

# 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

## ANGOLA

8 June 2006

### In Brief

**Appeal No. 05AA008; Appeal target: CHF 1,112,426 (USD 883,600 or EUR 716,500); Appeal coverage: 34.3%. [Click here to go directly to the attached Financial Report.](#)**

**Annual Appeal :** <http://www.ifrc.org/docs/appeals/annual05/05AA008.pdf>

**Programme Update no. 1:** <http://www.ifrc.org/docs/appeals/annual05/05AA00801.pdf>

**Programme Update no. 2:** <http://www.ifrc.org/docs/appeals/annual05/05AA00802.pdf>

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, long-term, multi-year planning.*

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### Operational context

The food and health situation in most parts of Angola is catastrophic. Less than 50% of the population has access to basic health services; 35% are partly or completely dependent on food aid and only 38% have access to clean drinking water. Thousands of Angolans die every year as a result of easily curable diseases such as malaria, diarrhoea or respiratory infections. Around four million people live under the risk of contracting Trypanosomiasis, meningitis, tuberculosis and worms. Infant mortality in Angola is still the third highest in the world. Mortality rates during childbirth are also high due to lack of medical facilities. The average life expectancy in Angola has dropped from 44.6 to 40.1 years in the recent years, whilst the HIV and AIDS prevalence rate is estimated at 5.5%. The rates in border provinces such as Kunene and Uige are alarmingly high at 9.12% and 4.8% respectively. Less than 10% of the country's young population has knowledge about HIV and AIDS<sup>1</sup>.

The Angola Red Cross implemented activities in community-based health and care (CBHC), health education, mother and child health care, HIV and AIDS prevention and promotion of behavioural change. The disaster management activities included mine awareness campaigns, response to flooding in Kwanza Norte and Bengo provinces, continued Marburg Hemorrhagic Fever control, social mobilization activities and the provision of safe water, sanitation and hygiene.

<sup>1</sup> Source: UNDP Human Development Index: [http://hdr.undp.org/reports/global/2005/pdf/hdr05\\_HDI.pdf](http://hdr.undp.org/reports/global/2005/pdf/hdr05_HDI.pdf)

## **Angola; Appeal no. 05AA008; Annual Report**

The national society underwent a comprehensive change process with the vision of becoming a well-functioning national society with strong branches and motivated volunteers capable of assisting and addressing the needs of the most vulnerable communities. Following the March 2005 by the national council to review its Statutes, to develop a new five-year strategic plan and to audit the last five years accounts, three commissions were set up namely, the constitution commission, strategic planning and finance commission and the audit commissions.

Following an update on the Angola Red Cross programme activities, it is evident that many of the institutional development strategic initiatives undertaken in 2005 have produced desired results and had substantial impact. In the provinces, a good level of commitment amongst the new provincial governing boards on the change process facilitated the revision of the Statutes, development of a better finance system and structuring of a strategic plan for the next three years.

The change process was slowed down during the month of July and August when the national society president was involved in an accident and hospitalized. The three commissions that were tasked with the review of the constitution, strategic planning and finance as well as audit delayed in carrying out their tasks due to lack of funding. The books of accounts have been closed and the auditing is now in progress. From 3 to 4 November 2005, the national society held a council meeting which was attended by the International Committee of the Red Cross (ICRC) and the Federation to assess the progress of the drafting of the national society Statutes and strategic plan as well as the preparation of an audit. The Statutes review has not been finalized in time for the Annual General Assembly, thus, it has been rescheduled for early 2006. There is a need to carry out a comprehensive assessment of the 2004 mission' plan of action and to identify short-term gaps that are holding the Angola Red Cross from carrying out its change process effectively.

In March 2005, the national society received financial support from Federation Disaster Relief Emergency Fund (DREF) to the tune of CHF 44,171, in response to floods that occurred in Dondo city. This happened when Kapacala and Kwanza Norte rivers burst their banks and flooded the city, completely destroying 300 houses. An additional 1,200 houses were partially destroyed affecting 10,000 people (2,100 households). Key partners in the field during this operation included the United Nations Children Fund (UNICEF) and the World Food Programme (WFP), who provided mosquito nets and food items for distribution to affected families. Coordination with local civil protection services was also strong, helping to optimize the impact of relief aid provided.

In 2005, a deadly epidemic, identified as Marburg Haemorrhagic Fever (MHF) virus, claimed the lives of 323 people, mainly in Uige province by August 2005. The first cases of MHF virus occurred in October 2004 and 14 deaths were reported by the end of the year. From March 2005, the Angola Red Cross responded to MHF, as an implementing partner to the National Civil Protection Commission, and played an important role in controlling its spread. The national society is also a member of the social mobilization sub-commission and has two staff that participate in all meetings. To respond to the Marburg outbreak, the Federation supported the Angola Red Cross with allocation of CHF 252,000 from the DREF. The Federation regional delegation in Harare recruited a delegate from Guinea-Bissau who was deployed to Uige province to support with social mobilization and relief activities. The delegate worked closely with the national society's provincial secretary in co-coordinating the operations and communicated regularly with the provincial local authorities, The Provincial Marburg Control Committee and the international team from Centre for Disease Control (CDC), Médecins Sans Frontières (MSF), World Health Organisation (WHO), UNICEF and United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

## **Analysis of 2005 programmes**

### **Health and care**

**Goal: Sustainable improvement in the general health conditions of vulnerable communities, whilst building and expanding upon the national society's capacity and volunteers system in the entire country.**

**Objective: The national society's basic health care provision to targeted communities, in three provinces surrounding national society health posts (with emphasis on returnee population) is improved and contributes to the mitigation of priority health problems.**

## Angola; Appeal no. 05AA008; Annual Report

### Progress/Achievements:

#### **150,000 households received information about general health education and common disease control activities.**

The Angola Red Cross strengthened the community-based health and care programme aimed at improving the health of mothers and children in the community through effective and sustainable volunteer intervention based on the ARCHI 2010 strategy. Below is the breakdown of beneficiaries reached through out the year:

- 10,485 benefited from curative and first aid treatment of the most common diseases;
- 79,377 from health education sessions;
- 16,250 from home visits and WatSan activities;
- 14,146 from routine vaccination;
- 6,825 women from parental care;
- 14,327 people from malaria prevention activities.

#### **Volunteers mobilized target population for immunization**

The national immunization campaigns against polio were conducted from July 29 to 31, August 26 to 28 and September 23 to 25 2005. The Angola Red Cross had an important social mobilization role during these campaigns. The government's initiative was aimed at increasing coverage, improving quality and stopping the spreading of the polio outbreak in Angola. More than 190 Angola Red Cross volunteers were trained and worked in community mobilization and vaccination teams. The Federation supported Angola Red Cross with CHF 16,000 towards the campaign. More than 400,772 community members received information and were mobilized, 602,936 children below five years were vaccinated and 437,941 home visits conducted in seven affected provinces.

In response to the MHF outbreak, more than 80 volunteers were trained in social mobilization, psycho-social activities and were active in dissemination, distribution of information, education and communication (IEC) materials. They equally conducted home visits, conducted meetings with traditional leaders, trained communities on water purification and distributed midwifery safety materials at traditional therapeutic centres. A total of 355 affected families benefited from immediate relief distribution and a total of 2,430 home visits were conducted by the Red Cross volunteers reached 25,430 people in four municipalities of Uige province – Uige, Songo, Negage and Quitexi.

Angola Red Cross volunteers carried out sensitization activities in Uige and surrounding villages<sup>2</sup> on control and prevention of MHF and other communicable diseases. The Angola Red Cross was part of the social mobilization sub-coordination committee comprising of members from the Ministry of Health, WHO, UNICEF and MSF. Beneficiaries were identified by the Provincial Marburg Control Committee using the Angola Red Cross criteria. The provincial branch secretary in Uige and the Federation delegate regularly informed the committee on the list of beneficiaries. Health coordinators for each branch were in Uige province during the first week of July 2005 and participated in social mobilization and Marburg awareness training of 40 new volunteers. This is the first experience of the MHF outbreak in Angola and the national society is preparing to respond in the eventuality of further outbreaks.

### **Impact:**

- The Red Cross volunteer network ensured a wider coverage of the CBHC programme through the health post and their surrounding communities;
- The national society contributed to the reduction in infant mortality in targeted areas through increased vaccination activities conducted in collaboration with the government;
- Training conducted towards the response to the MHF outbreak improved volunteers' capacity in social mobilization activities, logistics and relief distribution;
- The communities in Uige province expressed satisfaction over the assistance provided by the Red Cross during MHF control interventions, which reduced vulnerability of affected families;
- Angola Red Cross's auxiliary role to the government was recognised as a result of its effectiveness and timeliness in implementing activities towards the control of MHF.

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<sup>2</sup> Candombe Velho, Pedreira, Kakiuya, Centro da Ciudad, Dunga, Kimakungo, Candombe Novo, Kinguangua, Kishikon go, Mbanza Luanda, Muenga, Lilala, Capote, Ngana Kanama, Mbemba Ngango, Piscina and Povo Mateus.

## Angola; Appeal no. 05AA008; Annual Report

### Constraints:

- Lack of funding for the planned health activities affected the implementation of scheduled programmes for the second semester of 2005;
- Delays in producing field reports and weak staff capacity in the headquarters and provinces derailed the programme implementation plan;
- Poor communication between the headquarters and the provinces level due to inaccessibility, because of the prevalence of landmines, also affected the smooth implementation of health and care initiatives.

## HIV and AIDS

**Goal: Sustainable improvement in health and well-being of targeted populations.**

**Objective: 600,000 people were reached through an extended prevention programme, 100 Orphans and Vulnerable Children and 100 home-based care (HBC) clients were provided with care and support through the new pilot HBC project.**

### Progress/Achievements:

**The capacity of provincial offices to implement and evaluate HIV and AIDS activities is improved.**

Over 240 volunteers, including HIV and AIDS coaches, care facilitators and youth peer educators, worked in ten provinces of Angola reaching approximately 53,000 beneficiaries with anti-stigma and discrimination messages, prevention, care and psychological support. A national HBC workshop facilitated by the Mozambique Red Cross Society's HBC technician was held from 10 to 17 September 2005 in Luanda. 18 HIV and AIDS provincial programme coordinators participated. The workshop was designed to build the capacity of the NS in providing technical support to Red Cross volunteers in areas of care and support for HBC clients.

**Awareness is raised and information on HIV and AIDS prevention disseminated to 600,000 people.**

The Red Cross volunteers conducted 3,000 sensitization sessions and distributed 70,900 condoms and 7,000 IEC materials during the year. The initiatives aimed at increasing knowledge on HIV and AIDS and strengthening capacities on prevention.

**100 chronically ill people in one province are identified and have received HBC services.**

The Angola Red Cross's HIV and AIDS provincial coordinator in Cabinda, in coordination with the local authorities, identified 18 people living with HIV and AIDS (PLWHA) and established a support group. The groups provided a platform for PLWHA to share experiences, receive psychological support, gain life development skills and fight stigma and discrimination.

**100 OVC identified in one province have received material, educational, psychological and social support.**

From July 2005, the Angola Red Cross provided 30 OVC with educational materials, blankets, food, psychological and social support. This was conducted in Cabinda province on pilot basis, and will be rolled out to other provinces in 2006.

The national society was recognized both nationally and internationally as a key actor in the fight against HIV and AIDS as a result of advocacy and communication strategies directed towards the media, local authorities and humanitarian agencies. The Angola Red Cross continued supporting the government's efforts on HIV and AIDS prevention and assistance to people infected and affected by HIV and AIDS.

### Impact:

- Increased HIV and AIDS awareness amongst the target populations;
- Anti-stigma campaigns conducted in ten provinces contributed to positive participation of the community members in supporting people infected and affected by HIV and AIDS and maintained a low HIV and AIDS prevalence in these provinces;
- Awareness about HIV and AIDS in communities of the nine provinces where Angola Red Cross is implanting its projects has increased. A good indicator is the increased use of condoms;

## **Angola; Appeal no. 05AA008; Annual Report**

- Anti stigma and discrimination have been addressed through advocacy campaigns in coordination with the National Organization for PLWHA, UNAIDS, United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), UNICEF and WHO.

### **Constraints:**

- Delays in producing field reports and weak capacity of the headquarters and provincial staff affected the development and implementation of action plans;
- Poor communication between the headquarters and provinces also affected the progress and project implementation plan;
- The national HIV and AIDS programme coordinator is over burdened and the Red Cross volunteers capacity needs strengthening in order to scale up HBC projects.
- The HIV and AIDS programme failed to establish a HBC project in the first half of the year due to financial constraints and also because more attention was given to responding to the MHF outbreak in Uige province.

## **Disaster management**

**Goal: The vulnerability of people affected by disasters is reduced.**

**Objective: The vulnerability of targeted communities is improved through implementation of disaster prevention, preparedness and response strategies.**

### **Progress/Achievements:**

**Improved national society's disaster preparedness and response through capacity building of staff and volunteers.**

In response to the flooding that occurred in Bengo and Kwanza Norte provinces, Angola Red Cross assisted the affected families by providing temporary shelter, nutritional feeding, WatSan facilities, family tracing and reunification. The national society also worked in collaboration with the local National Civil Protection Service in search, rescue, evacuations and provision of basic health care. The relief operations towards flooding were well coordinated at the field level. Effective cooperation and coordination mechanisms were also established between the Red Cross branches and other humanitarian organizations, so as to avoid duplication of work to maximize the positive impact of collective effort. The government, through the National Civil Protection Service, monitored the situation and mobilized local authorities in Bengo and Kwanza Norte provinces to scale up the rescue operation. The Angola Red Cross, in collaboration with the government, conducted a damage assessment in the affected areas, and identified the needs of the affected families. The government also sent equipment to the affected areas to help repair roads as well as to provide relief items such as blankets, mattresses, used clothes and food items.

The Red Cross volunteers also distributed household items (bed sheets, blankets, mosquito nets, soap etc.). A total of 11,461 items were distributed to 355 families affected by the MHF. This was to replace those items that were destroyed as a measure to prevent transmission of Marburg. This was the first outbreak of MHF in Angola and the capacity of the national society has been strengthened to respond to future outbreaks.

The first aid team of the Angola Red Cross trained staff (more than 30 volunteer in Dondo and 15 in Caxicana) who in turn conducted social mobilization activities in an effort to prevent the spread of diarrhoea, cholera and malaria. The national society sent two consignments of used clothing to Dondo and one to Caxicana from their central warehouse in Luanda and distributed to the vulnerable and affected families.

Angola Red Cross distributed household items to replace those destroyed as a measure to prevent transmission of Marburg. A total of 355 affected families in Uige province benefited from immediate relief distribution of the following items; 763 mattresses, 463 blankets, 763 bed sheets, 763 plastic buckets, 763 jerry cans, 468.75 kg of soap, 1,875 litres of water purification chemicals and 408 Mosquito nets from UNICEF.

Through coordination of the disaster management programme, Angola Red Cross organized two capacity building training sessions on community-based first aid for 125 volunteers in Kwanza Norte, Bengo and Uige provinces, in response to disease outbreaks.



*Angola Red Cross community volunteers distributing relief items to affected families in Uige Province.*

**Improved quality of service in the community-based landmine awareness and education programme in seven provinces.**

With the support of the ICRC, Angola Red Cross continued to implement a landmine awareness programme at the community level in Bie and Benguela, Kwanza Sul, Moxico, Kwanza Norte and Bengo provinces. A total of 40 Red Cross volunteers were involved in the landmine awareness campaigns conducted on monthly basis. ARC actively participated in the first national disaster response exercise conducted by the National Civil Protection Services and the American Embassy in Angola.

**Impact:**

- Emergency response operations improved the volunteer's capacity in Kwanza Norte, Bengo and Uige provinces in disaster response, community-based first aid, social mobilization activities, logistic and relief distribution;
- Coordination in disaster response between National Civil Protection Services, provincial local authorities and ARC branches was improved, especially during the MHF relief operation;
- The civil protection authorities at the national, provincial and local levels, including communities in Bengo, Kwanza Norte and Uige provinces, expressed satisfaction over the Angola Red Cross disaster response intervention which evidenced quality programming.

**Constraints:**

- The national society has limited capacity on disaster response which resulted in delays in accessing emergency relief funds and in distribution processes. It also delayed the implementation of the relief programme for the floods in Bengo and Kwanza Norte provinces. The emergency operation was planned to last for three months but was prolonged due to delays in the disbursement of funds. Throughout the course of this relief operation, it became clear that capacity building in service delivery and administration is necessary at all levels;
- Lack of funding to the Annual Appeal hindered implementation of other planned disaster management activities.

**Organizational development**

**Goal: Angola Red Cross is a well-functioning national society and is recognized and respected as a key national actor in the humanitarian sector, first and foremost by the Angolan people, by the government and other local and international humanitarian agencies.**

**Objective: The governance and management capacities of Angola Red Cross at both headquarters and provincial branch levels are strengthened so as to meet the new emerging development needs and deliver quality services to the most vulnerable communities in order to fulfil its role as an auxiliary to the government in humanitarian activities.**

**Progress/Achievements:**

**Angola Red Cross has established an appropriate and affordable organizational structure.**

The national society conducted the first national council meeting in March 2005, which was attended by all 18 provincial presidents and the national headquarters staff, ICRC and Federation country and regional delegation

**Angola; Appeal no. 05AA008; Annual Report**

staff. The aim of the meeting was for the new provincial presidents to start preparatory activities for the General Assembly. During the council meeting, three national commissions were established.

- The strategy commission: For the development of a strategic plan; it was to conduct a vulnerability capacity assessment (VCA) upon which a three-year national development plan will be developed;
- The legal commission: In charge of revising of the national society Statutes with support from the Federation, ICRC and a joint technical expertise team. The commission has established general rules and regulations and a new Red Cross Law was proposed to be introduced to the government for adoption by the parliament.
- The fundraising commission: In charge of carrying out inventory of the national society’s properties, preparing the agreement with an external auditing firm, booking the last five years accounts, conducting the audit draft proposals on fundraising and resource mobilization activities.

**Angola Red Cross has embarked upon the process to establish a strategic long-term national development plan.**

The legal commission finalized the Statutes revision and sent it to the provincial board for discussion and comments. The Strategy Commission has developed the first draft of a three-year strategic plan (2006-2009) based on the evaluation and discussions with the Angola Red Cross national coordinator and provincial committees.

**The finance and administrative department has been able to introduce improvements in the financial management.**

The five years books of accounts were closed by KPMG, a finance and audit company, and the report was sent to the governance, management and president of the Finance Commission. The audit was finalized in November and results will be presented at the General Assembly that is to be held in 2006.

**Impact:**

- The participation of branches during the revision of Statutes and setting up of the commissions with specific tasks was improved, which also increased ownership of the documents;
- There is a clearer understanding of the national society finance situation and how funds were used since 2000, this has enhanced planning and budgeting.
- The national society experienced increased commitment from the provincial presidents and members of the three national commissions towards the change process. To show support, the Federation health delegate in Angola was promoted to programme coordinator and the mission was extended to December 2005. This position was designed to ensure continuation of the process and to support to the senior leadership and governance.

**Constraints:**

- The national society experienced some divided attention and lack of commitment (by the president of the Strategy Commission) in the implementation of the plan of action and development of a strategic plan, this jeopardized the production of the first draft;
- The president of the national society was available to fill the gaps and supervise the process during the absence of the secretary general. These gaps had destabilized the headquarters’ staff, decreased the control on tasks, the delivery of services and effective implementation of the change process.

**Table 1: Partners and donors who provided financial and technical support to Angola Red Cross in 2005**

<b>Movement partner</b>	<b>Projects</b>
Federation	Health and care, HIV and AIDS, disaster management, organisational development – capacity building
ICRC	Promotion of humanitarian values
Danish Red Cross	Organisational development, health and care
French Red Cross	Organisational development, health and care
Swedish Red Cross	Organisational development, health and care
<b>Other Organizations</b>	
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI)	HIV and AIDS

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**Angola; Appeal no. 05AA008; Annual Report**

Government departments	HIV and AIDS, community based-health, water and sanitation, food security, disaster management
American Embassy	Disaster management
National organisation for PLWHA	Coordination in HIV and AIDS
National Civil Protection Service	Disaster Management
World Food Programme	Food aid, disaster management,
World Health Organization	Health and care,
UNAIDS	Health and Care
UNCHR	Refugee programme
UNICEF	Health, HIV and AIDS
UNFPA	Health and care
MSF	Health and care
WHO	Health and care

*[Final financial report below; click here to return to title page and contact information.](#)*

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA008
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	586'844	98'175		427'407		1'112'427
B. Opening Balance	7'538	-1'041		15'957		22'453
<b>Income</b>						
Cash contributions						
Capacity Building Fund				105'168		105'168
Danish Red Cross	42'000			41'100		83'100
French Red Cross				2'000		2'000
Norwegian Red Cross		8'195		2'942		11'136
Swedish Red Cross				84'000		84'000
C1. Cash contributions	42'000	8'195		235'210		285'404
Outstanding pledges (Revalued)						
Swedish Red Cross		1'650		82'500		84'150
C2. Outstanding pledges (Revalued)		1'650		82'500		84'150
Reallocations (within appeal or from/to another appeal)						
Netherlands Government	313'694					313'694
C3. Reallocations (within appeal)	313'694					313'694
Other Income						
Miscellaneous Income	-194			2'854		2'660
C6. Other Income	-194			2'854		2'660
C. Total Income = SUM(C1..C6)	355'500	9'845		320'563		685'908
D. Total Funding = B + C	363'038	8'804		336'520		708'361

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	7'538	-1'041		15'957		22'453
C. Income	355'500	9'845		320'563		685'908
E. Expenditure	-321'923	-7'056		-212'486		-541'465
F. Closing Balance = (B + C + E)	41'114	1'748		124'034		166'896

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA008
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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A						B	A - B
<b>BUDGET (C)</b>		586'844	98'175		427'407		1'112'427	
<b>Supplies</b>								
Clothing & textiles	127'187	19'047					19'047	108'140
Medical & First Aid	25'644	4'963					4'963	20'681
Teaching Materials	19'845	5'271					5'271	14'574
Other Supplies & Services	8'432	7'413					7'413	1'019
<b>Total Supplies</b>	<b>181'108</b>	<b>36'693</b>					<b>36'693</b>	<b>144'415</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom		29'847			1'637		31'483	-31'483
<b>Total Land, vehicles &amp; equipment</b>		<b>29'847</b>			<b>1'637</b>		<b>31'483</b>	<b>-31'483</b>
<b>Transport &amp; Storage</b>								
Storage	3'500	2'184					2'184	1'316
Transport & Vehicle Costs	19'802	7'827	28		7'947		15'801	4'001
<b>Total Transport &amp; Storage</b>	<b>23'302</b>	<b>10'011</b>	<b>28</b>		<b>7'947</b>		<b>17'986</b>	<b>5'316</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	92'800	19'192			43'573		62'765	30'035
Delegate Benefits	72'000	18'995	3'875		6'726		29'596	42'404
National Staff	270'536				54'608		54'608	215'928
National Society Staff		97'219			22'687		119'906	-119'906
Consultants	3'372	3'320					3'320	52
<b>Total Personnel Expenditures</b>	<b>438'708</b>	<b>138'726</b>	<b>3'875</b>		<b>127'595</b>		<b>270'196</b>	<b>168'512</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	151'715	28'481			6'605		35'087	116'628
<b>Total Workshops &amp; Training</b>	<b>151'715</b>	<b>28'481</b>			<b>6'605</b>		<b>35'087</b>	<b>116'628</b>
<b>General Expenditure</b>								
Travel	32'630	3'303			4'422		7'725	24'905
Information & Public Relation	49'326	33'006					33'006	16'320
Office Costs	52'788	12'017	178		840		13'035	39'753
Communications	21'447	4'104	463		2'982		7'549	13'898
Professional Fees	32'500	-2'023	2'023		49'327		49'327	-16'827
Financial Charges	4'150	-4'693	30		-2'568		-7'230	11'380
Other General Expenses	52'445	14'475					14'475	37'970
<b>Total General Expenditure</b>	<b>245'286</b>	<b>60'190</b>	<b>2'695</b>		<b>55'004</b>		<b>117'888</b>	<b>127'398</b>
<b>Program Support</b>								
Program Support	72'308	20'925	459		13'812		35'195	37'112
<b>Total Program Support</b>	<b>72'308</b>	<b>20'925</b>	<b>459</b>		<b>13'812</b>		<b>35'195</b>	<b>37'112</b>
<b>Operational Provisions</b>								
Operational Provisions		-2'950			-113		-3'063	3'063
<b>Total Operational Provisions</b>		<b>-2'950</b>			<b>-113</b>		<b>-3'063</b>	<b>3'063</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'112'427</b>	<b>321'923</b>	<b>7'056</b>		<b>212'486</b>		<b>541'465</b>	<b>570'961</b>
<b>VARIANCE (C - D)</b>		<b>264'921</b>	<b>91'119</b>		<b>214'921</b>		<b>570'961</b>	