

# FINAL REPORT



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

## HAITI: FLOODS

20 January 2006

The Federation's 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 181 countries.

### In Brief

**Appeal No. 22/2004; Final Report; Period covered: 22 September 2004 – 31 November 2005; Final appeal coverage: 88.2%. [Click here to go directly to the financial report](#)<sup>1</sup>**

#### Appeal history:

- Launched on 22 September 2004 for CHF 4,246,000 for 6 months to assist 40,000 beneficiaries
- Budget revised and increased to CHF 11,673,000 (USD 9,246,529 or EUR 7,515,212) to assist 50,000 beneficiaries for 6 months
- Plan of action revised and timeframe extended until 22 September 2005-12-19
- Time frame extended until 31 November 2005
- Disaster Relief Emergency Funds (DREF) allocated CHF 150,000

**Related Emergency or Annual Appeals: Caribbean Annual Appeal (05AA041); Haiti Annual Appeal (05AA042); Haiti: Social Unrest Emergency Appeal (07/2004); Dominican Republic and Haiti: Floods Emergency Appeal (13/2004)**

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For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for

<sup>1</sup> The final financial report will be issued once income reallocations have been made upon confirmation from donors concerned.

*national society profiles, please also access the Federation's website at <http://www.ifrc.org>*

*For longer-term programmes, please refer to the Federation's Annual Appeal.*

## **Background and Summary**

This final report on the Haiti floods relief operation following Hurricane Jeanne is accompanied by a final financial report to be attached shortly. The operation was extended from a closing date of 22 September 2005 to 15 November 2005 in order to ensure the completion of scheduled activities.

On 18 September 2004, heavy rains brought by the passage of Tropical Storm Jeanne caused violent flash floods in north-western Haiti. The official death toll stands at 1,800, while more than 800 remain unaccounted for. Deforestation, poverty and a lack of preparedness were the major causes of the disproportionately high loss of life as high waters drowned hundreds of people and buried a large region in mud. An estimated 300,000 people in at least eight communes in the region were affected as a result of these devastating floods. The vulnerable, overcrowded town of Gonaïves and its environs, which have a population of approximately 200,000, was hardest hit. Homes and possessions were swept away in the floods, sewers and latrines overflowed and vast areas of economically vital agricultural land were destroyed. Estimates are that at least half of the population of Gonaïves were severely affected. With nowhere else to go, families have returned to what remains of their homes or live with their neighbours, many having lost their possessions. Newly orphaned children face an uncertain future in what was already one of the poorest countries in the world. Flooded latrines and sewers contaminated the few available sources of fresh water. An epidemiological surveillance system was set in the aftermath of the disaster by the Ministry of Health and its partners and this continues to monitor the increase of the disease, so far, no epidemic trends have been identified. In addition, Gonaïves' main hospital as well as over 90 percent of the private clinics sustained considerable damage due to the flooding. A high table water coupled with a fragile organization have stymied efforts to remove the remaining stagnant water from the streets and vacant lots which are still covered by mud and debris. Despite private citizens' and municipal contractors' best efforts, many of Gonaïves' water channels and aqueducts are still clogged with mud and refuse. Heavy machinery has been making headway in clearing badly damaged roads and mud –covering public spaces but it has been reported that even with a dedicated labour force of two thousand a full clean up will take at much more time.

The Federation's revised Emergency Appeal, launched on 5 October, is based on the plan of action designed by the joint National Red Cross Society/Federation field Assessment and Coordination Team (FACT) which conducted a four day assessment of the affected regions. The assessment focused on remote areas outside Gonaïves where whole communities were cut off from transport and communications. The FACT team identified at least 3,000 seriously affected families (15,000 people) in the communes of Pilate, Gros Morne, Bassin Bleu, Anse Rouge, Port de Paix and Ennery. These people had not been identified or targeted during preliminary assessments. The plan of action prioritized emergency relief distributions of food and non food items in addition to shelter, health and water and sanitation interventions. The plan included activities to strengthen the capacity of the HNRCS, which was facing the third consecutive catastrophe in Haiti in only one year.

At the beginning of 2005, a temporary funding shortage was lifted and allowed to fully initiate the implementation of the relief programmes. Simultaneously, the Federation Team in cooperation with the HNRCS re-revised the overall appeal and worked on a detailed revised plan of action with a view to enhancing the objectives set out in the Emergency Appeal and to redirect efforts from relief to rehabilitation. The revised plan of action includes additional activities within the area of water and sanitation, disaster management and community health. In addition, an assessment of the feasibility of constructing a limited number of family homes in Gonaïves for families whose houses were completely destroyed by floods has been undertaken. Construction then took place from October 2005 until early November. In view of the fragile structure of the Haitian community, the Better Programming Initiative (BPI) methodology was applied in the design of the project. The revised plan of action sought to enhance the capacity of the HNRCS and strengthen its role as an increasingly relevant partner for civil society.

The budget had also been revised according to the new plan of action. However, since donors were willing to reallocate funding for the proposed plan of action, the funding target remained unchanged.

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The majority of activities under the revised plan of action were finalized at the end of October, in particular, those financed by USAID. The time frame for a number of activities focusing on water and sanitation was extended to 15 November.

During the course of the operation, several external factors hampered the relief activities of the Appeal, the most severe of which were the precarious situation, social tension and the absence of community structures. During the first months of the operation in particular, every distribution of relief aid was a major risk: trucks were looted and hijacked by armed persons when entering Gonaïves, leaving the warehouse or approaching the distribution point; food and non food rations were reportedly being stolen from beneficiaries and armed gang members intimidated people heading home from distributions. As a consequence, each distribution of relief goods had to be carefully planned with the ICRC and the United Nations Stabilization Mission in Haiti (MINUSTAH) to guarantee an adequate level of security for the Red Cross and the beneficiaries, before, during and after distributions. However, the capacity of MINUSTAH soon became stretched to the limit and a rotation schedule for humanitarian organizations distributing relief aid was set up, thus restricting the number of weekly distributions for the Red Cross. In addition, despite preventive measures taken, relief items disappeared during transportation from the Federation warehouse to distribution points and at distributions.

The most serious issue was the constant lack of delegates in the field as a result of which the implementation of a number of activities was delayed.

## **Coordination**

During the operation, the Federation and Partner National Societies in Haiti coordinated their support to the HNRCS in order to ensure adherence to the framework for the operation and to avoid duplication of efforts. In Port-au-Prince, the ICRC was consulted daily in connection with the security situation. At the field level, a close working relationship with the ICRC, which supported the Federation in the design of security and evacuation plans, was established. In addition, the Federation ensured close cooperation with UN agencies and other external partners in its efforts to make the best use of available resources.

From the onset of the disaster, the Panama Regional Delegation and the Pan American Disaster Response Unit (PADRU) were working closely with the Federation delegation in Port-au-Prince and the Gonaïves Floods response office. The Federation Secretariat deployed a Field Assessment and Coordination Team leader supported by technical delegates. As an example of cooperation with external actors, MSF/Belgium supplied the Federation with three bladders of 15,000 litres which were transported to Gonaïves by the French Red Cross. CARE and Action Against Hunger assisted the Federation-deployed mass water team with the provision of water for distribution until the French Red Cross mass water and sanitation ERU was able to produce sufficient potable water. As a result of coordination with the World Food Programme, maximization of resources was ensured with regard to the distribution of food parcels.

In the field, the French Red Cross mass water and sanitation ERU participated in coordination meetings with other water and sanitation actors, such as OXFAM, Action Against Hunger, CARE and the local water agency (SNEP). In addition, the field hospital's Norwegian Red Cross administrative staff were accommodated at the Federation's flood response office, while the ICRC delegate deployed to Gonaïves and French Red Cross delegates frequently used the Federation's office facilities. In addition, close cooperation was maintained with the UN agencies and other humanitarian actors in the field.

The ICRC and partner National Society delegates in Gonaïves were participating in the daily meeting chaired by the Federation. During the entire operation this forum proved to be an important tool for planning, coordination and information sharing.

## **Analysis of the operation - objectives, achievements, impact**

This final report analyzes the objectives and activities set and implemented during the course of the Gonaïves Operation.

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Until February 2005, objectives had to be significantly reduced in terms of beneficiaries as a result of a temporary funding shortage and a lack of human resources in the field. The availability of new funds and delegates then allowed the Federation and the HNRCS to expand the areas of intervention as envisaged in the Emergency Appeal. Direct assistance activities carried out within the Appeal included the provision of food and non food aid and shelter material to beneficiaries. An important health component was the establishment of a fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, and the rehabilitation of some of the buildings at La Providence, the region's main referral hospital, which was severely damaged by the floods. Other activities included water and sanitation initiatives, such as the provision of drinking water to the population of Gonaïves for three months and the rehabilitation of latrines. HNRCS branch volunteers, themselves affected by the floods, played a key role in relief activities such as conducting surveys and distributions of food and non food-aid. Volunteers continued to be actively involved in the implementation of community-based rehabilitation and recovery efforts. However, the difficulties posed by the recruitment of a health delegate resulted in a delay in the implementation of some activities. Nevertheless, a health delegate was recruited for a short period to work in the area of Community Based First Aid and to contribute to enhancing health conditions, in particular for women and children in the affected areas in Gonaïves.

In the third quarter of 2005, the situation in Gonaïves deteriorated with tensions between communities. As an illustration, in late June, arson of the local market resulted in the dissatisfaction of shopkeepers who disapproved of the lack of action by the central government. In addition, there was disapproval of the water and sanitation project in Raboteau implemented by the Haitian government since this is where the Prime Minister's nephew lives. In August 2005, the security situation deteriorated once again. A gang leader was killed and, in the aftermath, seven people were wounded in a clash between the police and the gangs; however, the MINUSTAH was able to contain the situation.

In spite of these difficulties, the Federation's activities under the objectives were implemented up to the close of the Gonaïves operation.

### Emergency relief (food and basic non food items)

#### **Objective 1: 50,000 beneficiaries (10,000 families) will have benefited from the provision of non-food items delivered through secure distribution centres**

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

A total of 7,000 families in Gonaïves and 3,000 families in the outlying 7 communes were identified by the Federation assessment as being in need of non-food assistance. Surveys were conducted by the Federation and a team of HNRCS volunteers, beneficiary families were registered and received ration cards. Between October 2004 and March 2005, 10,794 beneficiary families in Gonaïves, Ennery, Anse Rouge and Port de Paix, received non food relief items that helped them to cope better and recover from the material losses they suffered from the floods. The beneficiary families were assisted through regular distributions corresponding closely to their practical needs. In addition, several orphanages and a home for elderly people received personal hygiene articles, while 41 mattresses were distributed to an orphanage, where the floods had destroyed the sleeping quarters. At the end of March 2005 the Federation had a limited stock left, some of which was used in the build up of a small emergency relief stock for the Gonaïves branch (please see objective under strengthening of response capacity) and some of which were distributed during the 2005 hurricane season to those affected by flooding.

In total, 10,794 families received non-food items as part of this emergency operation. The following table shows the distribution and stock status of Federation relief items as of 19 March:

Items	Number distributed	Stock available
Kitchen sets	7,977	206
Kerosene stoves	7,987	197*
Family hygiene kits	30,547	1*

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Individual hygiene kits (male)	5,351	70**
Individual hygiene kits (female)	6,690	4
Cleaning kits A (brooms, mops)	3,231	459***
Cleaning kits B (cleaning products)	4,126	466*
Blankets	19,395	15*
Plastic sheeting (tarpaulin)	4989	80*
Plastic sheeting (rolls)	400	564*
Jerry cans, 20 litres	13,108	4
Jerry cans, 10 litres	23,252	450***
Buckets	4,767	18**
Mosquito nets	8,716	16
Soap (bars)	1867	1,761****
Mattresses	41	0

\* Items given to HNRCS headquarters at the end of the operation

\*\* Items distributed to HNRCS, Passerine section

\*\*\* Items given to HNRCS St Marc

\*\*\*\* Items distributed during the Hurricane seasons 2005

The following table shows the geographic distribution of beneficiary families as of 19 March:

Area	Number of beneficiaries families
Gonaïves	8,486
Ennery	660
Anse Rouge	910
Port de Paix	738
<b>Total</b>	<b>10,794</b>

**Objective 2: 7000 people (1,400 families) will have benefited from the provision of food items delivered through secure distribution centres.**

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

Initial Federation assessment results outside Gonaïves confirmed that in the communes of Chansolme and Ennery a total of 1,400 families required food assistance as a result of massive damage to agricultural land. However, since 3,000 people in the commune of Chansolme received food rations from the World Food Programme (WFP), the community was not targeted by the Federation's distributions. Early funding shortages and the WFP presence in Chansolme made it more practical for the Federation to concentrate its efforts in other areas. As a result, nearly all food relief resources were directed towards the commune of Ennery and the nearby community of Passerine. In total, 1,390 beneficiary families in Ennery received food aid intended to supplement individual family members' food supplies during three months and improve overall nutrition. Each food parcel was designed to provide an individual with at least 1,000 calories per day for a period of one month, which represents about half of the SPHERE standard food intake per person.

In addition, 150 beneficiary families in Gonaïves that supported orphans received a total of 750 food parcels, which represent over half of the standard food intake per family member for a period of one month. These families were identified in collaboration with CARITAS. Finally, several separate one-time food distributions were carried out to orphanages and homes for the elderly that were identified as being in need. According to the World Health Organization, the overall nutritional situation in the affected areas has not deteriorated. This situation is considered to be a result of food aid distribution.

In total, 1,390 families in the commune of Ennery and 150 families in Gonaïves received food items. The following table shows the distribution status of the Federation food relief items as of 19 March.

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Items	Number distributed	Stock available
Food parcels (>1000 kCal for 30 days)	20,823	0
Corn flour, 20 & 25 kg bags	331	0
Rice (50 kg bags)	29	1
Macaroni (bag)	312	0
BP-5 High Protein biscuits (box)	8,100	2,435*
Coffee (instant/glasses)	2,543	3,181**
Chocolate	1,800	1,305***

\* Items distributed during the operations in response to Hurricanes Stan and Wilma in Grande Saline, Saint Marc and Les Cayes (South).

\*\* Items given to HNRCS after the close of operation

\*\*\* Items distributed in hospitals and health centres in Gonaïves

## Shelter

**Objective 2: 15,000 beneficiaries (3000 families) will have benefited from the provision of shelter materials delivered through secure distribution centres.**

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

Due to the damage that thousands of homes sustained as direct result of flooding, the joint HNRCS and Federation assessment team identified some 3,000 families in need of material for temporary shelter and other construction activities. Tarpaulins and plastic sheeting stored at the Federation warehouse were distributed in collaboration with the local HNRCS branch and the German Red Cross, which implemented a rehabilitation project in the area between Port de Paix and Anse Rouge. Through the Federation Appeal, 1,366 beneficiary families in Gonaïves received shelter material to complement rehabilitation kits containing wood, zinc sheets, nails and tools. Additionally, 2,102 beneficiary families who were identified as in serious need of shelter in the communes of Mandrin, Anse Rouge and Port de Paix received plastic sheeting for home repair. The fragile walls made of a mixture of bamboo and mud were thus better protected against winds and rains during the rainy season, which started in April. For the most part, beneficiaries received two tarpaulins per family while one roll of plastic sheeting which was shared between two families. In addition, a quantity of plastic sheeting was allocated to build up a small relief stock at the HNRCS branch in Gonaïves.

The table below indicates the distribution of plastic sheeting to beneficiary families at 19 March.

Area	Items	Number of beneficiary families	Stock available
Mandrin	Plastic Sheeting (tarpaulins)	154	
Anse Rouge	Plastic Sheeting (tarpaulins)	410	
Port de Paix	Plastic Sheeting (tarpaulins)	738	
Gonaïves	Plastic Sheeting (tarpaulins)	1,366	80 *
Anse Rouge	Plastic Sheeting (rolls)	800	564**
	<b>TOTAL</b>	<b>3,468</b>	

\* Items given to Haitian National Red Cross Society at the end of the operation

\*\* Part of the stock was distributed during the 2005 Hurricane Season and another part provided to the HNRCS after the operation.

## Health

### **Objective 1: To rehabilitate Gonaïves' only referral hospital, la Providence, serving the primary and secondary health care needs of the population**

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

Seven months after La Providence Hospital, the region's main referral hospital, was refurbished by the ICRC with the support of the Norwegian Red Cross, the floods severely damaged the hospital, rendering it unusable. An important component of the plan of action was therefore to rehabilitate the key buildings of La Providence. In the meantime, a fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, was set up and run by existing local staff, supported by expatriate medical and administrative staff from Canada and Norway.

Expatriate staff was gradually phased out and by mid December 2004 the La Providence's hospital administration, which had been accommodated in a tent in the Red Cross compound, was able to take over all of the field hospital's operations. The proposed plan of action for restarting work in La Providence Hospital was approved by La Providence Hospital administration and endorsed by the Ministry of Health. The massive rehabilitation project, which was managed by the Federation and the Canadian and Norwegian Red Cross Societies, working in concert with the French Red Cross water and sanitation team, was underway for nearly two months. In the main building, floods damaged walls were repaired and repainted, interior plumbing renewed and fixtures such as tiles, toilets and sinks installed. Extensive work to the hospital's water and plumbing system was carried out and electrical wiring installed and damaged roofs repaired. In addition, 130 metres of the two-metre high compound wall that surrounds the hospital was reconstructed. Repair work and basic rehabilitation of La Providence Hospital's main buildings were completed by mid-February 2005. The hospital is now completely in the hands of the local health authorities.

The reconstruction of the main buildings of La Providence was tremendously challenging. Given Haiti's crumbling infrastructure, social and political volatility, and enduring economic depression, materials are limited and often unavailable. This situation led to higher costs and resulted in lengthy delays. During more than five months, until the repair work and basic rehabilitation was completed, the population of Gonaïves and surrounding areas had access to free primary and secondary health care services through the field hospital.

At the end of February 2005, the appeal objective had been fully met: the field hospital was dismantled and all medical equipment and services, such as the operating theatre, radiology, obstetrics, internal medicine, gynaecology, paediatrics services, the laboratory, outpatient department and the laundry, transferred to renovated buildings at La Providence. The medical services provided by the same staff as at the field hospital, are now, in principle, available to patients at La Providence Hospital. However, a week after equipment and activities were transferred from the field hospital to La Providence, boxes remained unpacked, sterilizers and fridges were not connected. Consequently no operations were carried out and patients were referred to hospitals 20-25 kilometres from Gonaïves. In addition, the maternity ward was closed down and patients turned away since waste disposal facilities were not operational. To compound matters, Haitian medical staff initiated an indefinite strike, which, according to information from the La Providence administration, was in protest against inadequate working conditions and lack of support from the Ministry of Health in Port-au-Prince. However, by early June, the strike had ended and the hospital began functioning once again.

Following the dismantling of the field hospital, the hospital tents were donated by the Canadian and Norwegian Red Cross Societies to the HNRCS headquarters; a land cruiser, a pick up, a fork lift and a generator were also donated to the Federation's operation in Gonaïves. The two vehicles are currently waiting for insurance formalities to be completed. The fork lift and the generator are also being stored in HNRCS warehouse.

**Objective 2: To reduce the impact of water/vector borne diseases (typhoid, malaria and diarrhoeal diseases) in the affected areas.**

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

The objective of this component was to reduce the impact of water/vector borne diseases through the provision of oral rehydration salts (ORS) to dispensaries in all 8 affected communes, together with mosquito nets and water purification tablets to families in the outlying communes.

A Federation medical consultant assisted by the water and sanitation delegate gave basic training in rapid-impact health promotion campaigns to a group of volunteers from the HNRCS branch in San Marc. Two basic New Emergency Health Kits (NEHK) were supplied to the Hospital de l'Espoir in Pilate to assist efforts to reduce the impact of water and vector borne diseases. The contents of the two kits covered the basic health care needs of 2,000 people for three months. Two additional basic New Emergency Health Kits and four Supplementary Emergency Health Kits were donated to Gonaïves hospital at the close of the operation.

In view of the fact that the families residing in Gonaïves had access to safe water provided by the French Red Cross and other actors working in the area of water, there was no need to distribute packets of ORS salts to dispensaries in Gonaïves. Furthermore, the distribution of ORS and water purification tablets to the outlying communes was hampered by the security situation and the lack of a health delegate to coordinate this project. However, at a training session in rapid-impact health promotion related to water and sanitation, the use of water purification tablets was demonstrated to volunteers.

The remaining stock of ORS and water purification tablets was distributed to hospitals and health centres, as below:

Items	Beneficiary Centres	Quantity (Unit)	Total
<b>Water Purification Tablets (Chloramine T12)</b>	Centre communautaire	25	200,000
	Hôpital Raboteau	15	120,000
	Hôpital la Providence	15	120,000
	Centre de santé K-soleil 2	6	48,000
	Centre de santé de Bigot	6	48,000
	Centre de santé	6	48,000
	Centre de santé Gatereau	6	48,000
	Centre de santé Jérusalem	6	48,000
	<b>Total</b>	<b>85</b>	<b>680,000</b>
<b>Oral Rehydration Salts</b>	Centre communautaire	7,000	7,000
	Hôpital Raboteau	3,000	3,000
	Hôpital la Providence	3,000	3,000
	Centre de santé Ka Soleil	1,000	1,000
	Centre de santé K- Soleil 2	1,000	1,000
	Centre de santé de Bigot	1,000	1,000
	Centre de santé	1,000	1,000
	Centre de santé de Gatereau	1,000	1,000
	Centre de santé Jérusalem	1,000	1,000
	<b>Total</b>	<b>19,000</b>	<b>19,000</b>

**Objective 3: To contribute to enhancing health conditions, in particular for women and children, in the affected areas in Gonaïves**

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

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The purpose of this component of the health and care programme was to link volunteers from the Gonaïves branch of the HNRCS to the existing health infrastructure and to carry out awareness campaigns for vaccination, preventive health, environmental sanitation, HIV/AIDS prevention and vector control. A health delegate was recruited in early 2005 for six months to carry out these activities. She undertook a training programme with HNRCS volunteers in Gonaïves. During the course of May and June she trained 25 community volunteers in Gonaïves. They visited 883 families to whom they provided health information in K-Soleil, Raboteau, Jubilé and Assifa concerning water purification, personal hygiene, washing of fruits and vegetables, use of clean kitchen sets, use of ORS, vaccination of children less than 5 years of age, use of mosquito nets, latrine construction, vector control through the evacuation of waste, and the risks of stagnant and polluted water. The Federation in Gonaïves then recruited an experienced volunteer from the National Society to be in charge of community based first aid (CBFA) to continue the same activities in the areas surrounding Gonaïves, especially in the communes of Assifa, Jubilé, K-Soleil, Raboteau and Trou-Sable. As a result, the HNRCS health volunteer and team reached 10,202 families in all sectors of Gonaïves between July and early August. In addition, between July and mid October, a total of 6,140 aquatabs and 7,404 packets of ORS were distributed. Health talks focusing on diseases, the need for vaccination, the use of condoms, solid waste disposal also took place. Those reached were people registered for distributions in vulnerable circumstances; these educational sessions were well received. As a result, following the passage of tropical storm Alpha, those who had attended these educational sessions used aquatabs to purify drinking water as they were conscious of the risk of disease.

### Water and Sanitation

**Objective 1: To provide 450,000 litres of water in accordance with WHO water quality standards, affording 30,000 people (6000 families) in Gonaïves with 15 litres per day.**

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

In Gonaïves, city water became unavailable as a direct result of the flooding and a total of 6,000 families were identified by the Federation assessment as being in need of clean water. The focus of this component of the Emergency Appeal was on the production, storage and distribution of water at a minimum of WHO quality standards. In order to accomplish the objective, a French Red Cross mass water and sanitation emergency response unit (ERU) was deployed to Gonaïves immediately in the aftermath of the disaster. Despite a funding and human resource shortage, the Federation, in cooperation with the French ERU team, succeeded in meeting and exceeding the needs of the target population. At its peak, production reached 780,000 litres of potable water per day, which was distributed in Gonaïves by the French Red Cross, OXFAM, CARE and Action Against Hunger. In November, two months after the floods, a common exit strategy for all NGOs working with water distribution was established. The plan was to gradually reduce production and to close down distribution by 20 December 2004. In the weeks leading to this date, part of the public water system had been rehabilitated with support from humanitarian partners and had started supplying residents with water. In addition, humanitarian organizations, coordinated by Médecins sans Frontières, started rehabilitating community and private wells. Four local ERU staff members who were trained by OXFAM formed part of the team which cleaned and tested the water quality of the wells. At the end of December, when the water production plants were closed down, the teams had reached the target of rehabilitating 800 wells. By March, approximately 1,200 wells had been cleaned.

In spite of assistance provided by humanitarian agencies, the public network managed by the local water agency (SNEP) was reportedly not able to meet more than fifty per cent of the needs of the population connected to it. The Federation was concerned about the chronic needs and the subsequent humanitarian impact. In its efforts to direct relief to rehabilitation and recovery, the Federation carried out an assessment of the existing water supply system in Gonaïves. The assessment analyzed whether the SNEP had difficulties in responding to the damages because of the overwhelming state of disarray of the network or whether it is due to the lack of commitment on the part of the SNEP and the authorities responsible for the provision of clean drinking water to the residents. The analysis revealed a lack of resources. Several cost-effective initiatives that would have a long-term impact on the beneficiaries were proposed at the end of April and recommendations reviewed together with the water and sanitation delegate from the Panama Regional Delegation and specialized staff from the Secretariat headquarters. A second assessment was undertaken in July by the water and sanitation delegates from the Panama Regional delegation and the Gonaïves office. As a result of the assessment, it was agreed to extend the piped water supply in

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order to provide access to clean water to an additional 6,000 people. As a result, in October, an agreement was signed between the Federation and SNEP concerning the extension of the water supply network by installing new pipes over a distance of 6 kilometres in the city of Assifa. However, although the Federation has completed the work, SNEP still needs to carry out the work so that the water pipes are connected to the houses. Work began very late due to the need to recruit an expert in this area. As was the case for the latrines project, beneficiary families took part in the rehabilitation work by digging the trenches for the placement of the pipes.

**Objective 2: To improve the transport and storage capacity at household level of clean water for 50,000 people (10,000 families)****Progress/Achievements (activities implemented within this objective)**

As many of the affected population lost most of their possessions, including the means to both store and transport water, the provision of water containers was vital. During the first months of the floods operation, 9,915 families received collapsible jerry cans, and by the end of the operation 10,714 families had received jerry cans. For the most part, families received either two 20 litres jerry cans or four 10 litre jerry cans.

The table below shows the distribution of Federation relief items as of 19 March 2005

Item	Distributed	Stock
Jerry cans, 20 litres	13,108	4*
Jerry cans, 10 litres	23,252	450*

\*At the end of the Gonaïves operation, the remaining stock of jerry cans was donated to the local Saint Marc Red Cross branch for those affected by Hurricane Stan in Grande Saline.

The number of jerry cans received at the warehouse did not always correspond to the number indicated on the boxes. This situation created problems for the logistics staff. In addition, the 10-litre jerry cans arrived without nozzles attached. Consequently, volunteers and Federation staff spent much time correcting this flaw before the items could be distributed.

**Objective 3: To supply the Gonaïves field hospital and living compound with sufficient water that is in accordance with the WHO standards for quality water.****Progress/Achievements (activities implemented within this objective)**

Prior to the arrival of the field hospital in Gonaïves, the Spanish Red Cross specialized water and sanitation ERU had conditioned the site; in addition, the well in the area was cleaned in order to ensure a water source. The ERU team installed the first water treatment line, consisting of a 30,000-litre collection tank, a water treatment plant, a 10,000-litre bladder container and three water hose distribution units, supplying the field hospital with approximately 40,000 litres of high quality water per day. In addition, the ERU team, assisted by HNRCS volunteers, installed pre-fabricated latrines. Until the end of the operation of the field hospital, high quality water and healthy surroundings were ensured for the field hospital and for staff living quarters. The hospital was fumigated each morning and showers and latrines disinfected. Waste was collected and burned in the incinerator at the former referral hospital, La Providence. In addition, two tap stands were established in the street outside the hospital compound to give its neighbours access to clean drinking water.

A team of four HNRCS volunteers were trained in vector control and waste disposal and carried out this job without supervision. In addition, eleven Haitian nationals working in the specialized water and sanitation unit servicing the field hospital received thorough training in maintaining high-quality water systems. One person was also trained in water treatment and replenishing water supplies.

When the final Spanish Red Cross ERU team member completed his mission at the end of November, it was agreed between the Federation team and the Spanish and French Red Cross Societies that the French Red Cross ERU team would take over monitoring of the water supply system at the field hospital. In addition, one of the French Red

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Cross water and sanitation delegates was in charge of monitoring the ongoing repairs to La Providence Hospital's water supply system, which included the rehabilitation of the water supply network, installation of new pipes in the principal buildings and rehabilitation of the smaller reservoirs connected to the individual wards.

At the end of February 2005, the field hospital was dismantled and all medical equipment and services, such as the operating theatre, radiology, obstetrics, internal medicine, gynaecology, paediatrics services, the laboratory, outpatient department and the laundry were transferred to renovated buildings at La Providence, which is now operational (see objective 1 under the health section).

### **Objective 4: To provide materials and technical assistance in latrine reconstruction for 1,000 families living in areas where the risk of uncontrolled disease is high.**

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

After an in-depth assessment, it was obvious that a large number of latrines were unusable as they had not been emptied over a long period of time and had filled with mud during the floods. There was also a need to reconstruct latrines and to build new ones for clusters of families that had never had latrines in order to prevent additional water contamination. The project included emptying full latrines, mostly filled with mud, and/or rehabilitation of damaged latrines. The project sought to build new latrines for clusters of families where the SPHERE standards of a maximum of 20 persons per latrine were exceeded, i.e. over 20 people were using a latrine, and to rehabilitate those which were destroyed by the floods.



*The Red Cross built 104 latrines and rehabilitated hundreds more to reduce the risk of water and vector-borne diseases in Gonaïves.*

In view of major needs for improving the unsanitary conditions of the population, this project was extended for six months to include the emptying and rehabilitation of an additional number of latrines.

The project was carried out in two phases, as follows:

<b>Phase 1</b>		<b>Status</b>
Total number of the families in the area	1,277	
Number of latrines to be emptied during phase 1	500	300 latrines emptied.
Number of emptied latrines identified as in need of rehabilitation	300	Partial rehabilitation of 176 latrines completed
Number of latrines emptied by owners identified as in need of rehabilitation	26	Rehabilitation of all 26 latrines completed
Number of households without access to latrines	117	Completed during phase 2
<b>Phase 2</b>		
Number of latrines to be emptied	300	300 latrines emptied
Number of latrines to be constructed	100	104 latrines constructed

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The number of latrines to be rehabilitated was initially constrained by a temporary funding shortage, which was alleviated in February 2004. The rehabilitation progressed as scheduled and the first phase, which started on 18 January, was completed in mid April. During this phase, 300 latrines were emptied and 176 latrines were partially rehabilitated. There were two obstacles which postponed the reconstruction of latrines: the water table remained high in the flooded areas, and the rehabilitation of latrines, which requires the active participation of the affected population, was perceived as a secondary priority when compared with the more immediate need to rebuild destroyed or damaged homes. Once the immediate needs of the population had been attended to, this component of the project had a higher priority.

The second phase of this project began in May and the Federation signed an additional contract with the contractor who emptied latrines during the first phase. From May to July, 300 latrines were emptied and rehabilitated and 104 latrines were built.

The following tables show the number of latrines emptied, rehabilitated and constructed during the two phases of the project:

**Phase 1—January to April****Latrines Emptied and rehabilitated**

<b>Zone</b>	<b>Emptied</b>	<b>Partially rehabilitated</b>
(A) Allumettes	90	65
(B) La Forêt, Rlle Aly, Rlle Polo	47	28
(C) (Rlle Magloire, Ovilmar Bathole, Imp. Prud'homme)	0 80	0 54
(D) Sajous, Yvon	48	29
(E) ODPG	35	0
<b>TOTAL</b>	<b>300</b>	<b>176</b>

**Phase 2<sup>o</sup> May to July****Latrines Emptied and Rehabilitated**

<b>Zone</b>	<b>Emptied</b>	<b>Rehabilitated</b>
(A) Allumettes	46	46
(B) La Forêt, Rlle Aly, Rlle Polo	58	9
C (Rlle Magloire, Ovilmar Bathole, Imp. Prud'homme)	86 0	0 86
(D) Sajous, Yvon	36	36
(E) ODPG	74	74
<b>TOTAL</b>	<b>300</b>	<b>300</b>

**Latrines Constructed**

<b>Zone</b>	<b>Constructed</b>
Allumettes	44
La Forêt, Rlle Arly, Rlle Polo	2
Belle Ville, Magloire, Ovilmar, Bathole, Imp. Prud'homme	2
Sajous, Yvon	18
ODPG	37
Rlle Roland	1
<b>Total</b>	<b>104</b>

**Objective 5: To reduce the risk of the spread of disease due to poor hygiene and sanitation in vulnerable communities in Gonaïves.**

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

This component was included in the revised plan of action with a view to initiating a community based programme to improve unsanitary conditions and to create health awareness and understanding by involving all members of society in a participatory process. Under this objective, a Participatory Hygiene and Sanitation Transformation (PHAST) training of trainers and a pilot project took place. Two consultants facilitated the PHAST training over 11 days from 27 September to 7 October. This was attended by 23 persons including 6 women. The PHAST documentation used was prepared by WHO and the methodology applied was a participatory one using cards/posters in different groups.

The Federation carried out a field mission from 28 to 30 September in order to assess the level of adherence to the formal content, the methodology and PHAST training tools used, and to identify weaknesses and strengths of the training and then to propose a useful recommendation for better reaching the objectives of such training sessions.

**Reconstruction-Action research**

According to the Revised Appeal, it was necessary to examine the possibility of implementing a pilot programme in Gonaïves focusing on reconstruction of homes. The fundamental design of the project is based on methodologies aimed at reducing jealousy and tension, such as the Better Programming Initiative (BPI), with regard to the selection of beneficiaries, mobilization of groups within the community, and construction methods and approaches. As a result, a feasibility study was undertaken by a consultant and findings reviewed in June. In July, a visit was made to the potential construction sites: Ennery, Bassereine, Pascal, and Pilate and construction material prices researched. The Federation wanted to avoid building in areas that were particularly vulnerable to future floods. In the end, the site of Bassereine was chosen for this project because of its location on a hilltop. Bassereine is an isolated farming community located some 30 kilometres north of Gonaïves, and the surrounding area was one of the most seriously affected by the floods. Selection of the community was carried out based on surveys of flooded and destroyed houses and in consultation with a local organization – PROVEDA – which is carrying out house construction. This decision was also made in consultation with beneficiaries, authorities and the local population.

In total, 27 houses were therefore built with community participation in Bassereine. Beneficiaries were issued with a certificate of donation and committed to not selling the house within a 10 year period. The houses are of 27 m<sup>2</sup> with a veranda of 9 m<sup>2</sup>. Construction of the houses has been completed; however there remain several doors to be repaired. Following the experience of PROVEDA, the Haitian National Red Cross Society and the Federation built larger houses, given that families have an average of between 7 and 8 children. The HNRCS and the Federation also decided to provide materials for the construction of latrines which the families are currently in the process of building.



*Red Cross gave hope to vulnerable families affected by the floods through the construction of 27 houses in Bassereine, such as the one shown here.*

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As the houses were being built, the HNRCS took the opportunity to give educational talks on hygiene and disease prevention; in addition, roads to one sector of the community were cleared with community participation.

A survey was carried out to determine the extent to which families were satisfied with the Red Cross intervention and the results were extremely positive. The conclusion is that this initiative was particularly successful as it engaged the participation of the community and was carried out over a short period of time, with concrete results which are significantly improving the lives of the inhabitants of this vulnerable community.

### Strengthening of Response Capacity

**Objective: To reinforce the HNRCS with its mandate to respond to catastrophes within a country with a fragile political context and during the hurricane season.**

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

In order to enhance the capacity of the HNRCS to respond more effectively to disasters and strengthen its role as a humanitarian actor, a disaster management delegate has been assigned. The disaster management structure was reviewed and the HNRCS confirmed the director of the department in his position on 16 October 2005. The telecommunications technician has now been included in the disaster management team to reinforce the new structure. A logistic technician was also recruited on 1 November to reinforce the team. The emergency operation in Gonaïves provided a number of lessons learned from which the HNRCS benefited during the 2005 hurricane season as trained volunteers were available to carry out damage and needs assessments, beneficiary surveys and distributions.

### Red Cross and Red Crescent Movement- Fundamental Principles and Priorities

- Relief activities were carried out are based on the Fundamental Principles of the Red Cross and the Red Crescent Movement.
- Beneficiary selection criteria focused on the vulnerability of those affected.
- Relief operations were conducted with respect for the culture of beneficiaries, ensuring gender sensitivity and prioritizing assistance to children and the elderly.
- Activities were based on the SPHERE Project Humanitarian Charter, the Better Programming Initiative (BPI) and the Code of Conduct for emergency response.
- Transparency was ensured through the production of regular reports and news bulletins.
- All objectives put forward in the appeal were in line with Strategy 2020, as well as the Strategy for the Movement and the Principles and rules of the Movement.

### National Society Capacity Building

The Federation anticipates that the affected communities and the National Society are now better organized and prepared for disasters. As a first step, the participation of branch volunteers in activities such as conducting surveys and assessments, distributing relief supplies, organizing health promotion campaigns, installing and maintaining water supplies and reconstructing or building latrines has provided volunteers with additional skills and capacities to respond to disasters. Volunteers also played an active role in the supervision of the housing construction programme the extension of the SNEP water distribution network. Several HNRCS regional committee volunteers benefited from PHAST and first aid training; these committees also received computers, office equipment and much needed tools, such as carts, picks and shovels, from the Norwegian Red Cross to further increase their capacity. Cellular phones have also been made more widely available to improve communication with the National Society headquarters and with other Movement members. Overall, the activities carried out as part of this emergency operation enhanced the capacity of the HNRCS and strengthened its role as an increasingly relevant partner for civil society. The experience gained in the PHAST methodology will also help the HNRCS in the implementation of its projects in other priority areas as outlined in the Plan of Action 2005/8.

## Communications-Advocacy and Public Information

News articles concerning preparations for the hurricane season were posted on the Federation's website. With the support of the Federation, work was carried out to ensure the visibility of the operation led by the National Society. In addition, relief items clearly displayed the Red Cross emblem as a means of increasing the visibility of the Red Cross within Haiti.

### Lessons learned

- The operation was an opportunity for the Haitian National Red Cross Society to measure and improve its capacity to react to a humanitarian crisis. However, the occurrence of national unrest and two consecutive natural disasters in less than a year stretched the capacity of the HNRCS to the limit in 2004 and left little room for planned capacity building activities at the headquarters and branch levels. Nevertheless, improved communication and relations between HNRCS headquarters and the Gonaïves branch continues to be required.
- Beneficiaries have expressed their satisfaction with the kind and quality of relief assistance provided. In particular, beneficiaries participating in the housing construction project were satisfied with the quality of building materials used and expressed their approval for the site chosen for reconstruction.
- The National Society –and in particular the Gonaïves branch- raised its profile during the operation and volunteers demonstrated their commitment and interest in learning new skills. There is now an increased level of confidence among the general population in the work of the Red Cross.
- While HNRCS volunteers and staff gained and displayed a reasonable level of experience in the delivery of relief materials, more focused technical training as well as programme oriented direction is needed if such activities are to be carried out again.
- It is important that the volunteer base be increased and a national volunteer training programme developed so that volunteers feel a stronger sense of ownership within the National Society.
- Effective Federation support to HNRCS activities was impacted by the security situation and the shortage of human resources such as delegates and the lack of National Society counterparts. As a result, not all objectives of the emergency appeal were adequately addressed in a timely manner.
- Difficulties and delays in recruiting experienced delegates to Haiti, particularly French-speaking delegates, must be taken in consideration in the future programming.
- Cooperation between components of the Movement and external partners proved effective, thus maximizing efforts.

**[Financial Report below; click here to return to the title page.](#)**

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

M04EA022 - HAITI: FLOODS

Interim financial report

Selected Parameters	
Reporting Timeframe	2004/9-2006/5
Budget Timeframe	2004/9-2005/10
Appeal	M04EA022
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		11'673'000				11'673'000
B. Opening Balance		0				0
<b>Income</b>						
Cash contributions						
American Red Cross		475'600				475'600
Barbados Red Cross Society		8'773				8'773
Belgian Red Cross (French)		15'252				15'252
British Red Cross		433'976				433'976
Canadian Red Cross Society		247'308				247'308
Czech private donors		57				57
Danish Red Cross		76'660				76'660
Ecuadorian Red Cross		596				596
France - Private Donors		303				303
Haiti Government		1'547				1'547
Icelandic Red Cross		601				601
Irish Government		232'875				232'875
Japanese Red Cross Society		140'253				140'253
Luxembourg Red Cross		76'475				76'475
Microsoft		17'175				17'175
Monaco Red Cross		12'420				12'420
Netherlands Red Cross		750'668				750'668
New York Office		17'011				17'011
On Line donations		62'631				62'631
Swedish Red Cross		169'000				169'000
Swiss Red Cross		49'780				49'780
Switzerland - Private Donors		16'541				16'541
Trinidad & Tobago Red Cross		1'920				1'920
United States - Private Donors		21'067				21'067
USAID		1'286'010				1'286'010
<b>C1. Cash contributions</b>		<b>4'114'498</b>				<b>4'114'498</b>
Outstanding pledges (Revalued)						
Netherlands Red Cross		54'560				54'560
<b>C2. Outstanding pledges (Revalued)</b>		<b>54'560</b>				<b>54'560</b>
Reallocations (within appeal or from/to another appeal)						
Canadian Red Cross Society		0				0
Danish Red Cross		0				0
<b>C3. Reallocations (within appeal)</b>		<b>0</b>				<b>0</b>
Inkind Goods & Transport						
Belgian Red Cross (French)		396'367				396'367
Other		41'856				41'856
Swiss Red Cross		180'392				180'392
<b>C4. Inkind Goods &amp; Transport</b>		<b>618'614</b>				<b>618'614</b>
Inkind Personnel						
Belgian Red Cross (French)		32'412				32'412
Canadian Red Cross Society		13'200				13'200
Danish Red Cross		20'253				20'253
Icelandic Red Cross		9'093				9'093
<b>C5. Inkind Personnel</b>		<b>74'958</b>				<b>74'958</b>
<b>C. Total Income = SUM(C1..C6)</b>		<b>4'862'630</b>				<b>4'862'630</b>
<b>D. Total Funding = B +C</b>		<b>4'862'630</b>				<b>4'862'630</b>

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

M04EA022 - HAITI: FLOODS

Interim financial report

Selected Parameters	
Reporting Timeframe	2004/9-2006/5
Budget Timeframe	2004/9-2005/10
Appeal	M04EA022
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		4'862'630				4'862'630
E. Expenditure		-4'684'894				-4'684'894
F. Closing Balance = (B + C + E)		177'736				177'736

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

M04EA022 - HAITI: FLOODS

Interim financial report

Selected Parameters	
Reporting Timeframe	2004/9-2006/5
Budget Timeframe	2004/9-2005/10
Appeal	M04EA022
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>		11'673'000					11'673'000	
<b>Supplies</b>								
Shelter	2'546'489		134'759			134'759	2'411'730	
Construction			120'104			120'104	-120'104	
Clothing & textiles	861'393		113'263			113'263	748'130	
Food	152'958		361'579			361'579	-208'622	
Water & Sanitation	2'314'437		192'954			192'954	2'121'482	
Medical & First Aid	15'493		8'915			8'915	6'578	
Teaching Materials			296			296	-296	
Utensils & Tools	539'292		176'818			176'818	362'474	
Other Supplies & Services	876'344		482'249			482'249	394'095	
<b>Total Supplies</b>	<b>7'306'405</b>		<b>1'590'937</b>			<b>1'590'937</b>	<b>5'715'468</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	3'777						3'777	
Computers & Telecom	59'803		26'596			26'596	33'206	
Office/Household Furniture & Equipment			11'984			11'984	-11'984	
Medical Equipment	76'000						76'000	
<b>Total Land, vehicles &amp; equipment</b>	<b>139'580</b>		<b>38'580</b>			<b>38'580</b>	<b>100'999</b>	
<b>Transport &amp; Storage</b>								
Storage	1'250'803		95'704			95'704	1'155'099	
Distribution & Monitoring			408'405			408'405	-408'405	
Transport & Vehicle Costs	339'982		486'775			486'775	-146'792	
<b>Total Transport &amp; Storage</b>	<b>1'590'786</b>		<b>990'884</b>			<b>990'884</b>	<b>599'902</b>	
<b>Personnel Expenditures</b>								
Delegates Payroll	1'351'354		328'353			328'353	1'023'001	
Delegate Benefits			654'196			654'196	-654'196	
Regionally Deployed Staff	94'333		11'253			11'253	83'080	
National Staff			302'643			302'643	-302'643	
National Society Staff			10'938			10'938	-10'938	
Consultants	31'475		62'512			62'512	-31'037	
<b>Total Personnel Expenditures</b>	<b>1'477'162</b>		<b>1'369'894</b>			<b>1'369'894</b>	<b>107'267</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	213'366		12'825			12'825	200'541	
<b>Total Workshops &amp; Training</b>	<b>213'366</b>		<b>12'825</b>			<b>12'825</b>	<b>200'541</b>	
<b>General Expenditure</b>								
Travel	49'966		91'320			91'320	-41'354	
Information & Public Relation	44'593		14'928			14'928	29'666	
Office Costs	22'662		135'886			135'886	-113'224	
Communications	69'735		65'384			65'384	4'350	
Professional Fees			9'607			9'607	-9'607	
Financial Charges			73'104			73'104	-73'104	
Other General Expenses			6'237			6'237	-6'237	
<b>Total General Expenditure</b>	<b>186'956</b>		<b>396'466</b>			<b>396'466</b>	<b>-209'510</b>	
<b>Program Support</b>								
Program Support	758'745		285'308			285'308	473'438	
<b>Total Program Support</b>	<b>758'745</b>		<b>285'308</b>			<b>285'308</b>	<b>473'438</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>11'673'000</b>		<b>4'684'894</b>			<b>4'684'894</b>	<b>6'988'106</b>	
<b>VARIANCE (C - D)</b>			<b>6'988'106</b>			<b>6'988'106</b>		