

# Programme Update 2007



International Federation  
of Red Cross and Red Crescent Societies

## Russian Federation

Appeal No. MAARU001  
Programme Update No.3

This report covers the period of 01/01/2007 to 30/06/2007.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Elena, a Russian Red Cross nurse, makes sure Irina takes her anti-tuberculosis drugs. The Red Cross plays a major role in fighting the stigma associated with TB in the community. Photo: International Federation.

## In brief

**Programme Summary:** In the first half of 2007, the Russian Red Cross (RRC) continued to push for development and innovation in addressing the four core Global Agenda Goals. In meeting these goals, the Russian Red Cross and the International Federation's regional representation<sup>1</sup> supported a deeper understanding of contemporary vulnerability through research and needs assessments, disseminated best practices through workshops and training sessions, and promoted effective service delivery through technical assistance and monitoring visits.

National Societies from Europe participated actively in the 7<sup>th</sup> European Regional Red Cross and Red Crescent Conference, which was held in Istanbul during 20-24 May. The Conference concluded with the adoption of the *Istanbul Commitments*, centred on the Conference's two main themes of health and care, and migration.

**Needs:** Total 2006-2007 budget has been revised from CHF 5,774,640 (USD 4,742,910 or EUR 3,512,690) to CHF 6,059,637 (USD 5,098,636 or EUR 3,706,222). The revision is due to increases in the participatory approach and TB/HIV projects and decrease in the population movement. 80% of the budget is covered. **Click here to go directly to the attached financial report.**

**No. of people we help:** In the reporting period, approximately 150,000 vulnerable people directly benefited from the International Federation-supported programmes.

**Our Partners:** Direct partners including government bodies, non-governmental organisations (NGOs), the American and Norwegian Red Cross Societies, the International Committee of the Red Cross (ICRC), United States Agency for International Development (USAID) and the World Health Organisation (WHO).

<sup>1</sup> From 1 July 2007, the regional delegations have been renamed regional representations as part of the new operating model of the Federation Secretariat. The new name is used throughout this report.

# Progress towards objectives- by sector

## Health and care

**Objective 1:** To reduce the spread of HIV and AIDS in Russia through an increasing portfolio of targeted peer education and risk reduction programmes.

**Achievements:** At the Europe Conference held in Istanbul in May this year, delegates were reminded that HIV and AIDS pose serious health threats to communities in Europe. This is true in the Russian Federation, where in spite of economic progress in certain areas, rates of HIV are rising. During the period from January to June 2007, the HIV project team continued to develop a system of HIV prevention in the Russian prison system, as well as a 'peer-to-peer' education programme amongst the youth. The organization of gatherings, encouraging people to 'Keep Promise – Stop AIDS', took place in 20 Russian Red Cross local departments.

Developing a system promoting preventative measures in the Russian prison system continues to be one of the main programmes. So far five regional departments are carrying out programmes educating prison staff and prisoners about AIDS. The involvement of prisoners in educating each other has attracted considerable interest and seems to be a successful way of creatively and actively reaching other prisoners. One of the most important developments has been the opportunity of working in some pre-trial detention centres, access to which had previously been denied.

Across Russia, 13 branches continue to work not only to promote awareness, but importantly to change the behaviour of youth through the 'peer to peer' programme, with the aim of reducing the rate of HIV infection through education about the disease and its prevention. Thousands of people of different age groups from various educational institutions have been involved in seminars and lectures. The number of regional departments carrying out programmes committed to harm reduction among drug users and sex workers has increased from four in 2006 to six in 2007 and the focus has developed from simply education about prevention to the provision of necessary services and support.

In relation to preventative measures, there has been widespread distribution of educational brochures, booklets, postcard and stickers. Many have also benefited from training workshops, related both to preventative measures against HIV and also teaching departments how to work more beneficially with volunteers. A close working partnership has developed between different organizations, with activity directed towards informing the government, NGOs and communities about the scale of the epidemic and preventative measures for different groups. One of the future difficulties facing the programme is highlighted in the results of analysis carried out in different regional departments of the Russian Red Cross, which suggested that some departments do not have the experience to carry out the programmes. Changes are currently being undertaken to improve the situation, and overall the programme is moving in a positive direction. It is planned that in the second half of the year, a model will be developed for the supervision, preparation and support of prisoners being released. A model for working with youth alongside their parents and teachers is also being developed with the aim of more effectively making changes in behaviour.

**Objective 2:** To improve treatment compliance of tuberculosis (TB) patients in four target regions through providing them with social support.

In February, a joint visit was made by the chairman of the International Federation and the Russian UFSIN (Ministry of Justice) to the penitentiary institutions of the Jewish Autonomous Republic (JAR) in order to carry out an evaluation of existing measures being taken against TB. This is due to the fact that TB patients from the Khabarovsk penitentiary system are taken to JAR for medical treatment. After the visit, a memorandum was received from the deputy director of the Russian UFSIN enquiring whether the JAR penitentiary system could be included in the International Federation programmes dealing with the fight against TB.

A training session on chemotherapy for people with multi-drug resistant (MDR) was organized in Belgorod. In April, in the republic of Khakassia, the first training session took place on the coordination of services and the organization of measures for the treatment of those suffering from MDR, for the benefit of the civilian and penitentiary medical services and the Red Cross. In May, the Green Light Committee agreed to consider an application from the Pskov region for the treatment of those suffering with MDR. A visit was organized for members from the republic of Adygea to Pskov region in order to share experience between Red Cross branches. In June, the delivery of equipment to the new UFSIN bacteriological laboratory in Khabarovsk region was completed.

### **Disaster Management**

Due to the current make up and capacity of RRC branches, the National Society focuses its work on health and care. The Ministry of Emergencies is strong in Russia and takes a proactive lead in disaster response. Although the RRC does not currently run a disaster management programme with support from the International Federation, there was a request for assistance in response to the mine blast in Kemerovo region in March. The International Federation allocated CHF 105,000 (USD 86,415 or EUR 64,760) from its disaster relief emergency fund (DREF) to assist in minimizing the psychological effects in the aftermath of the coalmine explosion by providing direct individualized psycho-social support to affected individuals and families.

Currently, 14 nurses and psychologists at the RRC Kemerovo branch provide psycho-social support to 420 families (over 1,000 people), through home visits and self-support groups. According to the statistics, 149 families (667 people) lost family members in the accidents, and psychosocial support team members provided 134 of them with constant psycho-social support for the entire period, while 15 received more limited support according to their needs.

In addition, Russian Red Cross employees carried out individual chats and consultations with family members, including some organized with external specialists. Topics of the consultations covered legal advice, employment, education, financial support, and raising children. In addition, National Society staff helped the beneficiaries solve social problems such as ones related to apartments or education, telephone installation, delivery of medicine and groceries.

Owing to this assistance, many affected people have returned to work and their everyday responsibilities, reconnected with their families, and even started to seek social activity. With this response, the RRC utilized the learning from the Beslan Hostage Crisis on a wider scale and demonstrated the significance of psychosocial support in response work. This important humanitarian action will also be a significant contribution to defining a longer term role for the Russian Red Cross in disaster response, as according to the National Society visiting nurses service estimations, about one third of the beneficiaries will continue to require support after the end of the emergency operation.

**For the DREF bulletin and updates on this operation, please see the website at: <http://www.ifrc.org/where/country/cn6.asp?countryid=142>**

### **Organizational development**

**Objective:** To empower marginalized groups through the promotion of participatory approaches and advocacy with the Russian Red Cross programmes.

**Achievements:** Since the beginning of 2007, the focus of the programme to support elderly people has continued to shift from the provision of services to the promotion of advocacy by working more closely with them in order to ensure that their needs are met. Following the meeting between different projects in November 2006, advocacy-based projects were launched in five regions in Russia. In 2007, the programme continued to operate in three regions (Samara, Tomsk, Veliky Novgorod). In April-May, two new regions (Krasnodar and Rostov) also launched advocacy programmes.

One of the main elements of the advocacy programme involved working more closely with representatives of local administrations and legislative bodies. Seminars and roundtable meetings were set up during which representatives of the elderly population were able to put forward previously prepared proposals and methodical recommendations to be presented to the regional dumas (parliaments). In Novgorod, two roundtable discussions allowed elderly people to put forward suggestions regarding a number of laws to the local government administrations to be passed on to the leadership and state дума. A number of different agreements have been signed between regional Russian Red Cross and state social institutions.

Elected representatives from the older people have continued to be actively involved in the needs assessment process, and in the creation of groups offering different activities which are currently attended by over 150 people. The distribution of information and the provision of support continue to be important elements of the programme. Socio-medical centres provide consultations with doctors, psychologists and lawyers. There has also been the publication of booklets and handbooks for the elderly people. In Samara, a confidential information hotline has been set up as well as an open office, answering questions relating to medical treatments, and social and medical services. Around 70 people have benefited from training seminars on first aid, caring for the sick and self-help lectures.

During the reporting period, around 1,000 older people have been involved in the different activities and programmes.

*Beslan:* The situation in Beslan is gradually normalizing and the programme, operating in close cooperation with the ICRC and the United Nations Children's Fund (UNICEF), is increasingly oriented towards developing psychosocial support approaches in North Ossetia and in other Russian Red Cross programmes and regions. The experience gained over three years in Beslan can be used in disaster management at a federal level through mobile psychosocial support teams and additional training for staff and volunteers in 2007-2008. The first attempt was made to test the capacities outside North Ossetia following the mine blast in Novokuznetsk when seven staff members went to assist with the organization of psychosocial support programme.

The programme personnel have been reduced in accordance with a decrease in the number of people needing support. They continue to provide assistance for over 400 people monthly through home visits, lessons at the Russian Red Cross rehabilitation centre and community events. In April-May, target families were screened in order to determine current needs and to avoid dependency. Lists of those requiring psychosocial support and care were updated. The Norwegian Red Cross allocated an additional CHF 100,000 to provide the necessary assistance and strengthen self support groups and education in the community till the end of 2007. Lessons and meetings at the Russian Red Cross Centre and community events (at least twice monthly) have aided rehabilitation, involving beneficiaries in developing self-support initiatives. The Red Cross team in Beslan increased its organizational capacity through collective planning for 2007 and additional training on fundraising, but more organizational and management knowledge is needed for the Russian Red Cross staff to be able to effectively maintain the programme in 2008. Fundraising, volunteer management, advocacy and management skills need to be addressed in 2007-2008.

The Red Cross branch in North Ossetia developed relations with the government of North Ossetia through the programme, although this is hindered when ministers are replaced. Agreements on cooperation have been signed with five social ministries, round tables discussions organized and a body set up for coordination of negotiations. Training, supervision and networking was held for 15 volunteer trainers who conduct monthly trainings for the local population and also work with organizations in different regions of North Ossetia. While this process was designed to prepare trainers specifically on 'crisis and coping mechanisms', it will take longer to develop psychosocial support programme instructors for trainers.

## Working in partnership

The International Federation coordinates two bilateral projects between the Russian Red Cross and other partners within the Movement:

*Care and Support for people living with HIV (PLWH):* From January to June, several on-site visits and trainings were conducted in Tula and Orenburg, as part of the scale up and expansion of the care and support project into

new regions and branches. In Orenburg, new project interventions were designed in coordination with a International Federation supported HIV prevention project in penal colonies.

*Support for Vulnerable Children:* In the reporting period, the American and Norwegian Red Cross Societies began collaborating (along with the Russian Red Cross) in support of vulnerable children in Vologda and Pskov. The partnership aims to maximize existing resources in support of physically and mentally challenged children in Pskov and street children in Volodga.

## Contributing to longer-term impact

The Moscow representation actively promotes ongoing evaluation to boost learning and improve the effectiveness of programmes. The following extract from an evaluation report on an older people’s project in Tomsk, is indicative of the approach the representation encourages and supports with expertise and facilitation.

Participatory action research (PAR) conducted in 2004 and 2005 was used as the base line information against which the 2007 evaluation took place. Focus groups concentrated on the five primary concerns that older people identified in the PAR (access to health care, cost of medicines, isolation, cost of living and lack of influence) and discussed changes in these five areas, both positive and negative, over the last two years. Focus groups and interviews also addressed the influence of the recommended action points of the PAR, particularly service delivery, advocacy and sensitization. A summary of the findings is presented below.

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### **Evaluation of Older People’s Project, Tomsk.**

#### **Changes in Five Priority Areas:**

##### 1) Access to Health Care

There were positive observations relating to changes in access to health care. Firstly, participants noted that access had improved due to the provision of basic health care services in the RRC socio/medical centres. These centres alleviate the need to access state health care services, particularly for non-specialist care. Of particular note was that the RRC is now inviting medical specialists to provide consultations in its socio/medical rooms. It was access to these specialists that was causing such stress in queuing times during the PAR in 2004. However, while it is important to note these positive developments, three less positive observations also need to be born in mind. First, access has improved only for those older people living in the vicinity of the RRC socio/medical centre and using its services. Secondly, regarding state medical facilities, participants for the most part still described the same difficulties in accessing care as three years ago, in terms of queuing times and rudeness of medical staff. Thirdly, the access problem is structural in that the population around hospitals and polyclinics is growing faster than the facilities can cope with. Queuing times and limited availability of specialists is therefore a common problem for the wider population. Only one aspect of problem of access - that of negative attitudes to older people - can be described as exclusion. Some participants did note improvements in attitude on behalf of some doctors, which may be due to the influence of advocacy and contact with the National Society, however, this proposition could not be proved during the evaluation.

##### 2) Costs of Medicines

Participants noted only a worsening of the situation regarding the cost of medicines. The cost of medicines is a cause of stress to all older people, but the lack of availability of free prescription medicines for those entitled to benefits is a particular blow. A “monetization law” in 2006 allowed older people to choose between an allocation of cash or an equivalent in “benefits” in the form of discounts, particularly on medicines. Now even those who chose “benefits” are unable to access the medicines covered by their entitlements, forcing them to buy alternatives, or to go without. Those who agreed to accept cash within the monetization process claimed the increased cost of medicines has exceeded the value of pay out. Cost of medicines continues to be as acute a problem as it was three years ago.

### 3) Loneliness

Participants noted an improvement in their situations regarding loneliness and opportunities to socialize. “For those who want to meet and chat and do things together, thanks to Red Cross, there are now the opportunities.” Participants noted that they had more friends and a more active social life. The loss of these clubs was a real concern to participants. “Whatever happens, these RRC clubs must stay open – they are vital to our welfare and happiness.” Homebound older people who receive voluntary home visits have also benefited from reduced loneliness, although this has been countered by a negative change – the loss of entitlement to free telephone calls. This has increased the isolation and loneliness of homebound older people.

### 4) Cost of Living

Participants did note that their pensions had increased since the 2004 PAR and also noted that monetization had resulted in more available cash. However, most claimed that rising prices had absorbed this increase and purchasing power had not in fact increased since 2004. Even some participants claimed that it had decreased. As in the past, a considerable portion, usually over half, of the pension goes towards paying for utilities. Yet during these focus groups there was far less attention given to this issue than three years ago. This perhaps can be explained by the circumstances of these particular participants, but another explanation that was referred to was that older people were adapting over time and no longer felt the pain of transition with the same acuteness, even if their circumstances were not in fact changing.

### 5) Ability to Influence

Participants did not express greater confidence in their ability to influence. They did not refer to being more vocal, confident or empowered. They still claimed that they were not being listened to. However, when pressed for details, participants were able to list examples of visits from state officials to the RRC centre. They were also able to identify specific questions that had been raised and dealt with through such visits. It seems therefore that the Red Cross centers are in fact playing some role in linking vulnerable older people with service providers and policy makers as intended. Importantly also, participants referred to having improved access to information. Special mention was given to the RRC information board, a RRC local publication on advice and contact details for older people, and radio broadcasts, including ones with the National Society participation. There was therefore evidence of some positive practical changes, but not of a change in attitude towards the value of advocacy. As before, faith in the concept remains low.

## **Impact Since 2004**

Any discussion of impact based on these focus groups should bear in mind the following: the numbers participating were less than the original PAR (200 people participated in 2004, and only between 50-60 in this evaluation). Nevertheless, all participants of the evaluation were participants of the original PAR in 2004 so the results are comparable to the base line. Secondly, the participants in this monitoring were all regular visitors of the RRC socio/medical centre, and therefore the role of the National Society in their lives was higher than would be expected if another region without a RRC socio/medical centre had been selected.

That being said, there was a marked improvement in mood and outlook within these groups than had been the case in 2004. This can be attributed to two main factors – older people have adjusted their lives and coping mechanisms more successfully than they had three years ago, and secondly, the positive influence of the RRC socio/medical room on older peoples’ access to medical care, information and social opportunities in the target region.

Qualitative information from these focus groups point to: improvements in access to basic health care through RRC services; reduced social isolation due to the emphasis on socializing within the RRC centre since 2004; less of an information vacuum due to RRC emphasis on information distribution since 2004, and some improved contact with decision makers through official visits to the RRC socio/medical room. These improvements constitute evidence of the positive influence of the RRC and its approach to older people since the PAR, considering that

there were no references to improvements in the external environment in terms of purchasing power or access to health care outside of the Red Cross.

It is also clear that the emphasis on empowerment and participation during the PAR in 2004 has influenced the Veterans' Association, who appear also now to promote greater activism and participation among older people. The evaluation did not touch upon the wider impact of this, although it is possible that this has influence on both services and individuals.

However, optimism should be tempered once the original goals of the programme are recalled. It was intended that advocacy would influence service delivery and policy affecting older people. The RRC socio/medical centre was intended to be a platform from which wider issues could be addressed, affecting numbers well beyond the few hundred that visit the RRC centre. These ambitions appear to have been largely unsuccessful (there were examples of how participants of the PAR had gone on to influence wider services but there is no method of data collection to track these impacts and measure them).

The meeting with the local government did suggest interest in both the potential of Red Cross services and greater attention to voice of the elderly. However, despite numerous attempts on behalf of the Russian Red Cross branch, this interest has never materialized into practical or financial support from the government. The RRC branch did lead an initiative to bring together state and non-state actors and had them all sign a declaration to act on the findings of the 2004 PAR, but apart from the RRC and the Veterans' Association, the commitments of the declaration were not followed through. This experience has persuaded the National Society branch that more emphasis should be placed on active aging among older people and promoting their welfare, and less emphasis should be placed on policy change, as there is too little evidence of capacity and influence to succeed in the latter.

### **The Future**

This project is smaller than intended in the scale of its impact, but it is nevertheless an important and well run innovation. It is a demonstration of how services can be combined with active aging work and information promotion to address proximate causes of vulnerability and improve the quality of life of vulnerable older people. It is a tribute to the work of the Red Cross in Tomsk, and to the committee it has formed from Red Cross and Veteran Association volunteers, that the project is run as well as it is.

With less than 18 months funding remaining, it is important that support for the remaining life of the project is planned carefully to maximize the chances of sustainability. So far the programme has supported and mobilized small communities of vulnerable older people and contributed meaningfully to addressing some of the root causes of vulnerability identified in the 2004 PAR. Within the next 18 months, the following can be aspired: i) the sustainability of these initiatives through local resource mobilization, ii) quality of support through volunteer management and psycho-social support training, and iii) the documentation and dissemination of basic best practice so that other interested branches have an opportunity for replication and learning.

## Looking Ahead

In 2007, work will continue to focus on health and care and promoting social exclusion. In addition, the following five innovations will be supported:

- An emphasis on sustainability through trainings on resource mobilization and volunteer management;
- The dissemination of psycho-social support skills across all programmes;
- A study of the viability of on-line training in Russian as a capacity building tool.

The Moscow regional office will now be established as a regional representation tasked with the provision of membership services to the National Societies of Belarus, Moldova, Russia and Ukraine.

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International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/01-2007/06
Budget Timeframe	2006/1-2007/12
Appeal	MAARU001
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
<b>A. Budget</b>	<b>3,953,663</b>	<b>491,422</b>	<b>0</b>	<b>1,194,132</b>	<b>420,420</b>	<b>6,059,637</b>
<b>B. Opening Balance</b>	<b>2,853,771</b>	<b>80,724</b>	<b>0</b>	<b>209,859</b>	<b>31,000</b>	<b>3,175,355</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>	115,652			241,060	49,838	406,550
<i>Caltrans Group Ltd</i>				3,763		3,763
<i>Capacity Building Fund</i>				40,000		40,000
<i>DFID Partnership</i>	30,522			76,304		106,826
<i>Sweden - Private Donors</i>					908	908
<i>Swedish Red Cross</i>	171,386	127,058		162,581		461,025
<i>USAID</i>	2,096,745					2,096,745
<b>C1. Cash contributions</b>	<b>2,414,305</b>	<b>127,058</b>		<b>523,708</b>	<b>50,745</b>	<b>3,115,816</b>
<u>Outstanding pledges (Revalued)</u>						
<i>Caltrans Group Ltd</i>				-53		-53
<i>Swedish Red Cross</i>	89,700			62,790		152,490
<i>USAID</i>	-2,051,795					-2,051,795
<b>C2. Outstanding pledges (Revalued)</b>	<b>-1,962,095</b>			<b>62,737</b>		<b>-1,899,358</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>British Red Cross</i>	0					0
<i>DFID Partnership</i>				70,032		70,032
<i>Swedish Red Cross</i>	12,700	-12,700				-0
<b>C3. Reallocations (within appeal or</b>	<b>12,700</b>	<b>-12,700</b>		<b>70,032</b>		<b>70,032</b>
<u>Inkind Personnel</u>						
<i>British Red Cross</i>					153,000	153,000
<b>C5. Inkind Personnel</b>					<b>153,000</b>	<b>153,000</b>
<u>Other Income</u>						
<i>Miscellaneous Income</i>	366				6,417	6,783
<i>Services &amp; Recoveries</i>					235,417	235,417
<b>C6. Other Income</b>	<b>366</b>				<b>241,834</b>	<b>242,200</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>465,276</b>	<b>114,358</b>	<b>0</b>	<b>656,477</b>	<b>445,579</b>	<b>1,681,690</b>
<b>D. Total Funding = B + C</b>	<b>3,319,048</b>	<b>195,082</b>	<b>0</b>	<b>866,336</b>	<b>476,580</b>	<b>4,857,046</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>B. Opening Balance</b>	<b>2,853,771</b>	<b>80,724</b>	<b>0</b>	<b>209,859</b>	<b>31,000</b>	<b>3,175,355</b>
<b>C. Income</b>	<b>465,276</b>	<b>114,358</b>	<b>0</b>	<b>656,477</b>	<b>445,579</b>	<b>1,681,690</b>
<b>E. Expenditure</b>	<b>-2,683,953</b>	<b>-160,936</b>		<b>-617,645</b>	<b>-356,862</b>	<b>-3,819,396</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>635,095</b>	<b>34,146</b>	<b>0</b>	<b>248,691</b>	<b>119,717</b>	<b>1,037,649</b>

International Federation of Red Cross and Red Crescent Societies

MAARU001 - RUSSIAN FEDERATION

Interim Financial Report

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### 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>		<b>3,953,663</b>	<b>491,422</b>	<b>0</b>	<b>1,194,132</b>	<b>420,420</b>	<b>6,059,637</b>	
<b>Supplies</b>								
Construction Materials	5,000	930			234		1,163	3,837
Clothing & textiles		10,693	388				11,081	-11,081
Food	147,400	57,620	1,046		4,110		62,776	84,624
Water & Sanitation		127			184		311	-311
Medical & First Aid	576,216	100,176	12,604		3,642	105	116,526	459,689
Teaching Materials	6,000	2,175	3,801				5,976	24
Utensils & Tools		305			98		403	-403
Other Supplies & Services	12,584	25,133	2,193		4,484		31,810	-19,226
<b>Total Supplies</b>	<b>747,200</b>	<b>197,157</b>	<b>20,032</b>		<b>12,752</b>	<b>105</b>	<b>230,047</b>	<b>517,153</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	6,000	35,900					35,900	-29,900
Computers & Telecom	119,994	32,455	591		7,793	1,101	41,939	78,055
Office/Household Furniture & Equipm.		29,749			3,922	208	33,879	-33,879
<b>Total Land, vehicles &amp; equipment</b>	<b>125,994</b>	<b>98,103</b>	<b>591</b>		<b>11,715</b>	<b>1,309</b>	<b>111,718</b>	<b>14,276</b>
<b>Transport &amp; Storage</b>								
Storage	1,200	4,425			732	540	5,697	-4,497
Distribution & Monitoring		6,234			15	-3,667	2,581	-2,581
Transport & Vehicle Costs	252,752	64,818	4,022		3,441	44,263	116,545	136,207
<b>Total Transport &amp; Storage</b>	<b>253,952</b>	<b>75,477</b>	<b>4,022</b>		<b>4,188</b>	<b>41,137</b>	<b>124,823</b>	<b>129,129</b>
<b>Personnel Expenditures</b>								
International Staff Payroll Benefits	576,600	274,152			16,213	228,658	519,023	57,577
Delegate Benefits	192,000							192,000
National Staff	869,326	406,118	62,300		150,523	62,645	681,585	187,740
National Society Staff	699,362	451,659	45,871		105,574		603,104	96,258
Consultants	75,430	59,634	2,298		13,007	435	75,374	56
<b>Total Personnel Expenditures</b>	<b>2,412,717</b>	<b>1,191,563</b>	<b>110,469</b>		<b>285,317</b>	<b>291,738</b>	<b>1,879,087</b>	<b>533,631</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	600,866	440,871	4,971		134,182	9,862	589,886	10,980
<b>Total Workshops &amp; Training</b>	<b>600,866</b>	<b>440,871</b>	<b>4,971</b>		<b>134,182</b>	<b>9,862</b>	<b>589,886</b>	<b>10,980</b>
<b>General Expenditure</b>								
Travel	348,362	111,543	5,337		31,445	7,032	155,357	193,005
Information & Public Relation	172,590	58,830	10,687		25,515	3,719	98,751	73,839
Office Costs	88,173	65,612	8,915		23,909	96,319	194,755	-106,581
Communications	136,936	39,045	3,215		8,192	48,538	98,989	37,946
Professional Fees		16,299			1,314	3,342	20,955	-20,955
Financial Charges	82,502	1,511	-1,424		-1,134	11,969	10,922	71,580
Other General Expenses	696,468	75,116			7	-180,525	-105,403	801,871
<b>Total General Expenditure</b>	<b>1,525,031</b>	<b>367,957</b>	<b>26,729</b>		<b>89,248</b>	<b>-9,608</b>	<b>474,326</b>	<b>1,050,705</b>
<b>Program Support</b>								
Program Support	393,876	174,457	10,461		40,147	22,550	247,614	146,262
<b>Total Program Support</b>	<b>393,876</b>	<b>174,457</b>	<b>10,461</b>		<b>40,147</b>	<b>22,550</b>	<b>247,614</b>	<b>146,262</b>
<b>Operational Provisions</b>								
Operational Provisions		138,368	-16,339		40,096	-230	161,894	-161,894
<b>Total Operational Provisions</b>		<b>138,368</b>	<b>-16,339</b>		<b>40,096</b>	<b>-230</b>	<b>161,894</b>	<b>-161,894</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>6,059,637</b>	<b>2,683,953</b>	<b>160,936</b>		<b>617,645</b>	<b>356,862</b>	<b>3,819,396</b>	<b>2,240,241</b>
<b>VARIANCE (C - D)</b>		<b>1,269,711</b>	<b>330,486</b>		<b>576,487</b>	<b>63,558</b>	<b>2,240,241</b>	