the priority provinces remain Harare, Mashonaland Central, Manicaland and Mashonaland West.

## Coordination and partnerships

Red Cross Movement coordination meetings are being held on a weekly basis and the ERU team leaders have been consistent in attending to brief on the activities on the ground. At the last meeting the MoU, sectoral guidelines and work plans were discussed at length and are now pending approval by the stakeholders.

ZRCS continues collaborating with MoHCW, Civil Protection Unit (CPU), UNICEF, WHO, MSF, OXFAM, Population Services International (PSI) and German Agro Action (GAA), the UN clusters and agencies and other non-governmental organizations (NGOs). At field level, the ERU team maintains close communication with the MoHCW and have strengthened collaboration with the local ZRCS structures at provincial level. For example, the provincial medical director based in Chinhoyi of Mashonaland West Province, together with the district medical officer visited the CTU in Chikangwe, Karoi and met with Japanese, Spanish and Zimbabwe Red Cross representatives at the site. The Finnish Red Cross Basic Health Care ERU team along side ZRCS in Manicaland Province participate daily at District Cholera Coordination Meetings (DCCM) with the MoHCW, International Organization for Migration (IOM) and Plan International.

The IFRC Southern Africa Zone office has maintained in-country support (coordination, management, response, logistics, health, WatSan, finance and reporting) to the cholera operation, whilst the operation's team is being recruited. So far the WatSan and finance delegates have been recruited and are already on the ground. Some key support services such as reporting are supported directly from the Zone planning, monitoring, evaluation and reporting (PMER) unit until the delegate is recruited. The key operational role of the IFRC is coordination, thus working towards ensuring a coherent and unified response by strengthening the coordination mechanism and activities for the Movement.

The IFRC cholera team sector leaders attend weekly and bi-monthly health and WASH cluster meetings. The health cluster meeting held on 6 January, it was learned that WHO and MOHCW have instituted Cholera Control and Command Centres (C4), which will constitute a framework that will allow decision from the three clusters (health, WASH and logistics) to be coordinated and integrated at implementation level. The C4 focus on five key activities namely; surveillance; case management; water, sanitation and hygiene; social mobilisation; and supply forecasting. More importantly, the C4 will 'implement technical recommendations based on a comprehensive analysis of the situation'. A C4 fulltime coordinator has been selected and discussions are on-going with the MoHCW on operational aspects.

Behavioural change and social mobilisation are regarded as being key (along with improved case management) in addressing the spread of cholera. As such, UNICEF is carrying out a Knowledge, Attitude and Practice (KAP) survey to inform on the best means of engaging in behavioural change campaigns. GAA is conducting surveys in a number of communities in and around Harare and will share the results with the stakeholders. The IFRC Zone coordinator has made contact with the behavioural scientist from Centre for Disease Control (CDC) (seconded to UNICEF) with regards to assistance in formulating social mobilisation campaigns and the IFRC Zone WatSan (Software) officer has played an active role in the Behavioural Change and Social Mobilization Taskforce in improving Information, Education and Communication (IEC) material used nationwide through the MoHCW.

The MoHCW launched an educational campaign with funding received from the Reserve Bank of Zimbabwe. Technical inputs were received from UNICEF and PSI amongst others and material has been produced whilst the social mobilization plan is being developed. A series of jingles has been produced and a music CD by well known Zimbabwean musicians focusing on cholera awareness is available. IFRC and ZRCS attended a separate meeting on the roll-out of the campaign.

Following up on the issue on payment of health care workers, DFID announced that it has made available £500,000 to retain an estimated 20,000 health care professionals in the form of incentives or retention packages (not salaries). The first payment will cover December 2008 including a bonus payment. Six state hospitals are now opened and functioning although it will take time for the scheme to reach rural areas.

**National Society Capacity Building:**

ZRCS staff from the disaster management, health and care, logistics and WatSan departments has been deployed with the ERUs to gain experience from the sector interventions. The National Society has approximately 30,000 volunteers and has mobilised 800 for the operation. At local level, the ERU teams are training volunteers in order to build their capacity in assisting at the project sites. A one-day district level cholera training for Red Cross volunteers and MoHCW staff at district level was jointly conducted by the Finnish, and German/Austrian and Canadian Red Cross in which approximately 200 volunteers participated. The British Red Cross completed the hygiene promotion training for volunteers and MoHCW staff at district level, in Manicaland Province, targeting communities with highest death-in-community caseload. Another 96 volunteers were also trained in cholera response, sanitation, household water purification, preparing ORS and hygiene promotion. ZRCS volunteer training is continuing in other districts, the next target is Masvingo Province.

The IFRC maintains its technical support to the National Society through its operational base established in Harare at the Country Representation Office. The disaster management, health and support service departments are on standby for deployment to support ZRCS as per need. The task forces, which meet once a week at national and provincial level, continue to review the situation, progress and identifying capacity gaps. So far the all gaps in human resource capacity are adequately covered by the IFRC staff, whilst operational staff is under recruitment.

## Red Cross and Red Crescent action

### Progress towards objectives

Water supply	
<b>Objective: To improve access to safe and adequate water in four provinces reaching at least 280,000 people by the end of the appeal timeframe.</b>	
<b>Expected result:</b> Access to safe water is improved for 280,000 households through treatment of household and community level water supplies.	<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Provision of clean drinking water for 55,000 affected people to supply CTCs and local communities through two water and sanitation ERUs (M40 and M15).</li> <li>• Distribution of one million water purification sachets and promotion of correct use to 100,000 people.</li> <li>• Distribution of 40,000 jerry cans and buckets for storage and transport of water at household's level (Jan – Feb 2009).</li> <li>• Rehabilitation of 200 water points in four provinces to benefit 100,000 persons (February – April 2009).</li> <li>• Facilitate water treatment for CTCs and health centres which are near water source or untreated municipal water supply pipeline.</li> <li>• Drilling of 50 boreholes, equipped with hand pumps or pressure hand pumps to serve the needs of 25,000 people.</li> <li>• Support local municipalities with water pumps spare parts and diesel/petrol.</li> </ul>

**Progress:**

ZRCS supported by the Water and Sanitation ERU have been working towards improving the access to safe and clean water particularly at the CTC and health centres in conjunction with the Zimbabwe National Water Authority (ZINWA). So the CTC have adequate water supply with the latest development in Gweru, where the German/Austrian/Canadian Red Cross Water and Sanitation ERU installed a water system to support the ZINWA Water treatment plant (four big tanks for flocculation) and supplied flocculation chemicals (Alum) and fuel (200 litres of diesel). There are plans to replace the diesel pump with an electrical one to ensure sustainability. Plans are underway for the German/Austrian/Canadian ERU to go to Kadoma in Mashonaland West and support extension of the CTC with water installations and sanitation facilities.

The government of Zimbabwe has authorised the French Red Cross Mass Sanitation ERU to install a treatment plant at Chikurubi (Maximum Prison) in Harare which has approximately 10,00 people (i.e. prison staff their families and inmates). It was expected that the plant would be operational by 12 January. The French Red Cross Mass Sanitation has also identified a site for water treatment unit, thus ZINWA's Prince Edward water treatment plant and are pursuing permissions from water authorities in Chitungwiza, a residential suburb with a cumulative total of 977 suspected cases and 153 deaths is faced with critical shortage of clean water and sanitation facilities.

### Sanitation and hygiene promotion

**Objective: Improved hygiene awareness and sanitation for 1,500,000 people (300,000 households) in 8 cholera affected provinces, and increased access to latrines in health centres and schools.**

**Expected result:**

- Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to affected households over the next seven months.
- Disease transmission is reduced through raised awareness of communities and improved hygiene behaviour.
- The scope and quality of the Zimbabwe Red Cross Society water, sanitation and hygiene promotion services are improved.

**Activities planned:**

- Provision of hygiene promotion activities to 1,500,000 people through training and activating volunteers at the community level.
- Distribution of hygiene kits to 20,000 vulnerable households in cholera affected areas. Hygiene kits are designed for this operation and include soap and other items.
- Provision of Sanitation facilities, excreta and solid waste disposal for CTCs and communities. These activities will be supported by the two Mass Sanitation ERUs, which can reach 20,000 people each.
- Training of staff and volunteers on cholera response, reporting, and household water purification
- Production and distribution of IEC materials in local languages.

**Progress:**

Hygiene promotion activities have been rolled out to a number of districts mostly in Manicaland Province where the community deaths are high. The British, Finnish and German/Austrian Red Cross conducted volunteer training on cholera and hygiene promotion. The focus is on educating the communities on cholera prevention, management and ensuring behaviour change towards access to treatment. German/Austrian/Canadian Red Cross have conducted hygiene promotion training in Zvipiripiri, Chiadzwa, Mukwada, Muromo, Berzeley bridge starting in communities with the highest death-in-community caseload. Hygiene promotion material translated into local language and approved by MoHCW has been distributed along with soap, 22,390 water purifier sachets and IEC material, thus a total of 2,160 households have been reached by ZRCS volunteers.

Spanish Red Cross completed baseline surveys (in Chidamoyo, Chivende, Nyamunga, Kasangarare, Chirundu, and Magunge) and is developing a hygiene promotion work plan. So far they have given support in sanitation to CTCs in Kadoma, Karoi and Chidamoyo in Mashonaland West Province. The French Red Cross team is also giving supporting Spanish Red Cross team in Karoi.

At Mnene mission hospital in Midlands Province, the Norwegian Red Cross team assisted in restoring power supply and rehabilitating the latrines. The Lutheran Church that runs the hospital had a youth conference with approximately 60 young people from the southern parts of the province attending. The Norwegian ERU team leader attended and used the opportunity to talk about hygiene and cholera prevention. The British Red Cross Mass Sanitation ERU supplied latrine material used by the public health officer to construct family latrines. Volunteers were also trained on how to set up a family latrine and are helping the beneficiaries.

**Health and care**

<p><b>Objective: To reduce cholera-related morbidity and mortality through a comprehensive health approach including surveillance, case finding, health promotion, ORS distribution and case management and to improve Zimbabwe Red Cross capacity and the resilience of communities.</b></p>	
<p><b>Expected result:</b></p> <ul style="list-style-type: none"> <li>• Health services are supported to meet the health needs of the population.</li> <li>• The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Provision of 40 volunteer modules of the cholera kits, to support with community based activities at cholera treatment centres and in the community under the Ministry of Health and Child Welfare.</li> <li>• Mitigate the effects of cholera by developing the capacity of eight provincial Red Cross Offices in active case finding correct preparation, use and distribution of Oral Rehydration Solution (ORS) and in surveillance.</li> <li>• Training of volunteers in target branches in Community Based Health and First Aid (CBHFA) and on Epidemic Control for Volunteers training package.</li> <li>• Orientation of 800 volunteers and staff on the correct use and preparation of ORS.</li> <li>• Orientation and reorientation of 30 staff members directly responsible for project implementation.</li> <li>• Develop a first response plan at provincial Red Cross branches, through the establishment of ORS distribution outlets at community level.</li> <li>• Distribution of 80,000 ORS sachets through community level outlets.</li> <li>• Establishing three Cholera Treatment Centres (CTCs) using Basic Health Care ERUs with cholera treatment kits that will provide case management for affected population functioning in health facilities and using additional capacity from local health professionals. Those CTCs will also serve as centres for community-based activities performed by ZRCS volunteers.</li> </ul>

**Progress:**

The Finnish Red Cross Basic Health Care ERU's mobile teams continue to carry out daily surveillance visits in Manicaland Province covering seven institutions including four CTCs and three clinics. In addition to collecting surveillance data, requested items are supplied to all seven facilities. The teams are also engaging with communities on health education at community gatherings, and so far have conducted one day cholera training in Zvipiripiri district for 28 Red Cross volunteers and MoHCW staff. Jointly with ZRCS, the Spanish Red Cross also reached over 200 community members with health education sessions, which will have a cascade effect in communities served.

The Japanese Red Cross Basic Health Care ERU team together with the ZRCS provincial programme officer established a good working relationship with the district medical officer (DMO) Office with emphasis on surveillance, assessment, monitoring and follow-up to cover more than 25 clinics and CTUs including those both currently operational and at the planning stage. Meeting between Japanese, Spanish, Zimbabwe Red Cross Society and the DMO are taking place daily. The team is currently focusing on the Hurungwe district but are planning on visiting Kariba (to the North West) to do a needs assessment and plan appropriate interventions. Assistance has been given to the MoHCW in Chikangwe to help set up a CTU where the water supply and sanitation has been completed by the Spanish RC Mass Sanitation ERU (installation of water bladder tank and water drainage). As the maternity clinic is located just beside this CTU education for both maternity clinic staff and CTU staff is a priority in order to prevent the spread of the disease.

The first phase of the Japanese Red Cross plan of action is geared towards assisting the MoHCW with its goal of ensuring that all clinics have the minimum materials including standardized cholera treatment manuals, treatment wall charts and patients' charts. The Japanese are also assisting through the distribution of other material such as frame tents, cholera beds, cholera kits (volunteer and treatment), inter-agency emergency health kits and other supplies such as gloves, ORS, antibiotics, chlorine (tablets and sachets), and cleaning/disinfection material.



ZRCS volunteers and Spanish Red Cross ERU team constructing a mortuary at the CTC in Karoi

In Midlands (Gweru) where the cholera situation is characterised by a sporadic distribution without defined concentration of cases, the primary focus of the Norwegian Red Cross Basic Health Care ERU teams (as well as the Finnish and Japanese RC teams) is on assessment and verification of the reports. ERU teams have had to redefine their purpose and concentrate on supporting existing health facilities; as such the Norwegian Red Cross will revise its mission and adapt the complement of the team according to the needs, thus having a smaller mobile team.

In the same province and many others, the transmission of cholera seems to be connected to funeral and family gatherings. Therefore, approximately 50

nurses and Red Cross volunteers have been mobilised to help improve the level of health education and ensuring access to treatment. Social mobilization activities have been strengthened to inform communities on signs/symptoms of cholera, prevention and treatment. In Karoi in Mashonaland West Province, the Spanish Red Cross Mass Sanitation ERU facilitated the establishment of a mortuary near the CTC.

The Norwegian Red Cross Basic Health Care ERU is in Midlands Province and has set up a CTC in Zvishavane at Mandava Clinic, located near a bus station and market place. A cholera kit has been donated to the local hospital which is also being supported by the CTC. The Norwegian team also moved to Gokwe base camp and after three weeks of assisting with MoHCW operate a mobile clinic for several clinics and three district hospitals will now facilitate the set up of a CTC.

British Red Cross Mass Sanitation ERU assisted the MoHCW with setting up latrines at the Mandava CTC at the same time training ZRCS volunteers on pitching tents, the clinic staff on case management and treatment. The team also donated 110 kits with material for a doctor's office and maternity unit at Mnene Mission hospital. A cholera kit and malaria kit have been pre-positioned in the district to be distributed to other hospitals and clinics because some areas are expected to be inaccessible due to rains.

The Matebeleland South provincial office conducted an assessment and would continue with health and hygiene education and provision of water makers. The province is partnering with other stakeholders focussing on disseminating cholera prevention messages in areas where the Mopani worm harvest is at its peak.

### Challenges

The nature of the terrain in part of Mashonaland West Province is presenting logistical challenges and so far Japanese Red Cross ERU has only reached 15 of the 25 targeted clinics. Discussions are on-going with the ERUs on standardized reporting formats to ensure that quantitative data is collected giving a picture of impact.

## Logistics

**Objective:** To ensure that ERU material is effectively received, customs cleared and delivered to the designated area; that the planned relief items and humanitarian supplies are procured, delivered, and distributed in a timely, transparent and cost-efficient manner; and that standard logistics procedures are followed and reported upon while providing training and advice to host National Society and Federation delegates and staff as needed.

**Expected result:** logistics support complements and facilitates the activities and assistance planned.

**Activities planned:**

- Set-up supply chain and control supply movements from point of entry to final distribution point.
- Monitor and evaluate the supply chain and provide reporting on performance.
- Mobilization and procurement activities will be coordinated by Dubai Regional Logistics Unit.
- Liaise and coordinate action with the ICRC and any other key actors to ensure that the Federation logistics operation uses all information so as to be as efficient and effective as possible.

The logistics of the operation are still under the supervision of the IFRC Zone logistics coordinator, as an interim measure before the engagement of operation's logistics coordinator. In the last two weeks, focus has been on training new drivers and warehousing staff on standard procedures. The distribution of relief items has been effective given good coordination with the ZRCS and ERU teams.

## Communications – Advocacy and Public Information

Communication with the field which has been a major challenge has greatly improve with sharing of weekly updates, ERU and sector reports. However, more need be done to increase visibility on Red Cross work/contribution in this operation at the international level. Lack of such publicity has contributed to the low funding of the emergency operation.

## How we work

***All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.***

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

**For further information specifically related to this operation please contact:**

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**[<Updated donor response report attached below; click here to return to the title page>](#)**

# International Federation of Red Cross and Red Crescent Societies

## Donor response to appeal MDRZW004 - Zimbabwe - Cholera

TIMEFRAME: 07 Nov 08 to 31 Jul 09

LOCATION: Zimbabwe

TOTAL AMOUNT SOUGHT:	10,170,233
TOTAL RECEIVED TO DATE:	4,111,009
APPEAL COVERAGE TO DATE:	40%

Updated on: 13 Jan 2009

Currency	Amount	Goal 1: Disaster Management CHF	Goal 2: Health and Care CHF	Goal 3: Capacity Building CHF	Goal 4: Principles and Values CHF	Coordination CHF	Total CHF
<b>BUDGET</b>							<b>10,170,233</b>
<b>FUNDING</b>							
<b>Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross	USD	100,000	109,963				109,963
Irish Red Cross	EUR	9,985	15,732				15,732
New Zealand Red Cross	CHF	20,000	20,000				20,000
Swedish Red Cross	SEK	1,400,000	196,158				196,158
<b>Total Cash contributions</b>			<b>341,853</b>				<b>341,853</b>
<b>Inkind Goods &amp; Transport</b>							
British Red Cross	EUR	138,750	218,607				218,607
Finnish Red Cross	EUR	422,406	665,521				665,521
French Red Cross	EUR	114,115	180,533				180,533
German Red Cross	EUR	204,000	321,412				321,412
Japanese Red Cross	JPY	60,836,506	792,311				792,311
Norwegian Red Cross	NOK	3,080,000	525,741				525,741
Spanish Red Cross	EUR	420,000	661,730				661,730
<b>Total Inkind Goods &amp; Transport</b>			<b>3,365,855</b>				<b>3,365,855</b>
<b>Other Income</b>							
DREF Allocations	CHF	403,302	403,302				403,302
<b>Total Other Income</b>			<b>403,302</b>				<b>403,302</b>
<b>Total Income</b>			<b>4,111,009</b>				<b>4,111,009</b>
<b>TOTAL FUNDING</b>			<b>4,111,009</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,111,009</b>
<b>COVERAGE</b>			<b>40%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>40%</b>