

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

Botswana

Appeal No. MAABW002

26 August 2011

This report covers the period 1 January to 30 June 2011



Botswana Red Cross Society volunteers cleaning a hospital in Gaborone, during a six-week national strike by public service providers. Photo: BRCS

In brief

Programme outcome: In line with the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, and the Botswana Red Cross Society (BRCS) strategic plan 2011-2015, the expected outcome of the 2011 support programme is to save lives of vulnerable people, enable safer and healthy living, strengthen capacities of communities to respond to disasters, educate on the impacts of natural and manmade disasters, enhance the capacity of staff to deliver quality service to vulnerable communities, develop community resilience, enhance community livelihoods and promote social inclusion, peace and harmony.

Programmes summary: During this period, BRCS continued to focus on disaster preparedness and response, refugee health and psychosocial support, health and care (including first aid and rehabilitation), as well as branch development. The key interventions under the community disaster risk reduction and response initiative included capacity building of BRCS staff and targeted communities, hazard mapping, strengthening early warning systems, and launching food security projects (including under the Zambezi River Basin Initiative).

Under the health and care programme, BRCS continued to implement activities in an effort to reduce the transmission of HIV/AIDS, alleviate the suffering of people infected and affected by HIV/AIDS, as well as reduce morbidity and mortality due to various health problems in the country.

Steps were also taken to strengthen the National Society's capacity at all levels, particularly in the areas of finance management and programme management, in an effort to improve its performance and accountability. In keeping with its auxiliary status to the government, BRCS continued to contribute towards enabling the achievement of Botswana's national vision 2016, along with other national frameworks that have been formulated to sustain the country's development (for instance the national strategic framework on HIV/AIDS).

Financial situation: The total 2011 budget is CHF 649,744 of which CHF 61,435 (9 per cent) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was low - CHF 28,201 (4.3 per cent of the budget and 46 per cent of the available funds).

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

No. of people we have reached: The total number of people directly reached during the reporting period was 79,351, while another 518,467 were indirectly reached. The table below gives the number of people reached directly and indirectly per programme.

Programme	Planned no. of people to be reached	People reached directly	People reached indirectly
Disaster preparedness and response	100,000	8,422*	350,467*
Community-based health and first aid (including first aid, tuberculosis, and refugee health and psychological support)	20,472	30,549	85,000
HIV and AIDS	250,000	36,880	75,000
Branch development	5,000	3,500	8,000

* This figure includes the people reached during BRCS' interventions at health facilities around the country during a six-week national strike by public service providers.

Our partners: BRCS received support from the following Movement partners during this period - all southern African National Societies, along with the American and Norwegian Red Cross Societies, the IFRC and the International Committee of the Red Cross (ICRC). The National Society also worked closely with UN agencies, government-based and international organizations like UNHCR, USAID, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)¹, Centres for Disease Control, and the University Research Cooperation. Collaboration with various government ministries, NGOs and media houses continued at all levels.

BRCS and IFRC want to thank partners and contributors for their response to this appeal.

Context

During the period from 18 April to 6 June 2011, Botswana experienced a six-week national strike by public service providers demanding a 16 percent salary increase. Approximately 90,000 of the 103,000 public servants withdrew their services in most sectors of the government, leading to a severe shortage of manpower and slow service delivery in the public sector. The impact of the strike was felt the most in the health sector. Most clinics operated with minimal staff and patients were turned away without help in referral to primary hospitals, leading to backlogs/long queues for medical services, as well as near closure and closure of a significant number of clinics. The significance of this poor management of public health concerns was very high. In this context, the BRCS mobilized 306 volunteers to provide relief in 15 clinics and two referral hospitals around the country.

The strike put the limited resources of the National Society under pressure. Though workers unions complained about BRCS' participation in relief efforts and threatened legal action, the National Society emphasized the principles and mandate of the Movement to reinforce its reasons for intervention.

In addition, this period saw flash floods in Moshupa, Ranaka, Tonota, Mmandunyane, Kang and Gaborone areas, causing localized damage. Further, there were an increased number of household fires reported, most of them during the winter months in low income households still using candles

¹ U.S. government initiative to help save the lives of those suffering from HIV/AIDS around the world

and paraffin for lighting. BRCS stepped up its response in both these cases, providing relief assistance to 290 survivors of fires and flash floods.

Progress towards outcomes

Disaster Management

Programme component 1: Disaster preparedness
Outcome 1: Enhanced human, financial and material resources, effective and efficient disaster management system through the implementation of the disaster management master plan.
Outcome 2: Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters.

Achievements

Following the development of BRCS' disaster management master plan in 2010, this period saw the National Society work towards upgrading the disaster management knowledge and skills of its headquarters and branches. To this end, 45 volunteers were trained in basic disaster management from 7-11 February 2011, at BRCS' Tlamelong rehabilitation centre. This training increased the disaster management capacity at branch level.

Further, vulnerability and capacity assessment (VCA) activities were conducted in selected communities, with three hazard mappings done for the Jwaneng, Ranaka and Magotlhwane areas. The exercise used some tools from the IFRC's VCA toolkit.

In an effort to reduce the impact of disasters through strengthening the dissemination of early warning messaging, BRCS reached three flood affected divisions (the northern, north western and southern divisions) with early warning messages. This resulted in reduced flood related damages and casualties and reduced response work considerably compared to the years 2009-2010. The National Society also strategically pre-positioned non-food items in seven disaster prone areas (Shakawe, Maun, Chobe, Gweta, Etsha 13, Jao flats and Gudigwa).

Programme component 2: Disaster response
Outcome 1: Quality of disaster response and humanitarian interventions is enhanced to meet the needs of refugees and communities affected by displacement.

Achievements

The capacity of BRCS to provide timely and effective response to disasters was strengthened through the establishment of six disaster response teams in six BRCS branches. Further, the National Society provided quality disaster response during this period, thereby mitigating the impact of various disasters. Relief assistance in the form of shelter, blankets and clothing was provided to 58 families (approximately 290 individuals) affected by fires and floods. Further, 306 BRCS volunteers were deployed to provide relief in health centres around the country during the six-week civil service strike. The work they undertook included cleaning these centres and looking after patients.

This period saw BRCS programme officers and field officers involved in planning and coordination of disaster preparedness and response activities at district level, which helped in increasing cooperation with the local government.

Programme component 3: Disaster risk reduction
Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.
Outcome 2: Nutritional conditions within vulnerable communities are improved with special attention on women and child-headed households.

Achievements

As a risk reduction measure, BRCS assisted six communities (under the Zambezi River Basin Initiative) to identify needs based livelihood projects in an effort to ensure food security during

disaster times. These included agriculture and integrated poultry farming.

Disaster risk reduction initiatives in target communities included health and care as well as branch development interventions, under which volunteers disseminated health promotion messages and carried out recruitment.

Programme component 4: Zambezi River Basin Initiative
Outcome 1: The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2: Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
Outcome 3: The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
Outcome 4: National Society capacity to implement disaster preparedness, response and recovery operations is increased.

Achievements

As part of efforts to upscale disaster risk reduction through the Zambezi River Basin Initiative (ZRBI), the National Society established a large-scale community farm (100 hectares) in Gweta village of Chobe district for food security during times of flooding. An event marking the opening of the farm was organised on 31 January 2011 and was covered by the media. The farm is being run by volunteers of BRCS' Gweta branch, with mentoring by community leaders. The government has supported the project with farm implements and seeds, labour for fencing, as well as a commitment to buy the farm produce. The National Society has also submitted environmental management plans to the land authorities in support of an application for more land (in Nata village near Gweta) to be used for poultry farming as part of the ZRBI initiative.

In February 2011 the American Red Cross visited the National Society to explore opportunities for a partnership on disaster risk reduction initiatives targeting communities living in the Zambezi river basin.

Constraints or Challenges

- Human resource management and high turnover of volunteers remained a challenge during this period, particularly under the ZRBI. Volunteer support is especially needed during relief operations.
- BRCS does not have adequate warehouses to store and manage relief stock and, therefore, largely relies on government warehouses. Construction of National Society warehouses is expected to start soon and plans have been submitted to obtain building permits.

Health and Care

Programme component 1: Community-based health and first aid
Outcome 1: 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.
Outcome 2: Mother and Child health is improved through immunization services to children and mothers in areas of BRCS operations.
Outcome 3: The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials.

Achievements

At the beginning of the year, BRCS initiated community tuberculosis (TB) care project, in partnership with the Ministry of Health, with funding support from the Global Fund. The aim of this initiative is to prevent further and new TB infections and to provide care and support for those infected along with their families. The programme is being implemented in five districts with a high TB caseload in Botswana (Kgalagadi North, Moshupa, Kanye, Tutume and Tonota), covering 11 villages. A total of 85 BRCS volunteers have been trained to conduct community TB care activities. Ongoing activities of the project, which will continue till the end of the year, are administering direct

observed treatment (DOT), contacting tracing referrals, and counselling and training of communities including community leadership.

During this period, BRCS continued to provide both commercial and community first aid services to save and protect lives. Commercial first aid services were provided to individuals and companies (mostly mining companies following partnerships developed in 2010). Training on first aid was provided to 11 company employees and 464 individuals, on a commercial basis. Further, community first aid services were provided by three BRCS divisions in 13 branches (villages) during national events, sports activities and road safety initiatives. The National Society also promoted first aid through radio interviews and distribution of IEC materials.

This period also saw BRCS continuing ongoing activities under its refugee health and psychosocial support programme, the overall aim of which is to mitigate the impact of displacement on refugees and asylum seekers in Botswana by providing health and psychosocial support. Activities included facilitating access to health and sanitation services for refugees, HIV prevention, treatment, care and support, psychosocial support, support to orphans and vulnerable children, counselling gender based violence prevention and counselling of those affected, as well as other community services such as support with burials.

Programme component 2: Emergency Health
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Outcome 1: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
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Achievements

Following the training of 90 prison inmates in 2010, the prison peer education programme reached 432 prison inmates and five prison guards through awareness raising on sexual reproductive health by peers in Kasane, Moshupa and Tshane. The peer education programme also reached 10,805 youth in schools (as part of "Month of Youth against AIDS") as well as 1,451 people in workplaces and other public places, bringing the total number of people reached through peer education messages to 12,256.

Programme component 3: HIV and AIDS
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Outcome 1: Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counseling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).

Outcome 2: Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counseling on adherence, ART literacy, nutrition, psychosocial support, livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
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Outcome 3: Reduction of stigma and discrimination by engaging in advocacy, promoting human rights, and tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
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Outcome 4: Strengthen planning, monitoring, evaluation and reporting (PMER) training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

Achievements

The National Society continued to conduct community-based education for HIV prevention through outreach to prisons, workplaces, schools, public places, as well as the Dukwi refugee camp. The aim of these interventions was to reduce HIV transmission and other related illnesses among youth, adults and most at risk groups like prisoners; reduce the transmission of sexually transmitted infections and teenage pregnancies; and increase voluntary testing for HIV.

Care and support activities were also carried out through initiation of the community tuberculosis (TB) care project, treatment adherence counselling to TB patients and people living with HIV

(PLHIV) on anti-retroviral therapy (ART), provision of home based care in two villages, support (from caregivers and child mentors) to children orphaned by HIV/AIDS and unaccompanied minors in four villages in Kasane. It was observed that an increasing number of PLHIV accessed treatment and other HIV/AIDS related services. Treatment was also provided through ART services to refugees and asylum seekers in the country. Rehabilitation services were extended to people with disabilities in BRCS' Tlamelong and Tshimologo rehabilitation centres. These centres fill a gap that exists in the country as the government does not have any rehabilitation centres for people with disabilities.

During this period, 1,403 children participated in the National Society's activities to support orphans and vulnerable children (OVCs), including the approximately 200 children registered with BRCS. Interventions also benefitted 1,000 family members through home visits to OVCs and proceeds of income generating projects by "grannies clubs". Two grannies clubs, formed in Moshupa and Sefhare in 2010, continued to be active. The Sefhare club runs a gardening project to improve livelihoods and food security of families. Interventions in Kanye included the provision of psychosocial support to OVCs through home visits and outings. Regular home visits were also conducted at the Dukwi refugee camp, along with best interest assessments and best interest determination of children to inform interventions on their welfare. Since all children at the camp are refugees, emphasis continues to be placed on identification of host families for unaccompanied minors.

BRCS worked towards strengthening its capacity to deliver and sustain effective HIV and AIDS related services, through the training of its volunteers (peer educators, community home based care facilitators and volunteers providing support to orphans and vulnerable children). During this period, 85 volunteers were trained on community TB care in 11 villages in five districts. The training was done in collaboration with the Ministry of Health.

Constraints or Challenges

- Limited funding for the health and care programmes remained a challenge, with the only funding running until the end of December 2011 being the Global Fund's TB funding.
- As under the other programmes, high volunteer turnover hampered the implementation of activities under this programme too.
- Botswana faced a problem of poor condom supply during this period. Though BRCS distributed 82,450 condoms, it could only secure around a quarter of the volume of condoms it needed at a time.

National Society Development/Capacity Building

Programme component 1: Leadership and Management Development
Outcome 1: BRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organizational performance and accountability.

Achievements

During the period under review no activities were carried out under this component.

Programme component 2: Well-functioning Organization
Outcome 1: BRCS has well defined policies, systems and procedures in place for the effective management of the National Society.
Outcome 2: Effective financial management systems, procedures and tools are in place and systematically used.
Outcome 3: BRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".

Achievements

During this period, the financial practices of all branches were assessed to improve financial management capacity in branches. The finance department mentored branch treasurers who were provided training, and the BRCS governing board will propose a review of the constitution in the next annual general assembly to include minimum qualifications for branch treasurers. In addition,

the latest financial management software was installed to facilitate easy management of BRCS accounts and financial audits were conducted for the National Society's accounts.

In an effort to build the National Society's capacity for better programme management, 52 of its junior and senior management staff were trained on report writing, statistical package software for data analysis, customer care, programme management, finance and basic international humanitarian law. Staff performance was also monitored through performance development plans and appraisals. Policies to improve staff conduct (staff and volunteer code of conduct and staff conditions of service) were developed and reviewed.

Programme component 3: Branch Development and Volunteer Management
Outcome 1: BRCS has vibrant branches delivering quality services through their local volunteer and youth networks.
Outcome 2: BRCS has well established systems and procedures for the systematic provision of technical support to its branches.

Achievements

During this period, BRCS' branch development activities were integrated across all programmes. These were implemented with the overall aim of ensuring that the National Society has well structured, organized and competent human resources at branch level for delivering community based services efficiently and effectively to meet the needs of the most vulnerable communities. Monitoring visits were carried out by representatives of BRCS' governing board and national headquarters to 30 branches and six divisions of the National Society. BRCS also continued to work towards improving communication between its branches, divisions and national headquarters.

Some other initiatives carried out during this period were the development of branch classification tools, mobilization of 306 volunteers to provide relief in hospitals and clinics around the country during the six-week industrial strike in Botswana, and commemorations on World Red Cross Day (8 May 2011).

Programme component 4: Resource Development
Outcome 1: Capacity to mobilize resources and its own sustainability is enhanced through the implementation of well designed income generating programmes.

Achievements

In an effort to identify possible funding sources, BRCS submitted two proposals for funding, one to the American Red Cross for community based disaster risk reduction in the Zambezi River Basin Initiative project area (Chobe district) and the second to the national disaster management office for capacity building of district disaster management committees (in central Kweneng and Ngamiland districts).

Constraints or Challenges

- The main challenge remains the limited funding coverage of the BRCS programme support plan, resulting in many activities remaining pending or not being implemented on the same scale as planned. Therefore, BRCS is currently trying to mobilize resources locally, to diversity funding for its activities.
- The high turnover of trained staff and volunteers affects continuity of BRCS activities, especially branch development and activities in the Zambezi river basin. To address this, the National Society is engaged in a national volunteer recruitment drive through the media, as well as concurrently updating the volunteer database on an ongoing basis to keep track of the exact number of volunteers in the country and the number still needed.

Principles and Values

Programme component 1: Promotion of Fundamental Principles and Humanitarian Values
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organization (including non-discrimination, non-violence, tolerance and respect for diversity).

Outcome 2: Target population is sensitized to Fundamental Principles and Humanitarian Values and changing behavior.
Programme component 2: Make operational the Fundamental Principles and Humanitarian Values
Outcome 1: The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all National Society programmes and activities.
Programme component 3: Prevention of Sexual and Gender-Based Violence
Outcome 1: BRCS mainstreams gender issues in all its programmes.

Achievements

While they have not been deliberate efforts to target specific audiences regarding education on Fundamental Principles and Humanitarian Values, dissemination on these was carried out through radio broadcasting. Weekly broadcasts on a national commercial radio station carried discussions on the promotion of Principles and Values as well as ideals of the Movement in general. This provided the National Society an opportunity to reach a significant number of people in the country.

Further, during all BRCS operations, dissemination is done, including at branch level, to sensitize stakeholders, volunteers and potential partners on the ideals of the Movement, Principles and Values. This was also seen during the six-week national strike.

Working in partnership

BRCS continued working with different partners internationally and locally. The ongoing coordination and good relations with the government led to funding contributions by the government towards the National Society's rehabilitation initiatives for people with disabilities in two districts, as well as its disaster preparedness initiatives in different parts of the country. Within the Movement, BRCS continued partnership with the Norwegian Red Cross, which helped in building capacity of its divisional structures in financial management, enabling branches to exercise good quality financial management standards. Further, the proposed partnership between BRCS and the American Red Cross will enable the National Society to develop and scale-up disaster risk reduction initiatives in the Zambezi River Basin Initiative project area (Chobe district), thereby contributing to a mitigation in the impact of disasters.

Partnerships outside the Movement included support provided by UNHCR and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which made it possible for the National Society to scale-up access to anti-retroviral (ARV) drugs as well the provision of care and support to refugees and asylum seekers in Botswana. In addition, the private sector (including banks and individuals) are supporting the strengthening of BRCS branch structures.

Contributing to longer-term impact

In an effort to ensure better management, learning and improvement in programmes, focus was on strengthening and centralizing the planning, monitoring and evaluation, and reporting functions to become core functions of programme managers/coordinators. This enabled programme staff to be responsible for continuously reviewing programme performance, identifying weaknesses and recommending actions to remedy these. The IFRC Southern Africa Regional office, through its Performance and Accountability department continued to provide support to the National Society in enhancing tracking and measurement of programmes to determine their impact.

BRCS continued to make an effort to mainstream gender in its programming by planning and providing services to all equally. Programming also continued to be bottom up with information flowing from BRCS branches to headquarters and activities proposed by branches feeding into the National Society's annual plan. This helped in maintaining accountability within the National Society. The development of plans and monitoring of progress against these plans was done jointly by BRCS with its branches and with other actors including the government, leading to effective sharing of best practices and lessons learned.

Looking ahead

BRCS plans to continue the policy of doing more with less given the decline in funding sources. It will increase and refine volunteer recruitment and retention strategies. This will include undertaking a national volunteer recruitment drive, especially targeting the corporate workforce and professionals who can volunteer with the National Society. Also, a patronage system will be adopted under which BRCS staff members will mentor specific branches of the National Society and focus on professional volunteers. The national strike during the reporting period reinforced the need for BRCS to be ready for any such eventualities with committed and trained volunteers. Another priority area for the National Society will be to continue disaster risk reduction capacity building among disaster prone communities, using local capacities at community level.

How we work

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

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

- In the Botswana Red Cross Society: Mabel Rammekwa, Secretary General; email: brcs@info.bw; phone: +267.35.24.65; fax: 267.35.23.52.
- In the Southern Africa Region: Ken Odur, Regional Representative; email: ken.odur@ifrc.org; phone: +27.11.303.9700; fax +27.11.884.3809.
- In the Africa Zone: Dr. Asha Mohammed, Head of Operations, Africa Zone; email: asha.mohammed@ifrc.org; phone: +27.11.303.9700; fax: + 27.11.884.3809 and +27.11.884.0230.

For resource mobilization and pledges enquiries:

- In the Africa Zone: Ed Cooper, Resource Mobilization and Performance and Accountability Coordinator; email: ed.cooper@ifrc.org; phone: +27.11.303.9700; fax: +27.11.884.3809 and +27.11.884.0230.

International Federation of Red Cross and Red Crescent Societies

MAABW002 - Botswana

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAABW002
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	395,882	253,862	0	0		649,744
B. Opening Balance	0	0	0	0		0
Income						
<u>Cash contributions</u>						
<i>Norwegian Red Cross</i>	1,144					1,144
<i>Norwegian Red Cross (from Norwegian Government)</i>	27,447					27,447
<i>United States Government - USAID</i>	28,914					28,914
C1. Cash contributions	57,504					57,504
<u>Other Income</u>						
<i>Balance Reallocation</i>		3,932				3,932
C4. Other Income		3,932				3,932
C. Total Income = SUM(C1..C4)	57,504	3,932	0	0		61,435
D. Total Funding = B + C	57,504	3,932	0	0		61,435
Appeal Coverage	15%	2%	#DIV/0	#DIV/0		9%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0	0		0
C. Income	57,504	3,932	0	0		61,435
E. Expenditure	-28,914	713				-28,201
F. Closing Balance = (B + C + E)	28,590	4,644	0	0		33,235

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MAABW002 - Botswana

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAABW002
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)		395,882	253,862	0	0		649,744	
Relief items, Construction, Supplies								
Construction Materials		6,882					6,882	-6,882
Clothing & textiles			770				770	-770
Food		597	449				1,046	-1,046
Seeds & Plants	30,000	4,818					4,818	25,182
Water, Sanitation & Hygiene	41,000							41,000
Medical & First Aid	17,000							17,000
Teaching Materials	24,000							24,000
Total Relief items, Construction, Suj	112,000	12,296	1,219				13,515	98,485
Logistics, Transport & Storage								
Distribution & Monitoring	4,000							4,000
Transport & Vehicle Costs	37,000	1,850	791				2,641	34,359
Total Logistics, Transport & Storage	41,000	1,850	791				2,641	38,359
Personnel								
National Staff	20,000							20,000
National Society Staff	81,000	2,234	6,448				8,682	72,318
Volunteers		938					938	-938
Total Personnel	101,000	3,172	6,448				9,621	91,379
Consultants & Professional Fees								
Professional Fees	2,500		197				197	2,303
Total Consultants & Professional Fe	2,500		197				197	2,303
Workshops & Training								
Workshops & Training	56,500		933				933	55,567
Total Workshops & Training	56,500		933				933	55,567
General Expenditure								
Travel	7,500	3,593	3,619				7,212	288
Information & Public Relation	9,000	1,472					1,472	7,528
Office Costs	2,000		717				717	1,283
Communications	4,000	8	17				24	3,976
Financial Charges	1,000	-439	-865				-1,304	2,304
Other General Expenses	272,018	63	38				100	271,918
Total General Expenditure	295,518	4,696	3,525				8,222	287,296
Operational Provisions								
Operational Provisions		4,882	-13,790				-8,909	8,909
Total Operational Provisions		4,882	-13,790				-8,909	8,909
Indirect Costs								
Programme & Service Support	41,226	1,748	-44				1,704	39,522
Total Indirect Costs	41,226	1,748	-44				1,704	39,522
Pledge Specific Costs								
Earmarking Fee		269	8				277	-277
Total Pledge Specific Costs		269	8				277	-277
TOTAL EXPENDITURE (D)	649,744	28,914	-713				28,201	621,543
VARIANCE (C - D)		366,968	254,575				621,543	