

Emergency appeal final report

Cameroon: Cholera outbreak

Emergency appeal n° MDRCM011 GLIDE n° EP-2011-000034-CMR 31 October 2012

Period covered by this Final Report: 04 April 2011 to 30 June 2012

Appeal target (current): CHF 1,361,331.

Appeal coverage: 21%; [<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- This [Emergency Appeal](#) was initially launched on 04 April 2011 for CHF 1,249,847 for 12 months to assist 87,500 beneficiaries.
- CHF 150,000 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance.
- [Operations update No 1](#) was issued on 30 May 2011 to revise the objectives and budget of the operation.
- [Operations update No 2](#) was issued on 31st May 2011 to provide financial statement against revised budget.
- [Operations update No 3](#) was issued on 12 October 2011 to summarize the achievements 6 months into the operation.
- [Operations update No 4](#) was issued on 29 February 2012 to extend the timeframe of the operation from 31st March to 30 June 2012 to cover the funding agreement with the American Embassy in Cameroon.
- PBR No M1111087 was submitted as final report of this operation to the American Embassy in Cameroon on 03 August 2012.
- PBR No M1111127 was submitted as final report of this operation to the British Red Cross on 14 August 2012.



Throughout the operation, Cameroon Red Cross volunteers sensitized the populations on how to avoid cholera. Photo/IFRC

Summary: A serious cholera epidemic affected Cameroon since 2010. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with Centre, Littoral, South-West and West, as well as North and Far North regions standing out as the most affected regions. The disease affected a total of 23,152 people and killed 843. In response to this situation, the Cameroon Red Cross (CRC) supported by IFRC's Central Africa Regional Representation (CARREP) launched an emergency appeal on cholera outbreak. The appeal essentially aimed at training CRC volunteers, equipping them with the necessary means to ensure sanitation, raise awareness and disinfect homes of patients so as to tone down the human consequences of the epidemic. For this purpose, 300 volunteers: 100 in Centre, 100 in Littoral, 50 in South-West and 50 in West Region were recruited as part of the response to cholera in these regions. Coaches and national focal points were also trained. To ensure the effective implementation and monitoring of activities in the field, the Federation deployed a Programmes Coordinator, a Regional Health Coordinator, a Planning, Monitoring Evaluation and Reporting officer, and a Regional Logistics Manager.

The response was divided into three phases: the first one consisted of posting 10,000 posters in all affected regions done by CRC volunteers. The second phase began with the training of 300 volunteers and 10 regional supervisors on the disease, various methods of water purification and disinfection, followed by their deployment to the field. The water, health and sanitation component was also taken into consideration in order to improve access to safe drinking water and adequate sanitation for the affected population. In fact, 100 family latrines were built, 10 standpipes rehabilitated, a borehole drilled, and several water points and school latrines rehabilitated. The third phase was devoted to the evaluation of the first and second phases, followed by the redeployment of volunteers for specific activities (projects realised), capacity strengthening for local and divisional committees, the training of Community-based Health and First Aid (CBHFA) facilitators, training of facilitators on the epidemics control manual for volunteers and the implementation of the community led total sanitation (CLTS) programme and participation in statutory and occasional meetings. About 10.8 million beneficiaries were directly reached by these activities.

Lessons learned:

- The involvement of CRC volunteers in the fight against cholera contributed to the reduction of the number of cholera patients and deaths.
- In most health districts, CRC volunteers provided home-based care to cholera patients. In Fombot in particular, they buried cholera victims since the municipality does not have a mortuary.
- Personal hygiene was promoted in several primary schools that had no running water.
- Family latrines and water points were constructed to facilitated behaviour change.
- Harmful cultural and traditional practices remain a challenge: burying of corpses in shallow graves (less than 50 cm deep) and on slopes with the drainage risks following the first rains, etc ...
- Population movement along the common borders is a real cause for concern.
- Some health district heads were reluctant since they were unaware of the missions of the CRC vis-a-vis public authorities and its usefulness.
- The poor knowledge of the movement and its branches by some officials of the Ministry of Public Health leads to the misuse of the logos of each component.
- The lack of appropriate aprons causes confusion in the field.
- The distances to be covered in order to reach the target populations constituted a serious handicap to CRC volunteers.
- The very low coverage of this appeal did not enable the full implementation of planned activities.
- Partnership with the MoPH, with which the work was done, has been strengthened. The case is similar with the U.S and Canadian Embassies with which memoranda of understanding were signed at the local level. The CRC also worked with United Nations Children Fund (UNICEF) within the context of the CLTS programme, and also with Médecins Sans Frontières (MSF) and Plan International for community mobilization.

The IFRC is thankful to the following Partner National Societies and governments for their kind support to the Appeal: the British Red Cross, the Japanese Red Cross Society, the Red Cross of Monaco, the Swedish Red Cross, the Canadian Red Cross Society, the United States Government - Missions, as well as private donors.

The situation

A serious cholera epidemic started affecting Cameroon since 2010. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West Regions standing out as the most affected. These regions were targeted in the original appeal in April 2011. In the meantime, the situation in the field deteriorated; with 9 of the 10 regions of Cameroon being affected (East region was then yet to record its first native cholera case since 2010. One case was declared in the region, but was later on confirmed to have migrated from the Far North region). Initially, 87,500 direct beneficiaries were targeted in the Centre, Littoral, West and South-West regions. Somewhere along the line, the epidemic re-emerged in the northern part of Cameroon with several cases in the Far North, North and Adamawa regions. This new development prompted the revision of both the objectives and budget of the emergency appeal to cover newly affected localities. The intervention of the Red Cross and other partners contributed to the reduction of the number of cases. The following table summarizes the number of cases and deaths from 1st January 2011 to 30 June 2012:

Region	From 1 January to 31 December 2011			From 1 January to 30 June 2012			
	Cumulative cases (Number)	Cumulative deaths (Number)	Lethality rate (%)	Cases/deaths Incidents Week 23-26	Cumulative cases (Number)	Cumulative deaths (Number)	Lethality rate (%)
Adama wa	201	18	9	0	2	0	0
Centre	3537	136	3.8	0	28	1	5
East	43	5	11.6	1/0	1	0	0
Far North	4454	187	4.2	0	6	0	0
Littoral	5463	105	1.9	5/0	45	1	2.5
North	4752	267	5.6	2/0	5	0	0
North West	141	9	6.4	0	1	0	0
West	1271	76	5.9	0	5	0	0
South	179	7	3.9	0	7	0	0
South West	3111	33	1.1	0	7	0	0
Total	23,152	843	3.6	8/0	107	2	1.86

A few cases were reported in June when the activities of this appeal were being finalized but now, the situation is under control, considering the significant decrease in the total number of cases. The fatality rate is near zero which confirms better management of cases after early referral to health centres.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

To effectively implement planned activities, CRC had to acquire the necessary materials: 8,000 posters and leaflets, 320 protective raincoats, 400 pairs of boots, 300 aprons, 20 megaphones, 44 sprayers, 300 masks and gloves, 700 household gloves, 1,200 pairs of treatment gloves, 70 cartons of 200g soap, 200 flip charts, 2200 sachets of Oral Rehydration Salt (ORS), 55 chlorine containers of 145kg each, 18 bottles of Cresyl, 10 cartons of 150 detergent sachets, 23 containers of bleach, 300 masks, 96 pairs of batteries, 12,000 Aquatab (tablets) and 500 hand washing kits.

Various activities were carried out in three phases in all the country's 10 regions. The first phase of this response involved putting up of posters in collaboration with other development partners like UNICEF, WHO, CARE and Plan Cameroon. The Cameroon Red Cross volunteers put up posters in markets, places of worship, schools and pharmacies with support from IFRC, across Centre, Littoral, South-West and West Regions. The number of cholera cases had reduced in the Adamawa, North and Far North Regions from the launch of the response programme.

In Yaounde, the volunteers covered 7 markets, 13 pharmacies, 100 schools and 27 churches. Those in Douala worked in 134 schools, 47 health centers, 20 churches, 13 offices, 5 markets and 8 palaces. In Moundou they worked in the localities of Melong, Nkongsamba, Mbanga, Dibombari Loum and Mandjo, while those in the South West Region worked in Limbe, Buea, Tiko, Moutinguene, Mamfe and the Lebialem. In the West Region they covered markets, pharmacies and schools in the MiFi, Noun, Bamboutos Divisions and Baham.

The second phase was devoted to sensitization, access to safe water, hygiene and sanitation, prior to which 300 volunteers and 10 regional supervisors were trained. Volunteers training started in Yaoundé, on 24 March 2011, followed by the other regions. 100 volunteers were trained in Centre, 100 in Littoral, 50 in South West and 50 in West Regions. After the training, Red Cross volunteers were responsible for:

- Sensitizing families with one or more patients,
- Disinfecting the homes of cholera patients who had been received at the health centres,
- Referring suspected cases to health centers,
- Producing and helping in the production of rehydration solutions,
- Assisting in the treatment of drinking water and,
- Helping in the burial of those who died of cholera especially in Fumbot where there was no mortuary.

The 300 volunteers who had already been trained within the framework of the 2010 cholera epidemic participated fully in all these activities.

The third phase consisted of an evaluation of the work done in the field.

The project sponsored by the Canadian Embassy, targeting schools, made it possible to reach more than 1,600 students through sensitization, kits distribution or rehabilitation of water points and school latrines.

The CLTS project in Foubot, sponsored by the U.S. Embassy, made it possible to reach about 33,100 people. In addition to the intensive sensitization and sanitation activities in Foubot, 100 latrines were constructed, one borehole drilled to supply safe water and 10 public standpipes were rehabilitated.

A total of about 10.8 million beneficiaries were directly reached through these activities. In terms of capacity strengthening, 32 officials from 10 regions of Cameroon were trained in Mbalmayo from 24 March to 31 October 2011, on CBHFA in Action. A second training on the control of epidemics helped empower NS experts who in turn trained 36 coaches: 12 in Littoral, 12 in West and 12 in East Regions, as part of the fight against cholera.

Emergency health and care

Outcome: To contribute to the reduction of the impact of cholera on the affected communities through health promotion for the populations in 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North) for 12 months.	
Outputs (expected results)	Activities planned
The populations of the 6 targeted regions of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.	<ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders • Produce information, education and communication materials (posters, folders, image boxes) • Recruit and train 600 volunteers (100 volunteers in each of the 6 regions of Cameroon), and 6 regional cholera focal points (1 in each region) on epidemics management, with focus on cholera • Sensitize the populations, with an average of three sensitization sessions per week for 12 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places. • Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive ORS by RC Volunteers during their transport to health centres. • Disseminate cholera prevention messages over local radio stations in the 6 regions of Cameroon
The capacities of the Red Cross divisional committees in the 6 regions of Cameroon are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics.	<ul style="list-style-type: none"> • Provide technical support to Cameroon Red Cross • Train Cameroon Red Cross volunteers and staff on the community-based health and first aid (CBHFA) approach • Train Cameroon Red Cross volunteers and staff on Epidemic Control for Volunteers Manual and Toolkit • Equip Cameroon Red Cross with training materials, and other mobile support equipment to ease access to the greater number of

	beneficiaries
The partnership between the Ministry of Public Health and Cameroon Red Cross is strengthened	<ul style="list-style-type: none"> • Participate in the meetings of the crisis committee put in place by Government • Advocate with administrative authorities for the inclusion of activities against cholera in their action plan

Impact:

To effectively implement planned activities, CRC had to acquire the necessary materials: 8,000 posters and leaflets, 320 protective raincoats, 400 pairs of boots, 300 aprons, 20 megaphones, 44 sprayers, 300 masks and gloves, 700 household gloves, 1,200 pairs of treatment gloves, 70 cartons of soap of 200g, 200 flip charts, 2200 sachets of ORS, 55 containers of chlorine of 145kg each, 18 bottles of Cresol, 10 cartons of 150 detergent sachets, 23 containers of bleach, 300 masks, 96 pairs of batteries, 12,000 Aqua tab (tablets) and 500 hand washing kits.

In the field the intervention was organized by CRC together with Government representatives (Mayors, Divisional and Sub Divisional officers), religious and community leaders. Thereafter, Cameroon Red Cross volunteers went on to sensitize the population in schools, churches, mosques, markets and other public places in the 10 regions. Each trained volunteer sensitized 20 families per day, and worked 3 days per week for 60 weeks (April 2011 to May 2012), i.e. a total of about 2,160,000 families and 10,800,000¹ people reached directly by the 600 trained Red Cross volunteers since the beginning of the operation, as calculated from the volunteer's daily monitoring sheet.

In the intervention areas, Red Cross volunteers also put up posters, distributed leaflets, and held talks with families on cholera prevention and control. In Centre Region, the 100 trained volunteers worked in Mfoundi division (Yaoundé) and Obala and Bafia Sub-divisions. In the Littoral Region, the 100 trained volunteers worked in Wouri Division (Douala), Yabassi, Nkongsamba, and Melong Sub-divisions. In South West Region, they worked in Limbe, Buea, Tiko, Mutengene, Muyuka and Kumba Sub-divisions. In West Region, they worked in Bafoussam, Fombot, Fouban, Dschang and Bafang Sub-divisions. In Douala, Yaoundé and Limbe, Cameroon Red Cross authorities negotiated with local radio stations (CRTV and Caritas), and obtained slots to broadcast Red Cross messages on cholera prevention and control.

The Cameroon Red Cross cholera focal point participated in all the meetings of the cholera crisis committee set up by the Government. This enabled CRC to get regular nationwide updates on the evolution of the epidemic. CRC seized that opportunity to stress the need for Cameroon and neighbouring governments to meet and adopt a regional approach to cholera control, as the epidemic also occurred in neighbouring Nigeria and Chad. As a result of this advocacy, a cross-border cholera crisis meeting was organized in Douala (Cameroon) in September 2011, during which representatives of participating countries (Cameroon, Chad, Nigeria and Niger) decided to intensify cholera control along their respective borders. Back in Cameroon, almost all schools adopted integrated cholera prevention as part of their practice, though not officially instituted.

Starting on 27 October to 2 November, 25 Cameroon NS staff from headquarters and branches in 9 regions were trained as master facilitator on the CBHFA approach. This training was followed by a 3-day (24 to 26 October) training on the Epidemic Control Manual for Volunteers. On completion, all participants received complete didactic sets on these approaches. The CBHFA approach is presently being experimented on in East Region which is also concerned about the outbreak.

Water, sanitation, and hygiene promotion

Outcome: To contribute to the reduction of waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 60 pilot schools (10 pilot schools in each of the 6 regions of Cameroon (Centre, Littoral, South West, West, Far North and North), i.e. about 60,000 beneficiaries identified within the communities of all 6 regions of Cameroon based on the level of their vulnerable for 12 months.	
Outputs (expected results)	Activities planned
The 120,000 students and 12,000 families targeted by the operation in the 6 regions	<ul style="list-style-type: none"> • Train 600 Red Cross volunteers on hygiene promotion using the "Community-Led total Sanitation" approach • Enhance access of students to water and sanitation facilities, especially

¹ The average number of people per family was 5.

<p>of Cameroon have access to adequate water, hygiene and sanitation facilities.</p>	<p>drinking water and clean toilets, through the construction of wells/boreholes or rehabilitation of existing ones, and the construction of community latrines in schools will be targeted in each of the 6 regions of Cameroon.</p> <ul style="list-style-type: none"> • Establish Red Cross / health clubs in all the schools targeted by the operation (60 pilot schools) • Promote hygiene in all the schools targeted by the operation.
<p>Water, sanitation and hygiene promotion activities are carried out routinely in the 6 targeted regions of Cameroon to help prevent water-borne diseases, with focus on cholera.</p>	<ul style="list-style-type: none"> • Approach and integrate communities in the activities of the operation in the 6 targeted regions of Cameroon • Purchase chemicals and disinfect water • Purchase and distribute soap for the 60,000 beneficiaries targeted directly by this operation in all 6 targeted regions of Cameroon for 12 months; i.e. 1,440,000 pieces of soap of 250 g each, on the basis of 1 piece per person and per month • Train populations on how to disinfect water at home • Improve and disinfect family and public latrines • Purchase and distribute sanitation kits • Integrate hygiene promotion and community surveillance of cholera in the job description of Cameroon Red Cross leaders • Promote proper hand washing nation-wide by distributing hand washing kits to at least 90 hotels and catering facilities in the 6 regions of Cameroon, i.e. about 900 hand washing kits, on the basis of 150 kits for each region. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the • Participation of communities in all 6 regions of Cameroon for 12 months.
<p>The corpses of the people who died from cholera are treated and buried in accordance with laid-down hygiene rules.</p>	<ul style="list-style-type: none"> • Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera • Treat the corpses of the people who died from cholera and bury them in close collaboration with competent government services. • Disinfect the places where every corpse of a person who died from cholera has passed.

Impact:

Six hundred Cameroon Red Cross volunteers were trained on proper hand washing techniques, water treatment, cooking, and latrine disinfection and cleaning. All the chemicals planned for the operation were purchased and dispatched to the various regions targeted by the operation. After the training, the volunteers actually disinfected 1,288 latrines in the Littoral Region, 1,061 in the Centre Region and 10,228 in the West Region. They also disinfected the houses and belongings of cholera patients, corpses, health centres, hospital isolation rooms, and vehicles, motorbikes used as taxi, stagnant waters, travel agencies and bus stations.

Other activities such as the distribution of soap, the disinfection of water, the promotion and demonstration of water treatment and hand washing, the covering of water points and the cleaning of gutters as well as the drainage of stagnant waters were carried out.

As far as facilitating the access of students to water and sanitation facilities is concerned, CARREP facilitated the signing of a bilateral agreement between the Canadian Embassy in Cameroon and Cameroon Red Cross for the implementation of a cholera response-oriented project in Limbe (South West Region of Cameroon). This project targeted 8 schools and provided students with adequate water and sanitation facilities.

Another agreement was signed between the Federation and the U.S Embassy in Foubot, West Cameroon: 2 target communities were mentored in civic management, 100 household latrines built, 1 borehole drilled and recurring sensitization activities carried out.

Communications and monitoring

Outcome: Support the Cameroon Red Cross National Society to engage in social mobilisation to reach populations that are affected by cholera in all 6 regions (Centre, Littoral, South West, West, Far North and North) of the country.

Outputs (expected results)	Activities planned
Communication material is developed to reach schools and vulnerable populations at risk.	<ul style="list-style-type: none"> • Design/update audio, print, visual and other sensitisation materials. • Strengthen relationship between the Cameroon Red Cross and the national and international media • Prepare a documentary/case study on cholera with a view to improving future responses.
The cholera response operation is monitored, reviewed and reported on; information is regularly utilised in programme management.	<ul style="list-style-type: none"> • Put in place a monitoring and evaluation plan for the operation. • Carry out regular monitoring of the operation and produce monitoring reports.

Impact:

Eight thousand leaflets and posters were produced and distributed in all the 6 targeted regions. Radio programmes on cholera prevention were broadcast. A monitoring and evaluation plan of the operation was developed and set aside for regular monitoring visits in the field. Monitoring tools were also developed and put at the disposal of Red Cross volunteers in the field to facilitate data collection.

Many missions to assess and follow-up the situation in Foubot Sub-division of the West Region were conducted jointly by the cholera focal point of the Cameroon Red Cross, the Health Coordinator, the PMER Officer and the Programmes Coordinator of the Central Africa Regional Representation of the Federation.

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis DUFFAUT, IFRC Central Africa Regional Representative; Office phone: +237 22 21 74 37; Mobile phone: +237 77 11 77 97; email: denis.duffaut@ifrc.org
- **IFRC Zone:** Daniel BOLAÑOS, Disaster Management Coordinator, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine SOUTH, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari MANTYVAARA Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **West and Central Africa hub:** Elisabeth SECK, Resource Mobilization Officer, Dakar; phone: +221 33 869 3660; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- **In IFRC Zone:** Robert ONDRUSEK, PMER/QA Delegate, Africa; Phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC 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 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.

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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.
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MDRCM011 - Cameroon - Cholera Outbreak

Appeal Launch Date: 04 apr 11

Appeal Timeframe: 04 apr 11 to 30 jun 12

Final Report
I. Funding

Selected Parameters	
Reporting Timeframe	2011/4-2012/10
Budget Timeframe	2011/4-2012/6
Appeal	MDRCM011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	1,361,331					1,361,331	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>British Red Cross</i>	70,005					70,005	
<i>Japanese Red Cross Society</i>	41,200					41,200	
<i>Red Cross of Monaco</i>	12,219					12,219	
<i>Swedish Red Cross</i>	43,565					43,565	
<i>The Canadian Red Cross Society</i>	18,668					18,668	
<i>United States Government - Missions</i>	74,850					74,850	
C1. Cash contributions	260,507					260,507	
<u>Inkind Personnel</u>							
<i>Other</i>	29,423					29,423	
C3. Inkind Personnel	29,423					29,423	
<u>Other Income</u>							
<i>DREF Allocations</i>	150,000					150,000	
C4. Other Income	150,000					150,000	
C. Total Income = SUM(C1..C4)	439,930					439,930	
D. Total Funding = B + C	439,930					439,930	
Coverage = D/A	32%					32%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	439,930					439,930	
E. Expenditure	-438,184					-438,184	
F. Closing Balance = (B + C + E)	1,747					1,747	

Selected Parameters	
Reporting Timeframe	2011/4-2012/10
Budget Timeframe	2011/4-2012/6
Appeal	MDRCM011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. 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)		1,361,331					1,361,331	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	308,245	95,618				95,618	212,627	
Medical & First Aid	74,345	263				263	74,082	
Teaching Materials	42,857	3,936				3,936	38,921	
Utensils & Tools		107				107	-107	
Other Supplies & Services		338				338	-338	
Total Relief items, Construction, Su	425,447	100,261				100,261	325,186	
Land, vehicles & equipment								
Vehicles	14,449	0				0	14,449	
Computers & Telecom	2,449	1,740				1,740	709	
Others Machinery & Equipment		48				48	-48	
Total Land, vehicles & equipment	16,898	1,788				1,788	15,110	
Logistics, Transport & Storage								
Storage	17,755	1,103				1,103	16,652	
Distribution & Monitoring	6,122	1,002				1,002	5,120	
Transport & Vehicles Costs	88,992	15,795				15,795	73,197	
Logistics Services		132				132	-132	
Total Logistics, Transport & Storage	112,869	18,032				18,032	94,837	
Personnel								
International Staff	38,939	81,732				81,732	-42,793	
National Staff	6,633	18,666				18,666	-12,033	
National Society Staff	350,000	23,733				23,733	326,267	
Volunteers		25,187				25,187	-25,187	
Total Personnel	395,572	149,319				149,319	246,253	
Consultants & Professional Fees								
Consultants		95				95	-95	
Professional Fees		15				15	-15	
Total Consultants & Professional Fe		110				110	-110	
Workshops & Training								
Workshops & Training	284,439	42,853				42,853	241,586	
Total Workshops & Training	284,439	42,853				42,853	241,586	
General Expenditure								
Travel	14,449	6,687				6,687	7,762	
Information & Public Relations	7,143	30,796				30,796	-23,653	
Office Costs	3,571	6,818				6,818	-3,247	
Communications	10,714	7,709				7,709	3,005	
Financial Charges	4,082	-6,842				-6,842	10,924	
Other General Expenses	3,061	18,800				18,800	-15,739	
Shared Office and Services Costs		33,995				33,995	-33,995	
Total General Expenditure	43,020	97,962				97,962	-54,942	
Indirect Costs								
Programme & Services Support Recov	83,086	24,759				24,759	58,327	
Total Indirect Costs	83,086	24,759				24,759	58,327	
Pledge Specific Costs								
Pledge Earmarking Fee		1,500				1,500	-1,500	
Pledge Reporting Fees		1,600				1,600	-1,600	
Total Pledge Specific Costs		3,100				3,100	-3,100	
TOTAL EXPENDITURE (D)	1,361,331	438,184				438,184	923,147	



Selected Parameters	
Reporting Timeframe	2011/4-2012/10
Budget Timeframe	2011/4-2012/6
Appeal	MDRCM011
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. 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)		1,361,331					1,361,331		
VARIANCE (C - D)		923,147					923,147		