

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

IRAQ

May, 2002

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01/66/2001

Appeal Target: CHF 11,550,287 (USD 7.1m / EUR 7.9m)

Operational Developments

The dramatic events on 11 September had repercussions well beyond the borders of the United States. Several countries in the Gulf region were also affected, and global media attention focused particularly on Iraq. The security situation there was extremely tense, as the country braced itself for air strikes or military attacks. The Iraqi Red Crescent Society (IRCS) quickly mobilized its resources and prepared itself for a worst case scenario.

In 2001, international sanctions against Iraq were still in place. The humanitarian situation in the country went into further decline, as basic medicines remained unavailable, and medical equipment and infrastructure have not been maintained for more than a decade. The average life span has decreased to below 60 for both men and women.

Relations between the IRCS and the Federation were good, and led to the drafting of the national society's first strategic five-year plan. The plan was presented by the IRCS in Damascus in November, and has received feedback from donor national societies, the Federation and the ICRC. The five-year strategic plan is expected to be finalized at the beginning of the year 2002.

In 2001, the organizational development of the IRCS was on track but required more time before structural changes became apparent. The IRCS perceived organizational development as the key to its success, and the Federation in turn aimed to increase support within this field in 2002. Talks were held to discuss a new organizational setup as well as necessary changes in IRCS statutes.

Despite a lack of donor support, the IRCS and the Federation managed to begin implementation on all programmes, albeit with fewer resources than originally envisaged.

Objectives, Achievements and Constraints

Humanitarian values

The International Federation is in a unique position to promote the Fundamental Principles through its mandate, and through the esteem in which the organization and its emblems are held. Activities in this area were coordinated with the ICRC.

The purpose of this core area is not simply to ensure that people-staff and volunteers, public and private authorities, and the community in general - know about these principles and values, but to influence their behavior.

The IRCS capacity within this area has not been developed until recently. In 2000 and 2001, several workshops and weekly meetings were held between the IRCS and the Federation, during which the understanding and dissemination of the fundamental principles received particular emphasis. Within every programme resources were allocated to disseminating the Movement's mandate and principles. Additional resources went towards raising the visibility of the Movement and for dissemination during courses and meetings. Through leaflets, posters, reports and a more focused use of the media, the IRCS and the Federation were able to spread the Movement's message to a wider audience as compared with previous years.

A very good example of this promotion was the use of TV spots during the polio eradication campaigns which were carried out in April/May and November/December.

Disaster Response

Disasters have a disproportionate affect on the poor; more than 90 per cent of disaster related deaths occur in developing countries. Iraq, with its decreasing GDP, belongs to this category.

The IRCS was appointed by the government to be the lead agency for disaster response (DR) activities. To this end, the DR programme has aimed to build the capacity of the IRCS, as well as respond to relief needs in the country; however the national society's DR capacity is not yet well developed.

In 2001-2002 the main DR objectives were to respond to emergency needs in relief, the rehabilitation of primary health care centres (PHCs), hospitals, the water and sanitation infrastructure, and to link DR to disaster preparedness activities.

The DR programme consisted of six components:

Winter assistance to refugees in northern Iraq.

The Iran - Iraq war, followed by the Gulf war and the current economic embargo have all had a significant impact on the population, especially in the areas of public health and medical care. Conflicts in the region over the last decade have resulted in a large influx of refugees from Iran and Turkey. Internally displaced persons (IDPs) and returnees have settled in the northern governorates and live in precarious conditions in abandoned complexes, tents, schools or other unoccupied buildings. These vulnerable families needed blankets, heaters, plastic sheeting, kerosene lamps, tents, cooking sets, jerrycans and water tanks.

Goal

To alleviate the suffering of the most vulnerable refugees, IDPs and returnee population in the three northern governorates. The total number of beneficiaries was more than 6,500 families in the Duhok, Erbil and Suleimaniah governorates. Distributions included the items most needed during cold winter months such as blankets, kerosene heaters, etc.

Objectives To assist the most vulnerable groups among the refugees with relief items. To improve the living conditions of the refugees.

To increase the management and operational capacity of the IRCS in order to implement future projects. To disseminate the principles of the Red Cross and Red Crescent Movement to civil society, and to the authorities.

Achievements

Relief parcels were distributed to 1,000 families in Erbil and Suleimaniah. The following items were distributed in each relief parcel:

Item	Quantity
Blanket	3 PCs
Plastic sheeting	10 m
Stove	1 PC
Heater	1 PC
Cooking set (two cooking pots, four deep dishes, four flat dishes, four spoons, one knife, two tea pot and one bucket)	1 set
Jerry can (20 l)	1 PC
Kerosene lamp	1 PC
Towel	1 PC
Soap	1 bar

It is difficult to measure the extent to which living conditions have improved. However, the distribution of basic items helped the most vulnerable through harsh winter months in northern Iraq. Local IRCS branches prepared lists of beneficiaries and carried out the reception, warehousing and checking of relief items prior to and during distributions in an efficient and timely manner, clearly demonstrating their capacity to perform assistance activities. All relief items were visibly marked with the Red Cross emblem; moreover, the volunteers who participated in distributions disseminated basic knowledge about the Movement and the Fundamental Principles. Media coverage of the distribution process highlighted the spirit of the Movement and its support to the most vulnerable.

Rehabilitation of water and sanitation facilities.

Prior to 1990, an advanced system of water treatment plants served the center and south of Iraq. The sanctions imposed on Iraq and in some instances pollution from oil refineries have further worsened water and sanitation infrastructure. The main objective of this programme was to rehabilitate and equip damaged and worn water and sewage treatment plants. Special training and courses are needed for the existing water and sewage staff.

Goal

The project aimed to rehabilitate six water and sanitation projects within a period of 12 months from January to December 2001. This would decrease the number of diarrhea cases among children by providing potable water, improve the hygiene and health situation through the proper handling of sewage, and increase the health knowledge and technical background of the water and sewage staff in central and south Iraq.

Objectives To increase water quantities by the repair and rehabilitation of pumps, sedimentation tanks and by reducing leakage. To improve water quality by the proper handling of purified water, improving sand filters, adding activated carbon media and improving water extraction points. To decrease the impact of sewage on drinking water by draining critical areas. To set technical reports and drawings for every plant to be adopted as performance guidelines. To compile statistics on numbers of beneficiaries, quantity and quality improvements. To organize training courses for staff

with lectures on the running of plants. To analyze the cost-benefit ratio for each situation and optimize the result. To identify the most critical tasks and issues to be addressed at every site. The programme did not receive any funds, and was therefore not implemented.

Rehabilitation of hospitals

There are 162 hospitals in Iraq; in the past, these hospitals provided a high level of health services and were coordinated and supervised by the Ministry of Health (MoH). After 11 years of economic sanctions, the MoH can no longer maintain the hospitals.

The quality of water in the hospitals is unsuitable for human consumption, and sanitary equipment often does not function. This lack of basic facilities results in an increased numbers of diarrhea cases and infections. The Federation/ IRCS agreed to focus on the rehabilitation of water and sanitation systems in selected hospitals.

Goal

Improvement of the infrastructure of the main health facilities in four hospitals, with capacities of more than 200 beds, receiving more than 400 patients on a daily basis per hospital.

Objectives To improve the hospitals' sanitation systems by the end of the project. To provide the hospitals with potable water. To contribute to the rehabilitation of the hospitals' damaged infrastructure.

The programme did not receive any funds, and was therefore not implemented.

Rehabilitation of Primary Health Care Centres.

Financial support for the maintenance of Iraq's health service infrastructure under the UN Oil For Food Programme related to Security Council Resolution 986 has not been sufficient to reinstate an acceptable level of health for the Iraqi people. There are about 936 PHC centres in Iraq located in urban and remote areas. These health structures receive between 300 and 1,000 patients daily. The number of people who used to benefit from these facilities varies from 10,000 to more than 100,000 people in each community where the PHC centres are located. The two main elements of the PHC programme are physical rehabilitation and provision of basic medical furniture and equipment. The programme was to be implemented in the 18 governorates including the autonomous areas of Duhok, Erbil and Sulaymaniyah in the north.

Goal

To rehabilitate the physical structure of 54 PHC centres, with an average of three centers in each governorate, and to supply basic medical furniture and medical equipment to these centres. In addition, to increase dissemination of health messages through PHC centers.

Objectives To rehabilitate the physical structure of 54 PHC centres, by repairing the buildings, painting, sewage system, electricity, water system, etc. To provide medical furniture and medical equipment to the PHC centers (July 2001). To assist the MoH in building its infrastructure and to maintain these facilities. To create minimum working conditions for medical staff. To improve access to PHC for vulnerable patients. To foster awareness of the role of the Red Cross and Red Crescent Movement and to support the IRCS's dissemination programmes (March - December 2001).

The programme did not receive any new funds for the year 2001. However, funds from 2000 earmarked for this project were not fully spent, so some activities continued in 2001.

A total of 22 PHCs were rehabilitated, and office furniture, medical supplies and equipment were provided for them. The physical rehabilitation of the PHCs has improved the water/sanitation and electricity systems and helped to maintain the facilities. Rehabilitation of the buildings, the provision of new furniture and medical equipment, as well as installation of air coolers has created better working conditions for staff in the PHCs. The hygiene situation of patients improved through better sanitary facilities and medical equipment. The expansion of the PHCs led to an increase in the number of patients, particularly in the mother and child care unit. Each PHC was clearly marked with the Red Crescent emblem. In addition, health and nutrition information dissemination lectures were conducted at the 22 PHCs.

Disaster Preparedness

The IRCS was appointed by the Iraqi authorities to lead the “High committee to assist victims of disaster” which deals with disaster preparedness and response. In a crisis situation the IRCS has overall responsibility for providing shelter and food supplies to victims of disasters. The national society’s DP programme was developed in close cooperation with the Federation. The programme includes DP planning, building, guiding, coordinating and training, as well as raising awareness and public education about how to respond to disasters.

Goal

To prepare for, and if need be, respond to disasters caused by oil pollution, drought, earthquakes, continued sanctions and war (in conjunction with the ICRC) and natural disasters (such as floods, harsh winters etc.). To this end, the programme aimed to improve DP infrastructure, and to train 540 volunteers, hereafter connected to the disaster preparedness programme.

Objectives To develop and improve DP coordination offices in IRCS headquarters and branches in the country. These offices will be responsible for countrywide coordination of the DP programme, should a disaster occur (DR), by the end of 2001. To strengthen logistical capacity to the minimum standards required for handling increased supplies (SPHERE standards).

To rehabilitate IRCS warehouses in all 18 branches and provide them with relief materials by mid 2001. To increase transportation capacity in order to facilitate transportation of seriously injured patients during disasters by mid 2001 (ambulance and truck). To upgrade communications equipment by mid 2001. To reduce the effect of drought on the population by mid 2001. To reduce psycho-social stress on the community by the end of 2001. To implement training of 120 volunteers and increase DP awareness among the population, especially among vulnerable groups, who could be affected by a disaster, war, continued sanctions etc.) by the end of 2001.

To strengthen links between DP, DR, and health activities and to prepare the implementation of an organizational matrix with the Federation’s delegation and national society headquarters by mid 2001.

The programme was extended until March 2002.

Four coordination offices were established in the governorates of Baghdad, Ninawah, Erbil and Basrah). These offices have DP staff and volunteers (head of branch, administrator, trainer, coordinator, warehouse manager and 30 volunteers). The volunteers were supplied with personal kits, which contain a first-aid kit, a knife, gloves, torch, soap and uniforms. The four branches were supplied with evacuation and rescue kits, which contain ropes, stretchers, oxygen bottles, splints, chest and shoulder belts, blankets, shovels, towels, hammers and tool kits.

A training session was held in Baghdad for IRCS warehouse managers in the four branches and at headquarters. The warehouses in the four branches were rehabilitated and fumigated. Relief items were purchased following rehabilitation of the warehouses.

Radios and mobile stations were purchased for IRCS headquarters and branches. Batteries and power supply devices were also provided to the IRCS in order to rehabilitate the communication departments in IRCS branches.

Disaster awareness activities and lectures targeting the most vulnerable groups in the community began in December 2001. A total of 45 volunteers were trained in four governorates (Baghdad, Ninawah, Erbil and Basrah) during the year 2001. A link between DP and health was established by involving community based first-aid volunteers in the DP training courses.

Health and Care

Ultimately, it is the role of the government to ensure that its health and social welfare systems, however structured, are capable of meeting the needs of its population, and particularly the most vulnerable. The IRCS plays a complementary role and focuses on community based health and well being, with its unique, in the Iraqi context, country wide network covering all 18 branches.

The health and care programme consisted of two components in 2001: a comprehensive project that integrates community based first aid, health and nutrition information dissemination and branch development, and a newly developed activity to initiate and implement income generating activities for landmine victims.

Iraq is one of the countries covered by a separate appeal for polio eradication launched by the Federation in September 2000. Reports on three campaigns were completed and sent to the Federation Secretariat.

Community Based First Aid (CBFA, Health and nutrition information dissemination (H&NID)

The 2001 programme was revised after fruitful discussions were held with both the Swedish and the Norwegian Red Cross delegations to incorporate the programme into the overall IRCS-Federation programme.

CBFA, health and NID and branch development were implemented in a joint IRCS-Federation programme in 1997. This programme continued from August onwards, again with the support from the Swedish and the Norwegian Red Cross Societies. The implementation period was extended to 31 March 2002.

Goal

To increase the numbers of volunteers trained in community based first aid, health and nutrition, in order to disseminate and share information at community level in all of Iraq's 18 governorates, thereby also developing the national society's capacity.

Objectives To establish an efficient, supportive CBFA center at headquarters level which will coordinate support to CBFA, health and NID courses by using branch coordinators and improve local branch capacity in the area of first aid in the community, by training 2,160 volunteers and 450 trainers (60 per cent female and 40 per cent male) in all 18 branches by the end of 2001.

To further increase the community's knowledge of health threats and build awareness of preventive measures of ill health. The health and nutrition information dissemination component of the programme will focus on establishing links between the volunteers, vulnerable groups and health structures. This will increase the number of health and NID volunteers to a total of 270 (15 per branch) by the end of 2001.

To increase the capacity of IRCS local branches and headquarters to be effective in capacity and vulnerability assessment and project management (a micro-project will be set up in each of the 18 branches by the end of 2001).

From August to December 2001 the number of courses conducted and volunteers trained was as follows:

Two CBFA courses were conducted with 20 participants per course. Forty volunteers were trained in each of the 18 branches, resulting in a total of 720 new IRCS volunteers.

The health and NID programme was expanded. The number of trained volunteers increased during the 2001 programme from 10 to 15 in each branch, with a total of 270 new disseminators. The training of the disseminators was organized in collaboration with Ministry of Health. In addition, the number of dissemination lectures was doubled so that each disseminator conducted two health lectures monthly. The lectures covering hygiene, diarrhea, water and sanitation, breast feeding, nutrition and prevention of diseases were held in PHCs, schools, mosques, villages etc. A total of 200,000 leaflets was printed and distributed.

In 2001 the MoH asked the IRCS to participate in a countrywide programme on the prevention, early detection and treatment of breast cancer. The MoH saw the unique structure of the health and NID programme as an excellent means of disseminating methods of breast self-examination. The topic was included in CBFA courses and conducted by female disseminators. A total of 32,000 leaflets and 3,000 posters was printed and distributed. From August to December 2001 1,364 dissemination lectures were conducted for 40,190 participants.

Income Generating Activities for Landmine Victims

A programme to rehabilitate landmine victims was agreed upon between the IRCS and the Federation in May 2000. The programme targeted five IRCS branches including Basrah in the south and Suleimaniya in the north (Kurdistan), and consisted of four components:

- Construction of a training center for landmine victims;
- Sewing and computer classes literacy classes for victims;
- Training of landmine victims as CBFA volunteers;
- In cooperation with the ICRC, mine awareness dissemination through additional trained volunteers was conducted.

The objective was not only to reintegrate the victims but also to give them professional skills for future employment, and to include land mine victims as auxiliaries to the IRCS volunteers.

IRCS and the Federation held preliminary discussions with the ICRC and the Iraqi Civil Defence regarding the mine awareness component of the programme.

Goal

To provide assistance to the most vulnerable group among the disabled landmine victims, improve IRCS capacity and raise its profile in the communities.

Objectives To rehabilitate mine victims through income generating projects in trades such as sewing, carpet weaving, knitting, ceramics, iron work, and in computer literacy.

To provide social support to disabled landmine victims.

To increase mine awareness within the community.

Two training centers was prepared for construction and two CBFA courses were conducted in Basra and Suleimaniya respectively.

Polio Eradication Campaigns

Participation in the polio eradication campaigns was not a part of the Iraq Appeal 2001. Nevertheless this became an important and well appreciated contribution to the work of the MoH/WHO.

In November 2000 WHO with the approval of the Ministry of Health requested that the IRCS as an independent organization assume responsibility for the monitoring process, including the evaluation of the polio eradication campaign. In the first round (November) of the second 2000 campaign IRCS carried out monitoring activities in Baghdad.

In the second round (January 2001), monitoring was expanded to cover four governorates: Baghdad, Basra, Nineva and Suleimaniya. In the first (April - May) and the second (November - December) 2001 campaign IRCS monitored all governorates in Iraq. Some 670 - 700 IRCS volunteers participated as monitors in each round of the campaigns. In addition IRCS provided volunteers for the MoH vaccination teams. The number of volunteers participating in the vaccination teams was in accordance with the MoH request.

Through leaflets distributed and TV spots shown several times on the days before and during the campaigns the IRCS and the Federation became visible to the people of Iraq in a very positive way. A Kurdish version of the leaflets and the TV spots was distributed in the three autonomous governorates.

IRCS and the Federation cooperated closely with the MoH, WHO and UNICEF at government and governorate level during the planning period as well as during the campaigns. Lessons learned were discussed in evaluation meetings and IRCS/Federation recommendations were taken into consideration.

Comprehensive internal evaluations was made after each of the four 2001 rounds and adjustments were carried out accordingly. All the reports as well as the independent evaluations were submitted to the Federation Secretariat.

Organizational Development

In many countries, regions and delegations a vast majority of activities (projects or programmes) focuses on the national society at branch level. This was also the case in Iraq; an assessment was conducted and identified an absolute need to involve the IRCS headquarters in Baghdad in programme development. Without this element, success in the branches might prove unsustainable.

Until 1990/1991, Iraq and the Iraqi Red Crescent Society (IRCS) were major donors to international humanitarian assistance programs, whereas now they are major recipients. Until 1991, the IRCS had only three main branch offices in Baghdad, Mosul and Basrah. Following many years of conflict and increased need for humanitarian assistance, the IRCS opened branch offices in the remaining 15 governorates. Between 1997 and 2000 the IRCS was responsible for the coordination of humanitarian aid offered by international NGOs in Iraq.

Goal

To build up IRCS institutional and resource capacities to enable it to perform as a well-functioning national society with improved quality, impact and sustainability of service at the central and branch level.

Objectives To increase the governance, leadership and management capacity of the IRCS according to well-functioning national society standards by mid 2002. To develop a financial resource system at IRCS, improving its financial base and reducing dependency on outside sources by mid 2002. To develop the human resources department at headquarters and branches according to well-functioning national society standards in order to increase the number of properly qualified employees, and to widen the pool of volunteers from all sectors of the community by 500 per cent by mid 2002. To further develop IRCS capacity to conduct effective assessment, implementation, monitoring and evaluation of activities at headquarters and branch level by 300 per cent by mid 2002.

To rehabilitate and build IRCS buildings by the end of 2001.

The programme was extended until April 2002. In May a workshop which focused on the capacity of IRCS headquarters was organized. At the workshop, a strengths, weaknesses, opportunities and threats (SWOT) analysis was conducted.

Activities continued on the implementation of most of the other objectives. The development of the IRCS towards becoming a well-functioning society was well on its way until September 2001. Since then there has been some disagreement on future strategies. The Federation nonetheless continued to focus on getting cooperation and development back on track.

Regional Cooperation

In 2001 the IRCS participated in more meetings and conferences than ever before and established valuable partnerships which will aid in its future organizational development. The national society was involved in the following events:

- The IRCS hosted the first regional psychological first-aid conference and a follow up HIV/AIDS meeting, both of which were held in May.
- IRCS staff attended a partnership meeting held in Damascus in November, a fundraising conference at the Hague in October, the General Assembly meeting in Geneva in November, an HIV/AIDS conference in Thailand, and an HIV/AIDS training of trainers in Damascus, both in December.

Coordination and Management

In 2001 the delegation consisted of four delegates. Core delegates in place from the beginning of September 2001 contributed greatly to the development and capacity building of the national society.

Outstanding needs

A lack of funding was the main problem during the year 2001.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation web site at <http://www.federation.org>.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
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Final report	

Appeal No & title: 01.66/2001 Iraq

Period: year 2001

Project(s): IQ000, 001, 002, 004, 160, 161, 300, 401, 402, 511

Currency: CHF

I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	11,550,287				
less					
Cash brought forward	207,853				
TOTAL ASSISTANCE SOUGHT	11,342,434				
Contributions from Donors					
Donor - Unidentified (D000)	23,991				23,991
Norwegian Govt.via Norwegian Red Cro (D	88,594				88,594
Norwegian Govt.via Norwegian Red Cro (D	42,188				42,188
Norwegian Govt.via Norwegian Red Cro (D	124,538				124,538
Norwegian Govt.via Norwegian Red Cro (D	33,480				33,480
Norwegian Govt.via Norwegian Red Cro (D	122,344				122,344
Norwegian Govt.via Norwegian Red Cro (D	84,375				84,375
Norwegian Govt.via Norwegian Red Cro (D	168,750				168,750
Norwegian Govt.via Norwegian Red Cro (D	207,563				207,563
Norwegian Red Cross (DNNO)	9,844				9,844
Norwegian Red Cross (DNNO)	3,720				3,720
Norwegian Red Cross (DNNO)	13,594				13,594
Norwegian Red Cross (DNNO)	23,063				23,063
Norwegian Red Cross (DNNO)	18,750				18,750
Norwegian Red Cross (DNNO)	13,838				13,838
Norwegian Red Cross (DNNO)	9,375				9,375
Norwegian Red Cross (DNNO)	4,688				4,688
Private Donors-online donations (DPOLD)	1,628				1,628
Swedish Govt.via Swedish Red Cross (DGI	85,750				85,750
Swedish Govt.via Swedish Red Cross (DGI	46,800				46,800
Swedish Govt.via Swedish Red Cross (DGI	109,200				109,200
Swedish Red Cross (DNSE)	34,300				34,300
Swedish Red Cross (DNSE)	46,800				46,800
Switzerland - Private Donors (DPCH)	408				408
Switzerland - Private Donors (DPCH)	12				12
Switzerland - Private Donors (DPCH)	9				9
Tunisian Red Crescent (DNTN)	3,338				3,338
U.N.Department of Humanitarian Affai (DH	12,849				12,849
Denmark				59,959	59,959
Norway				38,439	38,439
Sweden				19,712	19,712
TOTAL	1,333,784			118,110	1,451,894

II - Balance of funds

Opening balance	207,853
CASH INCOME Rcv'd	1,333,784
CASH EXPENDITURE	-827,286

CASH BALANCE	714,350

Appeal No & title: 01.66/2001 Iraq

Period: year 2001

Project(s): IQ000, 001, 002, 004, 160, 161, 300, 401, 402, 511

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	3,669,100	26,039			26,039	3,643,061
Clothing & Textiles	372,936	28,819			28,819	344,117
Food/Seeds						
Water						
Medical & First Aid	178,200					178,200
Teaching materials	549,734	27,204			27,204	522,530
Utensils & Tools	487,650	48,745			48,745	438,905
Other relief supplies	440,000	4,083			4,083	435,918
Sub-Total	5,697,620	134,890			134,890	5,562,730
<u>CAPITAL EXPENSES</u>						
Land & Buildings	900,000					900,000
Vehicles	37,400					37,400
Computers & Telecom equip.	107,002	23,960			23,960	83,042
Medical equipment						
Other capital expenditures	355,342	18,159			18,159	337,183
Sub-Total	1,399,744	42,119			42,119	1,357,625
<u>TRANSPORT & STORAGE</u>	442,000	42,475			42,475	399,525
Sub-Total	442,000	42,475			42,475	399,525
<u>PERSONNEL</u>						
Personnel (delegates)	710,412	131,241		118,110	249,351	461,061
Personnel (local staff)	819,195	225,444			225,444	593,751
Training						
Sub-Total	1,529,607	356,685		118,110	474,795	1,054,812
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts		1,446			1,446	-1,446
Travel & related expenses	70,400	42,659			42,659	27,741
Information expenses	254,797	44,112			44,112	210,685
Administrative expenses	227,251	75,175			75,175	152,076
External workshops & Seminars	658,337	1,701			1,701	656,636
Sub-Total	1,210,785	165,093			165,093	1,045,691
<u>PROGRAMME SUPPORT</u>						
Programme management	778,836	57,675			57,675	721,160
Technical services	233,143	17,268			17,268	215,874
Professional services	258,553	19,156			19,156	239,397
Sub-Total	1,270,532	94,099			94,099	1,176,432
Operational provisions						
Transfers to National Societies		-8,076			-8,076	8,076
TOTAL BUDGET	11,550,287	827,286		118,110	945,396	10,604,891

Consumption rate: Expenditures versus income 65%
Expenditures versus budget 8%