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Emergency appeal operation update Cameroon: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCM011
GLIDE n° EP-2011-000034-CMR
6-month summary update
12 October, 2011

Period covered by this Ops Update: April to September 2011. This update represents a six-month summary of the operation (cumulative narrative and financial).

Appeal target (current): CHF 1,361,331; [<click here to view Interim Financial Report>](#)

Appeal coverage: 11% (21% including DREF loan); [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on 4 April 2011 for CHF 1,249,847 to assist 87,500 direct beneficiaries in Centre, Littoral, West and South-West regions of Cameroon for 12 months.
- **Disaster Relief Emergency Fund (DREF):** CHF 150,000 was initially allocated by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the National Society's response operation.
- In response to the worsening situation, with nearly all regions affected, Operations Update no. 1 revised the objectives and budget of the operation to include the North and Far North regions, and the budget was revised to CHF 1,361,331 to include the cost of activities in the two regions, which were not initially targeted.
- Operations update No. 2 provided a financial statement against the revised budget.



Trained Cameroon Red Cross volunteers were deployed to the field to carry out mass sensitization and cholera prevention activities. Cameroon Red Cross

Summary: A cholera epidemic has been affecting Cameroon since 2010. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. These regions were targeted in the original appeal in April 2011.

In the meantime, the situation in the field deteriorated, with 9 of the 10 regions of Cameroon being affected, with only East region spared. By 27 September 2011, more than 17,121 cases of cholera and 651 deaths were already registered for 2011.

Available resources have been put into action. With government, the National Society has developed cholera prevention and control messages, produced 8,000 leaflets and posters and 200 image boxes to be used for sensitization about cholera. Through the IFRC regional representation, necessary materials were purchased, including disinfecting chemicals, soap, and protection equipment and sprayers for volunteers. A total of 300 Red Cross volunteers have been trained in the 4 regions that were initially targeted. The trained volunteers have sensitized about 4,320,000 people in homes, churches, mosques, market places and other public places. They

have also been conducting epidemic surveillance activities in neighbourhoods, and referring suspected cases to the nearest health centres. In the Northern part of the country, the 300 Red Cross volunteers that were trained in 2010 have also carried out cholera prevention and control activities such as sensitization, disinfection of cholera patients' houses and property, referral of cases to health centres and other assistance to health professionals in cholera treatment centres and units.

The immediate result of the action taken so far is the fact that the spread of the disease appears to be under control, even though rare cases of cholera continue to be registered here and there. Evidence of this is the fact that Médecins Sans Frontières (MSF) has ceased managing cholera treatment centres because the number of cases has significantly dropped in almost all parts of the country.

Initially, beneficiaries were targeted in Centre, Littoral, West and South-West regions. Subsequently, the epidemic re-emerged in the northern part of Cameroon with several cases in Far North, North and Adamaoua regions. This new development prompted the revision of both the objectives and budget of the emergency appeal.

The Canadian Red Cross supported the operation by deploying a delegate to Cameroon for three months. The delegate facilitated the signing of a bilateral agreement between Cameroon Red Cross and the Canadian Embassy in Cameroon for the implementation of a cholera-related project in schools of Limbe. The delegate also contributed to the negotiations that resulted in the signing of another agreement between IFRC Central Africa Regional Representation (CARREP) and the American Embassy in Cameroon, for the implementation of cholera response projects within the country. Canadian, Japanese, Swedish and Monaco Red Cross made contributions to facilitate the implementation of the operation. Nevertheless, appeal coverage remains very low (11% excluding DREF allocation). About 75.63% of the funds received have already been spent.

The situation

A cholera epidemic has been affecting Cameroon since 2010. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. These regions were targeted in the original appeal in April 2011.

Initially, 87,500 direct beneficiaries were targeted in Centre, Littoral, West and South-West regions. Subsequently, the epidemic re-emerged in the northern part of Cameroon with several cases in Far North, North and Adamaoua regions. This new development prompted the revision of both the objectives and budget of the emergency appeal to cover newly affected localities. The number of cases was relatively high during this reporting period because it corresponded to the rainy season, which facilitates the spread of cholera.

Several partners like MSF intervened in the country during the first three months of the epidemic (emergency phase), but have since stopped their intervention despite the fact that new cholera cases continue to be registered here and there. The table below summarizes the situation as of 2 October, 2011:

Regions	Total population 2011	Total health districts	Cumulative week 1-39			Districts in alert week 1-39
			Cases	Deaths	Lethality (%)	
Adamaoua	1,042,028	8	46	10	21.7	3
Centre	3,617,331	29	3,147	100	3.2	25
East	822,819	14	1	0	0	1
Far North	3,570,905	28	4,076	153	3.8	24
Littoral	2,940,306	19	2,454	66	2.7	15
North	2,103,535	15	3,260	215	6.6	10
North West	1,851,617	18	70	7	10.0	3
West	1,831,702	20	1,240	72	5.8	19
South	710,138	10	8	1	12.5	2
South West	1,420,277	18	2,819	27	1.0	9
Cameroon	19,910,658	179	17,121	651	3.8	111

Source : Weekly update made available at Regional Delegations for Public Health (RDPH)¹

This cholera outbreak has become a regional health issue. Neighbouring countries such as Chad and Nigeria are currently affected by the epidemic. A cross-border meeting brought together representatives of countries affected

¹ This information was provided by WHO in Yaoundé.

by cholera from 20 to 21 September, 2011 in Douala, Cameroon. Cameroon, Chad and Niger participated in that meeting. All these countries pointed out the need for governments and their respective partners to join efforts to fight against cholera not only within the respective countries, but also with a cross-border perspective. This can be done by harmonizing interventions in the areas of epidemiological surveillance, cholera case management, access to water, hygiene and sanitation, communication and social mobilization.

Coordination and partnerships

Cameroon Government created four cholera control and coordination centres (C4) in Southwest, Littoral, Centre, and Far North regions with support from the World Health Organization (WHO). Government-owned health centres nationwide have been providing free cholera treatment. WHO has been supporting C4s and providing technical and financial support for the management of cholera cases nationwide. UNICEF facilitated the production of mass sensitization aids, trained community workers and provided additional cholera control materials. Care Cameroon carried out community action to help prevent the spread of cholera. Plan Cameroon trained and supported community workers on cholera treatment and prevention. Médecins Sans Frontières (MSF) created and ran cholera treatment centres (CTC) in Obala and Yaoundé during the early stage of the epidemic.

National Society Capacity Building: For the purpose of this operation, 300 new Cameroon Red Cross volunteers have been trained on cholera epidemic management. This will go a long way to strengthening the operational capacities of the NS not only for this epidemic, but also for subsequent operations.

Red Cross and Red Crescent action

Overview

Available resources have been put into action. Along with government services, the National Society has developed cholera prevention and control messages, leaflets, posters and other tools designed to sensitize affected populations and raise awareness about cholera. Through IFRC regional representation, necessary materials were purchased, including disinfecting chemicals, soap, and protection equipment and sprayers for volunteers. A total of 300 Red Cross volunteers have been trained in the 4 regions that were initially targeted. The trained volunteers have sensitized about 4,320,000 people in homes, churches, mosques, market places and other public places. They have also been conducting epidemic surveillance activities in neighbourhoods, referring suspected cases to the nearest health centres.

In the Northern part of the country, the 300 Red Cross volunteers that were trained in 2010 have also carried out cholera prevention and control activities such as sensitization, disinfection of cholera patients' houses and property, referral of cases to health centres and other assistance to health professionals in cholera treatment centres and units.

Progress towards outcomes

Emergency health and care

Objective: To contribute to the reduction of the impact of cholera on the affected communities through health promotion for the populations in 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North) for 12 months.

Expected Results	Activities planned
<p>The populations of the 6 targeted regions of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.</p>	<ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders • Produce information, education and communication materials (posters, folders, image boxes) • Recruit and train 600 volunteers (100 volunteers in each of the 6 regions of Cameroon), and 6 regional cholera focal points (1 in each region) on epidemics management, with focus on cholera • Sensitize the populations, with an average of three sensitization sessions per week for 12 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups,

	<p>and mass sensitization, particularly in public places.</p> <ul style="list-style-type: none"> • Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive ORS by RC Volunteers during their transport to health centres. • Disseminate cholera prevention messages over local radio stations in the 6 regions of Cameroon
<p>The capacities of the Red Cross divisional committees in the 6 regions of Cameroon are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics.</p>	<ul style="list-style-type: none"> • Provide technical support to Cameroon Red Cross • Train Cameroon Red Cross volunteers and staff on the community-based health and first aid (CBHFA) approach • Train Cameroon Red Cross volunteers and staff on Epidemic Control for Volunteers Manual and Toolkit • Equip Cameroon Red Cross with training materials, and other mobile support equipment to ease access to the greater number of beneficiaries
<p>The partnership between the Ministry of Public Health and Cameroon Red Cross is strengthened.</p>	<ul style="list-style-type: none"> • Participate in the meetings of the crisis committee put in place by Government • Advocate with administrative authorities for the inclusion of activities against cholera in their action plan.

Progress:

Cameroon Red Cross produced 8,000 leaflets and posters, and 200 image boxes to be used for sensitization about cholera in targeted regions. After the production of communication tools, the NS has trained 600 Red Cross volunteers on cholera management on the basis of 100 volunteers in Yaoundé (Centre region), 100 in Douala (Littoral region), 100 in Limbe (South West region), and 100 in Bafoussam (West region), 100 in Garoua (North region), and 100 in Maroua (Far North region). CARREP purchased all the materials required for actual intervention in the field and put them at the disposal of Cameroon Red Cross authorities. Such materials included 45 buckets of calcium hypochloride (45 kg each), 18 bottles of cresol, 10 cartoons of detergent, 70 cartoons of soap of 147 pieces each, 23 cartoons of chloride bleach, 300 raincoats, 300 pairs of boots, 300 gloves, 300 mufflers, 300 aprons, 20 sprayers, 200 image boxes, 20 megaphones and 96 pairs of batteries.

Equipped with this knowledge and materials, Cameroon Red Cross set out to the field. There, they met with Government (mayors, divisional and sub divisional officers), religious and community leaders to organize the intervention. After this preparatory phase, Cameroon Red Cross volunteers continued sensitizing the populations in schools, churches, mosques, markets and other public places in Centre, Littoral, South West, West, Far North and North regions of Cameroon. Each trained volunteer sensitized 20 families per day and worked 3 days per week during 24 weeks (from April to September 2011), i.e. a total of about 864,000 families and 4,320,000² people reached directly by the 600 trained Red Cross volunteers since the beginning of the operation as calculated from the volunteer's daily monitoring sheet.

Throughout their stay in the field, Red Cross volunteers put up posters, distributed leaflets, and held talks with families on cholera prevention and control. In the Centre region, the 100 trained volunteers worked in Mfoundi division (Yaoundé), and in Obala and Bafia sub divisions. In Littoral region, the 100 trained volunteers worked in Wouri division (Douala), Yabassi, Kongsamba, and Melong sub divisions. In South West region, the 100 trained volunteers worked in Limbe, Buea, Tiko, Mutengene, Muyuka and Kumba sub divisions. In West region, the trained 100 volunteers worked in Bafoussam, Foumbot, Fouban, Dschang and Bafang sub divisions. In Douala, Yaoundé and Limbe, Cameroon Red Cross authorities negotiated with local radio stations (CRTV and Caritas), and obtained spaces for disseminating Red Cross messages on cholera prevention and control.

² The average number of people per family was 5.

The Cameroon Red Cross's cholera focal person participated in all the meetings of the cholera crisis committee put in place by government. This enabled the Red Cross to get regular updates on the evolution of the epidemic nationwide. The National Society seized that opportunity to stress on the need for Cameroon and neighbouring governments to meet and adopt a regional approach to cholera control as the epidemic is present in neighbouring Nigeria and Chad. As a result of this advocacy, a cross-border cholera crisis meeting was organized in Douala (Cameroon) in September 2011; in which representatives of participant countries (Cameroon, Chad, Nigeria and Niger) decided to intensify cholera control along their respective borders. Back in Cameroon, almost all schools have integrated cholera prevention as part of their daily work, though not officially instituted.

Water, sanitation, and hygiene promotion

Objective: To contribute to the reduction of waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 60 pilot schools (10 pilot schools in each of the 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North), i.e. about 120,000 students, on the basis of 2,000 students in each school. This objective will also target 12,000 families, i.e. about 60,000 beneficiaries identified within the communities of all 6 regions of Cameroon based on the level of their vulnerability for 12 months.

Expected results	Activities planned
<p>The 120,000 students and 12,000 families targeted by the operation in the 6 regions of Cameroon have access to adequate water, hygiene and sanitation facilities.</p>	<ul style="list-style-type: none"> • Train 600 Red Cross volunteers on hygiene promotion using the "Community-Led total Sanitation" approach • Enhance the access of students to water and sanitation facilities, especially drinking water and clean toilets, through the construction of wells / boreholes or rehabilitation of existing ones, and the construction of community latrines in schools not having them. 10 pilot primary and secondary schools will be targeted in the each of the 6 regions of Cameroon. • Establish Red Cross / health clubs in all the schools targeted by the operation (60 pilot schools) • Promote hygiene in all the schools targeted by the operation
<p>Water, sanitation and hygiene promotion activities are carried out routinely in the 6 targeted regions of Cameroon to help prevent water borne diseases, with focus on cholera.</p>	<ul style="list-style-type: none"> • Approach and integrate communities in the activities of the operation in the 6 targeted regions of Cameroon • Purchase chemicals and disinfect water • Purchase and distribute soap for the 60,000 beneficiaries targeted directly by this operation in all 6 targeted regions of Cameroon for 12 months; i.e. 1,440,000 pieces of soap of 250 g each, on the basis of 1 piece per person and per month • Train populations on how to disinfect water at home • Improve and disinfect family and public latrines • Purchase and distribute sanitation kits • Integrate hygiene promotion and community surveillance of cholera in the job description of Cameroon Red Cross leaders • Promote proper hand washing nation-wide by distributing hand washing kits to at least 90 hotels and catering facilities in the 6 regions of Cameroon, i.e. about 900 hand washing kits, on the basis of 150 kits for each region. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities in all 6 regions of Cameroon for 12 months

<p>The corpses of the people who died from cholera are treated and buried in accordance with laid-down hygiene rules.</p>	<ul style="list-style-type: none"> • Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera • Treat the corpses of the people who died from cholera and burry them in close collaboration with competent government services. • Disinfect the places where every corpse of a person who died from cholera has passed.
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Progress:

Six hundred Cameroon Red Cross volunteers were trained on how to properly wash hands, treat water, cook food, disinfect and keep latrines clean. Chemicals to be used for the operation were planned and dispatched to the various regions targeted by the operation. After the training, the volunteers actually disinfected 1,288 latrines in Littoral region, 1,061 in Centre region and 10,228 latrines in West region. They also disinfected possible transmission sites, ranging from houses and belongings of cholera patients, to corpses, health centres, hospital isolation rooms, vehicles, travel agencies and bus stations.

Other activities such as distribution of soap, water disinfection, promotion and demonstration of water treatment and hand washing, covering of water points and cleaning of gutters as well as drainage of stagnant water were carried out.

As far as facilitating the access of students to water and sanitation facilities is concerned, CARREP facilitated the signing of a bilateral agreement between the Canadian Embassy in Cameroon and Cameroon Red Cross for the implementation of a cholera response-oriented project in Limbe (South West region of Cameroon). This project is targeting eight schools and will provide students with adequate water and sanitation facilities. The project was launched in September 2011 and is expected to be implemented over three months.

Communications and monitoring

<p>Objective: Support the Cameroon Red Cross National Society to engage in social mobilisation to reach populations that are affected by cholera in all 6 regions (Centre, Littoral, South west, West, Far North and North) of the country.</p>	
<p>Outputs (expected results):</p>	<p>Activities planned</p>
<p>Communication materials are developed to reach schools and vulnerable populations at risk.</p>	<ul style="list-style-type: none"> • Design/update audio, print, visual and other sensitisation materials • Strengthen relationship between Cameroon Red Cross and the national and international media • Prepare a documentary/case study on cholera with a view to improving future response
<p>The cholera response operation is monitored, reviewed and reported on; information is regularly utilized in programme management</p>	<ul style="list-style-type: none"> • Put in place a monitoring and evaluation plan for the operation • Carry out regular monitoring of the operation and produce monitoring reports

Progress:

Eight thousand leaflets and posters have been produced and distributed in all targeted six regions. Radio programmes were broadcasted on cholera prevention. A monitoring and evaluation plan of the operation has been developed and provided for regular monitoring visits in the field. Monitoring tools have also been developed and put at the disposal of Red Cross volunteers in the field to facilitate data collection.

Advocacy and Public Information

Cameroon Red Cross supported by CARREP has been participating in all meetings organized by Cameroon Government and other partners on cholera in Cameroon. More comprehensive communication activities will be organized when there is better response to the appeal. Such activities would include strengthening the capacities of community radios as they are recognized to play a key role in cholera prevention at community level in local languages (different from French and English). Another major activity to be carried out will be the mobilization of national and international media to help stress the importance of cross-border cholera management.

Contact information

For further information specifically related to this operation please contact:

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Click here

1. Interim financial report [below](#)
 2. Click [here](#) to return to the title page
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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 (NGO's) in Disaster Relief and 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.

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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.
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International Federation of Red Cross and Red Crescent Societies

MDRCM011 - Cameroon - Cholera Outbreak

Interim Report

Selected Parameters	
Reporting Timeframe	2011/4-2011/8
Budget Timeframe	2011/4-2012/4
Appeal	MDRCM011
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	1,361,331					1,361,331
B. Opening Balance	0					0
Income						
Cash contributions						
Japanese Red Cross Society						
<i>M1106002</i>	41,200					41,200
<i>Japanese Red Cross Society</i>	41,200					41,200
Red Cross of Monaco						
<i>M1105085</i>	12,219					12,219
<i>Red Cross of Monaco</i>	12,219					12,219
Swedish Red Cross						
<i>M1105010</i>	43,565					43,565
<i>Swedish Red Cross</i>	43,565					43,565
The Canadian Red Cross Society						
<i>M1108043</i>	19,099					19,099
<i>The Canadian Red Cross Society</i>	19,099					19,099
C1. Cash contributions	116,083					116,083
Inkind Personnel						
Other						
	22,143					22,143
Other	22,143					22,143
C3. Inkind Personnel	22,143					22,143
Other Income						
<i>DREF Allocations</i>	150,000					150,000
C4. Other Income	150,000					150,000
C. Total Income = SUM(C1..C4)	288,226					288,226
D. Total Funding = B + C	288,226					288,226
Appeal Coverage	21%					21%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	288,226					288,226
E. Expenditure	-217,665					-217,665
F. Closing Balance = (B + C + E)	70,561					70,561

International Federation of Red Cross and Red Crescent Societies

MDRCM011 - Cameroon - Cholera Outbreak

Interim Report

Selected Parameters	
Reporting Timeframe	2011/4-2011/8
Budget Timeframe	2011/4-2012/4
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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)		1,361,331					1,361,331	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	308,245	34,338				34,338	273,907	
Medical & First Aid	74,345	251				251	74,095	
Teaching Materials	42,857	916				916	41,941	
Utensils & Tools		107				107	-107	
Total Relief items, Construction, Supplies	425,447	35,610				35,610	389,837	
Land, vehicles & equipment								
Vehicles	14,449						14,449	
Computers & Telecom	2,449						2,449	
Others Machinery & Equipment		48				48	-48	
Total Land, vehicles & equipment	16,898	48				48	16,850	
Logistics, Transport & Storage								
Storage	17,755	1,103				1,103	16,652	
Distribution & Monitoring	6,122						6,122	
Transport & Vehicles Costs	88,992	4,690				4,690	84,302	
Total Logistics, Transport & Storage	112,869	5,793				5,793	107,076	
Personnel								
International Staff	38,939	31,275				31,275	7,664	
National Staff	6,633	8,453				8,453	-1,820	
National Society Staff	350,000	2,565				2,565	347,435	
Volunteers		14,575				14,575	-14,575	
Total Personnel	395,572	56,867				56,867	338,705	
Workshops & Training								
Workshops & Training	284,439	825				825	283,614	
Total Workshops & Training	284,439	825				825	283,614	
General Expenditure								
Travel	14,449	815				815	13,635	
Information & Public Relations	7,143	20,214				20,214	-13,071	
Office Costs	3,571	2,769				2,769	802	
Communications	10,714	4,144				4,144	6,570	
Financial Charges	4,082	27,414				27,414	-23,332	
Other General Expenses	3,061	2,429				2,429	633	
Total General Expenditure	43,020	57,784				57,784	-14,764	
Operational Provisions								
Operational Provisions		48,785				48,785	-48,785	
Total Operational Provisions		48,785				48,785	-48,785	
Indirect Costs								
Programme & Services Support Recov	83,086	11,932				11,932	71,154	
Total Indirect Costs	83,086	11,932				11,932	71,154	
Pledge Specific Costs								
Pledge Earmarking Fee		20				20	-20	
Total Pledge Specific Costs		20				20	-20	
TOTAL EXPENDITURE (D)	1,361,331	217,665				217,665	1,143,666	
VARIANCE (C - D)		1,143,666				1,143,666		