

Mid-Year report



Djibouti and Eritrea

Appeal No. MAA64005

31/08/2011



Communities fetching water from the RCSE constructed new water supply system. A total of 2,200 people have access to safe and adequate water. Photo: RCSE

This report covers the period 01/01/2011 to 30/06/2011

In brief

Programme purpose: The programmes herein are aligned with the principles and priorities of the International Federation of Red Cross and Red Crescent Societies (IFRC). The Red Cross Society of Eritrea (RCSE) delivers its developmental services to the target communities through its core programmes of Community Based Health Development Programme (CBHDP), Disaster Management, Organizational Development (OD) and Humanitarian Values and Principles.

Programme summary: In the first half of 2011, RCSE provided services to over 100,000 beneficiaries through the aforementioned four core programmes. The ultimate goal of the RCSE programmes is to address the needs of the vulnerable communities to lead a better life.

The CBHDP has been focussing on water supply, hygiene and sanitation, Community Based Health and First Aid (CBHFA) as well as home management activities. The programme has assisted 3,050 people to get access to safe and adequate potable water in two villages in Maekel Branch. Through the construction of two new school latrines, 787 students, teachers and school communities were able to use the latrines and as well as develop hand washing practices after using toilets. CBHFA training is one of the main activities of the CBHDP. In the last six months, 570 people were trained in CBHFA.

During the period under review, over 12,900 casualties were taken to health facilities with the help of the RCSE ambulances in all the six branches. Demand for RCSE ambulance services is increasing due to public awareness about their availability. This also contributed to building the image of the National Society. In addition, the department has trained 30 women and men in nutrition skills focussing on fishing, processing and preparing fish. The nutrition training also aims at addressing food security for communities by producing fish from nearby ponds.

The HIV/AIDS programme trained 15 women PLHIV in weaving. The purpose is to support the vulnerable women in generating own income from sale of the woven products. The trainees were provided with weaving machines and start up materials after completion of their training.

Disaster management is one of the core programmes of the RCSE, which deals with the effects and consequences of disasters and contribute to reduce/avoid the potential loses from hazards as well as provision of adequate and safe water. In the first half of the year, the department focused on soil and water conservation activities to reduce soil erosion and conserve water thereby recharging the under ground water. A total of 20,500 seedlings were planted and 85 people were deployed for five days to plant the seedlings. The DM department also provided safe and adequate water to over 6,820 people through construction a borehole. Additionally, emergency relief supplies and water was provided to about 3,500 people displaced from their village due to earthquake followed by volcanic eruption in the Southern Red Sea coast.

The Organizational Development is making continued efforts to build the capacity of the human resources and the National Society itself. Focus was on recognition and, it is hoped that the recognition process would be completed by the end of the year.

Dissemination of Fundamental Principles and Humanitarian Values, being the integral part of the programmes of RCSE, is the entry point of all activities. The principles and values of Red Cross and Red Crescent are shared with target communities, public, private and government organizations. During the reporting period, the department has reached over 2,790 individuals with messages on principles and ideals of RC/RC. RCSE uses special events such as the RC/RC day to campaign on Fundamental Principles. Such occasions have helped many people from all walks of life to increase their knowledge about the Movement. Furthermore, the department has reached over 11,930 students and communities in Mine Risk Education (MRE) awareness.

The current humanitarian situation in Djibouti has been caused by a series of repeated shocks that has affected the country over the last two years, as well as other underlying factors. The recurring blows have included increases in prices of food and fuel. According to a nutritional survey report issued by the Ministry of Health of Djibouti in April 2011, persistent drought has led to a drastic reduction in revenue for pastoralists and rural people who derive most of their income from the sale of livestock and animal products, agricultural products and plants. This has resulted in increased food insecurity and dependence of these populations in the urban economy and remittances from relatives living in cities.¹ The surge in food prices has probably forced Djiboutian households at risk of food insecurity to limit consumption of certain foods and opt for a less balanced diet, with adverse effects on vulnerable groups.

Underlying factors that further aggravate the situation in Djibouti includes high levels of poverty. In rural areas, scarcity of water as expressed for example by drying of wells, food deficits due to a number of considerations including decreasing terms of exchange (livestock to other basic supplies), poor income from traditional complementary activities (such as milk, firewood, charcoal, casual labour, remittances, etc), a high dependence on food aid and other factors such as limited access to road networks, lack of basic social amenities, poor health-seeking behaviour and limited health referral networks, further aggravate the situation. In Response, IFRC in collaboration with Red Crescent Society of Djibouti (RCSD) are in the process of launching a drought appeal to support the vulnerable populations.

Apart from plans of response to drought situation in Djibouti, no other activities have been reported during this period. Since June 2011, it was decided that the National Society would be supported by the IFRC East Africa Regional Representation in Nairobi. Field visits and assessments will be conducted during the second half of the year to understand the existing capacity as well as priority areas that need intervention.

Financial situation: The total budget is CHF 2,323,261, of which appeal coverage by mid-year

¹ Enquête nutritionnelle SMART – Rapport Final, Ministère de la Santé de Djibouti, April 2011

amounted to CHF 1,424,318 or 61%. Overall expenditure for the reporting period stands at CHF1,247,339. This represents 88% of the total income and 54% of the original budget.

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

Number of people we help: Over 100,000 people in Eritrea benefited directly from the Federation supported programme interventions mainly in health and care, disaster preparedness and response, WatSan as well as Humanitarian Principles and Values.

Our partners: Partners providing financial and technical support to the RCSE include Red Cross Societies of Austria, Denmark, Finnish, Netherlands, Swedish, as well as IFRC and ICRC. Other partners include DFID and EU Water Facility Programme.

Internally, RCSE works in close cooperation with stakeholders including the Ministry of Health, Ministry of Education, Ministry of Agriculture, Water Resources department, National Union of Eritrean Women, National Union of Eritrean Youth and Students, Eritrean Demining Agency (EDA) and the communities in the country.

Djibouti does not have a large number of humanitarian organizations. At present, the British Red Cross is implementing bilateral projects and the ICRC is supporting the Djibouti Red Crescent in the areas of traditional ICRC mandate. The ICRC also contributes to the coordination of the Movement's activities in Djibouti. The ICRC and the IFRC collaborate closely on a Movement approach - this collaboration is aimed at consolidating the response capacity of the Red Crescent Society of Djibouti.

Medecins Sans Frontieres (MSF) Swiss is active in the Balbala Area of the Djibouti capital, supporting children living with acute malnutrition. MSF is however planning to suspend its activities within a year, and to hand over its operations to Action Contre la Faim (ACF) and to the Ministry of Health. ACF is in the process of setting up its activities, it arrived in the country about three months ago and intends to focus its activities on nutrition and water and sanitation as well as on supporting the Ministry of Health with training.

Five agencies of the UN are present in Djibouti, including the United Nations Development Programme (UNDP), World Food Programme (WFP), United Nations Children's Fund (UNICEF), World Health Organization (WHO) and UNHCR. The International Organization for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR) are active on the issues related to refugees and migrants. According to UNHCR, 17,000 refugees live for the most part in one main camp in Djibouti, many of them from Ethiopia and Somalia. A second camp is in the process of being opened.

Other organizations that are active in Djibouti include a number of Muslim charities, such as the Zakat (a Government organization charged with collecting the Muslim *Zakat*, which is then used to support orphans and other vulnerable groups). A number of Arab Gulf-based Muslim charities are also working in Djibouti.

IFRC and the respective National Societies wish to thank partners for their support to the 2011 plan.

Context

Eritrea has a total population of 4.9 million with two thirds of the population living in rural areas, population growth is 2.7%. The Eritrean economy is slowly gaining momentum after the disruption by the border war with Ethiopia in 1998. Other factors effects of climate change such as prolonged drought has a negative effect on agricultural productivity hence affecting the socio economic development of the country. Although it is too early to conclude on the severe drought in the Horn of Africa, Eritrea is not yet affected. The main rainy season for most part of the country is June to

September. There are also short rains from March to May which are very important for the long cycle crop planting. This year the short rains did not perform well. This, combined with the drought situation in the Horn, could contribute to the significant production and investment in development, therefore exposing the population to poverty and other vulnerabilities.

Eritrea is on track towards the Millennium Development Goals (MDGs) targets particularly child health, maternal mortality, HIV/AIDS, malaria and other major diseases, as well as access to safe water and sanitation. However, more effort and investments is required to accelerate and scale up interventions if the country is to achieve all MDGs within the timeframe. Red Cross Society of Eritrea (RCSE) with its mission “to reduce vulnerability, alleviate human suffering and improve livelihood by mobilizing the power of humanity through its core programmes, adhering to the Fundamental Principles of the Red Cross and Red Crescent Movement” has aligned its activities towards contributing to relevant government policies and strategies in areas of health and care, water supply and food security.

The Famine Early Warning Systems Network (FEWS NET) issued a food security alert in April 2011 for Djibouti, warning that lack of rainfall, along with high and rising staple food prices, will push households towards higher levels of food insecurity². Later, FEWS NET reiterated in its May 2011 Djibouti Food Security Outlook Update that some of its worst fears had been realized: in rural areas, “significant food deficits exist in all pastoral livelihoods due to a combination of two consecutive failed rainy seasons and high staple food prices”³ and that in urban areas, “poor urban households face significant food deficits and their income is expected to decrease seasonably over the coming months, particularly for those who rely on petty trade activities. In addition, the high staple food prices are limiting the ability of urban household to assist relatives in rural areas.”⁴

Progress towards outcomes

Disaster Management

The Disaster Management programme of RCSE focuses on Disaster Preparedness/Prevention and Disaster Response.

<p>Programme component 1: Disaster Management Planning</p>	<p>Outcome 1: Improved ability of community members in Eritrea to predict and plan for disasters to mitigate their impact on vulnerable communities, and respond to and effectively cope with their consequences.</p> <p>Progress The RCSE has constructed over 3,628 cubic meters of check dams to treat a catchment area above the dam to prevent it from siltation and to conserve the soil and reduce land degradation.</p>
<p>Programme component 2: Disaster preparedness and risk reduction</p>	<p>Outcome 1: By 2011, 10,000 community members will have improved their ability to reduce loss of life and disabilities caused by disasters.</p> <p>Outcome 2: By 2011 the capacity of RCSE core staff and volunteers to respond effectively during disaster will be improved.</p> <p>Progress The RCSE in cooperation with the Eritrean Demining Authority (EDA) conducts Mine Risk Education (MRE) focussing on students and rural communities, especially those living near highly mined fields. The border conflict with Ethiopia and the 30 years war of independence has left Eritrea to be one of the highly mined countries in the world. RCSE, through its</p>

² Djibouti Food Security Alert, April 2011, Famine Early Warning Systems Network (FEWS NET)

³ Djibouti Food Security Outlook Update, May 2011, Famine Early Warning Systems Network (FEWS NET)

⁴ Idem

	<p>volunteers' network, conducts MRE awareness sessions to the target communities. As a result, about 11,930 individuals were trained in MRE in the last six months in all the six branches.</p> <p>The RCSE DM department organized basic First Aid and relief management training to 570 community volunteers, community volunteer facilitators, staff, teachers and students as well as police forces and industrial workers.</p> <p>The RCSE was fully involved in relief operations until it shifted to development programmes and acquired a lot of experience in this field of emergency relief operation. The RCSE always prepositions emergency relief items in its warehouse. In the recent earthquake, the National Society actively provided support to about 3,500 displaced people with food and non-food items as well as water supply.</p> <p>The National Society, through its CBHDP programme trains community members in the skills of hatching fish from nearby ponds and provides nutrition training on how to prepare and preserve fish food.</p>
<p>Programme component 2: Disaster response and recovery</p>	<p>Outcome 1: By 2011 the logistical capacity of RCSE is strengthened.</p> <p>Outcome 2: The effects of disasters in 24 coaching areas are mitigated/reduced by 2011.</p> <p>Progress RCSE conducts internal training programmes to its staff and volunteers in National Disaster Response Team (NDRT), Relief Management, First Aid, Road Safety, Disaster Risk Reduction and Participatory Hygiene and Sanitation Transformation (PHAST) training.</p> <p>The RCSE conducts First Aid training to communities to strengthen their capacities to properly respond to the recovery programme after a disaster hits an area.</p> <p>The RCSE has 3 staff members of the RDRT, most core staff and volunteers are trained in NDRT and there is experienced staff. The RCSE branch staff and volunteers jointly with the local administration played a big role in assisting displaced people due to the earthquake and volcanic lava in Southern part of the country.</p>
<p>Programme component 3: Disaster risk reduction (Food Security)</p>	<p>Outcome 1: Improved food production, accessibility, and utilization at household level in order to have a healthy and productive community.</p> <p>Progress The RCSE implements integrated food security/livelihood initiatives through its different core programmes based on the quality assessment and analysis. (water and soil conservations, animal husbandry, Fishing and preserving fish for food etc)</p>
<p>Programme component 4: Climate Change</p>	<p>Outcome 1: Climate change adaptation projects are developed and implemented in target villages</p> <p>No activities to report during this period</p>

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
Not Specified	15,430	570	16,000

Challenges

The RCSE has the required capacity to implement many projects. However, due to funding constraints, it could not fulfil all the needs as well implement all the planned activities. Two of the branches (Northern and Southern Red Sea branches) have not secured funding due to withdrawal of PNS who supported them in the past.

Health and Care

The CBHDP is one of the key programmes of RCSE and its main objective is to mitigate the health problems caused by improper hygiene and sanitation practices. The programme promotes good health practices and inspires community based hygiene and sanitation transformation activities through volunteer network. The programme carries out integrated components of water, sanitation and hygiene as well as capacity building. The programme is community centred and carried out by the communities. It is the back bone of the health and care programme of the NS.

<p>Programme component 1: Water and sanitation</p>	<p>Outcome 1: Improved access to safe water, sanitation and hygiene services.</p> <p>Progress The RCSE has reached 3,050 people in the villages of Adi Gebru and Adi Hakefa who are accessing safe and adequate water through drilling two boreholes fitted with motor pumps. Furthermore, the programme implemented the construction of two school latrines in two branches and 787 students and teachers are benefiting. This will contribute to a reduction of hygiene risks using the newly constructed latrines and avoiding open defecation.</p> <p>Through the Rural Water Sanitation Programme (RWSP), RCSE has reached 68,210 people with improved sanitation education through the integrated Community Led Total Sanitation (CLTS)/PHAST in 104 villages. Latrine coverage in these villages increased from 5% before the programme was introduced to 70% after programme intervention. In addition, CBHFA training was given to 79 villages and 65% of latrine coverage has been achieved in these villages.</p>
<p>Programme component 2: Community based health and first aid</p>	<p>Outcome 1: Increased healthy communities which are able to cope with health and disaster challenges achieved through community based integrated health and first aid activities.</p> <p>Progress The CBHDP programme has trained the most vulnerable women in home management and CBHFA. In total, over 280 women benefited from a home management and CBHFA training. The home management skills training included home economics, handcrafts, food preparation and handling, horticulture, animal husbandry, construction of smokeless stoves, etc.</p> <p>Volunteers are the back bone of the RCSE. The RCSE programmes are implemented through the coaching system that includes the community volunteers, community volunteer leaders and community volunteer facilitators. In the period under review, over 730 volunteers were deployed in different activities and special national events and festivities.</p> <p>The CBHDP department has launched a Community Development programme (CDP) funded by the Netherlands Red Cross. Using the CDP tools, 23 community volunteers, community volunteer leaders and community volunteer facilitators were trained in Embatkala town of Northern Red Sea branch.</p>

Programme component 3: HIV and AIDS	<p>Outcome 1: Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment, and support, and reducing stigma and discrimination</p> <p>Progress A total of 15 women living with HIV were trained in weaving. They were provided with weaving machines and start up materials after completion of their training. These women are now weaving various products for sale, thus generating their own income to be able to support their families as well as themselves.</p>
Programme component 4: Emergency Health	<p>Outcome 1: Access to curative and preventive health services improved in the target area</p> <p>Progress The RCSE owns 9 active ambulances providing services in all the six branches. This is one of the life saving services that provide assistance to people to reach to health facilities. During the reporting period, the ambulances provided services to over 12,900 casualties. The ambulance service is a popular programme, but currently facing budget constraints as some of the donors who supported the programme indicated their intention of phasing out soon. This is a major challenge that the RCSE needs to find a sustainable solution of funding to run the programme efficiently.</p>

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
Not Specified	85,242	23	85,265

Organizational Development

Programme component 1: Well-functioning National Society	<p>Outcome 1: RCSE has a well functioning organization with sustainable systems, procedures and staff with desired level of managerial and technical competencies to address the most urgent situation of vulnerability.</p> <p>Progress The RCSE is currently working under a defacto status of recognition. However, the National Society gets full support and cooperation from the Government of Eritrea under the patronship of the Minister of Health in implementing its programme activities all over the country through its six branches. During the third stakeholders meeting for the RWSP held in early June 2011, the issue of legal recognition of RCSE was one of the points of discussion. The management has indicated the possibilities of the recognition by end of 2011. The RCSE will need technical support from IFRC and the PNS in facilitating this process.</p> <p>RCSE has presence in all the six zobas (regions) of the country through its six branch offices. The six branches are responsible in implementing the programmes in their respective areas through the coaching system. The department of OD strives to upgrade the capacity of its staff through providing training opportunities.</p> <p>The OD department has identified the need for improvement in the area of monitoring and evaluation of its programmes and has developed a terms of reference for a consultant to develop a training plan for core staff to be trained in order to better deliver the services RCSE provides to its</p>
--	---

	communities.
Programme component 2: Financial sustainability	Outcome 1: Existing partnerships are strengthened and new ones formed. No activities to report during this period
Programme component 3: Branch development and/or volunteer management	Outcome 1: Availability of skilled volunteers who are able to provide effective and efficient humanitarian service. No activities to report during this period

Principles and Values

The principles and values is an integral part of all RCSE programmes. It plays a great role in disseminating RC/RC principles, ideals and the International Humanitarian Law (IHL). In the last six months, the programme disseminated to about 4,130 people from all walks of life in the principles and ideals of RC/RC Movement and enhanced the knowledge of the participants in promoting RC/RC knowledge. Additionally, the department reached 5,065 individuals in MRE awareness training in collaboration with EDA.

The RCSE disseminates the RC/RC Fundamental Principles and Humanitarian Values among the target communities. The RC/RC day is one of the best occasions the RCSE uses to reach as many people as possible through general knowledge contest or RC/RC walk in the streets of the capital city and distributing brochures to the public on the fundamental principles of the Movement.

Working in partnership

RCSE is working in close partnership with several government ministries such as Health, Labour and Human Welfare, Agriculture and Water Resources department, local Provincial, sub provincial and village administration, national associations, UN agencies, and NGOs. This collaboration ensures adherence to national policies and guidelines. The Movement partners of RCSE include Austrian, Danish, Finnish, Netherlands and Swedish Red Cross societies as well as ICRC and IFRC.

Contributing to longer-term impact

RCSE programmes contributed positively and strengthened the capacity of the target communities. The programmes targeted the most vulnerable segments of the community, whose coping mechanisms are undermined by years of conflict, displacement, poverty and climatic changes. They will greatly contribute to increased community resilience and reduced vulnerabilities to eminent risks. The RCSE success in the first half of 2011 will have direct and indirect contribution to the national development efforts of the country particularly the Millennium Development Goals, specifically in the area of health and care, water supply and reducing risks to diseases through capacity building.

Looking ahead

RCSE is in the process of outlining its five year strategic plan of development programmes (2012-2017). The Federation will continue to provide technical support to the RCSE to improve programme implementation. The National Society has identified areas of its core staff capacity building in programmes monitoring and evaluation. It has drafted terms of reference for a monitoring and evaluation training. IFRC has the potential to facilitate in identifying a resource person who could provide the required skills training in monitoring and evaluation.

RCSE shall continue to foster and strengthen its partnership with existing and potential partners with the ultimate aim of improving its service delivery to the most vulnerable communities in the

country. It shall endeavour to develop realistic and relevant strategic plans and shall continue to invest in its institutional and human resource capacity as catalyst towards sustainability and self reliance. The legal status of the NS through official recognition through a decree remains a key priority for RCSE.

How we work	
<p>All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</p>	
<p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"> • In Djibouti: Abdi Kaireh Bouh, Secretary General, Red Crescent Society of Djibouti, email: mcrd@intnet.dj; phone + 253.352.270; fax + 253.352.451 • In Eritrea: Mrs. Nura Mohammed, Secretary General, Eritrea Red Cross Society, Asmara; email: mrcse@eol.com.er; phone + 291.115.16.93; fax + 291.115.18.59. • In Eritrea: Abel Augustino, Country Representative, IFRC Eritrea: email: abel.augustino@ifrc.org • In Johannesburg, Dr Asha Mohammed, Head of Operations, IFRC Africa Zone Office, South Africa, email: asha.mohammed@ifrc.org, phone: +27.11.303.9700, fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Resource Mobilization and Pledges.</i></p> <ul style="list-style-type: none"> • In Johannesburg: Ed Cooper; Resource Mobilization, Performance and Accountability Coordinator, Africa Zone Office, South Africa; email ed.cooper@ifrc.org; phone: +27.11.303.9700; fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting):</i></p> <ul style="list-style-type: none"> • In Johannesburg, Robert Ondrusek; Planning, Monitoring, Evaluation and Reporting Delegate, Johannesburg, South Africa; email: robert.ondrusek@ifrc.org; phone: +27.11.303.9744; fax: +27.11.884.3809; +27.11.884.0230 	

International Federation of Red Cross and Red Crescent Societies

MAA64005 - Eritrea and Djibouti

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAA64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	153,684	1,575,365	371,236	0	222,975	2,323,261
B. Opening Balance	43,578	106,326	218,228	0	13,018	381,149
Income						
<u>Cash contributions</u>						
<i>DFID Partnership grant</i>	-6,095					-6,095
<i>European Commission - Europe Aid</i>		962,468				962,468
<i>Finnish Red Cross</i>	13,019					13,019
<i>Finnish Red Cross (from Finnish Government)</i>	73,777					73,777
C1. Cash contributions	80,701	962,468				1,043,169
<u>Other Income</u>						
<i>Balance Reallocation</i>		0				0
C4. Other Income		0				0
C. Total Income = SUM(C1..C4)	80,701	962,468	0	0	0	1,043,169
D. Total Funding = B + C	124,278	1,068,794	218,228	0	13,018	1,424,318
Appeal Coverage	81%	68%	59%	#DIV/0	6%	61%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	43,578	106,326	218,228	0	13,018	381,149
C. Income	80,701	962,468	0	0	0	1,043,169
E. Expenditure	-51,638	-1,109,364	-81,469		-4,869	-1,247,339
F. Closing Balance = (B + C + E)	72,641	-40,570	136,759	0	8,149	176,980

International Federation of Red Cross and Red Crescent Societies

MAA64005 - Eritrea and Djibouti

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAA64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		153,684	1,575,365	371,236	0	222,975	2,323,261	
Relief items, Construction, Supplies								
Construction Materials	103,000							103,000
Clothing & textiles	42,750		13				13	42,737
Food		7,824					7,824	-7,824
Seeds & Plants	10,000							10,000
Water, Sanitation & Hygiene	67,150	140,704	302,873				443,578	-376,428
Medical & First Aid	1,110							1,110
Teaching Materials	8,961	3,736	17,220				20,956	-11,995
Utensils & Tools	36,500							36,500
Other Supplies & Services	15,181							15,181
Total Relief items, Construction, Suj	284,652	152,264	320,106				472,370	-187,718
Land, vehicles & equipment								
Computers & Telecom	15,000		1,328	13,463			14,791	209
Total Land, vehicles & equipment	15,000		1,328	13,463			14,791	209
Logistics, Transport & Storage								
Storage			12				12	-12
Distribution & Monitoring			13,175				13,175	-13,175
Transport & Vehicle Costs	43,610	1,388	3,293	16,321		4,607	25,609	18,001
Total Logistics, Transport & Storage	43,610	1,388	16,481	16,321		4,607	38,797	4,813
Personnel								
International Staff	164,382		45,785			2,040	47,825	116,557
National Staff	191,350		5,187	6,897		3,042	15,126	176,224
National Society Staff	102,297	3,339	332	26,661		211	30,544	71,753
Volunteers		1,295	2,516	676			4,487	-4,487
Total Personnel	458,029	4,634	53,820	34,235		5,293	97,981	360,047
Consultants & Professional Fees								
Consultants			5,657				5,657	-5,657
Professional Fees	10,800			365			365	10,435
Total Consultants & Professional Fe	10,800		5,657	365			6,022	4,778
Workshops & Training								
Workshops & Training	250,321	1,328	11,416	6,992			19,736	230,585
Total Workshops & Training	250,321	1,328	11,416	6,992			19,736	230,585
General Expenditure								
Travel	9,900	117	11,199	2,413		709	14,439	-4,539
Information & Public Relation	8,415	7,503	9,912	5,710		129	23,254	-14,839
Office Costs	95,430	3,139	2,668	6,680		353	12,840	82,590
Communications	9,600		1,694	4,111		285	6,090	3,510
Financial Charges		60	991	1,080		-4,527	-2,397	2,397
Other General Expenses	58,710			2,390		45	2,436	56,275
Shared Support Services			1,500				1,500	-1,500
Total General Expenditure	182,055	10,819	27,965	22,385		-3,006	58,162	123,893
Contributions & Transfers								
Cash Transfers National Societies	927,782	-21,459	811,722				790,263	137,519
Total Contributions & Transfers	927,782	-21,459	811,722				790,263	137,519
Operational Provisions								
Operational Provisions		-101,086	-206,899	-17,452		-2,322	-327,760	327,760
Total Operational Provisions		-101,086	-206,899	-17,452		-2,322	-327,760	327,760
Indirect Costs								
Programme & Service Support	151,012	3,113	67,704	4,960		297	76,074	74,938
Total Indirect Costs	151,012	3,113	67,704	4,960		297	76,074	74,938

International Federation of Red Cross and Red Crescent Societies

MAA64005 - Eritrea and Djibouti

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAA64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		153,684	1,575,365	371,236	0	222,975	2,323,261	
Pledge Specific Costs								
Earmarking Fee		637	65				702	-702
Reporting Fees				200			200	-200
Total Pledge Specific Costs		637	65	200			902	-902
TOTAL EXPENDITURE (D)	2,323,261	51,638	1,109,364	81,469		4,869	1,247,339	1,075,922
VARIANCE (C - D)		102,047	466,001	289,767		218,107	1,075,922	