

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## ***SOUTHERN AFRICA REGIONAL HIV AND AIDS CONSORTIUM***

*Appeal No. MAA63002  
7 July 2006*

*The Federation's vision is to strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity. Its mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.*

### **In Brief**

**Programme Update no. 1.**

**Period covered: January to June 2006.**

**Appeal target: CHF 12,444,000 (USD9, 485,000 or EUR 8,042,000).**

**Appeal coverage: 66%.**

**Outstanding needs: CHF 8,211,000 (USD 6,676, 000 or EUR 3, 230,000).**

**Appeal 2006-2007: <http://www.ifrc.org/docs/appeals/annual06/MAA63002.pdf>**

*<[Click here to go directly to the attached interim financial report](#)>*

**Related Emergency Appeals: Appeal no. 05EA023 – <http://www.ifrc.org/docs/appeals/05/05EA023.pdf>  
(Southern Africa; Food Insecurity).**

*The programmes herein are aligned with the Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission:*

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

**Programme summary:** The Federation regional delegation in Harare has assisted the Red Cross societies of the Southern Africa region in developing their five-year HIV and AIDS strategic plans (2006 – 2010). These plans are building on the current phase which is coming to an end in 2006. A five-year HIV and AIDS regional appeal will be launched end of July for approximately CHF 270 million. The Appeal will enable the Federation regional delegation to support the implementation of activities by the 10 national societies.

The Federation regional delegation continued supporting the implementation of HIV and AIDS programme by the **Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and**

**Southern Africa Regional HIV and AIDS Consortium; Appeal 2006-2007; Appeal no. MAA63002; Programme Update no. 1**

**Zimbabwe** Red Cross societies. The components of the programme are: care, treatment, support, prevention, advocacy and capacity building for national societies. Care, treatment and support interventions focus on the provision of home-based care (HBC) services to clients as well as orphans and other children made vulnerable by HIV and AIDS (OVC). To date, 111 HBC projects have been established and are operational in the region and over 5,000 care facilitators have been trained in nursing care and are providing services to approximately 60,000 clients. Over 100,000 OVC are being provided with support in the form of educational materials, psychological support, food aid and referral services to other health as well as vocational institutions.

The regional Prevention Strategy, crafted in June 2005, guides the implementation of national society activities at different levels. **Angola, Botswana, Malawi, Namibia, Swaziland and Zambia national societies** focus on youth peer education targeting youth in and out of school. **Lesotho, Mozambique, South Africa and Zimbabwe** NSs implement HIV and AIDS awareness interventions covering the general public as well as specific groups such as commercial sex workers, correctional services and truck drivers.

Advocacy interventions are still under development at national society level. The Federation regional delegation is developing an advocacy strategy for the region that focuses on the promotion of rights and access to essential services by people living with HIV and AIDS (PLWHA) and OVC.

The absorption capacity of the national societies being addressed with increased support from the organizational development unit and the management. Capacity building objectives are to improve service delivery systems and to ensure that each national society meets the requirements of a well-functioning national society by December 2006.

This appeal was not seeking funding because it was fully funded by a Consortium of donors namely; the Royal Netherlands Embassy, the Swedish International Development Agency (SIDA)/Swedish Red Cross and Development Cooperation Ireland (DCI). 70% of the funding for 2006 (the funding was ending in June) came from the Royal Netherlands Embassy. As a result, an additional CHF 1,000,000 is required to ensure that activities of the national societies and regional delegation are covered by the end of the year.

***For further information specifically related to this operation please contact:***

- ***In Zimbabwe:*** Françoise Le Goff, Head of Southern Africa Regional Delegation, Harare; Email: [françoise.legoff@ifrc.org](mailto:françoise.legoff@ifrc.org); Phone +263.4.70.61.55, +263.4.72.03.15; Fax +263.4.70.87.84
- ***In Geneva:*** Terry Carney, Federation Regional officer for Southern Africa, Africa Dept.; Email: [terry.carney@ifrc.org](mailto:terry.carney@ifrc.org); Phone +41.22.730.42.98, Fax +41. 22.733.03.97

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

## **Operational developments**

Southern Africa remains the epicentre of HIV and AIDS epidemic and is disproportionately affected by the pandemic, with more than 25% of the adult population being HIV-positive<sup>1</sup>. Life expectancy has significantly dropped to alarmingly low levels; OVC and dependents continue to rise as HIV and AIDS takes its toll on the most productive age group. This has had a negative impact on the socio-economic performance, which continues to deteriorate as the work force diminishes. Compounding the problem, PLWHA require not only treatment for other opportunistic infections but nutritious diet for their survival as lack of proper nutritious food weakens their immune systems.

More than a third of the new HIV infections (3.1 million) that occurred in 2004 in sub Saharan Africa were in southern Africa. With the exception of Angola, adult HIV prevalence rates, based on data from antenatal

<sup>1</sup> UNAIDS Regional Situation Report No. 6 issued to SADC countries in April 2003, Gaborone, Botswana.

**Southern Africa Regional HIV and AIDS Consortium; Appeal 2006-2007; Appeal no. MAA63002; Programme Update no. 1**

surveillance, rose rapidly from 5% in the early 1990s to the current levels exceeding 20% in most of the southern African countries. Swaziland and Botswana have the highest HIV prevalence rates of 38.8% and 37.4% respectively (*UNAIDS Report, 2004*). Statistics show that there are more women infected than men, and more than twice as many women in the age group 15-24 years are living with HIV as compared to men of the same age (*Jackson, 2002:93*) The high levels of infection among women have resulted in high levels of mother to child transmission of HIV, estimated at 20-40% in the absence of interventions. Prevention of mother to child transmission (PMTCT) services, including a relatively cheap antiretroviral drug Nevirapine, which prevents vertical transmission, remains largely inaccessible to the majority of women. This is mainly due to limited resources, gender inequalities, weak health delivery services and lack of knowledge.

For the timeframe under review, there was increased availability of antiretroviral treatment (ART) in Botswana, Mozambique, Zambia and Zimbabwe. Through increased commitment by governments and stakeholders to the implementation of universal access, many PLWHA will access anti-retroviral drugs (ARVs) and other services such as PMTCT, voluntary counselling and testing (VCT) as well as treatment of opportunistic infections. The **Namibia** and **Zimbabwe** Red Cross societies secured funding to kick-start the process of rolling out ART projects from the Danish International Development Agency (DANIDA) and the European Union (EU) respectively. Zimbabwe is working with the Danish Red Cross while Namibia is supported by the Swedish German Red Cross societies.

In collaboration with the World Health Organization (WHO) and the Southern Africa HIV and AIDS Dissemination Service (SAFAIDS), a training package has been developed to train community-based volunteers on the preparedness on ART for individuals and communities. The training package is the first of its kind in the world and will be used globally through the Red Cross/Red Crescent and WHO networks. The Red Cross is now well positioned in the region to support government efforts in the roll out of ART to communities. The Red Cross will assist the health facilities at the community and household levels to educate, sensitize, support adherence, nutrition and monitoring of drug intake by clients while the government facilities will manage the clients clinically.

Stigma, silence, denial and discrimination significantly undermine prevention, care as well as treatment efforts and further extend the impact of the AIDS pandemic on individuals, families and communities. Local beliefs and myths about modes of transmission, means of infection and PLWHA influence the ways in which communities respond to, and cope with the HIV and AIDS pandemic.

The Red Cross societies in the region have been playing a crucial role in fighting HIV and AIDS at community levels, through HBC project activities. The strength of the Red Cross societies lies in the large number of volunteers assisting households infected and affected by HIV and AIDS. The Red Cross societies work in support and collaboration with the government and other humanitarian organizations such National AIDS Councils, Joint United Nations Programme on AIDS (UNAIDS), United Nations Children's Fund (UNICEF), Regional Psychosocial Initiative (REPSI) and SAFAIDS.

The national societies' commitment to effective implementation of OVC support projects has been evidenced by the appointment of OVC officers in **Lesotho, Malawi, Zambia and Zimbabwe** Red Cross societies. The regional Red Cross societies are now being recognized by their governments, UN agencies and other organizations as credible partners in OVC support, following the launch of regional and national OVC campaigns – '*Our children our future*' in 2005. The regional Red Cross OVC Working Group has been proactive and its activities have had an impact on the whole region – including drafting the OVC strategy, launching the OVC advocacy campaign and working on technical issues related to vulnerable children. The activities of the OVC Working Group are shared with all national societies during the Southern African Regional AIDS Network (SARAN) meeting, held once a year.

The partnership programme between associations of PLWHA and Red Cross Societies started in **Namibia** and **Zambia**. The programme forms part of the implementation of an agreement between the Global Network of PLWHA (GNP+), the Federation and the Networks of African PLWHA (NAP+). It brings the organizations together in fostering collaboration on advocacy issues and empowering PLWHA and their networks through their meaningful involvement in the areas of capacity building, advocacy, care and support.

## HIV and AIDS

The table below shows the current statistics of coverage on the regional HIV and AIDS programme.

National society	HBC projects	HBC clients	Care facilitators	OVC	Support groups	People reached with prevention
Angola	12*	0	238*	30	0	151,000
Botswana	1	94	15	200	1	35,108
Swaziland	3	3,500	177	6,000	8	8,324
Namibia	6	7491	1797	3,472	18	251,675
Lesotho	12	3,261	405	2,597	45	3,593
Zambia	8	4,169	461	1,002	63	4,467
Malawi	14	5,164	526	12,300	9	25,138
South Africa	19	10,000	700	3,000	65	291,872
Mozambique	21	6,886	497	1,080	20	812,245
Zimbabwe	27	17,131	1400	50,000	150	49,096
<b>Total</b>	<b>123</b>	<b>57,696</b>	<b>6,216</b>	<b>79,681</b>	<b>379</b>	<b>1,632,518</b>

\* HBC projects are on prevention projects.

\* Care facilitators are peer education.

**Goal: To significantly contribute to the reduction of morbidity and mortality in vulnerable populations through implementation of prevention and care programmes.**

**Objective: The capacity of the ten national societies to resource and deliver quality sustainable community-based health and care programmes to vulnerable populations is strengthened.**

**Progress/Achievements (activities implemented within this objective)**

**Expected result 1 (Care, treatment and support): Care, treatment support and interventions have been implemented and strengthened in the ten national societies (HBC reaches 50,000 PLWHA, 100,000 OVC, antiretroviral therapy (ART), support groups, safe water, sanitation and food security for PLWHA and OVC in all projects).**



*Amelia Cossa, a volunteer from the Mozambique Red Cross Society, shows her joy after receiving a humanitarian award at the commemorative gala night, during the HBC Symposium.*

The Federation regional delegation, in conjunction with the southern Africa NSs, conducted a home-based care Symposium under the theme 'Caring together... Come closer' on 6 and 7 April 2006 in Johannesburg, South Africa. The purpose of the Symposium was to share the experiences of the RC in care and support for PLWHA. It also aimed at promoting partnerships and recognizing/acknowledging the tireless work of the RC volunteers. It attracted approximately 300 participants from the southern Africa NSs, Geneva and other Africa regions. Officials of southern African governments, UN agencies, the United States Agency for International Development (USAID) and other agencies, regional and international NGOs, the corporate sector, embassie's as well as media agencies attended the Symposium. Presentations of the key speakers such as the former president of Zambia, Dr. Kenneth Kaunda and Professor Coovadia– South Africa's Minister of Health– profiled the work of the Red Cross in the region.

The Symposium commemorative gala was held on 6 April to celebrate, honour and present humanitarian awards to Red Cross volunteers. Five Red Cross volunteers from the 10 national societies received humanitarian awards. The **South African Red Cross Society** presented a humanitarian award to the former president Nelson Mandela, which was received on his behalf by a granddaughter. It was the first time in the region that the Red Cross volunteers were profiled at such an international event.

**Southern Africa Regional HIV and AIDS Consortium; Appeal 2006-2007; Appeal no. MAA63002; Programme Update no. 1**

The Federation regional delegation facilitated the development of two good practices under the integrated HIV and AIDS programme. The **Lesotho Red Cross Society** good practice is on integrated community-based orphan care, developed from its OVC project which is funded by the Norwegian Red Cross and the Federation. The **Baphalali Swaziland Red Cross Society** good practice is focused on Sigombeni project which has components of HBC, VCT, PMTCT, primary health care, food security interventions and OVC support. The project is funded by the Finnish Red Cross, Swiss Red Cross and the Federation. The good practices were launched during the HBC symposium.

The regional NS's care facilitators made an average of three visits to each HBC client in a week. The Federation regional delegation supported the procurement and replenishing of HBC kits for most national societies, to enhance service delivery by Red Cross care facilitators.

OVC situational analyses have been conducted by **Botswana, Malawi, Namibia, Swaziland and Zambia** Red Cross societies to assist in identifying the needs of OVC. The recommendation will be addressed in the programme planning, monitoring and implementation. The capacity of national societies to conduct situational analysis has been increased because the process was participatory and involved project staff.

OVC working meetings were conducted in February and April 2006. National societies that attended developed generic indicators for OVC and have been included in the five year HIV and AIDS strategic plans. OVC officers, care facilitators and regional HIV and AIDS programme staff attended training on the 'Introduction to psychosocial support' in Johannesburg, South Africa in June 2006. The training has increased knowledge levels on psychosocial support for clients and OVC.

Through the food security programme, national societies have benefited from small-scale irrigation schemes. **Zimbabwe** benefited from three overhead sprinkler irrigation systems in Bindura, Chinhoyi and Mwenezi for the HBC clients and OVC. **Swaziland** benefited from drip irrigation kits for the HBC clients and OVC.

**Expected result 2 (Advocacy): All 10 national societies are implementing advocacy activities for the reduction of stigma and discrimination and promoting rights of PLWHA and OVC (including access to ART and tuberculosis treatment).**

The Zimbabwe Red Cross Society, supported SAFAIDS and WHO, trained 12 people as 'trainers of trainers' (ToT) on the ART training package from 22 to 24 March 2006. The participants were from Zimbabwe Red Cross Society, The Centre – (an organization for PLWHA), Connect (an organization specialized in training on counselling), Island Hospice (an organization specialized in providing of palliative care) and two project officers from Kenya Red Cross Society. The competency of the trainees to operationalize the training package on the ART tool kit has been strengthened and their knowledge levels on ART have increased. The Africa ART resource mobilization delegate and the senior health officer for global programme on HIV and AIDS (Geneva) supported the training.

The Zimbabwe Red Cross Society Cross volunteers from Chivi and Mount Darwin were trained on the ART training programme from 27 March to 15 April 2006. The 22 volunteers are part of the two HBC projects that have been selected for the pilot ART project, funded by the Danish Red Cross. The volunteers gained the knowledge on ART and they will now be able to provide accurate information on ART literacy and preparedness. This was the first time the ART tool kits were used to train volunteers. The training modules have been developed by the Federation in collaboration with SAFAIDS and WHO-AFRO.

Significant efforts have been made towards strengthening links between NAP+ and Red Cross societies. Through effective lobbying, **Namibia** and **Zambia** recruited partnership officers to further strengthen engagement with PLWHA organizations within the countries. This has resulted in increased understanding and sensitivity to the needs of PLWHA at the national society level.

**Expected result 3 (Prevention): All 10 national societies are implementing HIV and AIDS prevention activities in line with the prevention strategy as well as working with communities to contribute to increased HIV knowledge, positive attitudes, behaviour and practices.**

A prevention task force meeting will be held in September to review youth peer education materials as well as the prevention strategy. The Federation regional delegation collaborates with established institutions with experience in prevention activities.

**Southern Africa Regional HIV and AIDS Consortium; Appeal 2006-2007; Appeal no. MAA63002; Programme Update no. 1**

**Expected result 4 (Capacity building): The capacity of 10 national societies in establishing effective partnerships, programme management including human resource (staff and volunteers) and financial management is strengthened.**

Monitoring visits were conducted to **Botswana, Lesotho, Malawi, Namibia, South Africa, Zambia and Swaziland** Red Cross societies by the regional HIV and AIDS team. Through the visits, programme, financial and volunteer management was strengthened. Field visits were conducted to assess implementation of activities. This has resulted in increased understanding of the programme, financial and volunteer management issues by the national societies. It is therefore important to sustain the quarterly visits by the Federation as they improve coordination, cooperation and collaboration within the Red Cross.

**Lesotho, Namibia, Swaziland, Zambia and Zimbabwe** Red Cross societies conducted refresher courses on prevention, care and support for volunteers, with support from the Federation regional delegation. The capacity of the volunteers has been enhanced and this will translate into better and well coordinated assistance to the beneficiaries, especially training family members to care for their ill relatives.

All Red Cross societies in the region developed their five-year HIV and AIDS strategic plans 2006 - 2010 focusing on care, treatment, support, prevention, advocacy and capacity building. The five-year plans have integrated HIV and AIDS activities, including institutional development interventions. The development process was participatory and consultative and the Federation regional delegation played a coordination and advisory role.

### **Impact**

- Greater involvement of PLWHA has been strengthened through the recruitment of a partnership officer in Zambia and recruiting of PLWHA as national society staff in **Namibia** and **Swaziland**. As a result, there is increased networking with national networks of PLWHA and national societies in programme design as well as addressing stigma and discrimination.
- There has been increased collaboration with governments in the region, particularly in the provision of support to HBC clients on ART. The developed ART training package for community-based volunteers will be useful in providing knowledge and skills to volunteers in the area of ART, adherence, nutrition, palliative care, care for carers, treatment literacy and preparedness.
- Provision of holistic OVC support is firmly on the agenda of the national societies in the region and through the process of situational analysis, new OVC projects are now based on a firm foundation.
- The HBC Symposium created awareness on the work of the Red Cross in the region, mainly focusing on the volunteers. It increased the visibility of the Red Cross work which enhanced partnerships with governments and other humanitarian agencies. The Red Cross volunteers in the region have been motivated through the recognition of their work, highlighted during the Symposium.
- Integration of activities with other departments such as organizational development, water and sanitation (WatSan), disaster management and administration has been strengthened and added value to service delivery to the vulnerable people. A positive impact and coverage of a wider population have been achieved in all national societies.
- The national societies have ownership of the five-year strategic plans built by the participatory approach employed by the Federation regional delegation during the development of the plans.

### **Constraints**

- Some of the activities for this appeal were derailed during the reporting period because national societies and the regional delegation focused on the preparation for the HBC Symposium. However, work at community-level continued through the volunteer network.
- ART for adults and children is still a challenge since it is not widely available and is difficult for HBC clients to access money for transport to collect supplies. Consistent supplies of ART are at times interrupted due to governments facing financial challenges and inaccessibility of some of the communities due to poor infrastructures.
- Due to increased numbers of clients and OVC in the project areas, the volunteers are overloaded and this will necessitate the training of more volunteers in order to maintain a volunteer to client ratio of 1:10.
- Food insecurity remains a major concern, particularly the need for nutritious foods for HBC clients on ART and tuberculosis treatment.
- Stigma and discrimination remain high in many areas thus hampering access to VCT and ART.

## **Implementation and coordination**

### **Coordination, cooperation and strategic partnerships**

The Federation regional delegation held a donors' meeting for the HIV and AIDS programmes in Pretoria in June 2006. The meeting was attended by the Royal Netherlands Embassy, SIDA, Swedish Red Cross, Department for International Development (DFID) and the German Embassy representatives. The head of Federation regional delegation, the resource mobilization delegate, finance and administration manager, HBC officer and ART resource mobilization delegate represented the Red Cross. The Federation regional delegation presented the new HIV and AIDS five-year plan and the donors indicated interest in supporting the appeal to be launched by the end of July.

**HBC:** The national societies have been working in collaboration with their respective ministries of health in providing care and support to HBC clients. Government health workers have been providing technical support to the Red Cross care facilitator volunteers, and in some counties, replenished medical supplies at local Red Cross clinics. The World Food Programme (WFP) has been supporting the provision of food to HBC clients in **Lesotho, Angola, Zambia and Malawi**. Partner national societies have continued to provide financial and technical support the national societies in the region

**OVC:** The Federation regional delegation encourages national societies to form effective partnerships and initiated the meetings which took place between the OVC Working Group and the Regional Psychosocial Support Initiative for Children Affected by HIV and AIDS (REPSSI), UNICEF and Save the Children. The OVC Working Group was also involved in the SIDA OVC conference. Through its partnership with UNICEF, the Federation regional delegation is encouraging Red Cross societies to be involved in the global campaign "Unite for children – unite against HIV and AIDS".

**ART:** The Federation regional delegation, in collaboration with SAFAIDS and WHO, has developed a training package for community-based volunteers working within HIV and AIDS to support the roll out of ART. The training package will be pre-tested in Zimbabwe before final adjustments, publication and wide distribution worldwide. This is a unique document that will be available for any organization using volunteers in caring for PLWHA. WHO and the Federation will promote it worldwide.

**Prevention:** The project support groups of the Red Cross societies have increased collaboration with SAFAIDS in the implementation of prevention activities. The support groups have been effective in address stigma, discrimination and enhanced livelihood of the HBC clients.

**Advocacy:** Strong links have been developed with the Southern Africa Development Community (SADC) to strengthen the issues of advocacy. Collaboration between the NAP+ and Red Cross societies in the region has been increased and joint plans have been developed.

*[Interim financial report below;](#)*  
*[Click here to return to the title page and contact information.](#)*

**International Federation of Red Cross and Red Crescent Societies**

MAA63002 - SOUTHERN AFRICA HIV AND AIDS CONSORTIUM

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	12'444'200					12'444'200
B. Opening Balance	3'493'897					3'493'897
Income						
Outstanding pledges (Revalued)						
Netherlands Government	-300'580					-300'580
Other	968'400					968'400
Swedish Red Cross	71'040					71'040
C2. Outstanding pledges (Revalued)	738'860					738'860
Reallocations (within appeal or from/to another appeal)						
Netherlands Government	0					0
Swedish Red Cross	0					0
C3. Reallocations (within appeal)	0					0
C. Total Income = SUM(C1..C6)	738'860					738'860
D. Total Funding = B + C	4'232'756					4'232'756

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	3'493'897					3'493'897
C. Income	738'860					738'860
E. Expenditure	-1'941'582					-1'941'582
F. Closing Balance = (B + C + E)	2'291'174					2'291'174

**International Federation of Red Cross and Red Crescent Societies**

MAA63002 - SOUTHERN AFRICA HIV AND AIDS CONSORTIUM

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		12'444'200					12'444'200	
<b>Supplies</b>								
Clothing & textiles	704'637	16'610				16'610	688'027	
Food	516'270	36'633				36'633	479'637	
Medical & First Aid	576'890	15'490				15'490	561'401	
Teaching Materials	1'113'383	61'069				61'069	1'052'314	
Utensils & Tools	49'107	1'426				1'426	47'681	
Other Supplies & Services	470'424	9'699				9'699	460'725	
<b>Total Supplies</b>	<b>3'430'711</b>	<b>140'926</b>				<b>140'926</b>	<b>3'289'784</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	234'188	122'995				122'995	111'193	
Computers & Telecom	27'950	11'271				11'271	16'679	
Office/Household Furniture & Equipment	8'600	2'988				2'988	5'612	
<b>Total Land, vehicles &amp; equipment</b>	<b>270'738</b>	<b>137'254</b>				<b>137'254</b>	<b>133'484</b>	
<b>Transport &amp; Storage</b>								
Storage	94'023	36'588				36'588	57'435	
Distribution & Monitoring		46'766				46'766	-46'766	
Transport & Vehicle Costs	302'225	25'978				25'978	276'247	
<b>Total Transport &amp; Storage</b>	<b>396'248</b>	<b>109'332</b>				<b>109'332</b>	<b>286'916</b>	
<b>Personnel Expenditures</b>								
Delegates Payroll	102'000	35'419				35'419	66'582	
Delegate Benefits	67'680						67'680	
National Staff	441'612	76'432				76'432	365'180	
National Society Staff	3'028'623	346'933				346'933	2'681'690	
Consultants	184'730	39'689				39'689	145'041	
<b>Total Personnel Expenditures</b>	<b>3'824'645</b>	<b>498'472</b>				<b>498'472</b>	<b>3'326'173</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	1'329'296	220'869				220'869	1'108'427	
<b>Total Workshops &amp; Training</b>	<b>1'329'296</b>	<b>220'869</b>				<b>220'869</b>	<b>1'108'427</b>	
<b>General Expenditure</b>								
Travel	384'668	129'194				129'194	255'474	
Information & Public Relation	710'885	41'658				41'658	669'227	
Office Costs	303'011	38'089				38'089	264'922	
Communications	202'356	13'433				13'433	188'923	
Professional Fees	43'000						43'000	
Financial Charges	210'917	161'128				161'128	49'789	
Other General Expenses	528'853	82'914				82'914	445'938	
<b>Total General Expenditure</b>	<b>2'383'689</b>	<b>466'417</b>				<b>466'417</b>	<b>1'917'272</b>	
<b>Program Support</b>								
Program Support	808'873	126'203				126'203	682'670	
<b>Total Program Support</b>	<b>808'873</b>	<b>126'203</b>				<b>126'203</b>	<b>682'670</b>	
<b>Operational Provisions</b>								
Operational Provisions		242'108				242'108	-242'108	
<b>Total Operational Provisions</b>		<b>242'108</b>				<b>242'108</b>	<b>-242'108</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>12'444'200</b>	<b>1'941'582</b>				<b>1'941'582</b>	<b>10'502'618</b>	
<b>VARIANCE (C - D)</b>		<b>10'502'618</b>				<b>10'502'618</b>		