

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Zambia

Appeal No. MAAZM001

31 August 2009

This report covers the period
01/10/2009 to 30/06/2009



PHAST group members participate in hygiene promotion training in Choma district

In brief

Programme purpose: The overall goal is to ensure that Zambia Red Cross Society (ZRCS)' programmes remain focused on the humanitarian needs of the most vulnerable, and that they meet standards in terms of performance, accountability and integrity. In today's competitive environment, emphasis is on showing more clearly the benefits of the Red Cross and Red Crescent (RC/RC) programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#) and other major global efforts to reduce poverty, inequality and promote sustainable human development.

Programme(s) summary:

With the technical and resource mobilisation support of the International Federation of the Red Cross and Red Crescent (IFRC), ZRCS programming achieved expected results in health, disaster management and organisational development. The implementation of the integrated HIV and AIDS programme, which started in 2006 is planned to continue until 2010 in two districts i.e. Kapiri Mposhi and Mansa districts in Central and Luapula Provinces respectively, providing care, treatment and support to 560 orphans and vulnerable children (OVC) and 1,415 people living with HIV and AIDS (PLHIV). The programme was consolidated in order to significantly improve humanitarian assistance with limited funds in terms of quality care and support. The water and sanitation (WatSan) project supported by the EU, the British and Swedish Red Cross provides clean water and sanitation services to an estimated population of 90,000 in Choma and Sinazongwe Districts in the Southern Province. In cooperation with other sectors, the WatSan project addresses the urgent need to improve water supply, sanitation and hygiene in vulnerable communities in eight wards in Sinazongwe and Choma districts using the tools and methodologies of IFRC's Global Water and sanitation initiative (GWSI).

Financial situation: The total budget for 2009 was CHF 3,788,875 of which 49 percent was covered. The majority of funds have been earmarked for disaster management, health and organisational development.

[Click here to go directly to the attached financial report.](#)

The related emergency appeal launched during the reporting period:

MDRZM006: CHF132,288 (USD 117,526 or EUR 86,451) was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 26 March 2009 to support the ZRCS in delivering emergency assistance to 1,000 households (approximately 6,000 persons) affected by widespread flooding in Zambia.

No. of people we help:

The organisational development programme directly targets a total of 220 governance and management members and approximately 5,000 volunteers. The direct beneficiaries under the disaster preparedness capacity building component will be 100 headquarters and branch staff in 33 districts, district disaster management committees (DDMC) in at least 30 districts with the highest risk from disasters. The community preparedness programme component targets 1.5 million people in the 33 project areas.

The trained 600 First Aid volunteers are envisaged to reach approximately 250,000 households (1.5 million people) in 33 districts. Approximately 10,000 children aged 0-5 years will be fully immunised in ZRCS project areas.

The WatSan components targets 15,000 households (90,000 people) in the Southern Province and 1,600 households (10,000 people) in the Eastern and Northern Provinces. A total of 250 staff and volunteers will be trained and supported to roll-out hygiene education by promoting the Participatory Hygiene and Sanitation Transformation (PHAST) methodology. A targeted 100 pump minders will be trained to ensure regular and cost effective maintenance of water points (boreholes).

Our partners: Within the Movement, ZRCS partnered with the British and Swedish Red Cross in health, disaster management, and organisational development programmes respectively, technically supported by the IFRC and ICRC. External partners included EU, Royal Netherlands Embassy, SIDA, MSF, USAID and World Vision. At community/implementation level, ZRCS partnered with local government departments, Disaster Management and Mitigation Unit (DMMU), National AIDS Council (NAC), the District Aid Task Force (DATF) teams, District Development Coordination Committees (DDCC) and District Disaster Management Committees (DDMC) and District Water and Sanitation Committees (DWashe).

Context

The intensity of rainfall that began in December 2008 caused the worst flooding in Zambia since 1958. Zambia Vulnerability Assessment Committee (ZVAC) conducted rapid assessment in March 2009 of the damage caused by flooding which revealed that 102,000 families were affected by the floods and 31 related deaths. The people in the flooded areas suffered loss of crops and livestock, damage to houses, limited access to schools, markets, health centres and were exposed to waterborne diseases. Approximately 34,000 households in nine districts were identified to be in need of food aid for a period of two months (April and May 2009). In the assessment of the Western, Northern, Central, Eastern and North-Western provinces, the livelihood source of 80 percent of people was found to be crop production, rearing of livestock, fishing, timber selling, bee keeping and carpentry. These sources of livelihood were negatively affected by the floods, in addition to damage of water sources, sanitation infrastructure, houses and field crops. The floods partially or totally submerged 40 percent of maize, 35 percent of cassava, 20 percent of millet, and 15 percent of sorghum in the fields. As a result, 12,000 households were in need of agricultural inputs to mitigate the loss of these crops.

Zambia has one of the world's most devastating HIV and AIDS epidemics. However, Zambia recorded a reduction in the HIV prevalence rate, from 16 percent in 2007 to 14.3 percent in 2009. This has largely been due to sensitization and reduced rate of new infections, especially among the youths. All the challenges posed by such high prevalence rates are even further compounded by high poverty levels estimated at 68 percent. Currently, there are about 1.1 million people living with HIV (PLHIV) and a total estimate of 710,000 OVC.

The NAC coordinated all HIV and AIDS response actions through the decentralized District AIDS Task Forces (DATF), which work closely with communities to identify resources and develop partnerships that respond to local needs. With the availability of anti retroviral therapy (ART), the Government has tried to ensure adequate access, and according to NAC, ART coverage increased dramatically in 2006 to 2007 from 39 to 59 percent.

As Zambia's Poverty Reduction Strategy Paper acknowledges, "the epidemic is as much likely to affect economic growth as it is affected by it". According to the Zambia Business Coalition, 82 percent of known causes of employee deaths are HIV related and 17 percent of staff recruitment is to replace people who have died or left because of HIV related infections. The epidemic has brought about unending poverty and deprivation due to inability by the affected to meet basic needs and other livelihood requirements. Agriculture, the mainstay of the majority of Zambians, has also been affected by AIDS related illnesses.

Progress towards outcomes

Disaster Management

Outcome(s)/Expected result(s)

- ZRCS capacities improved in skilled human, financial and material resources for effective disaster management.
- Capacity of communities to reduce their vulnerabilities to public health emergencies and disasters is strengthened.
- The quality of coordination and management of disaster response interventions is enhanced to meet the needs of refugees and communities affected by displacement.
- Community resilience to food insecurity is improved for 35,000 households affected by HIV and AIDS in Sinazongwe and Sesheke districts.
- Vulnerability to floods and associated risks is reduced and coping capacity of communities living along the Zambezi River Basin is strengthened.

Achievements

The efforts in disaster management were directed at responding to the flooding disaster. ZRCS participated in initial needs assessments in three worst affected districts. Based on its absorption capacity, the National Society targeted 1,000 families for relief assistance, thus providing food, clean water, sanitation facilities and shelter. The later assessment undertaken by the ZVAC established that 15 more districts were flooded and 102,469 households affected, prompting ZRCS to request for additional assistance through a local appeal.

The ZRCS relief operation due to have started in March 2009 began in April after the receipt of the DREF funds. Upon receipt of the second instalment of the allocation, ZRCS in consultation with IFRC Southern Africa Zone Office procured additional relief items to provide assistance to 200 flood affected households in Chavuma District. Still some stock was used to replenish disaster preparedness stock.

In complementing its Disaster Management Master Plan (DMMP), focus remained on building capacity in disaster preparedness for natural disasters particularly floods and droughts. The activities included training of volunteers and DDMCs at local levels and ensuring the pre-positioning of relief items in disaster prone areas.

In response to the disaster proneness of the southern parts of the country along the Zambezi River, ZRCS became part of the Zambezi River Basin Initiative being developed by the IFRC Southern Africa Zone office. The Zambezi River flows across six countries in southern Africa among which is Zambia. In the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. So far, ZRCS has participated in the rapid assessment to investigate the form of vulnerability and the capacity of the Red Cross Branches in the Zambezi River Basin. Plans are in place to launch the ZRBI in the third quarter of 2009.

Constraints or Challenges

- Due to limited resources, some of the planned activities could not be carried out during the period under review.
- ZRCS also experienced challenges in financial management during the floods operation, resulting in a delay in the transfer of the second instalment of the DREF allocation. However, the pre-positioned stock was used to keep the operation on track.

Health and Care

Outcome(s)/Expected result(s)

- Communities are protected from malaria and TB through adequate surveillance, preparedness and response measures in areas of ZRCS operation.
- Mother and child health is improved through immunization services to children and mothers in areas of ZRCS operations.
- The number of communities which are able to cope with health risks and hazards in their environment is increased through integrated National Society community-based health and First Aid activities.
- Access to clean and safe water and sanitation services has improved in Southern, Eastern and Northern provinces of Zambia.
- Road traffic accident morbidity and mortality rates are reduced through the impact of ZRCS First Aid interventions.
- Well developed First Aid, psychosocial support and WatSan programmes incorporated in emergency operations protocols.
- Blood donation awareness and pool of voluntary non-remunerated blood donors (VNRBD) is increased through the Club 25 Methodology.
- Improve community home-based care (HBC) and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.
- Build the National Society capacity to plan, implement, and manage the programme.
- Address stigma and discrimination with targeted communication and advocacy activities.
- Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).

Achievements

Water and Sanitation

The WatSan activities covered training of construction workers, water pump minders, community hygiene promoters, volunteers and community management committees. The target groups (40 construction workers, 40 pump minders and 80 hygiene promoters) were trained to construct, rehabilitate and maintain water and sanitation facilities.

Table 1: Summary of capacity building initiatives

Description of item/activity	Total Project Achievements	Project targets	Outstanding	Percentage of achievements to date
Training of area pump minders	40	40	0	100%
Training of V-WASHE groups	102	452	369	23%
Training of caretakers	32	409	377	8%
Training of masons	40	40	0	100%
Training of hygiene promoters	120	160	20	75%
Formation of village PHAST groups	209	319	110	66%
Training of the village PHAST groups	22	319	297	7%

The headquarters team conducted a few field monitoring visits including meetings with beneficiary communities, used to collect feedbacks. In this reporting period, the EU consultant visited the project sites on a fact finding mission, which was successful. Throughout the project life cycle, the team continuously collects data used to measure the performance, in comparison with the baseline data from the health centres.

The community members through the V-WASHEs have mobilized themselves to take care of the water facilities (boreholes). They have also engaged in raising funds to use in the operations and maintenance of the water facilities.

Table 2: Summary of rehabilitated and new boreholes up to date

District	# of boreholes planned	# of drilled/rehabilitated boreholes	Outstanding	% of drilled/rehabilitated boreholes
Rehabilitation of water points				
Choma and Sinazongwe	250	126	124	50.4%
Drilling of water points				
Choma and Sinazongwe (including SHELL funding)	151	112	39	74%

The field teams in both districts continued with the construction of latrines in schools and rural health centres. A total of 178 VIP latrines have been constructed during the period under review, giving a cumulative total of 251 at the end of the reporting period. In addition, 2,000 out of the planned 9,000 SanPlat have been cast and distributed. As expected, the communities participated in mobilising local materials for the construction of latrines.

As was observed in the last reporting period, there is a reduction in the defecation of fields since pupils are now using proper latrines; this has been complimented by the hygiene campaigns, which have influenced change in the hygiene practices and attitude of the communities.

Table 3: Number of Latrines and sanitary platforms constructed

District	# of SanPlat/Latrines planned	# constructed	Outstanding	% Achievement
SanPlats				
Choma and Sinazongwe	9,000	2,203	6,797	24%
School Latrines				
Choma and Sinazongwe	572	251	321	44%

Table 4: Number of beneficiaries reached to date (*avoiding double counting)

Project Area	Water	Sanitation	Hygiene Promotion	Capacity Building	Totals*	Target*	% Achievement
Choma	24,682	4,183	18,050	272	29,137	42,942	67.85%
Sinazongwe	14,675	4,998	16,700	472	23,497	47,058	49.93%
Totals	39,357	9,181	34,750	744	52,634	90,000	58.89%

HIV and AIDS

With the availability of anti-retroviral drugs in the country, the number of HBC (bed ridden) clients has significantly reduced. Care facilitators are now more involved in defaulter tracing, assisting in the collection, and adherence to drug uptake, and provision of counselling sessions to the clients on ARVs. A total of 698 people were referred for VCT services by the Red Cross care facilitators.

Since January 2009, the number of beneficiaries has been kept constant to allow the care facilitators adequate coverage in providing quality care and support. Community structures established to provide OVC families and PLHIV with support continued to run effectively. For example, support groups of OVC (children corners) and support groups of OVC guardians (Granny clubs) have been established to provide psychosocial and livelihood support. Primary and secondary school education support are given to the children so as to break the cycle of vulnerability and poverty.

ZRCS has supported 23 peer educators who managed to reach 524 out-of-school youth with peer education through games and group discussions on HIV and AIDS, STIs, VCT, condom use and sexual health. During these activities, the youth are also given a chance to examine their behaviours to determine if they are at risk or not. They also develop strategies to reduce high risk behaviour as well as being taught skills to maintain safer sex practices. A total of 113 people were reached by sexual and reproductive health promotion sessions and 4,567 condoms were distributed.

The establishment of support groups for PLHIV does play a role in the reduction of stigma and discrimination. The discussions that are conducted in these support groups have helped in the reduction of stigma and discrimination among the PLHIV. This is noted in the openness of people about their HIV status.

The ZRCS trained 30 staff and volunteers (the volunteers were from Kapiri and Mansa) as peer educators. The training was conducted in Lusaka with the technical support of the HIV and AIDS officer from the IFRC Zone Office. The staff and volunteers are expected to begin submitting reports of their activities in the first quarter of 2009.

Constraints or Challenges

- The slow and very little implementation of the WatSan and HIV project activities was due to the inadequacy of materials and funds, particularly funding support earmarked for training and monitoring activities.
- Staff turnover in the first 18 months of the WatSan project affected the continuity and sustainability. Currently, there is no senior field staff (WatSan engineer and software specialist) in Choma while in Sinazongwe there is only one senior field staff (WatSan Engineer). The WatSan Delegate (PM) resigned in the last months of the reporting period.
- The farming season affected particularly the WatSan activities because the communities' attention was diverted to their farms. Consequently, the project activities were revised so as to ensure that activities do not overlap and/or interfere with community priorities. This contributed to the dismal levels of achievement against targets.
- With the advent of the ART, most patients are mobile and no longer bedridden; there is need to re-train the care facilitators on psychosocial counselling, nutrition, treatment adherence and some basic knowledge about ART; and have a paradigm shift in the design of the project to reflect changed needs.

Organisational Development

Outcome(s)/Expected result(s)

- National Society leadership (governance and management) capacity improved in developing and implementing policies and strategies for optimal organisational performance and accountability.
- A well-functioning organisation with sound systems and procedures and staff with the appropriate level of managerial and technical competencies.
- An effective financial management system, procedures and tools are in place and systematically used.
- Capacity in planning, monitoring, evaluation and reporting (PMER) is improved and the National Society regularly meets its obligations according to laid down standards and operational agreements.
- ZRCS capacity enhanced to manage increased number of partnerships.

- Effective and efficient planning and implementation of community-based activities is implemented by ZRCS branches and their volunteer aid detachments
- ZRCS has established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
- ZRCS (branch and head quarters) fund-raising and resource mobilisation capacity is enhanced.
- ZRCS has a well-functioning internal and external communication system, supported by a reliable information technology infrastructure.
- ZRCS has capacity to raise 15 percent of programme costs and 75 of core cost through local resource mobilisation by the end of 2010.



Participants, ZRCS 2009-2011 Strategic Planning Meeting held in Lusaka

Achievements

Capacity building and developmental initiatives were actively pursued at the headquarters, branch and volunteer levels. The branch development workshop and the 2009-2011 strategic planning meeting held at the end of 2008 provided a platform for providing operational planning for the next two years. At the two meetings, ZRCS management and programme coordinator discussed and mapped out future developments in programming, management and governance. Precisely, the branch development workshop illustrated the practical integration of issues relating to disaster management, branch development, volunteer management, and capacity building.

ZRCS, with the support of the IFRC organisational development delegate explored the development of the youth programme, including the services that it will deliver. ZRCS has since commenced planning for the implementation of 'Club 25', a youth programme focusing on voluntary non-remunerated blood donation. The dissemination of the Volunteering Policy has begun, utilizing all available opportunities such as field trips, branch executive committee (BEC) inductions, branch development workshops and other programme training for volunteers.

Constraints or Challenges

The first, most significant challenge for ZRCS is financial sustainability, thus in the first half of the year, the National Society was beset with funding insecurity. This situation was duly acknowledged during the strategic planning process, hence becomes a priority to be addressed in the next three years.

While another set of training was conducted by the IFRC Southern Africa Zone office regarding Navision accounting software, the system has not yet been institutionalized by the National Society. The use of local service providers that would offer easily accessible technical support, yet still be able to respond to the financial reporting requirements of the IFRC, is recommended.

Working in partnership

Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy (CAS) approach that aligns needs, strategic directions, capacities and priorities as well as support received from partners. ZRCS has been partnering with the local NGOs and faith-based organizations (FBOs) at the district level. The partnership has mainly been centred on capacity building.

The Ministry of Health remains the primary partner in the implementation of the HIV and AIDS programmes. This partnership financially and technically supports areas of screening of patients, testing and prevention, OVC and HBC. Other partners include Care Zambia, World Vision, Rapids, CRS, MSF, USAID etc. The National AIDS Council (NAC) coordinates and monitors all HIV and AIDS related programmes in the country

ZRCS is a member of the ZVAC and the floods relief operation was in close collaboration and coordination with the DMMU. The communities targeted to receive assistance were selected in consultation with the DMMU in the two affected districts of Senanga and Shangombo. The ZRCS volunteers work in close collaboration with the environmental health technicians in rural health centres on community sensitization and hygiene promotion.

Contributing to longer-term impact

ZRCS HIV and AIDS programme has long-term impact evidenced by the reduction in the number of HBC clients due to increase in proportion of PLHIV mobilised to access ART. The establishment of granny clubs has brought about a marked involvement of guardians of OVC in care and support. The youth clubs have increased the peer-to-peer support among the OVC and they have also been a forum for psychosocial support for them.

The home visits by care facilitators to PLHIV who are on ART have greatly reduced the defaulter rates. Before, the number of people defaulting was high mainly due to lack of information. With the weekly visits by the care facilitators, clients on ART have the information about the ARV drugs, the side effects and generally on positive living.

The increase in numbers of people accessing safe drinking water and good sanitation facilities is expected to contribute to the reduction of disease incidence. This will also contribute to protecting the integrity of beneficiaries.

Looking ahead

The 2008 revised Constitution and the Strategic Development Plan (SDP) 2009-2011 will be the primary guiding documents for programming and policy direction. Future programming will ensure long-term and sustainable impact while not neglecting the immediate needs of people affected by disasters. ZRCS will also take an integrated approach to programming at all levels. The National Society will also seek to replicate the cooperation of branch and project personnel at implementation level as demonstrated under the WatSan programme in the Southern province.

It is the aspiration of the National Society to formalize partnerships with all partners with the support of the IFRC resource mobilization framework. Despite the scaling-down of the IFRC presence in country, ZRCS will continue to actively engage with the Southern Africa Zone Office.

Also key to the organization and its programming will be international instruments such as the Millennium Development Goals, the Hyogo Framework, and other international declarations. ZRCS will continue aligning its programmes to the IFRC strategic direction, [Johannesburg Declaration](#) and [Strategy 2020](#).

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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

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International Federation of Red Cross and Red Crescent Societies

MAAZM001 - Zambia

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAAZM001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	1,429,146	1,780,894	499,349	50,903	28,582	3,788,875
B. Opening Balance	-146,229	170,463	4,249	0	6	28,489
Income						
<u>Cash contributions</u>						
Barclays Bank	42,321					42,321
European Commission, Europe Aid		732,481				732,481
PRM, US Dept. Population Refugees & Migration	286,796					286,796
Sweden Red Cross (from Swedish Government)			54,500			54,500
UNHCR (UN Agency)	28,788					28,788
C1. Cash contributions	357,905	732,481	54,500			1,144,885
<u>Outstanding pledges (Revalued)</u>						
European Commission, Europe Aid		893,065				893,065
PRM, US Dept. Population Refugees & Migration	-263,685					-263,685
Sweden Red Cross			22,454			22,454
Sweden Red Cross (from Swedish Government)			121,711			121,711
UNHCR (UN Agency)	-36,205					-36,205
WFP	0					0
C2. Outstanding pledges (Revalued)	-299,890	893,065	144,165			737,341
<u>Other Income</u>						
Miscellaneous Income	-65,830					-65,830
Services	-2,116					-2,116
C5. Other Income	-67,946					-67,946
C. Total Income = SUM(C1..C5)	-9,931	1,625,546	198,665	0	0	1,814,280
D. Total Funding = B + C	-156,161	1,796,009	202,914	0	6	1,842,769
Appeal Coverage	-11%	101%	41%	0%	0%	49%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	-146,229	170,463	4,249	0	6	28,489
C. Income	-9,931	1,625,546	198,665	0	0	1,814,280
E. Expenditure	23,362	-589,286	-96,297		1,172	-661,049
F. Closing Balance = (B + C + E)	-132,799	1,206,723	106,617	0	1,179	1,181,720

International Federation of Red Cross and Red Crescent Societies

MAAZM001 - Zambia

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAAZM001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,429,146	1,780,894	499,349	50,903	28,582	3,788,875	
Supplies								
Shelter - Relief				-215			-215	215
Construction Materials		2,388				2,427	4,815	-4,815
Clothing & textiles	31,260			9			9	31,252
Food			181				181	-181
Seeds, Plants	120,005			51			51	119,954
Water & Sanitation	844,961		69,013				69,013	775,948
Medical & First Aid	57,500							57,500
Teaching Materials	15,000							15,000
Utensils & Tools	10,000			120			120	9,880
Other Supplies & Services	8,000	-2,113	60,970				58,857	-50,857
Total Supplies	1,086,726	275	130,163	-35		2,427	132,830	953,897
Land, vehicles & equipment								
Vehicles	94,923		31,834				31,834	63,089
Computers & Telecom	25,250							25,250
Office/Household Furniture & Equipm.	119,397			-2,274			-2,274	121,671
Total Land, vehicles & equipment	239,570		31,834	-2,274			29,560	210,010
Transport & Storage								
Transport & Vehicle Costs	230,377	3,715	13,390	6,788		393	24,286	206,091
Total Transport & Storage	230,377	3,715	13,390	6,788		393	24,286	206,091
Personnel								
International Staff	130,050	708	64,191	57,973		94	122,967	7,083
Regionally Deployed Staff		3,198					3,198	-3,198
National Staff	269,105	7,724	2,541			-2,137	8,127	260,978
National Society Staff	657,375	10,530	43,726	7,467			61,723	595,652
Consultants			147				147	-147
Total Personnel	1,056,530	22,159	110,606	65,440		-2,043	196,162	860,368
Workshops & Training								
Workshops & Training	374,452	1,595		843			2,438	372,014
Total Workshops & Training	374,452	1,595		843			2,438	372,014
General Expenditure								
Travel	103,587	5,042	6,340	3,286		292	14,961	88,626
Information & Public Relation	79,168		122	69			191	78,977
Office Costs	80,750	1,219	8,390	928		567	11,105	69,645
Communications	77,352	103	6,856	1,768		838	9,566	67,786
Professional Fees			9,373	4,043		244	13,660	-13,660
Financial Charges	11,137	-7,943	17,519	4,109		9,741	23,426	-12,289
Other General Expenses	197,339	3,659	2,267	4,111		-3,659	6,379	190,961
Total General Expenditure	549,333	2,081	50,869	18,315		8,023	79,287	470,046
Programme Support								
Program Support	251,887	-1,677	38,980	6,789		-9	44,083	207,804
Total Programme Support	251,887	-1,677	38,980	6,789		-9	44,083	207,804
Operational Provisions								
Operational Provisions		-51,510	213,443	432		-9,963	152,403	-152,403
Total Operational Provisions		-51,510	213,443	432		-9,963	152,403	-152,403
TOTAL EXPENDITURE (D)	3,788,875	-23,362	589,286	96,297		-1,172	661,049	3,127,826
VARIANCE (C - D)		1,452,508	1,191,609	403,052	50,903	29,754	3,127,826	