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Emergency appeal operation update
Viet Nam: Hand, foot and mouth disease

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDRVN010
GLIDE n° EP-2012-000045-VNM
6-month summary update
31 January 2013

Period covered by this operations update: April to September 2012. This update represents a six-month summary of the operation (cumulative narrative and financial).

Appeal target (current): CHF 758,416

Appeal coverage: 82 per cent

Appeal history:

- 3 April 2012: This emergency appeal was launched for CHF 758,416 to assist 752,255 beneficiaries, including 196,200 direct beneficiaries, for nine months.
- **Disaster Relief Emergency Fund (DREF):** CHF 100,000 was initially allocated to support the response of the national society.

<click here to view the financial report; current donor response; and contact details >

Mrs. Hoang Tran, an officer of Long An Chapter explains measures to be taken by care givers in an informal day care centre in Can Giuoc Town, Long An in September 2012. (Photo: Thuan Nguyen/IFRC)

Summary

From April to September 2012, Viet Nam Red Cross (VNRC) has focused on prioritized interventions covering 292 communes in 20 districts in eight selected provinces[1]. Activities implemented during this period include project orientation in provinces, selection of volunteers in community, provision of refresher training for active trainers, and promoting behaviour change through house-to-house visits to the families of children under five years old and public awareness campaigns.

Up to 30 September 2012, multilateral donors have contributed CHF 619,886, covering 82 per cent of the appeal. IFRC would like to thank Canadian Red Cross, Danish Red Cross/Danish government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), Hong Kong branch of the Red Cross Society of China, Japanese Red Cross Society, Red Cross of Monaco, Singapore Red Cross and Swedish Red Cross for their contribution to the appeal and thus, have enabled timely response.

In the following months of the operation, the International Federation of Red Cross and Red Crescent Societies (IFRC) continues to support VNRC in implementation of planned activities in accordance with 82 per cent of the total appealed budget, with intention to intensify behaviour change campaigns in some provinces where statistics show cases of hand, foot, and mouth disease (HFMD) has not reduced significantly or remained high. All of the field activities, including behaviour change communication (BCC), will be finalized by the end of December 2012 as planned. A one month extension was being discussed with the national society to give them sufficient time for endline knowledge, attitude and practice (KAP) survey and final review and evaluation.

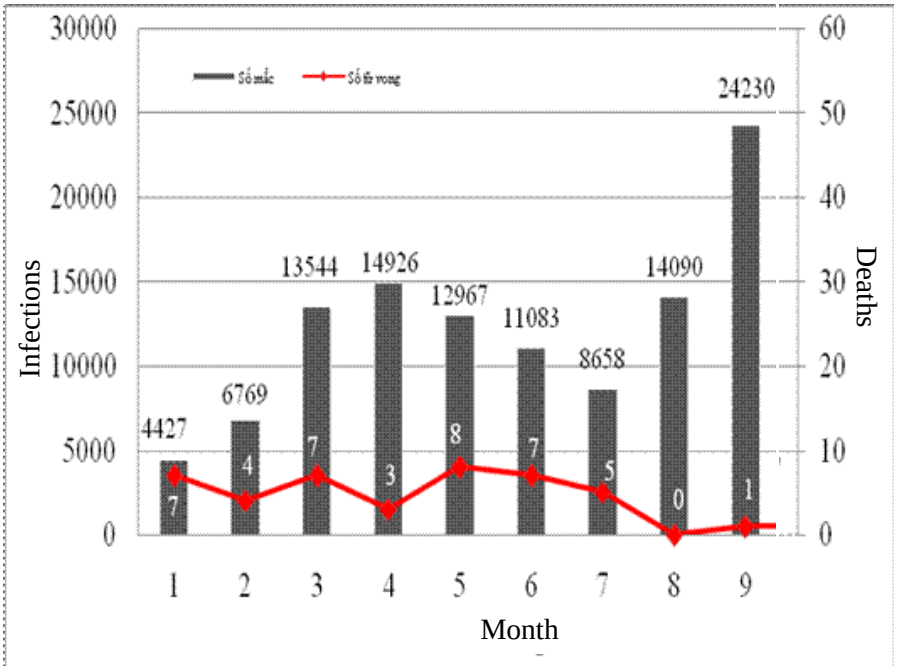
[1] An Giang, Dong Thap, Long An, Soc Trang, Vinh Long, Ben Tre, Da Nang and Quang Ngai

During the past few months, VNRC has observed an increase in HFMD incidents in non-target districts among the eight prioritized provinces. In addition, the situation of HFMD in Ba Ria – Vung Tau, one of the 13 priority provinces, has become a matter of concern as there was both high infection and death due to HFMD. Therefore, since the beginning of September, VNRC has quickly provided training of volunteers and rolled out BCC activities targeting caretakers of children under five years and informal daycare centres (IDC) in 130 communes in 11 extension districts. Up to 30 September, VNRC operation covers 31 districts in nine provinces including An Giang, Dong Thap, Long An, Soc Trang, Vinh Long, Ben Tre, Da Nang and Quang Ngai, and Ba Ria – Vung Tau.

The situation

Viet Nam has experienced unprecedented incidences of hand, foot and mouth disease (HFMD) since 2011. The HFMD outbreak peaked twice during 2012, first in April, with the total number of infections being 14,926. Between April and July, the number of infections decreased. However, HFMD infections appeared to be on the rise again throughout August and September, with weekly caseloads of around 5,500. The 38th week of 16 to 22 September saw the highest number of caseloads since the beginning of the year, with over 6,000 reported cases. This brought the number of infections to 24,230 in September, the highest monthly caseload of the year thus far, bringing the total number of infections to 110,694. This is 65 per cent higher than the total number of infections at the same time in 2011, which was 67,076.

While monthly infections have increased in the past two months, the number of deaths have dropped to the lowest since the beginning of the year, with no death in August, and one death in September, bringing the total number of deaths due to HFMD to 42 since January 2012, which is nearly three times lower than the total number of deaths of 120 by the end of September 2011. Monthly figures on HFMD infections and deaths can be seen in the graph below.



Source: General Department of Preventive Medicine (GDPM), Viet Nam's Ministry of Health (MOH)
Note: 'So mac' – infected case, 'so tu vong' – fatal case

The southern provinces continue to be the areas most affected by the epidemic, both in 2011 and 2012, in terms of both infections and fatalities. From the beginning of the year up to the end of August, the total number of cases has reached 57,371, or 51.8 per cent of the total number of infections throughout the country. More startlingly, out of the total 42 fatalities, 38 (or 90.5 per cent) were reported in Southern Viet Nam in 12 provinces: An Giang, Ho Chi Minh City, Dong Thap, Long An, Ba Ria – Vung Tau, Dong Nai, Can Tho, Binh Phuoc, Vinh Long, Ben Tre, Tien Giang, Bac Lieu – making these 12 provinces the most affected in Southern Viet Nam in terms of HFMD's impact on everyday life.

However, it is noticeable that cases of infection in the northern provinces have increased sharply, despite no related deaths reported in this region to date. Up to the end of September, the northern region has recorded the second highest number of cases (35,606 cases) which accounts for 32.2 per cent of morbidity cases in the country.

In the 13 provinces targeted in the appeal, HFMD cases remain highest in the country. The local preventive medicine practitioners have shared with Red Cross chapters, information about an increase in the death toll and infection since April. Specifically, by the end of September 2012, the accumulated number of deaths and infections caused by HFMD in the 13 target provinces were as below:

Name of province	January-September 2011		January-September 2012	
	Total cases	Total deaths	Total cases	Total deaths
Central region				
Da Nang	452	1	2,831	1
Quang Ngai	6,135	5	1,532	0
Southern region				
Ba Ria-Vung Tau	2,798	6	5,772	3
Long An	2,225	7	2,141	3
Can Tho	630	0	1,183	2
Soc Trang	1,454	0	1,069	0
An Giang	1,297	4	3,827	10
Ben Tre	2,680	2	3,494	1
Vinh Long	1,612	0	1,810	1
Dong Thap	3,840	5	4,837	6
Kien Giang	997	2	1,548	0
Ca Mau	2,301	3	1,836	0
Hau Giang	350	3	1,147	0
Total 13 provinces	***26,771***	***38***	***33,027***	***27***
National total	***67,166***	***120***	***110,694***	***42***

Coordination and partnerships

In the past months, with the help of IFRC, VNRC has been working with national health authorities to closely monitor the situation and coordinate national response efforts. Updates on the situation have been regularly shared by the Ministry of Health (MOH) at national and provincial levels through effective collaboration between VNRC headquarters (VNRC HQ) and chapters, and their respective counterparts. VNRC HQ and chapters also frequently update their counterparts on the progress of the operation for complementary actions and to avoid duplication of interventions. VNRC has also shared baseline survey results with the MOH and other stakeholders, in order to assist in future preventive and response efforts.

In terms of coordination around disseminating preventive messages through national television, VNRC has worked together with GDPM and the National Centre for Health Education and Communication (NCHEC) on expansion of broadcasting for a TV clip in the local TV channels in nine target provinces. The key messages that VNRC has finalized in the operation are consistent with national guidelines and have been improved with illustrated images suitable for community members. VNRC HQ and chapters have coordinated with national and local TV channels on broadcasting the clips on HFMD prevention in order to reach more people.

National Society Capacity Building:

Through the implementation of HFMD response in the affected provinces, VNRC has further raised their profile in emergency health and fulfilled their auxiliary role to the government in epidemics responses. Trained trainers and volunteers have been able to lead response activities at community level and deliver BCC sessions to families with children under five years old since August – when cases of HFMD started to escalate in target provinces. The response by VNRC is also complementary to the national health education response to HFMD. The Ministry of Health has started several campaigns at provincial level using mass media in the peaked weeks, while VNRC volunteers were able to organize campaigns at district and commune levels, including mass campaigns, focus group discussions (FGDs), informal daycare centres (IDC) and household visits, where they aim at raising knowledge, awareness and practices

around HFMD among target groups. In this regard, the operation aligns with the national action plan and contributes to greater impacts in behaviour changes around HFMD.

In addition, by maintaining a tracking system for the disease through shared surveillance information with MOH, and a monitoring system to measure progress in knowledge and practices among target groups, VNRC has strengthened their capacity to run an emergency health operation. The experience in HFMD also contributes to further develop VNRC's capacity in emergency responses from a project management perspective, since VNRC has been able to make better-informed and more evidence-based decisions.

Red Cross and Red Crescent action

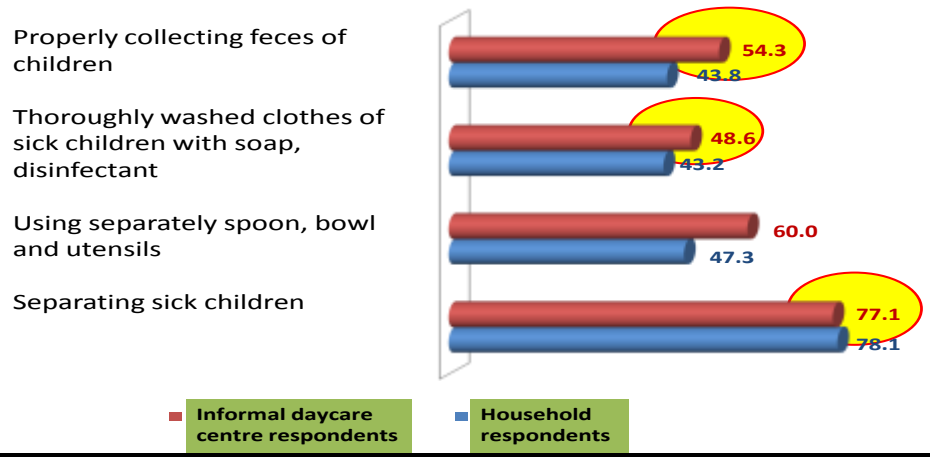
Overview

VNRC has tried to complement the government's efforts in limiting the impacts of HFMD. Following the results of the rapid assessment, a knowledge, attitude and practice (KAP) survey was conducted among caregivers at households and IDCs in eight initial target provinces[2] in order to provide baseline data for the operation. The survey is complementary to national efforts and so far, it is the only implemented KAP study in HFMD in country. VNRC has shared the results of the survey with relevant stakeholders, and the results have been used as baseline data for national communication activities in HFMD prevention.

Mrs. Nga Lam, a mother of seven children, who is of Khmer ethnicity, practicing hand-washing with a Red Cross volunteer in Ward 2, Vinh Chau, Soc Trang Province.
Photo: Thuan Nguyen/IFRC

According to the survey results, most respondents know about or have heard of HFMD; however, they have limited knowledge of infection routes (*graph 1*). Specifically, 11.4 per cent of IDC workers and 21.2 per cent of households surveyed said they had no knowledge of the infection routes of HFMD. About 45 per cent of caregivers at households know that the caregiver is often the virus carrier and that the HFMD virus spreads through faeces and saliva, in comparison to 57 per cent of caregivers at IDCs.

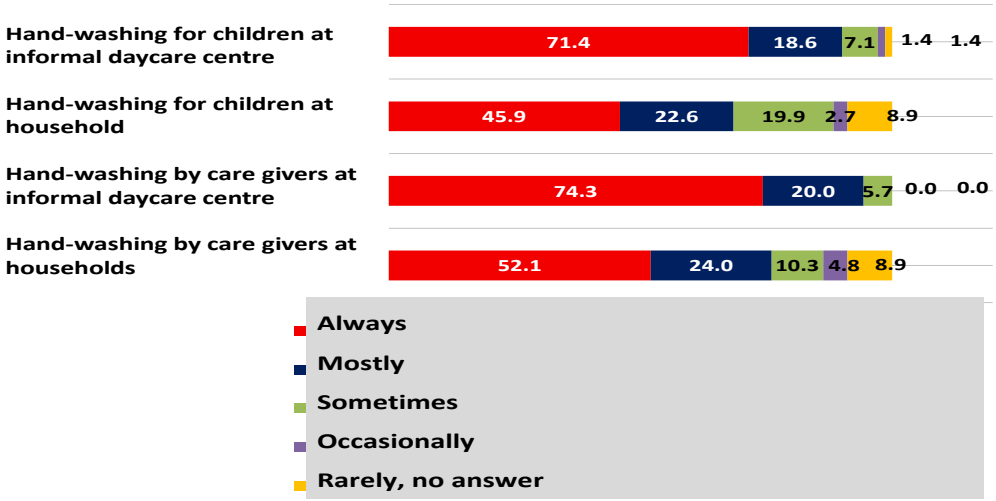
Graph 1. Knowledge of HFMD infection route to children



[2] An Giang, Dong Thap, Long An, Soc Trang, Vinh Long, Ben Tre, Da Nang and Quang Ngai

The survey results also revealed that the target groups' knowledge of severe symptoms is low, with only about 50 per cent of respondents being able to answer correctly. Consequently, both groups showed inadequate knowledge of how to take care of children with HFMD symptoms to prevent further infection. The survey also found that HFMD prevention is of great concern to respondents in both groups as they think it is likely to happen to their children. However, there are big gaps in the practice of hand-washing with soap, particularly among caregivers at home (*graph 2*).

Graph 2. Using of soap, disinfectant when washing hands



BCC activities by Red Cross volunteers aim at reinforcing behaviours that the baseline KAP survey shows community members need to improve, including hand-washing at critical times, checking the child for early-stage symptoms, separating a sick child from others, and using separate spoons and bowls. Other practices the volunteers reinforce among target group are cleaning children's toys and the floor, as they found out many households in poor settings, with floors unpaved or not tiled, and toys were shared among children.

Up to date, with 82 per cent of funding response for the appeal, to maximize the resources for the intended impacts, VNRC has chosen to focus on carrying out interventions in areas with the most reported cases of infections and deaths, high population density, and currently having gaps in emergency health response at local level. Based on these criteria, VNRC initially focused its intervention on 303 communes in 20 most affected districts in eight provinces. However, in the past month, VNRC has adjusted its workplan in response to funding from donors, to cover an additional province, Ba Ria – Vung Tau, as well as new districts in the previously targeted provinces. These new provinces, aside from the previously targeted ones, are those experiencing increasing intensity in HFMD infections and deaths within the past month. Therefore, the intervention will cover 421 communes in 31 districts in nine provinces. This is an adjustment from the original appeal, which planned to intervene in 540 communes in 30 districts in 13 provinces.

So far, the national society's BCC activities have reached 87,300 families of children under five years old and 486 IDCs. Target groups have received key preventive messages through printed information, education and communication (IEC) materials distributed during household visits and small group discussions, and soaps distributed to for IDCs and parents who attend group sensitizations.

Progress towards outcomes

Emergency health
Goal: Illness and deaths due to hand, foot and mouth disease (HFMD) in 13 priority affected provinces in Viet Nam are reduced in the next six months.
Outcome: Target groups in 540 communes have improved knowledge and practices that lead to the prevention and control of HFMD

Output 1. At least 196,200 people in 540 communes (30 districts from 13 provinces) have improved knowledge and practices that contribute to HFMD prevention and control

Key activities

1.1. Update and broadcast key messages via national TV channels in six months
1.2. Disseminate TV clips to 13 chapters for further broadcasting and dissemination of key messages via provincial radio and newspapers
1.3. Update key messages in existing IEC materials in consultation with MOH and WHO
1.4. Print and deliver 700,000 leaflets and 6,000 posters
1.5. Distribute 38,160 bars of soaps for 19,440 informal day-care centres and target beneficiaries at campaigns in the first three months
1.6. Organize 30 public campaigns on HFMD prevention at district level
1.7. Conduct door-to-door visits to 90,000 beneficiary families in three months
1.8. Conduct 16,200 group sensitizations with mothers and members of families with children under five years of age
1.9. Monitor behaviour change among target groups

Output 2. VNRC's capacity to respond to emerging diseases like HFMD is improved.

Key activities

2.1 Deploy national disaster response team (NDRT) to assist selected provinces with rapid assessment, finalize provincial action plan, and support the KAP survey
2.2 Set up and maintain weekly and monthly reporting for district/provincial and headquarters project team during this nine-month operation
2.3 Participate in relevant coordination meetings on HFMD prevention and emerging diseases at national, provincial and district levels
2.4 Conduct baseline survey
2.5 Organize refresh training and training of trainers (ToT) for 50 provincial instructors on HFMD
2.6 Update/train 5,400 selected commune volunteers on HFMD knowledge, community mobilization and provision of adapted HFMD training, and visibility items.
2.7 Conduct an operations review to capture good practices and lessons learnt to inform VNRC organizational strengthening in emergency health
2.8 Coordinate with MOH and relevant partners to ensure continued alignment of the operation with national efforts as well as to maximize complementary efforts.

Progress towards output 1:

VNRC has worked with the NCHE on achieving an agreement to extend TV coverage for the TV clip with preventive messages on HFMD. The TV clip is planned for broadcast in October and the following months on all local TV channels in target provinces.

VNRC has collaborated with relevant counterparts in MOH to develop key messages in leaflets and posters to be consistent with national guidelines. In comparison to the key messages developed last year, the messages in 2012 have a greater focus on severe symptoms that need healthcare facility referrals, hand-washing for both caregivers and children as preventive practices, as well as groups most vulnerable to HFMD, particularly children under three years of age. The key messages are based on the statistics and epidemiological evidence of infection and death caused by HFMD in 2011.

Following the developed communication strategy, VNRC has started the planned BCC activities targeting caregivers at selected households and IDCs, with an aim to reduce further infection and death among children under five. By the beginning of August 2012, printed communication materials had been produced and delivered to the project sites and are

Printed posters with preventive messages for HFMD in a community in An Giang, August 2012. (Photo: Nguyen The Chuong/VNRC)

ready to accompany activities in eight prioritized provinces. The table below provides details on the number of printed materials delivered to
locations:

No.	*Province*	Communication materials produced for distribution		
		Leaflet	**Poster**	**Flipchart**
1	*An Giang*	18,100	270	410
2	*Dong Thap*	15,700	246	350
3	*Ben Tre*	26,050	365	600
4	*Long An*	18,500	309	420
5	*Vinh Long*	17,700	263	400
6	*Soc Trang*	16,850	250	370
7	*Da Nang*	12,450	589	260
8	*Quang Ngai*	22,050	685	500
9	*Stocks at VNRC HQ*	2,600	23	90
Total		**150,000**	**3,000**	**3,400**

From the week of 12 August to the end of the month, VNRC organized 20 campaigns at district level, targeting 6,000 community members from beneficiary households and IDCs. The campaigns were followed by house-to-house education and group sensitization sessions according to the plan. A total of 40,932 bars of soap were distributed to beneficiaries at campaigns and group sensitization sessions. So far, the group sensitization sessions have reached about 14,550 people, most of whom are mothers and grandmothers of children under five.

In the prioritized provinces, VNRC has reached 87,300 households with children under five years of age and 486 informal IDCs in 303 communes in 20 districts in An Giang, Dong Thap, Long An, Vinh Long, Soc Trang, Ben Tre, Quang Ngai and Da Nang. The general criteria for selecting households are those with children under five years of age, with priorities given to migrant and poor households, and those headed by women. VNRC has targeted all IDCs that are active in looking after children under five in the selected communes.

Three volunteers practice a role play of household visit to discuss HFMD prevention, during training for volunteers in August 2012 in Vinh Long Province. (Photo: Minh Tran/VNRC)

Progress toward output 2:

Within the first two weeks of April, the NDRT team carried out the rapid assessment and then the KAP survey, the results of which have been used as inputs for the designing of communication materials and messages for the operation. The report was presented at the start-up meeting with stakeholders at provincial and national levels in May. The full report has been shared with relevant stakeholders in Viet Nam.

Through orientation meetings with the chapters and key stakeholders, including the MOH, Department of Preventive Medicine at national and provincial levels, as well as regular coordination meetings at national and provincial levels, VNRC HQ and chapters have set up and continue to maintain a monthly reporting system, in which HFMD cases are updated. Information on cases is useful for VNRC to track the trend of the epidemic, as well as to identify the most affected districts and provinces. The information provided by the chapters also complements national data, and generally helps VNRC to have a broader picture of the situation. Among the target chapters, Dong Thap and An Giang are the

most active in the Provincial Steering Committee for Infectious Diseases, while VNRC HQ is active in the National Committee.

In June, VNRC completed capacity building for 48 national trainers in order to equip them with knowledge of HFMD and BCC skills. As a result of the two organized ToT courses, 39 participants are now qualified to train volunteers in the provinces. Criteria for selecting trainers include being active in disaster management and health care programmes, and having been trained in health education. After the trainings, participants were evaluated based on trial facilitation sessions and a knowledge test in HFMD. The 39 qualified trainers are now included in the VNRC's pool of trainers for health in emergencies and the health programme.

In July, VNRC worked with all chapters on monitoring systems through a training workshop to finalize all monitoring plans and formats to measure behaviour change among target groups. All monitoring activities have been carried out since beginning August.

In the past months, VNRC also completed the selection of 2,910 volunteers. The volunteers were selected based on a set of criteria, including being active in Red Cross activities in their communities, prior experience in health education and communication, and being residents at the project sites. Priority is given to women, those who are active in Red Cross activities, and those younger than 55 years of age, among others. By the end of August, VNRC has completed trainings for these 2,910 volunteers. Currently, these volunteers are carrying out household visits and group discussions in their communities, using the leaflets and flip charts provided by VNRC.

By the beginning of August, 3,400 t-shirts and 3,400 caps were produced and delivered to the eight provinces. These communication items with clear visibility markings are being used in the public campaigns and communication activities in communities by VNRC staff and volunteers.

Monitoring the status of the operation and support for volunteers on the ground is a key activity that VNRC has prioritized in the past months. The project team has conducted monthly monitoring activities to the field to observe the progress in behaviours among target groups, as well as volunteer performance and issues arising. Monitoring has enabled VNRC to identify and address challenges around the fluctuation in number of IDCs. VNRC also found through monitoring that local health authorities in some provinces recently have also distributed soaps to IDCs with over 15 children. Based on this information, VNRC was able to adjust workplans to reach workers at smaller IDCs. In addition, by keeping a close watch on surveillance information that is shared by MOH, VNRC was able to identify communes where incidents continue to rise despite interventions by MOH and VNRC. In these communes, VNRC has decided to intensify their interventions through increasing group sensitizations and proactively involving other community leaders such as representatives of the Women's Union, monks and teachers in disseminating preventive messages to wider target groups. For example, in Soc Trang Province, the local Red Cross branches were able to engage Buddhist monks in talking about HFMD prevention at their weekly meetings with Buddhist practitioners at the pagoda.

In August, as HFMD was on the rise again, MOH organized a live video conference with persons in charge in 63 provinces. VNRC joined the conference and was able to contribute to the dialogue about management of the epidemic at local level, as well as share its complimentary interventions on the ground. At provincial and lower levels, VNRC works in close partnership with local authorities and health agencies to monitor the situation and coordinate responses in the existing and extension target communes.

Communications – advocacy and public information

In implementing its communication strategy, VNRC has been working with health authorities at both national and provincial levels on sharing information and the progress of the associated communication activities in HFMD prevention. VNRC chapters have initiated advocacy activities with the provincial authorities around consistency in key messages, a coordinated communication plan and target areas, as well as planned distribution of communication materials. As far as the project progress is concerned, duplication in communication activities has been avoided thanks to coordination by all partners.

After communication efforts to broadcast information on the situation and VNRC's responses in international and national news, VNRC is now working closely with national news agencies including TV, newspapers and radio to broadcast the progress of the project via local news channels. Updates on project progress are also frequently provided through VNRC's *website* and the Humanitarian Magazine to further reach the general public.

VNRC also continues to participate in BCC workshops organized by the Partnership Secretariat on Avian and Human Pandemic Influenza (PAHI) in order to learn from best practices and share experience in BCC. This helps VNRC incorporate community lessons learned into building national BCC action plan for emerging diseases.

Logistics

Additional procurement of soaps, IEC materials and visibility items for Red Cross staff and volunteers has been made in September. Similar to the previous procurement, VNRC complies with the national standard procurement procedures for the purchase of soap, communication and visibility items. The call for quotations and the collection of competitive offers have been implemented. A procurement committee has been mobilized to take charge of the procurement and make sure all requirements are met. Selection criteria include best offer, quality of service, and delivery in the shortest timeframe. The IFRC in-country office has provided support to VNRC by taking full charge of implementing procurement procedures and monitoring the progress of this activity.

Contact information

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

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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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.

International Federation of Red Cross and Red Crescent Societies

MDRVN010 - Vietnam - Hand, Foot and Mouth Disease

Appeal Launch Date: 02 apr 12

Appeal Timeframe: 02 apr 12 to 31 dec 12

Interim Report

Selected Parameters	
Reporting Timeframe	2012/3-2012/9
Budget Timeframe	2012/3-2012/12
Appeal	MDRVN010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	**758,416**					**758,416**	
B. Opening Balance	**0**					**0**	
Income							
Cash contributions							
China Red Cross, Hong Kong branch	*25,296*					*25,296*	
Danish Red Cross	*76,667*					*76,667*	
European Commission - DG ECHO	*324,787*					*324,787*	
Japanese Red Cross Society	*25,000*					*25,000*	
Red Cross of Monaco	*6,007*					*6,007*	
Singapore Red Cross Society	*50,000*					*50,000*	
Swedish Red Cross	*66,543*					*66,543*	
The Canadian Red Cross Society	*45,586*					*45,586*	
C1. Cash contributions	***619,886***					***619,886***	
C. Total Income = SUM(C1..C4)	**619,886**					**619,886**	
D. Total Funding = B +C	**619,886**					**619,886**	
Coverage = D/A	**82%**					**82%**	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					**0**	
C. Income	619,886					**619,886**	
E. Expenditure	-272,373					**-272,373**	
F. Closing Balance = (B + C + E)	347,513					**347,513**	

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Budget Timeframe	2012/3-2012/12
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III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**758,416**					**758,416**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene		10,845					**10,845**	**-10,845**
Teaching Materials	63,950							**63,950**
Other Supplies & Services	14,310							**14,310**
Total Relief items, Construction, Su	**78,260**	**10,845**					**10,845**	**67,415**
Logistics, Transport & Storage								
Storage		5					**5**	**-5**
Distribution & Monitoring	41,000							**41,000**
Transport & Vehicles Costs		1,181					**1,181**	**-1,181**
Total Logistics, Transport & Storage	**41,000**	**1,186**					**1,186**	**39,814**
Personnel								
International Staff	56,000	539					**539**	**55,461**
National Staff	17,600	4,916					**4,916**	**12,684**
National Society Staff	214,374	17,036					**17,036**	**197,338**
Volunteers		2,047					**2,047**	**-2,047**
Total Personnel	**287,974**	**24,539**					**24,539**	**263,435**
Consultants & Professional Fees								
Consultants	7,000	2,868					**2,868**	**4,132**
Professional Fees		149					**149**	**-149**
Total Consultants & Professional Fe	**7,000**	**3,018**					**3,018**	**3,982**
Workshops & Training								
Workshops & Training	236,703	82,361					**82,361**	**154,343**
Total Workshops & Training	**236,703**	**82,361**					**82,361**	**154,343**
General Expenditure								
Travel		11,905					**11,905**	**-11,905**
Information & Public Relations	43,950	26,872					**26,872**	**17,078**
Office Costs	4,000	2,517					**2,517**	**1,483**
Communications	12,000	1,649					**1,649**	**10,351**
Financial Charges	1,240	874					**874**	**366**
Other General Expenses		1,719					**1,719**	**-1,719**
Shared Office and Services Costs		403					**403**	**-403**
Total General Expenditure	**61,190**	**45,939**					**45,939**	**15,251**
Operational Provisions								
Operational Provisions		87,206					**87,206**	**-87,206**
Total Operational Provisions		**87,206**					**87,206**	**-87,206**
Indirect Costs								
Programme & Services Support Recov	46,288	16,581					**16,581**	**29,707**
Total Indirect Costs	**46,288**	**16,581**					**16,581**	**29,707**
Pledge Specific Costs								
Pledge Reporting Fees		700					**700**	**-700**
Total Pledge Specific Costs		**700**					**700**	**-700**
TOTAL EXPENDITURE (D)	**758,416**	**272,373**					**272,373**	**486,043**
VARIANCE (C - D)		**486,043**					**486,043**	