

# 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

## **CHERNOBYL HUMANITARIAN ASSISTANCE & REHABILITATION PROGRAMME (CHARP), BELARUS, UKRAINE AND RUSSIA**

3 May 2006

### **In Brief**

**Appeal No. 05AA072; Annual Report; Period covered: January-December 2005**

**Appeal target: CHF 850,112 (USD 682,437 or EUR 550,590); Appeal coverage: 98 %** (*please click here to go directly to the attached Financial Report*)

#### **Related Emergency or Annual Appeals:**

CHARP Annual Appeal 2005. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA072.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA072.pdf)

CHARP Annual Appeal 2005 – Programme Update no.1. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07201.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07201.pdf)

CHARP Annual Appeal 2005 – Programme Update no.2. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA07202.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA07202.pdf)

Annual Appeals 2005 for Europe and Central Asia region. For details please see the website at <http://www.ifrc.org/where/europe.asp>

CHARP Annual Appeal 2006-2007. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual06/MAA67002.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA67002.pdf)

Belarus, Moldova and Ukraine Annual Appeal 2005. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA071.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA071.pdf)

Russian Federation Annual Appeal 2005. For details please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA073.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA073.pdf)

**Programme analysis:**

In 2006, the international community commemorates the 20th anniversary of the worst accident in the history of the civil nuclear industry—the explosion of the Chernobyl nuclear power plant in northern Ukraine on 26 April 1986. The explosion sent tonnes of cancer-causing isotopes around the world, contaminating vast areas in Belarus, Ukraine and the Russian Federation. The United Nations report "The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery" (released in 2002) estimates that nearly seven million people continue to live in radiation polluted lands. Radioactive pollution in these countries occupies an area of 120,000 square km—an area almost three times as large as the territory of the Netherlands.

The long-term health consequences of the disaster continue to be studied. At present the only pathology that can be attributed to the accident's radiation exposure is a large increase in thyroid cancer amongst individuals who were children at the time of disaster. This was confirmed in another United Nations study, "Chernobyl's Legacy: Health, Environmental and Socio-Economic Impacts", released in September 2005. This report calls for focused screening for detection of cancer and other thyroid gland pathologies in those people, especially children, who were exposed to radioiodine just after the disaster. The report also calls to better inform the population, especially in remote rural areas; to promote healthy lifestyles; to deliver information on ways of reducing internal and external radiation exposure and addressing the main causes of diseases; and to relieve psychosocial stress. Scientists predict that the incidence of thyroid cancer caused by radiation might peak during 2006-2020.

During the reporting period, CHARP was focused on thyroid gland screening. Effective medical, social and psychological assistance was provided by six mobile diagnostic laboratories (MDL) working in the six regions affected by the Chernobyl disaster. In 2005 the programme has received donations from the Netherlands Red Cross (NLRC), Japanese Red Cross and British Red Cross through the British Government/Department for International Development (DFID).

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*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 181 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. Please access the Federation's website at <http://www.ifrc.org>*

**Programme assessment**

Since 1990, the International Federation of Red Cross and Red Crescent Societies (the Federation) together with the national Red Cross societies of Belarus, Ukraine and Russia, have been running the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) to address basic health needs of those living in highly affected regions of the three countries. The goal of CHARP is the provision of thyroid health screening and psychological support to the affected population to reduce and mitigate the impact of the disaster. The programme objective is to identify—at as early a stage as possible—thyroid gland cancer and other thyroid pathologies affecting people in the most remote areas, where state health authorities have little, if any, capacity. The Red Cross programme is an attempt to bridge the detection gap. It focuses on high-risk groups: those who were between 0-40 years old at the time of the accident, as well as those who still live in highly contaminated areas. The services are rendered by six mobile diagnostic laboratories (MDL): three of them are placed in the Brest, Gomel and Mogilev regions of Belarus; two in the Rovno and Zhitomir regions of Ukraine; and one in the Bryansk region of the Russian

Federation. The number of cases of thyroid cancer diagnosed by the Red Cross through its mobile diagnostic laboratories has increased every year.

CHARP operates in remote villages where health services of similar level and quality have never been available and are unlikely to be introduced in the near future due to the current economic situation in the three countries. As a result, the Red Cross programme provides for numerous beneficiaries the only access to medical screening with particular attention paid to the most urgent health consequences of the nuclear disaster such as thyroid gland cancer. The MDLs offer thousands of people living in radiation polluted areas the opportunity to receive objective information on their health status, enabling them to undertake adequate actions to prevent and treat detected diseases. Timely diagnosis - a major but missing link in the State healthcare in contaminated areas - remains a prerequisite for saving lives of those who are victims of the world's worst nuclear accident.

The results of medical screening conducted by MDLs show a rather poor state of health of the population in the contaminated areas. An increase of oncology pathology of the thyroid gland (cancer), especially in persons who were children at the time of the disaster, is one of most topical problems and the main concern of CHARP. Thousands of people have been referred by MDL doctors to specialized medical institutions for further examinations or treatment. For many of those affected by the disaster, anxiety and stress have been diminished due to psychosocial support provided within the programme. The multivitamins supplied by the Netherlands RC improved the immune system of thousands children living in radiation contaminated areas.

During the reporting period, one of main events for CHARP was an evaluation of the Programme carried out in March 2005 by the NLRC consultant and a medical expert from Ukraine. The evaluation mission has confirmed the important impact of the Programme, especially considering the shortage and low quality of the existing governmental medical services in the areas where the MDLs are deployed. The mission provided a set of recommendations for further improvement of the CHARP programme which the National Societies are working to introduce into current practices.

Due to a favourable exchange rate and savings in local procurements, not all allocated funds were spent in 2005. Therefore, the Federation approached the NLRC with a request to extend implementation activities into the new year. This request was approved and the project implementation period has been prolonged to 30 April 2006. The allocated funds are expected to be spent by the end of this period.

## **Disaster management**

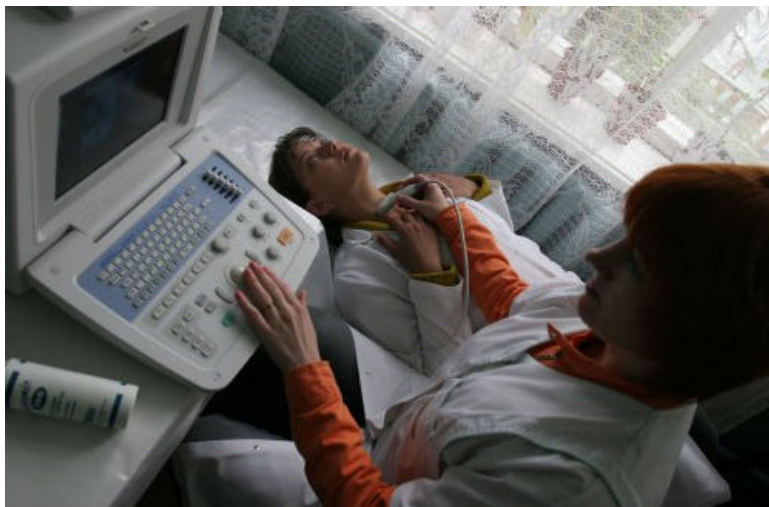
**Overall goal: The health of the population affected by the Chernobyl nuclear disaster is improved.**

**Objective: Effective medical, social and psychosocial assistance is provided to targeted individuals in the six regions affected by the Chernobyl nuclear disaster.**

### **Expected results**

- Six mobile diagnostic laboratories will have screened 90,000 people for thyroid gland pathologies in the target group of individuals who were under 18 years old at the time of the accident and living in contaminated areas.
- Prevention of death from thyroid cancer because of timely detection and referral to medical institutions for treatment.
- Stress and anxiety linked to radiation is reduced for 15,000 people annually through psychosocial support.
- Immunity is improved for 15,000 children living in highly contaminated areas through winter supplies of multivitamins containing C, D and B group with iron, folic acid and stable iodine.
- Red Cross National Societies have well-trained and well-equipped mobile diagnostic laboratory teams carrying out diagnosis and treatment of the ailments of the affected population in remote rural areas of the six highly-affected regions of Belarus, Ukraine and Russia.
- The sustainability of CHARP is increased because of a new management strategy that hands over more programme responsibilities to Red Cross National Societies and gradually integrates programme activities into the health care system.

## Actual result



**Russian Federation: Dr. Eugenia Prasolova (Bryansk MDL) is screening the thyroid gland of a young woman who was born at the time of the Chernobyl disaster**

Photo: Luke Tchalenko, 2005. All rights reserved. This work may not be reproduced without permission of Luke Tchalenko, [www.tchalenko.com](http://www.tchalenko.com)

To achieve the expected results the following activities were carried out during the reporting period.

- In the period from January to December 2005, the specialists of six MDLs working within CHARP have checked 89,424 people. In accordance with the recommendations of the latest evaluation (March 2005) the examinations concentrated on thyroid cancer screening in the priority target group, i.e. individuals who were between 0-40 at the time of the accident and living in contaminated areas. In the examined group, specialists detected 41,601 cases of abnormal scans (i.e. pathologies). This means that almost every second patient has pathology of the thyroid gland of different degrees of development.

- Along with thyroid screening, the laboratory doctors carried out the diagnosis and treatment of other ailments upon receiving patient requests or the results of clinic tests. This is linked to the limits of the primary health care system in rural areas and the need for the programme to fill this gap to some extent. However, in accordance with the recommendations of the Federation's evaluation carried out in 2002, the MDLs no longer provide mass blood and urine testing. At the present time, this activity is comparatively limited as a percentage of all work performed by the MDLs, ranging from about 20 per cent in Ukraine to 50 per cent in Belarus.
- During the reporting period, the MDL specialists, Red Cross workers, and volunteers continued to provide psychosocial support (PSS) to the population affected by the Chernobyl disaster. These activities were focused on disseminating accurate information about the long-term health effects of the accident. The RC workers and volunteers also used PSS tools such as counselling and active listening to diminish stress in the affected communities.

In February 2005, the Belarus RC has arranged the production and distribution of 30,000 copies of an educational brochure on rendering PSS support to pregnant women living in radiation polluted lands. The National Societies organised PSS workshops on methods and tools for providing psychosocial assistance to the victims of Chernobyl. These workshops included two in Belarus (July and October), one in Ukraine (October), and one in the Bryansk Region of Russia (December).

- In November 2004, the logistics service of the NLRC supplied a consignment of iodated multivitamins in the amount of 2,400,000 tabs. The multivitamins were distributed to children living in highly contaminated areas in February - May 2005, the months of highest vitamin deficiency (rich foodstuff is very expensive during this period). The distribution was provided by the Regional and local Red Cross Committees mainly through children institutions. Another portion of multivitamins in amount of 2,400,000 tabs have been supplied by the NLRC as of October 2005. Pending customs clearance, the multivitamins are to be distributed in January-May 2006.

- Further steps have been taken to upgrade the diagnostic abilities of MDLs. In particular, the inclusion of fine needle biopsy directly into the work of MDLs and the use of this diagnostics method in the field in remote sites was introduced. This became possible due to funding provided by the NLRC. In particular, the necessary equipment (microscopes, ultrasound scanners) and reagents have been purchased and the National Societies provided appropriate trainings for the MDL doctors and technicians. In November 2005, the Ukraine RC organised trainings for the Zhitomir and Rovno MDL doctors and technicians at the Institute of Endocrinology and Metabolism in Kiev. The specialists of the Belarus laboratories received special training at the Belarus Republican Research Centre of Radiation Medicine and Human Ecology in Gomel.



**Belarus: Dr. Artur Grigorovich (Brest MDL) is performing a biopsy, taking thyroid tissue for further examination via microscope**

As a result, fine needle biopsy is being used in the practice of all CHARP MDLs, though with some different approaches. In Belarus and Ukraine, MDL Specialists perform the biopsies themselves. Having screened a number of people over a 23 week period, they select those who require biopsies and perform them at district hospitals with appropriate sanitary and hygienic conditions.

In Russia, however, local legislation prevents MDL doctors from performing biopsies directly in the field. Therefore Bryansk Diagnostic Centre (Russia) sends its specialists to the areas where the MDL is operating. The specialists perform biopsies for patients where the Red Cross MDL teams have detected possible thyroid cancer.

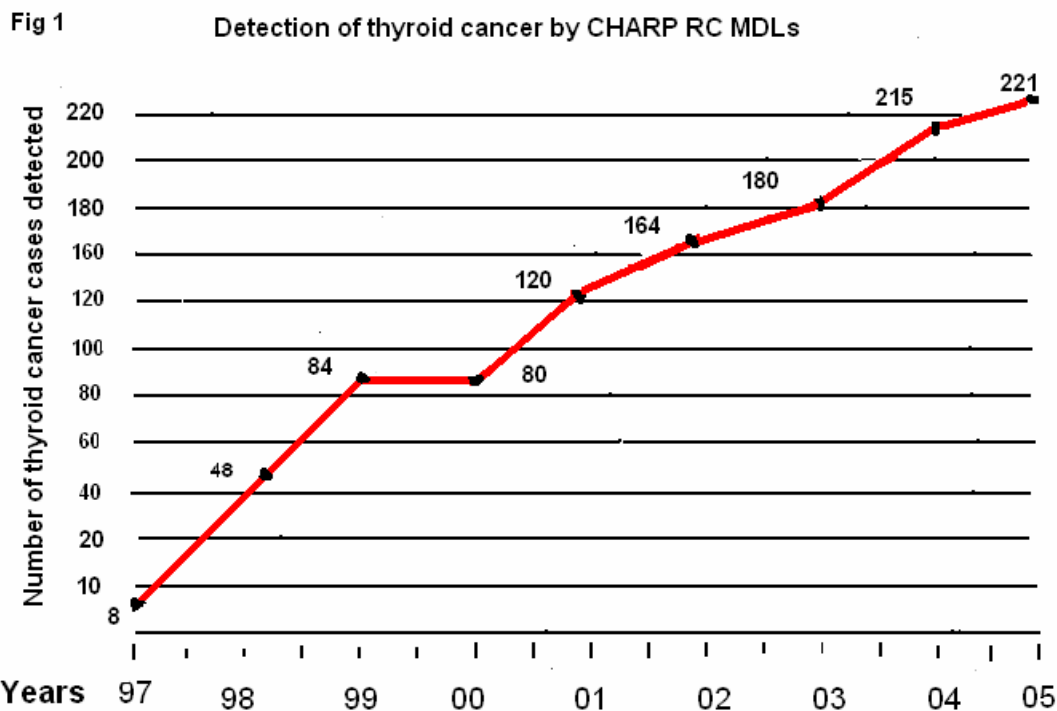
- During the reporting period, CHARP was working on the basis of the new management system introduced in 2004 in order to improve the sustainability of the programme. At present, the National Societies bear responsibilities for the general planning, budgeting, reporting, staff training, logistics support and day-to-day management of the Chernobyl programme. In each National Society, a local manager is nominated for this purpose. The Red Cross branches in the regions where the CHARP teams operate now report directly to the national manager and the national manager reports to the Federation delegation. In this context, the implementing role of the Federation is focused on the coordination of technical support, as well as support in planning, financial management, monitoring, international representation and advocacy.

The new management system has been formalized with operational contracts for 2005, signed between the Federation Delegation and each Operational National Society (the respective Red Cross Societies of Belarus, Ukraine, Russian Federation). At a national level the operational contracts include operational budgets, plans of action, monthly expenditure plans, contracts and job descriptions for personnel, and some other documents.

As in previous years, legal documents for 2005 have been signed with health authorities in order to provide an appropriate legal base and clearly define roles of all parties involved in the programme. These are agreements between Red Cross regional committees and regional medical institutions (partners) to regulate mutual cooperation.

### Impact

During the reporting period, the specialists of six RC MDLs referred 10,055 patients with possible cases of thyroid gland cancer to specialized medical institutions for in-depth examination and surgery if needed. In 221 patients, the suspected thyroid cancer cases were confirmed by cytological examinations; information on these cases was provided by these clinics to the Red Cross. The patients with confirmed thyroid cancer have received necessary treatment and are being monitored by the RC MDLs and healthcare institutions. The number of thyroid cancer cases detected has generally increased every year since 1997, when the MDLs started thyroid screening and were equipped with new ultrasound machines. This can be seen on the chart below (Fig 1).



Besides thyroid cancer, two primary thyroid pathologies detected by MDLs via screening were diffuse goitre (18,859 cases – 45.1 per cent of all people diagnosed with thyroid pathologies) and nodular pathology (12,130 cases – 29.1 per cent). If left undiagnosed or untreated there is certain risk that these conditions can develop into thyroid cancer. Therefore these patients are also under monitoring by Red Cross MDLs.

The impact of the programme is shown by the fact that the immunity of about 24,000 children living in the areas affected by the Chernobyl disaster has been improved owing to the consumption of multivitamins supplied by the NLRC (2,400,000 tabs in total).

It is also estimated that about 48,000 people have received psychosocial support from CHARP.

### Constraints

There were no major constraints in project implementation; however, due to complicated local laws and procedures occasional minor problems occurred in clearing goods through customs. For instance, in Belarus the customs services refused to provide clearance for microscopes and ultrasound scanners because the shipment documents omitted information about year and country of manufacture of these goods. This problem was successfully resolved after receiving the necessary information from the logistics service of the NLRC.

In the first half of 2005, it was still difficult to fulfil the planned number of examinations: 90,000 people per year by all six laboratories. This target number of annual examinations was recommended by the evaluation mission in 1997 when CHARP screened children and therefore it was realistic. However, the Federation's evaluation in 2002 recommended screening only those who were 0-18 at the time of the disaster. It proved difficult to reach the target number of examinations (70 checks per day) while screening this target group in remote areas, as in some villages only a few representatives of this group are resident. As a result, in 2005, the target figure was narrowly missed (89,424 people were examined). This issue was studied by the evaluation mission carried out in March 2005 which

recommended screening the group aged 0-40 at the time of the disaster. In the second half of 2005, the MDL teams concentrated on screening this priority group.

There were certain constraints in providing a single and unified system for collecting medical data. At the beginning of 2005, data collection software was installed in all MDLs; however, spot checks showed that the software was still not uniformly installed, i.e. there were some differences across regions. This created certain difficulties in the construction of an electronic network for collecting and analysing information received from the whole region.

Therefore in November 2005, the creation of a new data collection system coordinated centrally from the Kiev Representative Office was started. A specialist from the Ukrainian Institute of Endocrinology and Metabolism has been employed to develop unified software to be installed into the computers of all MDLs. It is planned that the data collected in the field by MDLs will be transferred electronically to the computers of national managers and to the server at Kiev Federation Office. At both levels, the data will be subject to an examination. This type of system improves information flow and feedback within the programme. The data collected in CHARP will be shared with appropriate medical institutions. The creation of a centralised database system is planned to be completed by 1 April 2006.

### **Lessons learnt**

Lesson 1. In 2005, medical screening and psychosocial support continued under the CHARP programme. The objectives set have been mainly achieved. The MDL specialists referred thousands of people to specialised medical institutions for further examination or treatment and saved many lives. The data collected by Red Cross MDLs during the reporting period continues to show increasing incidence of thyroid illnesses in the Chernobyl affected areas. This demonstrates the importance of CHARP and confirms that the programme should continue in the years to come.

Lesson 2. In the reporting period, MDLs have improved the efficiency of screenings by further introducing modern diagnostics techniques, particularly biopsies which are used now by all laboratory teams. Working in the field in remote areas, the personnel of laboratories increased professional skills through new trainings and field experience. Upgrading the MDLs with new equipment supplied by the NLRC (Doppler ultrasound machines, Lap-Tops, microscopes) had a positive impact on the technical abilities of the laboratories.

Lesson 3. In 2005, CHARP was working on the basis of new management system in which Red Cross National Societies handle the day-to-day running of the programme. The practice showed that in general the new management system functioned efficiently, ensuring the sustainability of the programme and the gradual integration of its future activities into the health care system.

Lesson 4. At present, a system for providing follow-up treatment for the patients on the basis of closer cooperation between MDL specialists and specialised medical institutions has been established. Different coordination methods are used, including personal contacts, mail, and electronic communication with the specialised institutions that supply information to the Red Cross on patients who were referred by MDL doctors. The RC Committees share data collected by MDLs with the medical institutions.

However, there is still room to improve the information flow in the CHARP programme. The idea is to establish a centralized electronic network with unified software in all MDLs. At present, the creation of new data collection system coordinated centrally from the Kiev Representative Office is in progress and it will be completed by 1 April 2006.

Lesson 5. In March 2005, a programme evaluation was carried out. The general conclusion of the evaluation mission was that the impact of CHARP is high in the areas where the MDLs are working, as there are only limited governmental medical services available within these remote areas. This programme is seen by the government health care system as a model for training staff working within the sphere of thyroid pathologies and for organizing mobile medical services.

Having analyzed the epidemiology situation, the evaluation mission recommended expanding the targeted age group for screening—previously those who were 0 – 18 at the time of the Chernobyl accident—to those who were under 40 at the time of the accident. The target locations of further screening should be within the CHARP operational areas which have not been screened recently or not screened at all in the past. These recommendations

proved to be valuable when put into practice. Working in the target areas, the MDL teams detected many thyroid pathologies in the newly defined target age group.

### **Approach for 2006**

The United Nations study "Chernobyl's Legacy: Health, Environmental and Socio-Economic Impacts", released in September 2005, calls for focused screening of those people affected by radioiodine just after the disaster in order to detect cancer and other thyroid gland pathologies. Therefore, CHARP is planning to continue its work in 2006 on the same conceptual basis. The core activities will be thyroid screening within the age group 0-40 at the time the disaster, psychosocial support to the affected population, and distribution of multivitamins to children living in contaminated areas.

One of the main tasks for 2006 is further improving the diagnostic abilities of MDLs. This is a matter of high importance because an early and precise diagnosis of thyroid cancer is essential to ensure proper treatment of this disease. Unfortunately, the thyroid screening in the field, even using the most sophisticated ultrasound equipment, does not lead to the identification of thyroid cancer without fine needle biopsy (when thyroid tissue is studied via microscope). Therefore, MDL doctors had to refer people with abnormal scans for further examinations using fine needle biopsy at specialised institutions which are located far from remote areas. Due to the expense of travelling to the regional centres many patients with abnormal scans did not go for further examination.

Therefore, an innovative decision was made to provide fine needle biopsies on the spot in the sites where MDLs operate. Following this decision, fine needle biopsies in the field became an integral part of work of each MDL, but at different levels. The most experienced in this regard is the Brest MDL team, who have been performing biopsies since 2000. It is relevant to mention that, in 2005, the doctors of this Red Cross laboratory have detected 94 cases of thyroid cancer—almost half of the 218 cases detected in the entire region. The Ukrainian and two other Belarus MDL teams have not yet obtained such experience and need further training which will be provided in 2006.

At present, the MDL teams normally perform biopsies at district hospitals with appropriate sanitary and hygienic conditions. However, even in this case, a certain amount of people living in remote villages do not attend. Therefore, in 2006, it is planned to begin introducing laboratories specially equipped for performing biopsies, which could visit practically any remote village. This type of laboratory has been recently supplied from Italy to the Brest Oncology Dispensary where the Red Cross MDL is based. After customs clearance, it will be used by the CHARP MDL team. At the request of the Minsk delegation, another laboratory vehicle will be supplied by the Irish charity organisation "Chernobyl Children's Project Limited" in April-May 2006 to the Belarus Red Cross. The vehicle will be used by the CHARP team in Mogilev Region.

Besides thyroid screening, the evaluation mission carried out in March 2005 recommended exploring possibilities to include screening for breast cancer into the work of MDLs. At present, CHARP is studying this issue. In particular, an increase in breast cancer cases in the contaminated areas of Belarus and in Bryansk Region has been noticed. If it is scientifically proven that the cancer cases are caused by radiation, then this type of screening may be included into the work of MDLs in the future.

In general, 2006, the 20<sup>th</sup> anniversary of the Chernobyl accident, is expected to be the year of further development of the CHARP programme with the noble aim of providing the population living in remote areas and affected by the disaster with vital medical and psychosocial assistance.

***[The financial report is attached below. Please click here to return to the title page and contact information](#)***

Selected Parameters	
Year/Period	2005/01-2005/9998
Appeal	M05AA072
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		850'112				850'112
B. Opening Balance		257'193				257'193
Income						
Cash contributions						
British Red Cross		79'504				79'504
Japanese Red Cross Society		56'675				56'675
Netherlands Red Cross		370'020				370'020
On Line donations		292				292
C1. Cash contributions		506'491				506'491
Reallocations (within appeal or from/to another appeal)						
On Line donations		70'000				70'000
C3. Reallocations (within appeal)		70'000				70'000
C. Total Income = SUM(C1..C6)		576'491				576'491
D. Total Funding = B + C		833'684				833'684

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		257'193				257'193
C. Income		576'491				576'491
E. Expenditure		-493'857				-493'857
F. Closing Balance = (B + C + E)		339'827				339'827

Selected Parameters	
Year/Period	2005/01-2005/9998
Appeal	M05AA072
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	
<b>BUDGET (C)</b>			850'112			850'112		
<b>Supplies</b>								
Clothing & textiles			230			230	-230	
Medical & First Aid	200'400		20'487			20'487	179'913	
<b>Total Supplies</b>	<b>200'400</b>		<b>20'716</b>			<b>20'716</b>	<b>179'684</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	45'000		35'626			35'626	9'374	
Computers & Telecom	8'000		567			567	7'433	
Medical Equipment	33'000						33'000	
<b>Total Land, vehicles &amp; equipment</b>	<b>86'000</b>		<b>36'192</b>			<b>36'192</b>	<b>49'808</b>	
<b>Transport &amp; Storage</b>								
Storage	1'980		16'851			16'851	-14'871	
Transport & Vehicle Costs	50'700		47'586			47'586	3'114	
<b>Total Transport &amp; Storage</b>	<b>52'680</b>		<b>64'437</b>			<b>64'437</b>	<b>-11'757</b>	
<b>Personnel Expenditures</b>								
Delegate Benefits			984			984	-984	
National Staff	270'003		81'053			81'053	188'950	
National Society Staff			148'645			148'645	-148'645	
Consultants			1'440			1'440	-1'440	
<b>Total Personnel Expenditures</b>	<b>270'003</b>		<b>232'122</b>			<b>232'122</b>	<b>37'881</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	47'400		19'153			19'153	28'247	
<b>Total Workshops &amp; Training</b>	<b>47'400</b>		<b>19'153</b>			<b>19'153</b>	<b>28'247</b>	
<b>General Expenditure</b>								
Travel	28'800		11'100			11'100	17'700	
Information & Public Relation	70'600		22'062			22'062	48'538	
Office Costs	22'040		15'610			15'610	6'430	
Communications	14'340		9'925			9'925	4'415	
Professional Fees	1'492		979			979	513	
Financial Charges	1'100		-4'840			-4'840	5'940	
Other General Expenses			590			590	-590	
<b>Total General Expenditure</b>	<b>138'372</b>		<b>55'427</b>			<b>55'427</b>	<b>82'945</b>	
<b>Program Support</b>								
Program Support	55'257		32'101			32'101	23'157	
<b>Total Program Support</b>	<b>55'257</b>		<b>32'101</b>			<b>32'101</b>	<b>23'157</b>	
<b>Operational Provisions</b>								
Operational Provisions			33'707			33'707	-33'707	
<b>Total Operational Provisions</b>			<b>33'707</b>			<b>33'707</b>	<b>-33'707</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>850'112</b>		<b>493'857</b>			<b>493'857</b>	<b>356'256</b>	
<b>VARIANCE (C - D)</b>			<b>356'256</b>			<b>356'256</b>		