

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

27 May 2006

In Brief

Appeal No. 05AA002; Appeal target: CHF 2,639,837 (USD 2,094,278 or EUR 1,671,841); Appeal coverage: 111.5%. [Click here to go directly to the attached Financial Report.](#)

Annual Appeal please refer to: <http://www.ifrc.org/docs/appeals/annual05/05AA002.pdf>

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual05/05AA00201.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual05/05AA00202.pdf>

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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For further information specifically related to this operation please contact:

- In Kenya: Col. Nur Hassan Hussein, Secretary General, Somali Red Crescent Society, Nairobi; Email: srcsnai@bishacas.org; Phone +254.20.271.37.84; Fax +254.20.271.88.62
- In Kenya: Ed Cooper, Federation Head of Somalia Delegation, Nairobi; Email: ed.cooper@ifrc.org; Phone +254.20.283.51.32; Fax +254.20.272.90.70
- In Geneva: Amna Al Ahmar, Federation Regional Officer for East Africa, Africa Department, Geneva; Email: amna.alahmar@ifrc.org; Phone +41.22.730.44.27; Fax +41.22.733.03.95

Overall analysis of the programmes

2005 represented the first year of the new Somali Red Crescent Society's Strategic Plan for the period 2005-2009, and significant progress was made in the initial steps towards achieving its objectives. Major achievements within the national society, with support from the Federation and its other partners, included a more integrated programming approach with expanded elements in each of the core areas of health and care, disaster management and organizational development. Specific sub-strategies to the overall strategic plan were finalized, with the health strategy for 2005-2009 adopted by the executive committee in June 2005; a full participatory branch development review was also carried out, leading to preparation and adoption of the branch development strategy for 2006-2010. The expansion of governance was also consolidated through two meetings of the new executive committee members; both of these took place within the country (in Hargeisa and Garowe respectively) with members from all zones, an important achievement that highlighted the unity of the society. There has been a greater push to involve and engage the whole society at every level – volunteers, governance, management, staff and membership. All of these factors have contributed to the strong progress that has been made on resource mobilization for the Somali Red Crescent Society programmes, with an effective multi-donor funding strategy achieving multi-year funding for Federation-supported programmes in most of the key areas.

In operational terms, important progress was seen in the core health programme including expansion in Puntland, as well as the beginnings of a revitalisation of the previously under-supported disaster management programme in the

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aftermath of the tsunami and other disasters. The long term drought in the region negatively impacted the populations: seasonal Deyr rains (October-December) largely failed in many parts of southern Somalia, compounding the effects of lower than average Gu rains (April-June) earlier in the year. By the end of the year, the situation became critical in large parts of the south, as well as neighbouring cross-border areas in Kenya and Ethiopia, and the national society made preparations with International Committee of the Red Cross (ICRC) for a response to the affected populations in the early part of 2006. In the northern regions of Somalia, by contrast, the 2005 Deyr rains were mainly normal and the condition of livestock was reported to be generally good.

After a slow build-up, the UN/World Bank-sponsored Joint Needs Assessment (JNA) got under way by the end of the year to establish priorities and strategies for future recovery and rehabilitation efforts in Somalia. The JNA will lead to a reconstruction and development programme in preparation for a donor's conference planned to be held in Rome in 2006.

The Somali Red Crescent Society, supported by the Federation, began to focus on integrating and strengthening its disaster management and response functions with the health programme during the year and on defining its medium and long term interventions in disaster prone areas. Following the tsunami disaster, all disaster management support for SRCS is channelled through the tsunami emergency appeal. To view the Tsunami Plan of Action 2005-2010 and reports please visit: <http://www.ifrc.org/what/disasters/response/tsunamis/index.asp>



SRCS volunteers performing during the World Red Cross and Red Crescent Day celebrations (on 8 May).

The ICRC continued to lead in the promotion of Humanitarian Values through the communication and tracing department of the national society and with the aim of promoting understanding of the International Humanitarian Law (IHL), the Fundamental Principles and national society activities.

Achievements were limited by persistent constraints related to working in Somalia (such as logistical and communication obstacles, security issues and visa difficulties). Logistics issues regularly hampered the health and disaster management programmes as few operators led to limited flights and cargo space and persistent coastal piracy affected humanitarian supplies. Delivery of supplies to clinics and hospitals was often delayed since planes could not fly to some destinations due to insecurity or poor landing strips, these created gaps in the provision and supply of drugs and other medical items.

Analysis of 2005 programmes

Health and care

Goal: The health status of the Somali population is improved.

Objective: The quality and range of services provided by the network of Somali Red Crescent health facilities inclusive of STI/HIV/AIDS, TB, malaria prevention and control through community participation is increased.

Achievements

Maternal and child health and out-patient department services

The overall facility utilization showed a slight decline of 3.5% for total consultations compared to the previous year, as shown in table 1. Vaccination of children increased by 12% while there was a decrease of 5.5 % for immunization of mothers of child bearing age and 11% for growth monitoring activities. The falls are attributed to population movements outside the clinic catchments areas particularly in the nomadic areas where most of the national society clinics are located, as well as cultural beliefs that vaccination is linked to sterility in women. The malnourished cases came mostly from the nomadic communities, who had been hit by the long drought, reduced access to food commodities at household levels, increased prices and lack of employment opportunities.

Table 1: Overall facility utilization

Period	Consultations	Vaccination (Children)	Vaccination (Mothers)	Growth monitoring
2004	246,427	55,237	26,524	70,127
2005	237,919	61,813	25,075	62,656
Percentage increase (decrease)	3.5	12	5.5	11

The clinic staff participated in the first coordinated measles vaccination campaigns for northern Somalia targeting all children between 6 and 15 years of age against measles, thereby decreasing the disease burden among the child population. Health education information continued to be disseminated to the communities at the clinic and during outreach services. Topics covered included importance of breast feeding, complementary feeding, prevention of cholera and diarrhoeal diseases, care of newborns and immunisation. Somali Red Crescent Society volunteers continued to undertake social mobilization activities to create awareness and remind mothers and caretakers of vaccination dates/days and conduct house-to-house campaigns on disease prevention. They also participated in nutrition surveys conducted by the food security assessment unit (FSAU).

SRCS clinics in south and central zones established food demonstration centres using the locally available foods with assistance from the United Nations Children’s Fund, UNICEF who trained 30 Somali Red Crescent Societies volunteers and eight clinic staff from Mogadishu and Baidoa to trace and identify malnourished children in the community and refer them to the feeding centres.

Community involvement and participation in the management and resourcing of the SRCS’s MCH/OPD

The trained community health committees provided the needed community management support to the clinics. Though some could not raise funds in time, the communities remain committed and continue to be key players in the running and management of MCH/OPD clinics. They provided security at the clinics during outreach activities and also played a lead role in social mobilization and response to the outbreak of measles.

The volunteers continue to sensitize the communities using printed information, education and communication (IEC) materials on various health issues including environmental & personal hygiene, nutrition, ante natal care/post natal care, importance of immunization, breast-feeding and vitamin A. These activities also popularized and promoted the use of public health facilities where trained staff and quality drugs are available. This increased community awareness and helped to promote health seeking behavior.

HIV/AIDS

With the expiry of its current SRCS HIV/AIDS strategy (2002-2005), a consultant was engaged to prepare a new HIV/AIDS strategy (2006-2010) which is in line with the national society 5-year health strategy and partners’ strategies for Somalia. The new strategy, which is under review by the society’s governance, will focus on the prevention and control of the spread of STIs and HIV/AIDS as well as advocacy against stigma and discrimination. Implementation of activities will begin in 2006. HIV/AIDS awareness activities targeting different segments of the community continued at the clinic sites and during outreach activities.



Photo: SRCS volunteers marching against stigma on World AIDS Day.

Arrangements with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) were finalized, with GFATM funding obtained by Federation/the national society to target IEC and anti-stigma and discrimination material production and training. The start date of activities was initially delayed due to awaiting development of an overall communication strategy with harmonized messages for development of information, educational and communication (IEC) materials, which is being undertaken by United Nations Development Programme (UNDP).

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Malaria

Funds were received from the GFATM programme to undertake malaria prevention and control activities in Somalia. The Somali Red Cross Society has used this opportunity to train its health staff and volunteers on malaria case management, prevention and control measures.

22 national society clinic staff were trained by WHO on malaria microscopy to improve the diagnosis of malaria cases at the clinic level. 7 clinic staff from the south and central zones participated in malaria case management training workshops held in Nairobi and Wajid. They will serve as trainers of trainees (ToT) on malaria case management and train other health workers and volunteers at the national society clinics.

Distribution of 10,000 insecticide- treated bed nets (ITNs) through the health facilities targeting pregnant mothers and children under 5 years was carried out in the south and central zones where malaria transmission is endemic throughout the year. The Somali Red Crescent Society volunteers carried out health education activities on the proper use of the ITNs using the ARCHI toolkits. They also promoted and referred pregnant mothers to the clinics for malaria prophylaxis.

Capacity building

A Somali Red Crescent Society health review meeting was conducted in Nairobi in March 2005. The meeting reviewed the national society's integrated health care programme focusing on lessons learned from 2004, management, communication, guidelines and the development of action plans for 2005. All the health officers from the Federation, ICRC and bilaterally-supported facilities attended the meeting.

A training needs assessment to identify clinic staff training needs at all levels was undertaken in the Federation supported clinics. Training was undertaken in line with the identified needs which include patient and drug management, obstetric care, malaria case management and HIV/AIDS. Further preparations were made for structured training for specific staff cadres through partnership with Bossasso School of Nursing in 2006.

The traditional birth attendants (TBAs), who form part of the birthing process in Somalia, continued to conduct deliveries in the village environments. Eighty TBAs attached to the clinics in the three regions of Somalia were trained on community obstetric care to improve their skills in home obstetric care with correct identification of high-risk cases and early referral to the clinics. The training strengthened the set standards on home based delivery services, improved working relations between the clinics' midwives and the TBAs ensured proper assistance during antenatal care, delivery and postnatal care and referral system to the health facilities. In the reporting period a total of 5,323 successful deliveries were conducted by the clinic midwives and the TBAs.

Every clinic has received at least one monthly visit from the Somali Red Crescent Society health officers in the field. The branch health officers continued to provide on-the-job training to the clinic staff during supervisory visits. The training focused on weak areas, including calculation of targets for the EPI, dressing and aseptic techniques. The Somalia delegation health officers made 16 field trips to provide technical and managerial support to the national and branch health officers, as well as reviews of tsunami operational response, coordination meetings, and training of staff/volunteers.

The Garowe hospital, which is serving as the only referral public medical institution in Nugal region of Puntland, has registered a 10% decline in the overall attendance in 2005 as compared with 2004. The attendance pattern has been a mixed picture across the range of hospital services, with some departments experiencing attendance increases and others reductions.

Table 2: Garowe hospital consultations in 2004 and 2005

Period	Admissions	Deaths	Lab	OPD/ER	Operations	Deliveries	X-ray	Dressing	Total
2004	2,207	42	1,274	3,776	223	160	1,191	3,967	14,802
2005	1,523	39	3,429	2,027	170	273	543	4,090	13,279
% Increase/ decrease	31	7	169	46	24	71	54	3	10

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In total 13,279 attendances were recorded, compared to the previous reporting year when the total attendance recorded was 14,802, as shown in table 2. There were 1,523 admissions, 1,185 discharges and 273 deliveries. The outpatient and emergency room recorded 2,027 attendances while 3,429 and 543 were recorded at the laboratory and X-ray respectively. 170 operations were also performed. The reduced utilization figures of the hospital facility are attributed to several factors including new opportunities in the private health market, UN agencies and international non governmental organizations undertaking health activities in the tsunami affected areas and the overall limited supply of qualified staff in the region. It is clear that a stronger management direction, with support from the Ministry of Health of Puntland and partners, will be essential for revitalizing the hospital and its services. The Federation/the nationals society on their part drafted and circulated a Memorandum of Understanding (MoU) to be agreed by all stakeholders in the hospital that would set out the roles and responsibilities of each stakeholder. The MoU is currently under review and negotiation, and once ratified and signed will ensure a stronger involvement for the MoH and clear job descriptions for staff before a salary review exercise is undertaken.

A surgical review mission was undertaken in June/July (with support from ICRC) to review the theatre equipments, working procedures, staffing issues and general performance of the hospital. The review identified several areas for improvement including clarifying the respective roles of the hospital board and management, the community, the Puntland state health authorities, Somali Red Crescent Society and the Federation. Many of the equipments used in the operation theatre were also found to have outlived their useful life and replacement and refitting of essential items was completed by the end of the year. The Federation also helped to replace the hospital's main generator.

Impact

In line with its stated objectives, the national society continued to provide effective curative, preventive and promotive services in the clinics with correct identification of high risk cases, appropriate treatment and referral of patients; common ailments received treatment at the clinics' MCH/OPDs and those requiring further attention were referred to hospital. The national society integrated health programme had a positive impact on the lives of the vulnerable people, albeit with a few challenges. This was evidenced by the availability and utilization of services in both static and outreach activities. It also resulted in a reduction of major disease outbreaks.

Constraints

Some cold chain equipment malfunctioned; however, UNICEF was informed for further action. The impact of recurrent disasters on livelihoods forced some communities to delay payment of their contribution to clinic running costs. At the same time, some completed laboratories were still awaiting equipment and additional staff training from World Health Organization (WHO).

The malaria programme, under the GFATM, was ongoing but at a slow pace due to operational problems and delays in release of funds. The training for the service providers could not be undertaken as planned due to prerequisites needed from UNICEF and WHO, including training protocols.

Logistical and travel difficulties caused by limited flight and cargo options for the delegation staff to monitor and deliver supplies on a timely basis. In addition, insecurity in some parts of the country hindered delivery of supplies and support, e.g. when UNICEF, a key partner, temporarily suspended its operations in Puntland in May/June 2005. Reduced Garowe hospital staff morale due to limited remuneration package and lack of management direction, coupled with a shortage of qualified health personnel in the region to fill the vacant hospital positions.

A hospital MoU needs to be concluded to clearly set out the roles and responsibilities of all stakeholders. Turnover of delegation staff in the health coordination and STI/HIV/AIDS roles led to some loss of programme support continuity in the middle of the year, although momentum was soon regained with the arrival of a new health delegate in September.

Organizational development

Goal: Somali Red Crescent Society capacity to deliver effective services to the vulnerable people is increased.

Objective: Somali Red Crescent Society local branches, headquarters co-ordination, resource mobilization as well as volunteers' role in the implementation of Somali Red Crescent Society plans at the grass root level is strengthened.

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Achievements

A process of organizational development and greater coverage has progressed gradually over the past 5 years and was articulated, following the 2004 the national society all inclusive meeting, in the society's Strategic Plan for 2005-2009. In 2005, the first year of the plan, a critical step forward was made through completion of a comprehensive branch development review leading to the formulation and adoption of the SRCS branch development strategy for 2006-2010. The national society branch staff and volunteers were given an opportunity to contribute to the aim and direction of the strategy, and the review represented the widest consultation exercise ever seen by the national society. The finally adopted branch development strategy was the result of visits to 15 regional and 5 district branches, introducing six thematic areas with some 26 issues on branch development, whose main objectives were to capture the current situation and discuss the relevance of issues for the strategic planning and engaging the branches in forming the strategy: a referral document entitled "Towards the Branch of Tomorrow" was sent out to all branches. 88 sub-branches (over 90% of all sub-branches) conducted meetings in all parts of Somalia, gathering a total of 2,415 people with an average of 27 people in each meeting and answering a number of questions. All 19 regional branch chairpersons and branch secretaries were invited to a workshop on 26-30 October 2005 in Hargeisa. The branch development strategy was finally adopted by the SRCS executive committee in November 2005, and represents a major milestone in the national society's organisational development. The executive committee also mandated a management group to work further on the plan of action for the coming years based upon the priority areas identified; this was to be followed through by the group early in 2006.

The first meeting of the expanded executive committee since the 2004 all inclusive meeting in Djibouti took place in Hargeisa in June 2005, and the meeting included a training session on governance roles for the new members facilitated by the Federation. A second executive committee meeting was held in Garowe in November, establishing a regularity and cohesiveness in the governance processes that had been lacking for some time. By the end of the year there was a palpable sense of unity and common purpose amongst the expanded committee, whilst representing all zones of the still fractured country.

The process of engaging the national society field managers in issues of the national society's leadership was strengthened during the course of the year, as more regular meetings between managers in the three coordination offices were initiated. In December, a request by the Secretary General to take six months' unpaid leave was agreed by the executive committee. During this period, the President and the management teams from the coordination offices of Mogadishu and Hargeisa will be building on these regular mechanisms to enable effective continued management and decision making processes.

Volunteer management and policy guidelines have been formally accepted and adopted by the national society, though there are several key elements of the new strategy that will further build the practical implementation and introduce new initiatives for volunteer recruitment, retention, mobilization and management.

Constraints

Strengthening of branch resource mobilization and financial management capacity was seen as a longer term objectives that would be further developed by setting up a national committee for income generating activities through which branches would submit proposals for advice, seed funds and support, and looking to engage longer term organizational development support to financial management processes within the national society.

Coordination, cooperation and strategic partnerships

Goal: The Federation coordination role is accepted and respected by all partners in Somalia with the view to enhancing good cooperation and successful partnerships.

Objective: The Somalia Red Crescent Society's integrated capacity building planning and implementation skills are ensured by the Federation through participatory facilitation and constant dialogue with the various partners.

Achievements

The Federation continued to strengthen its cooperation with the ICRC, UN agencies, international organisations and donors. The reinforced Movement coordination structures ensured continued regular Movement meetings with the national society, ICRC and other partner national societies (PNS) with interest in Somalia. Following the work carried out in Somaliland early this year with the support of the British Red Cross to produce media and

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presentation materials of the work done in four of the national society clinics in Somaliland, a follow-up exercise will be carried out early in 2006 to document the progress during the year and remaining needs. The focus on the branch development review and strategy and on Movement coordination can be seen as important building blocks in the Cooperation Agreement Strategy (CAS) development.

The delegation continued to work closely with other organisations during programme implementation to share information and experience both on ongoing and planned projects. The national society and the Federation continued to be active members in the Somalia Aid Coordination Body (SACB). Apart from the organized SACB meetings, the national society and the Federation continued to take part in field coordination meetings organized by the health authorities with involvement of other state and humanitarian actors.

Funding partnerships were concluded with a number of organizations. These included the GFATM for HIV/AIDS activities, UNDP for LICUS support to the health programme in Puntland, and the World Bank Japanese Social Development Fund for support to the health programme in tsunami affected areas. A proposal was also submitted to the Italian government for continuing its support to Garowe hospital in 2006/7.

Impact

Continued and increased donor support and interest in the national society integrated health programme.

Effective representation and advocacy

Goal: The Federation represents and advocates for and on behalf of the national society to command recognition as a key humanitarian actor.

Objective: The Federation effectively represents the national society both within and outside the Movement with the aim of supporting the Somali Red Crescent in addressing the needs of the most vulnerable.

Achievements

Regular involvement in humanitarian and diplomatic events and forums maintained the profile of the national society and the Federation during the year, including at the historic departure of the transitional federal government from Kenya— hosted by Kenya's President at State House Nairobi. The Somalia delegation was involved with the Fragile States Initiative, managed by DFID/World Bank for Somalia that plans to establish a set of principles for donor engagement in fragile states and post-conflict environments. After giving input into the preparatory consultancy, the head of delegation participated in a discussion workshop with donor representatives and selected international organisations to identify priorities.

Ongoing representation with the World Bank resulted in further LICUS funding next year as well as the new partnership through the Japanese social development Fund, which attracted media attention. Meetings were held with the UN team on the upcoming Somalia JNA and the World Bank counterparts. The Movement partners in Somalia (the national society, the Federation and ICRC) will assist the JNA process through information and dialogue, but maintain an independent observer status.

Impact

The World Bank carried out a review of its involvement in Somalia in recent years through its Post Conflict Fund and LICUS initiative. The review looked at the work of all partners and the Federation emerged in a very favourable light, with strong programmatic results. The delegation widely circulated the programming and learning tools developed through the World Bank partnership which helped to profile the community management model for primary health service provision piloted by the national society.

[Final financial report below; click here to return to title page and contact information.](#)

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	2'028'760	86'975		524'103	0	2'639'838
B. Opening Balance	945'953	2'348		53'010	52'475	1'053'786
Income						
Cash contributions						
British Red Cross	225'100				6'630	231'730
Finnish Red Cross	78'264			61'216	906	140'386
German Red Cross	39'861					39'861
Norwegian Red Cross	322'240			268'100		590'340
Swedish Red Cross	150'900			50'250		201'150
UNICEF (UN Agency)	94'555					94'555
C1. Cash contributions	910'920			379'566	7'536	1'298'022
Outstanding pledges (Revalued)						
Netherlands Red Cross	76'258					76'258
UNDP (UN Agency)	261'665					261'665
UNICEF (UN Agency)	243'284					243'284
C2. Outstanding pledges (Revalued)	581'207					581'207
Inkind Personnel						
British Red Cross					102'000	102'000
Finnish Red Cross					13'933	13'933
C5. Inkind Personnel					115'933	115'933
Other Income						
Miscellaneous Income	8'780					8'780
Service Agreements					11'284	11'284
C6. Other Income	8'780				11'284	20'064
C. Total Income = SUM(C1..C6)	1'500'907	0		379'566	134'753	2'015'226
D. Total Funding = B + C	2'446'860	2'348		432'576	187'228	3'069'012

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	945'953	2'348		53'010	52'475	1'053'786
C. Income	1'500'907	0		379'566	134'753	2'015'226
E. Expenditure	-1'207'591	-2'348		-404'324	-122'444	-1'736'707
F. Closing Balance = (B + C + E)	1'239'269	0		28'252	64'784	1'332'305

Selected Parameters	
Year/Period	2005/1-2005/998
Appeal	M05AA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		2'028'760	86'975		524'103	0	2'639'838	
Supplies								
Construction		25'409			41'978		67'386	-67'386
Food	44'556	27'432					27'432	17'124
Water & Sanitation	3'300	6'070				136	6'206	-2'906
Medical & First Aid	310'616	110'075					110'075	200'541
Other Supplies & Services	30'976	59'558					59'558	-28'582
Total Supplies	389'448	228'544			41'978	136	270'657	118'791
Land, vehicles & equipment								
Computers & Telecom	8'629							8'629
Office/Household Furniture & Ec		2'743			16'602		19'346	-19'346
Others Machinery & Equipment		368			50	-136	283	-283
Total Land, vehicles & equipme	8'629	3'111			16'652	-136	19'628	-10'999
Transport & Storage								
Storage	55'756	3'856				745	4'601	51'155
Distribution & Monitoring		28'113				127	28'240	-28'240
Transport & Vehicle Costs	233'934	194'898			1'260	-1'067	195'091	38'843
Total Transport & Storage	289'690	226'867			1'260	-195	227'932	61'758
Personnel Expenditures								
Delegates Payroll	176'400							176'400
Delegate Benefits	144'000	42'989			7'015	117'448	167'452	-23'452
National Staff	855'907	89'549			31'300	-9'373	111'475	744'432
National Society Staff		293'928			158'694	6'350	458'972	-458'972
Consultants	43'425	43'233			1'895	11	45'139	-1'714
Total Personnel Expenditures	1'219'732	469'698			198'904	114'436	783'038	436'694
Workshops & Training								
Workshops & Training	203'066	90'877	8'987		41'782	-11	141'634	61'432
Total Workshops & Training	203'066	90'877	8'987		41'782	-11	141'634	61'432
General Expenditure								
Travel	65'509	25'888			2'485		28'373	37'136
Information & Public Relation	80'200	25'310			1'063	-2	26'371	53'829
Office Costs	118'398	54'718			4	5'836	60'558	57'841
Communications	45'480	13'619			22	6'270	19'911	25'569
Professional Fees	2'100	3'458					3'458	-1'358
Financial Charges	42'996	24'396			5'867	-67'326	-37'062	80'058
Other General Expenses	3'000	4'949	0		-2'724	55'773	57'998	-54'998
Total General Expenditure	357'684	152'338	0		6'717	552	159'607	198'077
Program Support								
Program Support	171'589	78'491	153		26'281	7'469	112'394	59'196
Total Program Support	171'589	78'491	153		26'281	7'469	112'394	59'196
Operational Provisions								
Operational Provisions		-42'334	-6'792		70'750	194	21'818	-21'818
Total Operational Provisions		-42'334	-6'792		70'750	194	21'818	-21'818
TOTAL EXPENDITURE (D)	2'639'838	1'207'591	2'348		404'324	122'444	1'736'707	903'131
VARIANCE (C - D)		821'168	84'628		119'779	-122'444	903'131	