

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

West Africa Regional Programmes

Appeal No. MAA61001

18 May 2007

This report covers the period of 1/01/2006 to 31/12/2006 of a two-year planning and appeal process.

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



RDRT members during a simulation exercise on population movement and attending to the displaced people in an established camp in the suburbs of Dakar (Diamniadio). Federation.

In brief

Programme Summary: The West and Central Africa region is prone to disasters such as population movements due to civil unrest in the Democratic Republic the Congo (DRC), Côte d'Ivoire, Central Africa, Sudan, Liberia, Sierra Leone as well as the Sahel food insecurity crisis and the floods that occurred due to climatic changes.

2006 was a year of re-orienting Disaster Management in the region and was developed to reduce the vulnerability of the populations through efficient and effective response. Some of these tools include the contingency planning process in anticipation of slow onset of disasters, the Regional Disaster Response Team (RDRT) system, which has been harmonized and renovated, and the Disaster Relief Emergency Fund (DREF) utilization which has been very useful for unforeseen disasters.

The Disaster Management team made significant progress in terms of preparedness, despite the lack of human resources to support the programme. More than 25 interventions were undertaken to assist over 3.1 million people. Most operations were carried out by the National Disaster Response Teams (NDRT) and RDRT trained members.

According to the 2006 Human Development Index (HDIs) report "*Beyond scarcity: Power, poverty and the global water crisis*", the low HDI in the region is partly due to lack of access to water and sanitation (WatSan). The report also states that the WatSan crisis is holding back development and consigning a large percentage of the population to poverty, vulnerability and insecurity.

2006 was also marked by the set-up of a regional health coordination structure, with the recruitment of a regional health and care coordinator (in June) and a regional WatSan coordinator (in November), who are based in the Federation's Regional Delegation in Dakar. One of the direct outcomes of the improved coordination was the finalization of the Regional Health strategy 2007-2010, translating ARCHI 2010 and the Algiers Plan of Action into the regional context and promoting an integrated approach to community health priorities.

Goal: The Federation Regional Delegation in Dakar will continue the process towards strengthening and consolidating the present structure to enable it be more efficient, cost effective and accountable to the National Societies in the region by establishing appropriate mechanisms for effective technical coordination, planning, preparedness and response in line with the Algiers Plan of Action and ARCHI 2010.

Needs: Total 2006-2007 budget CHF 15,862,279. (USD 13,109,321 or EUR 9,672,121) out of which 40.6 percent covered. **Click here to go directly to the attached financial report**

For more detailed information on the 2006 activities, please see Programme Update 1 and 2:

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6100101.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAA6100102.pdf>

No. of people we help: The direct beneficiaries of community integrated management of childhood illnesses programme (IMCI) are women and children from Pout, Yade, Ndey and Malicounda in Senegal. About 6,728 children aged under five years have been regularly weighed in the framework of the community IMCI programme. A total of 12,012 people were reached through social mobilization In Disaster Management, more than 25 interventions were undertaken to assist more than 3.1 million people. Most operations were carried out by the NDRT and RDRT trained members.

Our Partners: The main partners included the Danish Red Cross, Spanish Red Cross and the Swedish Red Cross (in country costs among others) as well as the Irish Government, ECHO and DFID.

Current context

Many West African countries have been undergoing a pre-campaign period leading to political unrest. Increasing poverty, bird flu epidemic, HIV pandemic, food insecurity, population movements, cholera and meningitis outbreaks and floods, among others, are recurrent wounds that undermine the region. In addition, there is very limited access to health services and inadequate supply of clean water and proper sanitation. HIV and AIDS is reported to be on the increase throughout the region.

Avian influenza was first reported in the African continent in early 2006 through Nigeria; however, no human infections were reported until January 31 2007. Nigerian authorities reported that the country recorded the first human death out of bird flu in sub-Saharan Africa.

Yearly outbreaks of meningitis are registered along the meningitis belt in Africa, stretching from Senegal in the West to Ethiopia in the East, with majority outbreaks being in West and Central Africa. The outbreak mainly occurs during the dry season, between January and May. Increased numbers of meningitis cases were registered in these regions, with Burkina Faso, once again, being the hardest hit country. Health authorities in Burkina Faso launched a mass vaccination campaign in the capital, Ouagadougou, to combat a rapid spread meningitis epidemic that claimed more than 800 lives. The Federation's Regional Delegation in Dakar, together with the National Societies in West Africa, has been providing assistance to the most vulnerable populations in the region.

Progress towards objectives

Health and Care

Improving the health of mothers and children is one of the main priorities of the Sahel health programmes as well as contributing to improve living conditions of the most vulnerable people. Most children in the Sahel countries have a poor start to life: The mortality rates of children aged under five years is the highest; breastfeeding rates for the first six months are very low and children suffer from moderate or severe malnutrition, vitamin A deficiency and acute respiratory infection. Access to adequate sanitation facilities is a great challenge, resulting to frequent diarrhoeal diseases and epidemics such as cholera.

The Federation's Sahel programme in health and nutrition aims to reduce infant mortality, maternal mortality and also increase immunization coverage, particularly on polio eradication, measles and neo-natal tetanus control as well as to promote malaria prevention and control – raising awareness about sexually transmitted infections (STIs), HIV and AIDS as well as female genital mutilation (FGM) through peer education.

The objectives of the HBC programmes in the Sahel region include: to contribute to the reduction of HIV prevalence rates; to control and prevent malaria morbidity and mortality, minimize social effects and economic losses attributable to malaria; to contribute to the reduction of childhood illnesses through an integrated approach

HIV and AIDS programme

Goal: Increasing HIV and AIDS awareness and advocacy for voluntary counselling and testing (VCT) in the Sahel region.

Objective: To contribute to the reduction of HIV and AIDS prevalence rate in the Sahel region.

The Gambia Red Cross Society (GRCS) implemented an Action Aid – supported project which aimed at rolling out the stepping-stones community prevention programme to 60 new villages in rural Gambia in order to empower rural communities to be more vigilant and proactive in the fight against HIV and AIDS. The stepping-stones programme also helped to increase community awareness leading to positive behavioural change with regards to STIs, HIV and AIDS. The approach guides local communities to use participatory methods of ranking their health problems and identifying possible workable solutions collectively, addressing the problems as well as supporting people living with HIV (PLWHIV) in combating stigma and discrimination.

This programme was implemented in Western and Lower River regions of the Gambia through the active involvement of two local branches. The following was achieved in 2006:

- Ninety six participants went for voluntary counselling and testing (VCT);
- Full involvement of Imams (Muslim religious leaders) and of traditional communicators;
- All the communities trained formed their own Red Cross links;
- Distribution of 500,000 condoms in the project areas;
- The GRCS gained the confidence of populations (STI cases being reported to facilitators for referrals) and built linkages between facilitators, peer groups and health facilities.

In the framework of the Global Fund to fight against AIDs Tuberculosis and Malaria (GFATM), the Gambia Red Cross Society signed a memorandum of understanding (MoU) with Christian Children Fund (CCF) to implement tuberculosis (TB) sensitization campaigns around the country. A total of 300 peer educators, and 50 traditional communicator groups were trained on TB message dramatization, and 50 drama sessions were held in 60 communities.

Malaria

Goal: Promoting the use of long lasting insecticide-treated mosquito nets (LLITNs) in the Sahel region so as to control malaria.

Objective 2: To control and prevent malaria morbidity and mortality, minimize social effects and economic losses attributable to malaria in the Sahel region.

The integrated malaria and polio mass campaign in Niger is ongoing. More than 2 million LLITNs were provided by Red Cross Society of Niger volunteers and its different partners. The aim of the campaign was to increase awareness of malaria among mothers with children aged under five years and to demonstrate how to correctly use the LLITNs. A total of 2,890 Red Cross volunteers worked in 5,832 villages in all the eight regions of Niger.

The Gambia Red Cross Society, in partnership with Department of State Health (DoSH), continued to carry out environmental cleaning exercises as part of the national strategy to control mosquito breeding grounds. In addition, a total of 400 volunteers were involved in LLITNs distribution organized by DoSH. Red Cross volunteers also distributed 1,700 LLITNs to the refugees arriving from the Southern region of Senegal into the Gambia with the support of the Federation regional delegation and UNHCR.

In Senegal, LLITNs were distributed to pregnant women, children aged under five years and the elderly during the holiday activity camp of Senegalese young volunteers in Yenn (70 km from Dakar). Sensitization sessions on hygiene education and health promotion were organized during this camp, with participation of the Gambia Red Cross Society volunteers.

Community Integrated Management of childhood Illnesses programme (Community IMCI)

Goal: Scaling up community Integrated Management of Childhood Illnesses (IMCI) in the Sahel region.

Objective 3: To contribute to the reduction of childhood illnesses through an integrated approach in the Sahel region.

The community IMCI programme is being implemented in the districts of Mbour and Thiès in Senegal for several years now. The different rural community villages concerned are Malicounda in Mbour, as well as Pout and Ndey in Thiès. The rural community village of Yade was included in 2006. In December 2005/ January 2006, orientation workshops were held in Yade to sensitize local authorities about the objectives of the project and also to involve them in the project and support branch activities at community level. Three refresher workshop training sessions were organized in Ndey, Pout and Malicounda. The main objective was to strengthen capacities of branches. Children aged under five years were regularly weighed in the framework of the programme and were classified as follows: green for the healthy with normal weight, yellow for moderately malnourished and red for severely malnourished. A total of 50 information, educational and communication (IEC) sessions, 130 home visits, 53 individual consultations and six social mobilizations were organized.

Gambia Red Cross Society developed a proposal for IMCI that was submitted to the Federation's health programme for possible funding. The implementation of the programme is expected to begin in 2007.

Organizational Development

Goal: National Societies are well-functioning and respond to the needs in their respective countries.

Objective: To improve the National Societies' capacities in service delivery to the most vulnerable people.

Planning

Each of the National Societies of Guinea-Conakry and Cape Verde developed a new strategic plan. The process in Guinea was supported by Swedish Red Cross and funded through the Federation. Mali Red Cross and Red Cross Society of Niger were supported in developing long-term projects in the framework of the exit strategic of the Sahel food security operation. These new projects become the framework of new partnerships between the two National Societies and their partners. The Danish, Spanish and Swiss Red Cross with Mali, and the Irish Red Cross and Qatar Red Crescent with Red Cross Society of Niger.

Human resources and restructuring process

With support from the Danish Red Cross through the Federation, the Mali Red Cross was able to recruit a programme coordinator and a human resources officer. The Mauritanian Red Crescent was able to recruit a health coordinator for the National Society with the Organizational Development allocation for Sahel. The Federation continues to support the position of Secretary General of the Mauritanian Red Crescent. The National Society also recruited a finance manager with the support of the Spanish Red Cross.

The Red Cross Society of Niger recruited volunteer management and human resources officer and the Federation continues to support the positions of executive secretary and resources development officer. Due to inadequate funds, the position related to this area was converted to the position of a programmes and partnership coordinator. A process of recruitment and equipment of staff at branch level is also ongoing. These staff members are seconded by the government while Federation is providing basic equipment.

Volunteering development process

A regional workshop on volunteering was organized with the technical support of the focal person for volunteering in Geneva. Twelve National Societies participated in the workshop. They included nine National Societies from the Sahel sub-region as well as the Red Cross Society of Côte d'Ivoire, Togolese Red Cross as well as Red Cross of the Democratic Republic of the Congo. The objective of the workshop was to support National Societies in understanding the issues related to volunteering development, policy and establishment of volunteer data base development. By the end of the year 2006, Burkina-Faso, Gambia, Mali and Niger Red Cross societies had developed a draft volunteering policy.

National Society finance management systems development

Terms of reference have been developed for an evaluation of National Society finance management system with provision of regional guidelines in finance. These guidelines will include minimum standards in human resources required for finance services, control tools to be used and reports to be published on a regular basis. A consultant was contracted to work with the finance manager of Mali Red Cross.

Disaster Management

Goal: The impact of disasters on the most vulnerable in West and Central Africa is reduced through the support by the Federation Regional Delegation to the National Societies.

Objective 1: (Capacity building): The regional delegation has contributed to strengthening the capacities of the National Societies for efficient disaster management.

Though this challenge has been tackled with the little resources, there is need for improvement in the coming months as to continue the ground work laid so far through:

- The Burkina Faso, Côte d'Ivoire, Liberia, Mali and Mauritania National Societies have formed their respective NDRT. In addition, Community Disaster Response Teams (CDRTs) were established in Cameroon, Chad, Côte d'Ivoire, Republic of Congo, DRC, Gambia, Mali, Mauritania and Senegal to work on community disaster resilience as pilot project.
- Fourteen National Societies have been implementing contingency planning in different emergencies in their respective countries, while 19 National Societies are able to conduct risk mapping, thus increasing the early warning system through trans-border coordination and experience sharing. Five Regional Disaster Response Team members were also trained as Field Assessment Coordination Team (FACT) members.
- Fifteen National Societies received training in food security assessment and nutritional food baskets. Focus on few countries will allow a better positioning of food security and nutrition work of the Red Cross in the region to foster synergy with other organizations working in this field.
- Sixteen Red Cross local branches along Côte d'Ivoire borders with Mali, Guinea, Burkina Faso, Ghana and Liberia are equipped with first aid materials and have an increased capacity response with a network communication and a fleet of bicycles.
- Introduction of the well prepared national society (WPNS) concept: Nigeria and Mali National Societies were able to start the process of becoming a well prepared National Society.

Objective 2: (Emergency Response): The Regional Delegation is assisting vulnerable people and National Societies in responding efficiently to emergencies.

Most of the challenges in the region were successfully responded to with the support of the Federation's Disaster Response Emergency Funds (DREF) as well as assistance from ECHO under the contingency planning process

- The Regional Disaster Response Team was reinforced by training of 28 members, as well as training of 12 members in IT/telecom and 25 specialists in WatSan, two members in team leadership and five as FACT members.
- In partnership with ECHO, 12 National Societies have developed contingency plans in terms of population movements. Guinea-Bissau, Gambia, Senegal, Cape Verde, Mauritania and Mali have also worked on the irregular migration issues. Their plan of action will be supported by the Agency for International Cooperation (AECI)¹ until 2007 with a holistic approach in capacity building as a response to the situation.
- Emergency stock for about 5, 000 families was pre-positioned in the region. However, the challenge remains with the required funding for deployment of emergency materials and technical teams for an intervention in the field.

Regional health coordination

Goal: To establish appropriate mechanisms in the region for effective technical coordination, planning, preparedness and response in the health sector so as to assist National Societies in developing and establishing sustainable community-based health projects in line with the Algiers Plan of Action and ARCHI 2010.

To respond to the challenges the region is facing and to improve the support to the National Societies, the Regional Delegation in Dakar developed the regional health coordination structure in June.

The regional health and care strategy (2007-2010) was finalized before the end of 2006, following a consultative process in August and November. The strategy's objectives are focused to further promote the integrated approach to capacity building, community health priorities, HIV and AIDS, sanitation as well as disaster preparedness and response. As stated in the strategy, networking and information sharing are the most important aspects and are part of the coordination role to promote and enhance this. To improve coordination with the health officers/directors of the National Societies in the sub-regions and support exchange of information and lessons learned between the National Societies, workshops were held in all three sub-regions.

An important outcome to the workshops was the creation of sub-regional networks in the Sahel Plus and the Lagos region, based on the successful model of the Central Africa Red Cross Health Initiative Network (CARCHIN) in Central Africa.

The overall health cluster coordination in the region is lead by WHO (cluster lead) and monthly coordination meetings have been implemented since September. As WHO is not present in Dakar these meetings are taking place at the OCHA regional office which is at the same time providing the secretariat function.

Avian Influenza is not part of the cluster meeting but a separate forum has been established on the regional level for this important issue. Monthly coordination meetings of the "AI platform" are taking place again at the OCHA regional office with the secretariat function being provided by the office.

Several regional meetings on HIV technical issues, specifically orphan and vulnerable children (OVC), have taken place and were attended by the regional health coordinator. Lack of a regional HIV coordinator and sub-regional HIV officers is the main constraint within the regional coordination structure and limits the possibility to move the agenda on HIV forwards and assist the National Societies in scaling-up their activities in this sector.

In order to respond more efficiently to the recurrent health crises throughout the region, the Federation developed contingency planning tools and other regional strategies. An urgent need to develop both the regional and country contingency plans for improved preparedness and response to health emergencies, especially epidemics, led to the organization of the first health contingency planning process in the region.

¹ In Spanish: Agencia Española de Cooperación Internacional

A 10-day RDRT workshop focusing on WatSan was organized in Cameroon. The training brought together 29 participants from the National Societies in the region. Through this training, the roster of available specialized RDRT members was replenished. To assure the availability of appropriate equipment for the newly trained RDRT members, a treatment and supply unit with a capacity to assist up to 10,000 people was purchased to be used in the case of a larger disaster, where the need for provision of water is necessary. The unit is stored in Dakar and is ready for deployment at any time at very short notice within the region.

The main constraint during implementation of these activities was the late arrival of funds. Therefore the activities had to be adapted to the shortened timeframe. In addition, the amount of funds received was inadequate to enable complete implementation of planned activities.

Working in partnership

The Regional Delegation in Dakar has been disseminating best practices on health, food security and Organizational Development by formulating a regional framework for volunteer management, regional guidelines on finance management systems and a regional food security approach. Similarly, a regional health network was effectively established through coordination meetings, knowledge sharing on best practices and joint planning of the National Society health issues.

The Federation Regional Delegation is hosting and working with Partner National Societies (PNSs) who have regional offices in Dakar: Danish, French, Hellenic and the Netherlands Red Cross Societies. Their presence and participation in meetings and other discussions organized by the Regional Delegation has undoubtedly contributed to ensuring effective coordination of support to the National Societies in the region.

The Regional Delegation also held series of meetings with PNSs present in Dakar on planned activities and support to National Societies in West and Central Africa. The discussions also included possible participation in Operational Alliances in countries such as Mali and Sierra Leone. There are regular consultations and interactions between the Federation and ICRC delegates.

Contributing to longer-term impact

With the financial support of Qatar Red Crescent, the emergency activities for food security in the Red Cross Society of Niger were transferred to development activities in WatSan for Niger. About 80 coaches have been trained to conduct hygiene promotion activities in 235 villages and accompany village water and hygiene management committees in WatSan infrastructure management.

In the framework of the exit strategy of the food insecurity emergency operation in the Sahel region, which includes transition to a development phase focusing on long-term projects, a training and project planning workshop was organized in Mali (September 2006), Niger (November 2006) and Mauritania (February 2007) with technical and financial support from the Federation Regional Delegation in Dakar.

Looking Ahead

The Red Cross Society of Guinea-Bissau will conduct a review process of its strategic plan (2004-2007) and develop a new one for 2008-2011. Support will be provided in long-term project planning in health including HIV and AIDS. The Red Cross Society of Guinea will be supported in health and HIV and AIDS projects planning.

Mauritania and Burkina-Faso will organize their long-term food security project planning activities, following the closure of the Sahel food security operation. The Senegalese Red Cross Society will be supported in the restructuring of its management body. Technical support will also be provided to the Red Cross of the Democratic Republic of the Congo restructuring process if requested.

A specific workshop will be organized on human resources/volunteering policy development guidelines and data base establishment. Niger, Burkina-Faso, Mali and Gambia National Societies will organize workshops and finalize their volunteering policy. Support for volunteers' data base establishment will be provided to Mali, Niger, Burkina-Faso and Gambia Red Cross societies.

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Selected Parameters	
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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	10,504,568	2,733,410	0	1,208,455	1,415,847	15,862,279
B. Opening Balance	56,947	16,546	0	120,585	-118,566	75,512
Income						
<u>Cash contributions</u>						
Australian Red Cross	189,172				534	189,706
British Red Cross	-0	0		0	5,000	5,000
Danish Red Cross				22,707	10,000	32,707
DFID Partnership	284,283	464,547		64,858	27,441	841,129
Finnish Red Cross	213,300				9,188	222,488
German Red Cross	3,815	188			6,302	10,305
Irish Government	316,900	396,125		0	713,025	1,426,050
Japanese Red Cross Society	106,172					106,172
Norwegian Red Cross					5,000	5,000
Other	-159,100	-198,875			-357,975	-715,950
Qatar Red Crescent Society	1,207,000					1,207,000
Spanish Red Cross		2,714			403	3,117
Swedish Red Cross	216,144	25,665		16,980	230,033	488,822
United Arab Emirates Red Crescent So		0				0
C1. Cash contributions	2,377,686	690,364		104,545	648,951	3,821,546
<u>Outstanding pledges (Revalued)</u>						
Danish Red Cross					40,000	40,000
German Red Cross	41,810					41,810
Qatar Red Crescent Society	2,268,270					2,268,270
C2. Outstanding pledges (Revalued)	2,310,080				40,000	2,350,080
<u>Inkind Personnel</u>						
Australian Red Cross					8,217	8,217
Finnish Red Cross					6,820	6,820
German Red Cross	62,000	2,893				64,893
Spanish Red Cross		41,747			6,200	47,947
C5. Inkind Personnel	62,000	44,640			21,237	127,877
<u>Other Income</u>						
Miscellaneous Income					18,198	18,198
Service Agreements					61,552	61,552
C6. Other Income					79,750	79,750
C. Total Income = SUM(C1..C6)	4,749,766	735,004	0	104,545	789,939	6,379,253
D. Total Funding = B + C	4,806,712	751,549	0	225,130	671,373	6,454,765

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	56,947	16,546	0	120,585	-118,566	75,512
C. Income	4,749,766	735,004	0	104,545	789,939	6,379,253
E. Expenditure	-989,394	-660,419		-155,715	-460,746	-2,266,273
F. Closing Balance = (B + C + E)	3,817,318	91,131	0	69,416	210,628	4,188,492

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		10,504,568	2,733,410	0	1,208,455	1,415,847	15,862,279	
Supplies								
Shelter - Relief		764					764	-764
Construction Materials	901,505		192				192	901,313
Clothing & textiles	188,500	4,344	1,409			72	5,825	182,676
Food	23,000		15,321				15,321	7,679
Seeds, Plants			23,086				23,086	-23,086
Water & Sanitation	3,086,913	32,525					32,525	3,054,388
Medical & First Aid	29,313	1,442	55				1,497	27,816
Teaching Materials	349,230							349,230
Utensils & Tools	21,379		2,037		0		2,037	19,342
Other Supplies & Services	480,516	734	6,721			152	7,607	472,909
Total Supplies	5,080,356	39,809	48,820		0	224	88,853	4,991,503
Land, vehicles & equipment								
Vehicles	152,468	62,592	4,272				66,864	85,604
Computers & Telecom	328,648	44,249	3,220		15,991	40,368	103,828	224,820
Office/Household Furniture & Equipm.	8,229	9,447	3,193		10,899	14,470	38,009	-29,780
Others Machinery & Equipment	500	14,133	13,936		8,192	-44,730	-8,468	8,968
Total Land, vehicles & equipment	489,845	130,421	24,621		35,082	10,109	200,233	289,612
Transport & Storage								
Storage	35,823	871				2,551	3,422	32,401
Distribution & Monitoring	120,010	1,897	90			24,599	26,585	93,425
Transport & Vehicle Costs	322,528	79,624	43,097		5,991	15,897	144,610	177,919
Total Transport & Storage	478,361	82,392	43,187		5,991	43,047	174,617	303,744
Personnel Expenditures								
Delegates Payroll	1,012,182	25,638	36,865		50,854	30,202	143,559	868,623
Delegate Benefits	1,042,971	110,873	71,433		32,780	64,472	279,558	763,413
Regionally Deployed Staff	7,014		4,284			1,164	5,448	1,566
National Staff	802,475	106,783	66,589		27,048	46,031	246,450	556,024
National Society Staff	563,078	71,013	25,137		24,305	7,335	127,790	435,288
Consultants	2,000				600		600	1,400
Total Personnel Expenditures	3,429,719	314,306	204,309		135,587	149,203	803,406	2,626,314
Workshops & Training								
Workshops & Training	2,919,934	217,874	155,302		43,910	98,597	515,682	2,404,252
Total Workshops & Training	2,919,934	217,874	155,302		43,910	98,597	515,682	2,404,252
General Expenditure								
Travel	740,682	53,094	48,620		5,127	34,362	141,203	599,480
Information & Public Relation	696,721	18,561	5,762		687	16,272	41,281	655,440
Office Costs	631,449	26,183	9,392		14,963	166,809	217,347	414,102
Communications	202,957	22,765	15,863		1,585	47,335	87,549	115,408
Professional Fees	69,125	1,978	20		5,959	54,264	62,221	6,904
Financial Charges	14,212	-1,293	-450		1,885	-6,375	-6,234	20,446
Other General Expenses	77,869	41,545	49,549		12,773	-148,696	-44,828	122,697
Total General Expenditure	2,433,016	162,832	128,756		42,980	163,971	498,538	1,934,477
Depreciation								
Depreciation						1,196	1,196	-1,196
Total Depreciation						1,196	1,196	-1,196
Program Support								
Program Support	1,031,048	64,587	43,231		10,121	28,421	146,361	884,687
Total Program Support	1,031,048	64,587	43,231		10,121	28,421	146,361	884,687
Operational Provisions								
Operational Provisions		-22,827	12,193		-117,958	-34,021	-162,613	162,613

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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
BUDGET (C)		10,504,568	2,733,410	0	1,208,455	1,415,847	15,862,279	
Total Operational Provisions		-22,827	12,193		-117,958	-34,021	-162,613	162,613
TOTAL EXPENDITURE (D)	15,862,279	989,394	660,419		155,715	460,746	2,266,273	13,596,006
VARIANCE (C - D)		9,515,173	2,072,991		1,052,740	955,102	13,596,006	

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Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAA61001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Health & Care							
P61008	West and Central Africa Health	0	611,591	-331,525	280,066	2,126,090	1,794,565
P61401	ARCHI	0	0		0		0
P61402	First Aid	0	0		0		0
P61403	Water&Sanitation	0	0		0		0
P61410	Reg. HIV/AIDS	49,747	0	-40,284	9,463	1,201,433	1,161,149
P61411	IMCI Programme	7,200	355,764	-197,920	165,043	1,432,316	1,234,396
P61412	Malaria	0	0		0	584,278	584,278
P61902	Primary Helath & Car	0	0		0		0
P61903	FIRST AID	0	0		0		0
P61904	Abidjan Meningitis P	0	0		0		0
PBF401	Health	0	29,935	-28,511	1,424	58,661	30,150
PCI002	Health Programme	0	0		0		0
PNE005	NIGER WATSAN	0	3,752,476	-391,176	3,361,300	5,101,789	4,710,613
PNE401	Health	0	0	0	0		0
PNG004	CBCH Clinics Plateau	0	0		0		0
PSL002	First Aid Training	0	0		0		0
PSL007	Community Based Heal	0	0		0		0
PSL008	Blood Prog	0	0		0		0
PSN401	Primary Health	0	0	23	23		23
Sub-Total Health & Care		56,947	4,749,766	-989,394	3,817,318	10,504,568	9,515,173
Disaster Management							
P61160	Abidjan DPP	0	0		0		0
P61161	Reg.Response Teams	16,546	735,004	-660,419	91,131	2,733,410	2,072,991
P61162	Food Security	0	0		0		0
P61163	V C A	0	0		0		0
P61302	Population Movement	0	0		0		0
P61502	Population Movement	0	0		0		0
P61510	Liberian Refugees	0	0		0		0
P61511	Floods	0	0		0		0
P61906	Abidjan Relief	0	0		0		0
PCI501	Liberian Refugees	0	0		0		0
PCI520	Liberian Refugee Hea	0	0		0		0
PCV160	Food Security	0	0	0	0		0
PGM160	Food Security	0	0	0	0		0
PGN510	Operation Maritime (0	0		0		0
PLR501	Coordination & Mgt	0	0		0		0
PLR502	N REFUGEES REPATRIA	0	0		0		0
PMR160	Food Security	0	0	0	0		-0
PSL501	Displaced Persons	0	0		0		0
PSL503	Emergency Relief (GB	0	0		0		0
PSN160	Food security	0	0	0	0		-0
Sub-Total Disaster Management		16,546	735,004	-660,419	91,131	2,733,410	2,072,991
Humanitarian Values							
P61301	Humanitarian Values	0	0		0		0
Sub-Total Humanitarian Values		0	0		0		0

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Organisational Development							
P61001	Financial Developmen	0	0		0		0
P61002	Technical Assistance	0	0		0		0
P61202	Human Res.Dev.&Deplo	0	0		0		0
P61204	International Repres	0	0		0		0
P61901	Ressource & Developm	0	0		0		0
P61905	Abidjan Genre	0	0		0		0
P61908	Abidjan Information	0	0		0		0
P61910	Regional Recruitment	0	0		0		0
PBF004	Organisational Devel	19,211	6,486	-22,815	2,883	147,437	124,622
PCI001	Development General	0	0		0		0
PCV002	Finance Development	0	0	23	23		23
PCV003	Organisational Dev.	38	0	-23	15	36,364	36,341
PGM002	Finance Development	0	0	13,692	13,692		13,692
PGM003	Technical Advisor fo	26,155	8,980	-30,475	4,661	173,472	142,997
PGN001	Operational Developm	633	16,980	-12,750	4,862	150,615	137,865
PGW001	Development Support	0	0		0		0
PGW002	Support to NS 2000	5,858	0	-3,574	2,284	42,222	38,648
PML001	OD	0	22,707	-893	21,813	178,930	178,037
PML002	Finance&Resource dvp	0	0	0	0		0
PMR003	OD	118	0	156	275	115,508	115,664
PNE003	Finance Development	0	0	0	0		0
PNE004	Organisational Devel	0	12,473	-6,872	5,601	172,193	165,321
PSL001	Development	0	0		0		0
PSL005	Institutional Develo	0	0		0		0
PSN003	Finance Development	0	0	10,313	10,313		10,313
PSN004	OD	68,572	36,919	-102,498	2,992	191,715	89,217
PTG012	ID Swiss Gov.Grant 2	0	0		0		0
Sub-Total Organisational Development		120,585	104,545	-155,715	69,416	1,208,455	1,052,740
Coordination & Implement							
P61006	PPP Training in W.&C	0	306,218	-152,848	153,370	491,905	339,057
P61101	Reg.Delg.Support	-118,698	294,192	-98,094	77,400	440,138	342,045
P61103	Reg.Office Move	0	0		0		0
P61201	Regional Cooperation	132	189,530	-209,804	-20,142	483,804	274,000
P61900	Regional Delegation	0	0		0		0
P61907	Abidjan RLC	0	0		0		0
PSN101	Mng.Office Dakar	0	0	0	0		0
Sub-Total Coordination & Implement		-118,566	789,939	-460,746	210,628	1,415,847	955,102
Total	WEST AFRICA	75,512	6,379,253	-2,266,273	4,188,492	15,862,279	13,596,006