

Appeal 2004



CENTRAL AFRICA SUB REGIONAL PROGRAMMES

Appeal no. 01.48/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on programme title or figures to go to the text or budget

Programme title	2004 in CHF
Strengthening the National Societies	
Health and Care	53,260
Disaster Management	96,232
Humanitarian Values	16,741
Coordination, Cooperation, and Strategic Partnerships	
Coordination and Implementation	353,749
Total	519,982²

Click on the name of the national society below to access the individual Federation web page:

[<Cameroon Red Cross Society>](#) [<Central African Red Cross Society>](#) [<Red Cross of Chad>](#)
[<Congolese Red Cross>](#) [<Red Cross of the Democratic Republic of the Congo>](#)
[<Red Cross of Equatorial Guinea>](#) [<Gabonese Red Cross Society>](#)
[<Sao Tome and Principe Red Cross>](#)

¹ Identified by blue in the text.

² USD 390,523 or EUR 334,716.

Regional Context

The Central African sub-region covers eight countries: Cameroon, Central African Republic (CAR), Chad, Republic of Congo, Democratic Republic of Congo (DRC), Gabon, Equatorial Guinea, and Sao Tome and Principe. Although socio-economic indicators reveal that most of these countries are relatively rich, the general living conditions show no evidence of this. Many survive on less than one USD per day.

In addition, the political stability of the Central African nations is very fragile and often upset by ethno-regionalist rifts. These crises exacerbate the already alarming levels of poverty and vulnerability that affect a large proportion of their populations, with no access to basic social services. With the increasing needs of a growing number of HIV victims, the strain on the already over-stretched health infrastructure becomes more apparent. Member countries are still hard hit by regular cholera outbreaks, meningitis and even the Ebola hemorrhagic fever in spite of the sub-regional disease prevention and epidemiological control.

Beyond these, some member nations have food security problems, socio-political instability (Chad, CAR) and armed conflicts (CAR, DRC). The region is also prone to natural disasters.

Paradoxically, the sub-regional national societies that could alleviate the suffering of the vulnerable are ill-equipped. This is mainly due to inadequate financial resources and absence of a coherent strategic policy to recruit and manage capable volunteers.

The 2004 appeal thus focuses on drawing the attention and awareness of Red Cross partners to the problems and needs of the vulnerable in Central Africa. It is essential that these national societies undertake prompt, sustained efforts to improve the lives of millions of extremely vulnerable families through strengthened social and health activities, disaster management and renewed advocacy drive.

Sub-regional context: Central Africa region:

	Cameroon	Central African Rep.	Chad	Equatorial Guinea	Sao Tome and Principe	Gabon	Rep. Congo	D.R. Congo
Life expectancy at birth (years)	50.0	44.0	45.0	50.0	NA	52.0	51.0	50.5
Adult literacy (% age 15 and above), 2000	76	47	43	83	NA	NA	81	61
Adult literacy rate (female as % of male), 2000	84	58	66	80	NA	NA	85	69
Combined primary secondary and tertiary gross enrolment ratio	43	25	31	64	NA	86	63	32
GDP per capita (PPP USD), 2000	1,703	1,172	871	15,073	1,792	6,237	825	765
People living with HIV/AIDS, men (% age 15-49)	11.8	12.9	3.6	3.4	NA	NA	7.2	4.9
Refugees (thousands), in/out, 2000	44/2	56/NA	18/55	0/1	NA	18/NA	123/28	333/369

Source: UNDP (<http://www.undp.org/hdr2002/indicator>)

PPP in this context refers to Purchasing Power Parity

National Society Profile

	Cameroon	Central African Rep.	Chad	Equat. Guinea	Sao Tome and Principe	Gabon	Rep.of Congo	Dem. Rep.of Congo
Statutes	1998	2000	2000	1999	2001	2001	1997	2000
National disaster plan	-	-	-	-	-	-	-	risk mapping
Regulations	1998	2000	2000	1999	2001	No	1997	2000
CAS	No	No	No	No	No	No	No	No
Elections	1998 scheduled for 2002	2000	2000	1999	2001	2001 scheduled for late 2002	1997 scheduled for Sept. 2002	2000
Yearly audit	No	No	Yes	Yes	Yes	No, scheduled for late 2002	No	Yes

Red Cross and Red Crescent Priorities in the Sub-region

Movement³ Context:

The sub-regional office is insistent on implementing a comprehensive series of approved “cooperation strategies”, to serve as a framework in which to carry out humanitarian and capacity-building programmes. None of the regional national societies have adopted these strategies because of inadequate resources and the low level of activity supported by Red Cross partners. Cooperation agreement strategies (CAS) have not yet been established; the national societies have not produced strategy plans setting coherent, well-focused, long-term objectives. Nevertheless, the sub-regional office has established and strongly supported a framework for regular consultation which provides an opportunity for the national societies’ governance and management to discuss their priorities and for fruitful exchange of experiences. Unfortunately, this consultation is yet to result in the finalization of CAS.

Only Cameroon, Chad and CAR so far have taken steps to start the process. The strategy plans developed in 2003 by the national societies of Cameroon, Chad, CAR, DRC and RoC involving stakeholders and the sub-regional office provide an entry point on which to build CAS. As the process continues in accordance with these national societies country project scheme, the sub-regional office will duplicate the process in Equatorial Guinea and Sao Tome and Principe.

Priority programmes for Federation assistance:

Federation assistance for the national societies in 2004 will focus on strengthening their institutional structures and volunteer activities in community health, disaster management, humanitarian values and organizational development. Assistance will be provided through the following programmes:

Community health programme: To maximize the impact in this area, the national societies must create mechanisms that will facilitate large-scale multiplication of previous successes with the aim of providing coaches to promote branch development, volunteer recruitment/training and activities in accordance with the ARCHI⁴ 2010 strategy.

³ ‘Movement’ refers to the International Red Cross and Red Crescent Movement

⁴ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. (<http://www.ifrc.org/what/health/archi/>)

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Disaster management programme: This builds on previous achievements to improve the capacities of the Central African Disaster Response Team (ERDAC).⁵ Expertise acquired in the area of water and sanitation (WatSan) and epidemic management will be reinforced. A series of procedures will be established to guarantee the rapid deployment of regional disaster response teams and international teams (ERU, FACT), in case of emergencies. Mechanisms will be prepared for the setting up a Central and West African Disaster Response Team (ERDACO)⁶ in accordance with the Federation's change strategy.

Organizational development programme: The improved sub-regional office assistance programme can be appreciated in the country appeals as a whole and implemented both at the national and international level.

To ensure activity sustainability, the national societies must step up resource mobilization efforts within their own communities. This involves strengthening human resources with the volunteer base improvement and cooperation with experts and local partners. In 2003, the volunteer programme included in the appeal did not receive any funding and assistance for the implementation of the coaching mechanism. Based on the ARCHI 2010 strategy, the volunteer programme in 2004 will increase human resources through efforts to recruit volunteers in rural areas to facilitate the 2005 food security activities.

A new fund raising programme is planned to find partners in industry and business to complement funding from traditional donors. Similarly, commercial First-Aid training courses adapted to specific requirements will be offered to private companies and businesses.

International Representation Programme: Attention will be paid to the Federation international representation. Regular campaigns providing information on the national societies' activities and positions on humanitarian issues will be launched to strengthen links between the sub-regional national societies and potential international donors.

Priorities of Red Cross Partners:

The partner national societies listed below operate in the sub-region and provide the following assistance:

- **French Red Cross:**
 - AIDS combat: Out-patient treatment centre in Gabon and Republic of Congo (with Ministry of Health).
 - Institutional development and WatSan in Chad.
- **Swiss Red Cross:**
 - Support for community health and women activities in Chad.
 - Institutional development in Equatorial Guinea (Swiss and German Red Cross cooperation with Gabon was discontinued in December 2001).
- **Spanish Red Cross:**
 - Centres for women's training and hearing/speech impaired people in Equatorial Guinea.
 - Community health and WatSan also in Equatorial Guinea.
 - Support for the aged in Sao Tome and Principe.
 - Financial resource development and national headquarters construction in the Republic of Congo.
- **Belgian Red Cross:**
 - Street children project in the DRC and Cameroon which were finally managed by the Social Affairs Ministry.
- **German Red Cross:**
 - Technical/financial support for the membership card production and sale in the Republic of Congo and rehabilitation of health centres in the Pool region.
- **ICRC runs a typical ICRC programme with the national societies:**
 - Cooperation
 - Preparedness (conflicts)
 - Information dissemination/IHL; tracing agency

⁵ ERDAC - Equipe de Réponse aux Désastres en Afrique Centrale

⁶ ERDACO - Equipe de Réponse aux Désastres en Afrique Centrale et Occidentale

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The on-going sub-regional partnership development process should facilitate closer national societies' involvement in development assistance planning and implementation as well as strengthen their capacities within a cooperation framework.

Central African national society priorities

The difficult socio-economic and political situation has been the overriding factor in determining common priorities for the sub-regional national societies over the past three years. The following priorities were established at the Partnership Meeting held in June 2001:

1. Operational capacity building:

- Local branch development through organization/adapted training and volunteer network management.
- Leadership development skills in preparing critical, coherent programmes

2. Community health:

- HIV/AIDS public awareness campaigns.
- Fight against epidemics with volunteer involvement in awareness campaigns.
- Improved hygienic conditions (water and sanitation).

3. Preparedness and response to disasters and conflicts

- First-Aid training.
- Formation and training of early-warning volunteer teams (epidemics).

In 2003, Federation assistance concentrated on each national society's specific needs according to the country project scheme implemented by the Central Africa sub-regional office. The country project comprises a set of clearly defined, coherent objectives based on long-term outlook currently in progress in Cameroon, Chad and the CAR. The process of reflection on the country project will begin in Equatorial Guinea and Sao Tome and Principe in 2004.

Since the 2003-2004, focused objectives are attainable over a two-year period, measures included in the 2004 appeal are the logical continuation and extension of the previous year's tasks. Efforts will aim at building on achievements and fulfilling unaccomplished objectives. The regional appeal therefore seeks to reinforce national programmes through improved regional expertise, resources and experience.

Strengthening the National Societies

Health and Care

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Assistance for volunteer network development to increase community health activities to a meaningful level.

Background and achievements/lessons to date

The countries in the sub-region are among those in the sub-Sahara with the most alarming health statistics. Diarrhoea and other communicable diseases take a heavy toll on young children. Although vaccination coverage was promising in the 1980s, it has fallen to almost 30%. Until recently, cases of wild polio virus were still being reported in Chad, CAR and Cameroon. Measles is one of the top 10 causes of regional infant mortality. Although the hazards of improper faeco disposal have been controlled in rural areas, access to potable water remains a problem. Outside urban areas, only 40% of the population have access to safe drinking water.

Drop in cotton and coffee prices, the mainstay in rural income, has led to a massive rural -urban drift, swelling the urban population and further aggravating the problem of precarious living conditions.

The regional national societies are fully committed to the ARCHI 2010 strategy, assisting the Ministry of Health in their respective countries in implementing activities included in the health development plan, with the support of WHO, UNICEF and other cooperation agencies. The national societies have used this

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means to mobilise the human potential of their volunteer network to execute the following health activities:

Polio eradication: Red Cross volunteer participation contributed to the success of national immunization days (NID) and local immunization days (LID), particularly in reaching the remote target population. No cases of acute flaccid paralysis caused by the wild polio virus have been reported in the region. Volunteer involvement has also contributed to improving epidemiological surveillance. As a result of the active role played by volunteers in this area, the Red Cross of Chad received a substantial subsidy from the government to finance operations.

Measles campaign: The American Red Cross initiative providing support for a worldwide campaign to combat measles began in the Cameroon sub-region in 2002. The role of Red Cross volunteers was imperative to the success of the campaign carried out in this country. A total of 1,500 volunteers contributed to the social mobilization efforts that achieved 100% vaccination coverage for under-fives. The success of the volunteer-supported measles campaign in two Northern provinces of Cameroon prompted UNICEF to fund similar campaigns spanning seven central and southern provinces in the country in 2003. The Ministry of Health acknowledged the vital role played by the volunteers of the Cameroon Red Cross Society in the success of the operation.

In 2003, the Cameroon Red Cross Society, with sub-regional office support, started up an integrated HIV/AIDS programme for commercial sex workers in Yaoundé. This highly original project caught the attention and interest of the government and other partners, who have pledged financial support. Confident of the project's impact the Ministry of Health has asked the Federation to extend it to other cities nationwide.

The Health Ministries in member countries now recognize the importance of volunteers in improving the quality of life of vulnerable people through communal awareness and mobilization efforts.

Within this context, the national societies aim at developing a network of trained volunteers, who will work in the communities, adopting a success multiplication approach, to carry out high-impact, low-budget activities, and contributing to reducing disease morbidity and mortality.

Goal: The health-related vulnerability of populations in Cameroon, Chad, CAR, Equatorial Guinea, Gabon, Sao Tome and Principe, Congo and DRC is reduced, as a result of community activities carried out by the volunteers of the eight member nations.

Objective: A mechanism designed to multiply previous volunteer successes in community health activities enhance volunteer network and significantly impacts disease control.

Expected Results:

- Target local branches, with headquarters support, develop a policy to recruit more volunteers in rural areas.
- Target local branches implement a mechanism to monitor, train and retain volunteers (coaching).
- Volunteer coaching enhances multiplication of previous successful activities.
- The national societies share their experiences in volunteer development and management with each other.
- A standard volunteer management policy is formulated based on good practice and traditional cultural values.
- HIV/AIDS programme activity is built up to a significant level with volunteer support.

Disaster Management

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Background and achievements:

In 2002, the sub-regional office organized a workshop providing theoretical and practical training for the ERDAC with the support of the Federation Disaster Management and Coordination (DMC) division in Geneva. The unit comprised of staff from Central African national societies, acquired disaster management skills and expertise. In 2003, ERDAC members received refresher training in basic disaster management skills, needs assessment techniques, vulnerability/capacity assessment techniques and risk mapping methods. Two specialized training courses also provided the region with an expert epidemic management and WatSan team.

The Federation aims to improve relations among its structures in the area of disaster management to maintain a high level of disaster preparedness. The two regional priority disaster management areas identified in 2003 are epidemics and WatSan. This initiative will provide members with specialized skills and needed expertise to plan and organize specific technical relief services for victims in the event of a regional disaster. The measure is in conformity with Federation disaster management policy. When the scale of a disaster exceeds national and regional operational capacities, support is automatically requested, and a FACT⁷ or an ERU⁸ is deployed. The regional team is a roster of multi-disciplinary experts from member national societies, readily available in case of emergency.

Goal: The disaster-related vulnerability of the populations of Central African countries is reduced

Objective: The technical disaster management expertise of the regional disaster response team is improved in water and sanitation, epidemic management and food security, and the relevant mechanisms are put in place to facilitate deployment in the event of a disaster.

Expected Results:

- 1. The regional disaster response team strengthens its skills and expertise in disaster management in general and in WatSan and epidemic management in particular.**
 - The region has a unit specialized in water and sanitation, which tests and updates its capacities, skills and expertise to ensure an efficient response in the event of a disaster.
 - The WatSan team is capable of planning and implementing the WatSan side of a relief operation.
 - The region updates and improves methodological guidelines and standard manuals for epidemic management, particularly for cholera, measles, meningitis and Ebola fever.
 - The region's human resources have the skills and expertise required to take effective action in the event of a cholera, measles, meningitis or Ebola epidemic.
 - National societies draw on ERDAC expertise to set up a country disaster management team in their respective countries.
- 2. Procedures required for early warning and prompt deployment of teams are in place.**
 - Administrative, financial and contractual procedures and insurance and any other systems implemented in 2003 are updated.
 - When the scale of a disaster exceeds the operational capacities of the national society of the country in question, the national society immediately requests the deployment of a disaster response team and facilitates its arrival (visa and permit applications, etc.).
 - The sub-regional national societies arrange for their trained, qualified members to participate in the deployment of such teams.

⁷ FACT – Field Assessment and Coordination Teams rapidly assess and coordinate humanitarian response to large-scale emergencies. The system is designed to form and deploy teams of highly trained Red Cross and Red Crescent response practitioners to a disaster site within 12 to 24 hours. (<http://www.ifrc.org/what/disasters/fact/>)

⁸ ERU – Emergency Response Unit is part of the Federation's disaster response tools. It provides specific support or direct services when local facilities are either destroyed, overwhelmed by needs, or do not exist. Using a standardized modular system of equipment and pre-trained teams of national society technical specialists, an ERU can be deployed within 48 hours. (<http://www.ifrc.org/what/disasters/eru/>)

Humanitarian Values

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Background and achievements:

Apart from the DRC Red Cross, which implements a specific project for the promotion of humanitarian values (PHV), with Belgian Red Cross support, PHV has largely been implemented in the sub-region through youth activities. In view of the climate of exclusion, marginalization, discrimination and violence of all kinds prevalent in the region, the need for a programme to promote humanitarian values is patently obvious.

Key messages that are precise and meaningful, conveyed by the media, leaders, influential personalities and celebrities, can be used to present the Federation's position on certain issues, such as economic sanctions, boycotts imposed on countries, discrimination in the workplace, HIV/AIDS stigmatisation and genital mutilation based on ethnic beliefs and traditional customs. It would be useful to build up a network of journalists interested in humanitarian issues and the work of the Red Cross and regularly supply it with press releases illustrating efforts undertaken by national societies in the sub-regions and the Federation's position on humanitarian issues. A continuous flow of messages would be established to implement a sustained campaign against discrimination and stigmatization.

Charismatic personalities, such as the Princess of Belgium, renowned for their commitment to alleviating the suffering and hardship of people who are excluded from society, could be invited to convey Red Cross messages.

The project being carried out this year by the Cameroon Red Cross Society, which consists of integrating people living with HIV/AIDS and commercial sex workers in Red Cross theatre troupes to give these often marginalized groups the chance to express themselves, will be extended to all the national societies in the sub-region.

Goal: Discrimination of any kind against marginalized individuals or groups is eliminated.

Objective: The sub-regional office provides marginalized groups with a channel of communication and expression using the media, internationally renowned celebrities and any other form of original expression (painting, plastic arts, drawing, traditional dance, etc.) and makes the Federation's position on discrimination clear, particularly with regard to HIV/AIDS stigmatization.

Expected Results:

- Red Cross messages are regularly published through the network of sympathetic journalists.
- Messages conveying the Federation's position on relevant issues receive international media exposure, reaching a wide audience.
- Original forms of expression are identified with stigmatisation victims, and they are given a chance to express themselves.
- The sub-regional office will regularly publicize humanitarian activities carried out by national society volunteers in periodic information bulletins.

Coordination, Cooperation, and Strategic Partnerships

Background and achievements

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Since its establishment in Yaoundé, the sub-regional office has promoted a process of consultation and mutual assistance among the eight national societies of the sub-region, with a view to benefiting from the advantages of working together as a Federation to effectively meet the needs of vulnerable people. Two meetings are held each year, one to plan sub-regional office assistance and another to make an interim assessment of that assistance and to refocus or redefine regional strategy. This second meeting also involves the ICRC, the partner national societies and the Africa Department. Also at this meeting, the president of one of the national societies is elected chairman of the coordination committee. Stock is taken of ongoing and planned assistance provided by the different partners for each national society.

The sub-regional office uses national society experts as resource persons for support missions.

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In spite of the training and efforts undertaken to date, there are still governance problems (separation/complementariness between governance and management in respect of roles and responsibilities) and problems of integrity (failure to observe statutes, misuse of financial and material resources).

Limitations of the mechanism currently in place:

- The role of the coordination committee is not explicitly defined; its chairman chairs the two annual regional meetings and represents peers at partnership meetings held outside the region (Geneva).
- No provision for advocacy.
- The national societies rarely take the initiative in exchanging experiences and take little advantage of opportunities to strengthen capacities on a mutual basis.
- None of the regional national societies have a CAS; partner national societies favour bilateral cooperation without prior discussion with the Federation.

Goal: The image of the sub-region's national societies is improved.

Objective: Governance and intra-regional partnerships among national societies and with other members of the Movement are strengthened.

Expected Results:

- The coordination committee is aware of the priorities, programmes, resources, performance and problems of the sub-region's national societies through the sub-regional office information bulletins, the coordination committee meeting and other channels.
- The chairman of the coordination committee becomes more closely involved in resolving internal crises affecting national societies.
- CAS is adopted by the national societies that have already formulated a strategy plan.
- A regional network is set up to allow national societies to share knowledge and expertise in governance and volunteer management based on traditional cultural values.
- The achievements of the national societies within the framework of the commitments made at the **Fifth Pan African Conference** in October in Ouagadougou in October 2001 are compiled by the sub-regional office with the assistance of the coordination committee and shared with other national societies at the Sixth Pan African Conference held in Algiers in 2004.

International representation

Background and achievements:

The Federation, as the world's largest humanitarian organization, has a responsibility to defend the rights and interests of the millions of vulnerable people it is committed to serving throughout the world. With its good public image and credibility, it is in an unrivalled position to advocate for vulnerable individuals and groups often forgotten by the media and political leaders. The sometimes over-emphasized desire of the Federation and national societies to keep a low profile occasionally prevents them from making full use of the power they have to focus media and public attention on the plight of the vulnerable and the underlying causes of their vulnerability. This is particularly important since action taken by the Red Cross or other humanitarian organizations alone fails to remedy the situation. The Federation now realizes that direct action is not the only way to reducing vulnerability and suffering, that it has the power to mobilize communities, local and national authorities when humanitarian action is forced to accept its limitations. Typical examples are found in poverty alleviation, stigmatization, sexual violence and child abuse.

Goal: The general public, the authorities, the diplomatic corps and donors provide more support for the work of the Federation and the national societies in the sub-region.

Objective: The general public, authorities, diplomatic corps and donors are better informed of the position of the Central African Red Cross Societies and the Federation on humanitarian issues and activities which contributes to strengthening loyalty.

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Expected Results:

- A monthly report is prepared according to Federation standards and sent to the sub-regional office. The report is made available to partner national societies and the Federation Secretariat in Geneva, once it has been consolidated and edited by the sub-regional office and the sub-regional coordinator. This way, partner national societies are updated on the national societies' humanitarian action and motivated to take a more active role in supporting such efforts.
- A constant flow of humanitarian messages is made available to the national societies, which in turn send them to a network of journalists in their respective countries.
- A network of journalists is created and strengthened, through which the national societies disseminate advocacy messages in favour of the most vulnerable.
- Campaigns against HIV/AIDS discrimination and stigmatization are reinforced with the regular release of meaningful messages.
- Activities to enhance the potential of the national societies as operational partners in the implementation of humanitarian activities carried out by Embassies and international organizations are identified and implemented.
- An advocacy strategy in favour of the vulnerable is developed and implemented.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.48/2004

Name: Central Africa Sub-Regional Programmes

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	8,000	0	0	0	0	0	8,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	8,000	0	0	0	0	0	8,000
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	3,879	9,015	0	0	23,941	0	36,835
TRANSPORT & STORAGE	3,879	9,015	0	0	23,941	0	36,835
Programme Support	3,462	6,255	1,088	0	22,994	0	33,798
PROGRAMME SUPPORT	3,462	6,255	1,088	0	22,994	0	33,798
Personnel-delegates	3,693	22,653	0	0	140,072	0	166,418
Personnel-national staff	4,182	5,165	7,353	0	54,661	0	71,360
Consultants	0	0	0	0	0	0	0
PERSONNEL	7,875	27,818	7,353	0	194,733	0	237,778
W/shops & Training	22,400	45,500	2,400	0	80,700	0	151,000
WORKSHOPS & TRAINING	22,400	45,500	2,400	0	80,700	0	151,000
Travel & related expenses	0	0	0	0	21,737	0	21,737
Information	0	0	5,900	0	0	0	5,900
Other General costs	7,644	7,644	0	0	9,644	0	24,932
GENERAL EXPENSES	7,644	7,644	5,900	0	31,381	0	52,569
TOTAL BUDGET:	53,260	96,232	16,741	0	353,749	0	519,982

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PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	8,000	0	0	0	0	0	8,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	8,000	0	0	0	0	0	8,000
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	3,879	9,015	0	0	23,941	0	36,835
TRANSPORT & STORAGE	3,879	9,015	0	0	23,941	0	36,835
Programme Support	3,462	6,255	1,088	0	22,994	0	33,798
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Personnel-national staff	4,182	5,165	7,353	0	54,661	0	71,360
Consultants	0	0	0	0	0	0	0
PERSONNEL	7,875	27,818	7,353	0	194,733	0	237,778
W/shops & Training	22,400	45,500	2,400	0	80,700	0	151,000
WORKSHOPS & TRAINING	22,400	45,500	2,400	0	80,700	0	151,000
Travel & related expenses	0	0	0	0	21,737	0	21,737
Information	0	0	5,900	0	0	0	5,900
Other General costs	7,644	7,644	0	0	9,644	0	24,932
GENERAL EXPENSES	7,644	7,644	5,900	0	31,381	0	52,569
TOTAL BUDGET:	53,260	96,232	16,741	0	353,749	0	519,982