

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

Mozambique

Appeal No. MAAMZ00210

31 August 2008

This report covers the period
01/01/2010 to 30/06/2010.



CVM volunteers with community members in Namirroto, Nampula Province: Photo Mozambique Red Cross

In Brief

Programme outcome: Based on the strategic aims under [Strategy 2020](#)¹, the Mozambique Red Cross Society (CVM)² aims to achieve the following outcomes: saving lives of vulnerable people, enabling safer and healthy living, strengthening capacities of communities to respond to disasters, reducing impact of natural and manmade disasters, enhancing the capacity of staff to deliver quality service to vulnerable communities, developing community resilience, enhancing community livelihoods and promoting social inclusion, peace and harmony.

Programme(s) summary

CVM programme is composed of disaster management (DM), health and care (H&C), National Society Development (NSD) and the promotion of principles and values. Despite being the National Society with largest number of bilateral partners, funding support to this plan has only been on health and care programme. The IFRC provided funding support from its disaster relief emergency fund (DREF) for the floods and cholera outbreak operations. This report covers DM and H&C activities as the two programmes reported on by the National Society.

¹ Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises;
Strategic aim 2: Enable healthy and safe living;

Strategic aim 3: Promote social inclusion and a culture of non-violence and peace;

² Cruz Vermelha de Moçambique – Portuguese acronym for Mozambique Red Cross Society

CVM continued the five-year integrated HIV and AIDS programme (2006-2010) ([MAA63003MZ](#)), which is reported on as part of the Southern Africa Regional HIV and AIDS programme ([MAA6300310myr](#)) and is a component of the IFRC Global Alliance on HIV. Due to the recent cut in home-based care (HBC) funding, CVM has integrated prevention activities into orphan and vulnerable children (OVC) projects, a new approach aimed at effectively utilising the funding support from the IFRC.

During this reporting period, the disaster management (DM) programme focused on strengthening the programme components by developing and implementing a National Disaster Management Master Plan (DMMP), supported by partners and IFRC Southern Africa Regional Representation office (SARRO). This is a primary objective to strengthen the institutional capacity on DM in order to mitigate the risk and impact of disasters on the already vulnerable communities. The programme prioritised three projects on risk reduction from the impact of cyclones, tsunamis and flood in the disaster prone provinces and four districts in the Zambezi valley. CVM is a member of the [Zambezi River Basin Initiative](#) (ZRBI) launched by SARRO in 2009 as a regional programme to help enhance livelihoods of vulnerable communities living along the Zambezi River basin.

Under the health and care portfolio, CVM primarily focussed on the implementation of traditional and commercial First Aid, human pandemic preparedness (H2P) and community-based health and First Aid (CBHFA) activities. A lot of work was on H2P to minimize excess preventable mortality and morbidity during a human flu pandemic though developing the capacity of CVM branches and volunteers on preparedness. CVM created a group of first responders which cooperates with other humanitarian agencies and the government on planning response to flu pandemic.

The country experienced heavy rains in the beginning of the year which caused heavy flooding and triggered an outbreak of cholera which claimed 61 lives. Most of the activities under DM in the first half of the year hence focussed on responding to the impact of the floods and cholera outbreak
See also

[MDRMZ006](#) – IFRC’s DREF allocation of CHF 282,067 to support CVM) in delivering immediate assistance to 10,000 beneficiaries affected by floods in the central region of Mozambique covering Zambézia, Tete, Manica and Sofala Provinces.

[MDRMZ007](#) – IFRC DREF allocation of CHF 121,525 to support CVM in delivering immediate assistance to 15,000 people (3,000 families) affected by a cholera outbreak which claimed 42 lives.

[Click here to go directly to the attached financial report.](#)

Financial situation: The total 2010 budget is CHF 2,288,612 (USD 2,269,617 or EUR 1,737,972), of which CHF 572,610 (42 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 572,774 (25 per cent) of the budget.

No. of people we help: The DM programme reached over 20,800 people whilst over 76,000 people reached through the H&C interventions.

Our partners: Within the Movement, CVM worked in partnership with IFRC, ICRC and the Austrian, Belgian-Flanders, Danish, Finnish, German, Icelandic, Norwegian, and Spanish Red Cross Societies. Outside the Movement, partner agencies included the European Commission, Europe Aid, UN agencies (UNAIDS, UNICEF, UNIFEM, WFP, IOM), government agencies (ministries of Health, Agriculture, Home Affairs and Water), non-governmental organisations (NGOs) such as the National Aids Council (NAC) and education institutions such as the Mozambican Technical University.

Context

According to a December 2007 UNDP report, HIV and AIDS represent a challenge to Mozambique on a “devastating scale.” There are an estimated 500 new adult HIV infections every day and life expectancy is expected to drop from 42 years to 36 years by 2010 as a result of the disease. The pandemic negatively affects development, exacerbates poverty, malnutrition, and poor school attendance, and worsens gender inequalities. The HIV infection rate is 13.6 per cent and 1.2 million people are living with HIV with the number of children orphaned due to AIDS estimated at 400,000 (2008).

The main causes of mortality are malaria, HIV and AIDS, tuberculosis and diarrhoeal diseases, including cholera epidemics. Approximately 71 per cent of the population suffer from food insecurity and almost half are classified by the FAO as undernourished. Chronic malnutrition rate for children under five years is 46 percent, whilst 60 per cent of the agricultural labour force consists of women. Since the beginning of the year 2010, cholera has claimed 61 lives in Mozambique. The poor water supply and sanitation infrastructure, limited access to health facilities plus the heavy rains experienced early in the year increased the risk of water and vector-borne diseases. By the end of June 2010, a total of 4,482 cases of cholera had been reported in five provinces, namely Zambezia, Sofala, Nampula, Cabo Delgado and Niassa.

Malaria is endemic throughout Mozambique and is a leading cause of morbidity and mortality with approximately six million cases reported each year. Malaria accounts for approximately 40 per cent of all outpatient visits, increasing to 60 per cent if only paediatric cases are considered. Malaria transmission takes place all year round with a seasonal peak extending from December to April. More than 18 million people in Mozambique are considered to be at risk of malaria, including an estimated 3.6 million children under five years old and 900,000 pregnant women. Mozambique is also among the Southern African countries worst affected by tuberculosis (TB), which is the third largest cause of hospitalization, following acute respiratory infection and malaria. Moreover, water-borne diseases such as cholera and dysentery are endemic and periodic, as are climatic phenomena such as floods and cyclones.

Climate change has a severe and tangible impact on Mozambique, producing an increase in the ferocity and intensity of natural hazards such as droughts, floods and cyclones, which have devastated communities and destroyed infrastructure across the country. These recurrent events contribute to Mozambique being the most vulnerable country affected by climate change. Parts of Mozambique experienced heavy rainfall since mid February 2010, mainly in the central region covering Zambézia, Tete, Manica and Sofala Provinces. The persistent rains saturated the soil causing floods in the valleys of Buzi, Zambézia, Licungo, Save and other rivers affecting approximately 17,000 people.

Although economic growth is progressing in Mozambique, with an estimated average annual growth of eight per cent over the last four years, poverty levels remain high, particularly in disaster prone areas. The total population of Mozambique is 20.5 million (census 2007). Life expectancy is 42.8 years (HDR 2007/2008). Gross domestic product (GDP) per capita in 2005 was USD 335 (HDR 2007/8). Mozambique is ranking 172 out of 177 on the Human development Index (HDR 2007/2008). It is estimated that only 42 per cent of the population has access to safe drinking water (RWSSI for 2004). The National Health Service only covers about 40 per cent of the population.

The CVM priority projects include: food security; health and care; HIV and AIDS; and institutional capacity building as a cross-cutting issue. Essentially, institutional capacity building should be sustainable by 2010 when most bilateral partner agreements will be coming to an end. The programmes are designed to improve the living conditions of the most vulnerable by reducing or eliminating risks through community participation and volunteer mobilization. Specifically, CVM priorities include addressing the impact of HIV and AIDS and other public health problems, and responding to and helping communities prepare for the natural disasters that strike Mozambique every year.

Progress towards outcomes

Disaster Management

Programme component: Disaster Preparedness	
Outcome 1	Human, financial and material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP).
Outcome 2	CVM has efficient disaster management mechanism and improved capacity to ensure optimal disaster preparedness.

Achievements

In order to strengthen capacity on preparedness to respond to earthquakes, CVM staff and volunteers participated in an earthquake simulation exercise conducted by the National Disaster Management Institute (INGC) in which CVM played an active role in simulating First Aid services. The exercise was preceded by a First Aid refresher training course and a basic disaster management course conducted for 50 volunteers who took part in the earthquake simulation exercises.

With the technical support from the Danish Red Cross, CVM developed a DRR project proposal which was submitted to DIPECHO. The National Society also conducted a field visit to Inhambane Province jointly with Danish Red Cross staff to collect stories and best practices used for fundraising. A total of €600,000 was raised and a project proposal is currently being designed.

CVM strengthened partnerships through various coordination meetings with other stakeholders working in the area of DM such as INGC, Meteorological Institute (INAM – Technical Council for Disaster Management), Humanitarian Country Team (HCT), UN HABITAT, Ministry for Coordination of Environmental Affairs (MICOA), Technical University of Mozambique (UDM), Intermón Oxfam. In addition, a Shelter Advisor was assigned to CVM in the framework of the partnership between CVM and UN HABITAT.

Programme component: Disaster Response	
Outcome 1	Disaster response mechanisms are improved to ensure timely response to minimise the impact of emergencies and disasters on affected populations.
Outcome 2	CVM capacity for the provision of assistance and restoration of sustainable livelihoods is improved.

Achievements

The CVM, as auxiliary to the local authorities supported the government by mobilizing population at risk of flooding to move to safer areas in the designated relocation camps. The Red Cross volunteers also provided hygiene and health education in order to prevent the spread of water-borne diseases. SARRO facilitated DREF provision as well as DM technical support for the CVM relief operation. The DREF was used for the procurement and distribution of non-food items, provision of clean water and sanitation facilities, increasing hygiene promotion activities and preventative health.

CVM opened a regional disaster operational centre in Caia District to facilitate assessments and coordination of floods relief activities. Caia District is strategically located for easy access to all affected districts. The National Society also appointed a national staff member to manage the regional disaster operation centre, with technical support remotely provided from the headquarters programme units.

More than 250 CVM volunteers were deployed to the floods affected districts and six of the volunteers facilitated the transportation of people and goods, whilst another 12 were involved in setting up accommodation centres in Buzi and Nhamatanda districts, and the rest were involved in social mobilisation, erecting tents at the accommodation centres, hygiene promotion and water chlorination.

Through the operational centre in Caia, CVM has distributed 480 shelter kits and constructed 1,267 latrines for affected communities. The National Society also conducted community mobilisation campaigns and hygiene promotion activities that benefitted 8,930 people. A total of 140,400 litres of water were treated with chlorine and about 1,300 latrines were built exceeding the target for the operation as a result of partnerships created between CVM, government and other NGOs. CVM partnered with UNICEF in conducting hygiene promotion activities at community level, which benefitted about 9,000 people. Community members were also trained on proper use of household water treatment chemicals (chlorine). CVM developed health promotion IEC materials in local languages distributed by the volunteers.

In April, in Xai Xai Town, a total of 251 households were affected by heavy rains and a windstorm and as result, a temporary camp was established and 430 households were accommodated at the centre. CVM, in its capacity as one of the main stakeholders in emergency response, mobilised volunteers and staff and provided relief assistance to 441 beneficiaries in the form of 374 tarpaulins, 274 shelter kits, 115 mosquito nets, 16 jerry cans and 16 water buckets.

In response to the cholera outbreak, CVM mobilised 30 volunteers who conducted health education and hygiene promotion and provided water purification chemicals to the affected communities.

Programme component: Disaster Risk Reduction (DRR)	
Outcome 1	Community knowledge and awareness of the hazards and risks is enhanced; and local risk reduction strategies built on traditional coping mechanisms.

Achievements

The findings of the evaluation conducted jointly with Finnish Red Cross on the food security projects in Mozambique were shared at the regional disaster management planning meeting held in March. The meeting presented an opportunity for the National Societies to share experience on food security programming as well as review and map the way forward on the regional initiative on food security.

In an effort to enhance community resilience to the risk of disasters, CVM conducted 40 dissemination sessions on early warning system that reached more than 10,000 people and trained 10 communities on the construction of cyclone resistant houses. Hundred women from four clubs in Niassa, Cabo Delgado, Manica and Tete provinces were trained on nutrition. Four vegetable gardens were established in the four provinces.

Programme component: Zambezi River Basin	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
Outcome 4	CVM capacity to implement disaster preparedness, response and recovery operations is increased.

Achievements

The ZRBI seeks to reduce the impact of disasters and other challenges on communities living along the Zambezi River basin, aiming to improve the quality of their lives and livelihoods through comprehensive, sustainable and integrated capacity enhancement in disaster management, branch development and primary health and care programmes.

The initial phase of the programme focused on strengthening the capacity of CVM in implementing disaster preparedness, response and recovery operations along the Zambezi River. This was a preparatory phase where the capacities of the local Red Cross branches were strengthened to ensure effective implementation, programme ownership, sustainability and integration with other local community activities.

CVM is targeting four provinces and four districts in the Zambezi valley, namely Tete, Sofala, Manica and Zambezia provinces. CVM capacity building initiatives started with a DM meeting for provincial staff working in the targeted provinces. The meeting recommended setting up a strong disaster management committee, as a prerequisite, which was duly adopted as a priorities in ensuring effective response to disasters along the Zambezi River basin. In line with the overall goal of the ZRBI “to reduce the impact of human suffering” during the 2010 floods operation, CVM volunteers committed to mobilise people to more to safer grounds, whilst conducting hygiene promotion.

Constraints or challenges

Funding support required to kick start ZRBI planned activities we not transferred during the reporting period which has delayed the community-based activities. Memorandum of Understanding between CVM and Italian Red Cross was signed and draft project implementation agreement prepared and shared with Italian Red Cross. However, funds are still to be made available for the commencement of planned activities, which should have started in January 2010.

Health and Care

Programme component: Community-based Health	
Outcome 1	Communities’ capacity to reduce their own vulnerability to health hazards and injuries through knowledge of community-based health and first aid (CBH&FA).
Outcome 2	Women, men and children are protected from malaria through adequate surveillance, preparedness, prevention and response measures.
Outcome 3	Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Outcome 4	Mother and child health is improved through immunisation services targeting children and mothers in areas in which CVM is operating.

Achievements

CVM trained CBHFA master facilitators and has begun community-level implementation of CBHFA. Partner National Societies (PNS) are supporting the roll-out by ensuring that CBHFA is the common approach used in community-based health activities.

A total of 84 suspected cases of TB indentified by the CVM volunteers were referred to health centres of which 50 were confirmed and 251 TB patients were followed up through community DOTs.

Programme component: Emergency Health	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.

Achievements

CVM trained 31 new First Aid trainers and 31 new instructor and simulators bringing the number of new people trained on First Aid to 129 trainers and 72 simulators. The National Society now has a cumulative total of 1,379 volunteers and 220 staff who have been trained in First Aid.

During the reporting period, CVM reached a total of 2,495 people through commercial First Aid. Other achievements during the period include, the construction of a First Aid post in Manica Province, First Aid assistance to 36,800 people and 20,127 home visits disseminating information and raising awareness on community based First Aid. During the period under review CVM also referred 3,367 people for malaria treatment.

Programme component: Human Pandemic Preparedness (H2P)	
Outcome 1	Human pandemic preparedness plan developed in collaboration with Government and other stakeholders.
Outcome 2	Linkages with other partners developed for information sharing at district and national levels.

Achievements

With funding support from USAID, CVM received technical support from IFRC in implementing pandemic preparedness projects. IFRC assisted with training of 20 national and provincial officers, 720 volunteers and 76 community leaders on H2P and 1,187 people participated in simulation exercises. Two training manuals for volunteers and community leaders which were used for training were translated from English into Portuguese.

A national coordination meeting was held in Maputo for all National Health Forums to discuss effective organization and planning of activities at provincial and district levels. The multi-sectoral coordination was done through participation in weekly meetings organized by the Ministry of Health (MoH). Through the coordination, CVM received IEC materials with approved key messages on H2P produced by MoH for distribution to the communities.

CVM conducted a massive H2P awareness campaign targeting all provincial delegations, district committees, meeting places for communities, schools, barracks, universities, markets, public transport terminals and airports. First aid volunteers facilitated the public education social mobilization efforts.

Through radio, pamphlets and public education CVM reached 19,290 people with H2P messaging. To ensure continuity of social mobilization activities, the activities of H2P will be integrated into the CBHFA approach. In order to protect staff and volunteers from infection, personal protection equipment was distributed and demonstrations on how to use them were conducted using simulation exercises.

In addition, two H2P training of trainers' workshops were conducted in Maputo for all health officers and 28 supervisors from Gaza province. A total of 1,404 CVM volunteers and 139 supervisors received training on H2P.

Programme component: Water and sanitation³	
Outcome 1	Access to safe water, sanitation facilities and hygiene promotion in increased among identified most vulnerable communities.

Achievements

SARRO supported CVM to conduct PHAST refresher training and a midterm review of the WatSan project. The training of 11 CVM staff enabled the re-vitalization of the PHAST activities, whilst recommendations from the midterm review have been used to revise work plans for the remaining phase of the project. Implementation of community WatSan activities in the CVM has resulted in the improved access to safe water and improved household latrines.

Emergency WatSan capacity in CVM was improved through the training of WatSan officers from CVM at training held in Nairobi and attended by participants from various countries in Africa.

³ Global WatSan Programme supported by EU under the Federation ACP-EU Water Facility Initiative

Constraints or Challenges

One of the challenges is the high number of health projects, each with its own reporting requirements for various partners, which the National Society is struggling to meet due to limited absorption capacity. CVM is proposing the establishment of the health operational alliance, with one plan for health and care and one reporting requirement for all stakeholders.

Working in partnership

CVM works in partnership with the IFRC, ICRC and PNS: Belgium-Flanders, Danish, Finnish, German, Icelandic, Spanish (all of these have either country or regional representatives in Mozambique), Norwegian and Austrian Red Cross Societies. Other partners include European Commission, Europe Aid and UN agencies (WFP, IOM, UNICEF, UNIFEM and UNAIDS). WFP provides food aid to OVCs in Tete and Maputo Province.

CVM has defined its position as a credible humanitarian organisation in Mozambique with the largest number of volunteers. CVM has increased collaboration with the government at all levels, including Mozambican government ministries (health, agriculture, home affairs and water) and government agencies (e.g. National AIDS Council).

Contributing to longer-term impact

The National Society programmes endeavour to find synergies within national and international strategies on improving the quality of lives of the vulnerable. With its enhanced capacity on disaster response operations, CVM has become a reliable partner to the government in reducing the impact of disasters. CVM volunteers and staff are better prepared and skilful in conducting relief work, and have become core function at community level during emergency operations.

Whilst the H2P programme has made a difference in the lives of vulnerable communities, the programme has a very short time period and to have a longer lasting impact. Therefore the H2P interventions should be mainstreamed into CBFHA activities to ensure sustainability.

Looking ahead

The priority for the remaining half of 2010 will be the continued integration of CBHFA and other existing programmes as HIV and AIDS and H2P programme, so that synergy and cohesion is created for greater impact. Strengthening disaster preparedness of the National Society remains a top priority of the CVM.

CVM efforts under the ZRBI and priorities will be directed towards making a difference in the communities along living the Zambezi River by practical implementing the plan of action. Focus is now on engaging the communities to ensure development of structures and systems to mitigate and reduce the impact of disaster.

In terms of NSD, the priority is on information dissemination so that membership recruitment reaches set targets. CVM request the support of the partner in developing operational alliances aimed to enhance efficiency and effectiveness in programme performance and accountability.

How we work

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

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact Information

For further information specifically related to this report, please contact:

- **In Mozambique:** Americo Ubisse Secretary General, Maputo, Email: americo.ubisse@redcross.org.mz; Phone: +258.21.497.721 and Fax: +258.21.490.943
- **In IFRC Southern Africa Region:** Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In IFRC Africa Zone:** Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

For Resource Mobilization and Pledges to the programme (enquiries)

- **In IFRC Africa Zone:** Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):

- **In IFRC Africa Zone:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

International Federation of Red Cross and Red Crescent Societies

MAAMZ002 - Mozambique

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAAMZ002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	861,371	1,035,429	391,812	0	0	2,288,612
B. Opening Balance	0	8,456	107	0	0	8,564
Income						
<u>Cash contributions</u>						
<i>United States Government - USAID</i>		170,274				170,274
C1. Cash contributions		170,274				170,274
<u>Outstanding pledges (Revalued)</u>						
<i>European Commission - Europe Aid</i>		-110,557				-110,557
<i>United States Government - USAID</i>		-87,765				-87,765
C2. Outstanding pledges (Revalued)		-198,322				-198,322
<u>Income reserved for future periods</u>						
<i>European Commission - Europe Aid</i>		607,549				607,549
<i>United States Government - USAID</i>		-15,455				-15,455
C3. Income reserved for future periods		592,094				592,094
C. Total Income = SUM(C1..C6)	0	564,046	0	0	0	564,046
D. Total Funding = B + C	0	572,502	107	0	0	572,610
Appeal Coverage	0%	55%	0%	#DIV/0	#DIV/0	25%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	8,456	107	0	0	8,564
C. Income	0	564,046	0	0	0	564,046
E. Expenditure		-572,774			0	-572,774
F. Closing Balance = (B + C + E)	0	-272	107	0	0	-164

International Federation of Red Cross and Red Crescent Societies

MAAMZ002 - Mozambique

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAAMZ002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		861,371	1,035,429	391,812	0	0	2,288,612	
Supplies								
Shelter - Relief	16,875							16,875
Construction Materials	25,000							25,000
Clothing & textiles	37,125							37,125
Seeds,Plants	125,000							125,000
Water & Sanitation	70,000							70,000
Medical & First Aid	17,295							17,295
Teaching Materials	75,000							75,000
Utensils & Tools	38,610							38,610
Other Supplies & Services	23,612							23,612
Total Supplies	428,517							428,517
Land, vehicles & equipment								
Computers & Telecom	12,500							12,500
Total Land, vehicles & equipment	12,500							12,500
Transport & Storage								
Storage	7,008							7,008
Distribution & Monitoring	6,000							6,000
Transport & Vehicle Costs	52,025		595			595		51,430
Total Transport & Storage	65,033		595			595		64,438
Personnel								
International Staff	144,724		10,271			10,271		134,453
National Staff	34,128		9,387			9,387		24,741
National Society Staff	150,975							150,975
Consultants	7,500							7,500
Total Personnel	337,327		19,658			19,658		317,669
Workshops & Training								
Workshops & Training	213,585							213,585
Total Workshops & Training	213,585							213,585
General Expenditure								
Travel	59,189		4,008			4,008		55,182
Information & Public Relation	35,981							35,981
Office Costs	0		5			5		-5
Communications	4,500		791			791		3,709
Professional Fees	17,460							17,460
Financial Charges	13,000		-9			-9		13,009
Other General Expenses	101,207		19			19		101,188
Total General Expenditure	231,337		4,814			4,814		226,523
Contributions & Transfers								
Cash Transfers National Societies	851,555		512,754			512,754		338,801
Total Contributions & Transfers	851,555		512,754			512,754		338,801
Programme Support								
Program Support	148,760		34,953			34,953		113,807
Total Programme Support	148,760		34,953			34,953		113,807
TOTAL EXPENDITURE (D)	2,288,612		572,774			572,774		1,715,838
VARIANCE (C - D)		861,371	462,655	391,812			1,715,838	