

Operations update



International Federation
of Red Cross and Red Crescent Societies

Pakistan: Cyclone Yemyin/Floods

Emergency appeal n° MDRPK001
GLIDE n° FF-2007-000082-PAK
and TC-2007-000084-PAK
Operations update n° 15
28 May 2009

Period covered by this Ops Update: 1
March to 15 May 2009

Appeal target (current): CHF 14.1
million (USD 12.5 million or EUR 9.2
million); [<click here to view the attached
Revised Emergency Appeal Budget>](#)

Appeal coverage: 99%; [<click here to
go directly to the updated donor response
report, or here to link to contact details >](#)

Appeal history:

- A preliminary Emergency Appeal for Cyclone Yemyin/floods was launched on 4 July 2007 for CHF 10.38 million (USD 10 million or EUR 6.6 million) for six months to assist 98,000 beneficiaries (14,000 families)
- CHF 250,000 was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) on 2 July 2007.
- A revised Emergency Appeal was launched on 17 July for CHF 21.34 million (USD 20.6 million or EUR 13.5 million) to assist 360,500 beneficiaries (51,500 families) for six months.
- Operations update 13 signalled the revision of the budget to CHF 10.2 million and extension to June 2009.
- This operations update (number 15) seeks an extension of the appeal until December 2009 only for the activity under the organizational development component.



A Pakistan Red Crescent Society water and sanitation officer checking the water pressure from the valve at Dannok (in Turbat, Baluchistan) village in April 2009. Photo: International Federation.

Summary:

A significant achievement during the reporting period was the completion of the rehabilitation of two water supply schemes for 1,200 families in Dannok (Turbat, Baluchistan). A second mitigation project is expected to be completed by early June 2009 in Sindh; as this project is also based on the results from a vulnerability capacity assessment (VCA). Disaster management cells have been opened in four districts under this appeal.

The four health facilities continued to provide health and care in the areas of Jhal Magsi, Sibi, Larkana and Dadu. The cumulative number of beneficiaries (both in emergency and recovery phases) of the Pakistan Red Crescent Society (PRCS) health provisions in flood-affected areas stand at more than 159,000.

To diversify the national society's branch network, four district branches have also been opened in the flood-affected areas.

The situation

Severe flooding caused by heavy rains in late June and early July 2007, intensified by Cyclone Yemyin, affected 2.5 million people in the southern provinces (Baluchistan and Sindh) of the country. According to the National Disaster Management Authority (NDMA), the death toll from the rains and cyclone was 420 (205 in Baluchistan and 215 in Sindh). More than 71,500 homes were damaged and thousands of people were displaced, while 6,500 villages were destroyed in the two provinces. The return of people to their villages was eventually made possible when flood waters receded.

Coordination and partnerships

Government authorities are frequently coordinated through meetings at national (Islamabad), provincial and district levels. Recovery activities require constant feedback from authorities to be successfully implemented. For the two vulnerability capacity assessments (VCAs) carried out (one in Sindh and the other in Baluchistan), the national rural support programme was consulted at every level, which helped in mobilizing the communities. PRCS/International Federation also liaises frequently with the concerned UN agencies, and is a key participant in the Pakistan Humanitarian Forum and the NDMA.

National Society Capacity Building

Since the start of the recovery phase, the PRCS Sindh and Baluchistan provincial branches have been playing pivotal roles in implementing the activities under the operation. However, overall responsibility for the operation has been given to the International Federation's senior disaster management manager. The Sindh and Baluchistan staff have been able to acquire on-ground learning during implementation while capacity building trainings such as branch disaster response team (BDRT) trainings, awareness sessions, etc. also provided the staff with the theoretical knowledge.

Red Cross and Red Crescent action

Overview

Since the last operations update, the activities under this appeal have been implemented at a good pace. All the activities (except one) are to be completed by June 2009. One activity relates to the construction of warehouse in Karachi (Sindh) under the organizational development component and cannot be completed by June 2009. Hence, this operations update seeks an extension to December 2009 to utilize CHF 350,000 which is related to the warehouse construction. This activity was delayed due to the long procurement process for construction at the Sindh provincial branch but work on the site will soon continue.

Health maintained its interventions in the four areas (two in Sindh and two in Baluchistan). Two water supply schemes were completed in Dannok (in Turbat, Baluchistan) as mitigation projects. Under the community-based disaster risk management component, various community-based trainings were also carried out.

Military operations and insurgencies continue to blight the north of the country, while incidents of violence have been reported in Baluchistan. However, these activities have not affected much to the activities of the national society; PRCS has developed a good image with the flood-affected communities during the emergency phase of this operation. The national society's work through active involvement of the communities was crucial to the uninterrupted progress of its activities in these times of turbulence.

This emergency appeal was launched to cater to the vulnerable societies affected by the Cyclone Yemyin/floods in July 2007. The recovery phase of this operation started in July 2008. This phase is being implemented under the integrated programme approach (IPA), where there is one programme and three components come under it. The components which include health and care, community-based disaster risk management and organizational development, have been designed to be inter-related.

Progress towards objectives

Programme purpose		
<p>1. To strengthen PRCS branch capacity and empower local communities in flood-affected areas in the provinces of Baluchistan and Sindh through an integrated community-based disaster risk management (CBDRM) programme.</p> <p>2. To provide appropriate quality basic health care services to the flood-affected population.</p> <p>3. To enhance PRCS capacity in emergency health and water and sanitation preparedness through involvement of the PRCS volunteers and branch development.</p>		
Project	Expected results	Activities planned
<p>1. Community based disaster risk management (CBDRM)</p>	<p>Humanitarian assistance to the flood-affected families in Baluchistan and Sindh is provided.</p> <p>Support is given to the communities for self recovery to contribute to the restoration of their basic living conditions and building safer communities.</p>	<ul style="list-style-type: none"> - Conduct VCA in the flood affected communities to identify the needs and gaps. - Conduct disaster management awareness sessions in the identified vulnerable communities. - Formation of community-based organizations (CBO) in identified vulnerable communities. - Mitigation projects based on VCA/community-based first aid (CBFA) findings for the flood-affected communities. - Develop disaster management awareness and best practices information, education, communication material. - Establish and run four disaster management cells in the flood affected districts. - PRCS orientation sessions for district administration. - Establish two emergency response centres in the provincial headquarters of Baluchistan and Sindh. - Organizing two branch disaster response team (BDRT) trainings. - Procure four emergency response kits for the district branch disaster response teams. - Carry out monitoring and evaluation visits. - Lesson learnt session for the post-flood recovery operation.
<p>2. Basic health care and capacity building</p>	<p>The health status of the catchment population is improved and capacity of the national society is improved in health care and water and sanitation.</p>	<p><u>Health and care:</u></p> <ul style="list-style-type: none"> - Establish functional Red Crescent health centres in the flood-affected areas. - Conduct outreach medical care camps. - Health promotion sessions at communities. - Carry out vaccination (against six diseases) activities. - Refurbish medical warehouses in Sindh and Baluchistan. <p><u>Capacity building in health:</u></p> <ul style="list-style-type: none"> - CBFA trainings. - Public health in emergencies (PHIE) trainings. - trainings in health and water and sanitation during emergencies (the ERU training is different, as it is a Federation standard training after which there is an engagement for global deployment; this is not the case for Pakistan) - Reproductive health trainings.

		<ul style="list-style-type: none"> - Rational use of medicines. - HIV/AIDS basic training. - Logistics support system (LSS) training for medical warehouse staff. - Provision of hardware and equipment to the provincial branches. - Develop rapid response units in health and water and sanitation. - Simulation exercises for health and water and sanitation units.
3. Capacity building	New branches are developed and strengthened in the flood-affected areas.	<ul style="list-style-type: none"> - Establish and run four district branches (two in Baluchistan and two in Sindh). - Induction course for new staff. - Integrated programme approach workshop. - Strengthen the storing facilities of provincial and district branches. - Carry out project evaluation.

Community-based disaster risk management (CBDRM):



The Pakistan Red Crescent Society personnel meeting with the community to share the details of the project and receive any feedback. Photo: International Federation.

from the communities. The district branch disaster management officer also provided some volunteers to help in the implementation phase.

A second VCA was carried out in Kambar Shadad Kot (Sindh) from 27 April to 6 May 2009. The VCA team consisted of PRCS trained staff from the national and provincial headquarters and district branches. The priority issues identified by the communities were flash floods, water supply (safe drinking water), health and hygiene, shelter and education.

During the assessment, information was gathered from community elders, school teachers, students, shopkeepers, farmers, labourers, private sector employees, women and children. The VCA tools used for collection and analysis of data included direct observations, mapping, semi structure interviews, seasonal calendar, historical profile and visualisation, livelihood analysis and focussed group discussions.

Based on the VCA findings, the repair of the three tube wells which were damaged during the floods in 2007 has been identified as part of the mitigation project in the area. Once rehabilitated, these tube wells will provide water for better hygiene practices to approximately 2,200 people.

Based on the results from the VCA carried out in February 2009, rehabilitation of two water supply schemes was completed in early May 2009 in village Dannok (Gukdan union council, Turbat tehsil in Baluchistan province). The PRCS water and sanitation manager and sanitation officer from the 2005 earthquake operation ([MO5EA022](#)) worked in close coordination with the disaster management officer from the Turbat's district branch. These two schemes will supply water to approximately 1,200 households. The implementation of this activity was carried out in close coordination with the communities as well as related government departments. At each step, coordination meetings were organized by the PRCS personnel with the concerned stakeholders to continuously reassess their needs and share the implementation details. The team provided technical support while the work on ground was done by a plumber, a mason and a technician, which were identified

Community awareness and orientation for district administration sessions have been conducted during the reporting period, but the national society could not submit the reports.

Two emergency response centres have been established at provincial headquarters of Sindh and Baluchistan during the month of May 2009. These centres are being provided with all necessary IT equipment. The primary objective is to develop an information management mechanism for monitoring, dissemination and coordination of operational activities by ensuring:

- Appropriate coordination of technical aspects related to response of all humanitarian partners (including UN agencies, national and international non-governmental organizations, the Red Cross Red Crescent Movement and other international organizations), as well as with national authorities and local structures.
- Establishment/maintenance of appropriate technical working groups.
- Developing/updating agreed technical decisions ensuring that these are adequately reflected in response strategies and action plans.

The procurement of four emergency response kits to facilitate the deployment of a six-member response team is in process.

After June 2009, the running cost of four disaster management cells (in Turbat, Kharan, Larkana and Kamber Shahdad Kot) that have previously been opened under this operation will be transferred to disaster management programme (PPK 166) of the Pakistan earthquake appeal ([M05EA022](#)) to December 2009.

Challenges:

The VCA exercise aimed not only to conduct VCA but also to train the supporting staff about the VCA process. Except for the national level practitioners, the rest of the team were still in the learning process. Therefore, much more time was needed to complete the VCA. This was compounded by the 4-hour daily travelling time in harsh weather, needed to reach the community. This put extra stress on the team to complete the tasks on time.

Basic health care and capacity building:

The basic health care project was immediately launched after the cyclone/floods in July 2007. The first basic health unit was opened at Jhal Magsi (Baluchistan) along with out-reach emergency health care services in Turbat and other affected areas.

Three more basic health units have been established at Sibi (Baluchistan), Dadu (Sindh) and Larkana (Sindh) under the post-flood recovery operation. All these basic health units (BHUs) provide basic curative care, antenatal care, EPI immunization along with preventive and promotive health services. A standard seven member staff structure is maintained at all of these basic health units, which includes one male doctor, one female doctor, one dispenser, one lady health visitor (LHV), one female motivator, one watchman and one driver. In addition to that, CBHFA volunteers and other PRCS volunteers assist the medical staff not only in routine activities, but also during out-reach community health sessions and immunization campaigns such as polio eradication.

The uniqueness of PRCS basic health units is the facility of antenatal care and presence of female doctors. This is highly appreciated by the local communities as the government's basic health units do not usually have female doctors for antenatal and postnatal care. In many remote areas, these PRCS basic health units serve as the only health care facility for women, who being conservative, are reluctant to seek medical care from male doctors. As mentioned earlier, the PRCS basic health units also provide family planning counselling and EPI immunization thus contributing significantly to preventive health services. PRCS has recently adopted the provision of contraceptives into the national health policy and now contraceptives have also been procured along with general medicine procurement.

In the emergency phase, a total of 67,228 patients were seen by the PRCS mobile and static health teams in Turbat, Jhal Magsi, Kamber-Shahdad Kot, and selected areas of Pasni, Ormara, Thatta and Karachi.

In the four basic health units established by PRCS, more than 92,500 patients have been treated in the recovery phase (up to 30 April 2009). The following is a breakdown of total patients seen at all these basic health units:

	Jhal Magsi (Since July 2007)	Sibi (Since Aug 2008)	Larkana (Since Dec 2008)	Dadu (Since Feb 2009)
Male	15,419	4,604	2,724	1,211
Female	19,120	4,144	3,563	1,654
Children (≤12yrs)	27,138	7,214	4,297	1,412
Total	61,677	15,962	10,584	4,277

CBHFA is the main health capacity building component of the project. Since its launch in 2008, 20 coaches and around 100 volunteers have been trained in the Sindh province and the PRCS provincial branch in collaboration with national headquarters is planning more trainings. The revised CBHFA manual is being translated and shall soon be made available to coaches and volunteers in the field. The CBHFA volunteer household toolkit developed in 2008 is also under revision after intensive work at the national headquarters with the consultant artist. The field testing of the revised toolkit in the community is underway, after which the final document is expected to be ready by June 2009. In each quarter, a coordination meeting is held at the provincial branch, which serves for experience sharing and capacity building of the staff and volunteers.

After the regional PHiE training at Islamabad in 2008, provincial training for the health staff of Baluchistan and Sindh is planned to be held in June 2009. Other planned trainings include monitoring and evaluation, budgeting, HIV prevention, reproductive health and safe clinical practices. One important feature of capacity building is development of information, education, communication material in the local languages, which is underway and has been demanded by the local volunteers and staff for quite some time.

According to the plan of action for this appeal, in order to ensure sustainability, after June 2007, these health clinics will be supported under the health and care programme (PPK 404) of the Pakistan earthquake emergency appeal ([M05EA022](#)) to December 2009.

Challenges:

Administrative delays and scarcity of qualified human resource remain the major challenges for proper programme implementation. Logistic problems also account as constraints as the project area expands in two provinces. Furthermore, regular monitoring and supervision visits from the national headquarters are also recommended at least on a quarterly basis.

Capacity building:

Land for the construction of a district branch/warehouse building in Turbat was allocated to PRCS in December 2008. However, due to certain legal issues (related to land), this construction activity cannot be implemented, and hence cancelled. As mentioned in the previous operations update, three newly developed branches (in Kharan, Larkana and Kamber Shahdad Kot) are operating out of permanent facilities provided by the local governments. After June 2009, the running costs of these four districts will be supported under the organizational development programme (PPK 006) of the Pakistan earthquake emergency appeal ([M05EA022](#)) until December 2009.

For construction of a warehouse in Karachi (Sindh), a consultant was appointed in February 2009. The design for the building was finalised in April 2009. Selection of a contractor is also under process; the International Federation's construction manager based in Islamabad is providing technical support for this activity.

This is the only activity which will not be implemented by June 2009. Although the completion timeframe for the building is until September 2009, based on the experiences (related to delays) from the construction programme under the Pakistan earthquake appeal ([M05EA022](#)), an extension is being sought to December 2009.

How we work

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

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

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

Contact information

For further information specifically related to this operation please contact:

- In Pakistan: Pakistan Red Crescent Society (Ilyas Khan, Secretary General), phone: +92 51 925 0409; email: m.ilyas@prcs.org.pk.
- South Asia regional office in Delhi: Mr. Azmat Ulla (head of regional delegation), email: azmat.ulla@ifrc.org, phone: +91 11 2411 1122, fax: +91 11 2411 1128.
- Asia Pacific zone office in Kuala Lumpur:
 - Mr. Jagan Chapagain (deputy head of zone), email: jagan.chapagain@ifrc.org, phone: +6 03 9207 5700, fax: + 6 03 2161 0670
 - Ms. Penny Elghady, resource mobilization and PMER coordinator, email: penny.elghady@ifrc.org, phone: + 6 03 9207 5775, fax: +6 03 2164 9877
 - Tan Lay Eng, planning and reporting officer, email: layeng.tan@ifrc.org, phone: +6 03 9207 5731, fax: + 6 03 2164 9877
 - Disaster management unit: Mr. Daniel Bolanos Gonzalez (regional disaster response delegate), email: daniel.bolanos@ifrc.org ; phone: +603 9207 5723, mobile; +6 012 975 0144;

International Federation of Red Cross and Red Crescent Societies

MDRPK001 - Pakistan - Cyclone Yemyin/Floods

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/7-2009/4
Budget Timeframe	2007/7-2009/12
Appeal	MDRPK001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	14,105,138					14,105,138
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
American Red Cross	233,700					233,700
Australian Red Cross (from Australian Government)	1,132,161					1,132,161
British Red Cross (from DFID - British Government)	927,920					927,920
Canadian Red Cross	114,840					114,840
Canadian Red Cross (from Canadian Government)	488,565					488,565
Czech Red Cross	5,634					5,634
Danish Red Cross	102,814					102,814
Finnish Red Cross	495,000					495,000
German Red Cross	887					887
Hong Kong Red Cross	78,080					78,080
Icelandic Red Cross	39,308					39,308
Irish Government	411,900					411,900
Irish Red Cross	49,320					49,320
Italian Govt Bilateral Emergency Fund	165,000					165,000
Japanese Red Cross	301,473					301,473
Liechtenstein Red Cross	3,334					3,334
Monaco Red Cross	23,356					23,356
Netherlands Red Cross	80,500					80,500
Netherlands Red Cross (from Netherlands Government)	478,127					478,127
New Zealand Red Cross	49,980					49,980
Norwegian Red Cross	103,250					103,250
Norwegian Red Cross (from Norwegian Government)	929,250					929,250
On Line donations	56,130					56,130
OPEC Fund For Int-l Development	336,608					336,608
Other	6					6
Singapore Red Cross	2,274					2,274
Singapore Red Cross (from Singapore Government)	23,958					23,958
Swedish Red Cross (from Swedish Government)	179,400					179,400
Swiss Red Cross	100,000					100,000
Taiwan Red Cross Organisation	60,150					60,150
C1. Cash contributions	6,972,924					6,972,924
<u>Inkind Goods & Transport</u>						
Austrian Red Cross	213,642					213,642
British Red Cross	163,516					163,516
Danish Red Cross	14,000					14,000
Finnish Red Cross	5,490,371					5,490,371
Great Britain - Private Donors	109,010					109,010
Greenstar	2,841					2,841
Spanish Red Cross	749,649					749,649
Swedish Red Cross	118,000					118,000
Swiss Red Cross	54,000					54,000
C3. Inkind Goods & Transport	6,915,028					6,915,028
<u>Inkind Personnel</u>						
German Red Cross	13,640					13,640
C4. Inkind Personnel	13,640					13,640

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C. Total Income = SUM(C1..C5)	13,901,592					13,901,592
D. Total Funding = B +C	13,901,592					13,901,592
Appeal Coverage	99%					99%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	13,901,592					13,901,592
E. Expenditure	-11,882,456					-11,882,456
F. Closing Balance = (B + C + E)	2,019,136					2,019,136

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		14,105,138					14,105,138	
Supplies								
Shelter - Relief	666,000	657,859				657,859	8,141	
Construction - Facilities/Infrastruc	8,000						8,000	
Clothing & textiles	1,553,261	531,153				531,153	1,022,108	
Food	360,123	346,168				346,168	13,955	
Water & Sanitation	111,685	91,300				91,300	20,385	
Medical & First Aid	106,966	110,438				110,438	-3,472	
Teaching Materials	2,400						2,400	
Utensils & Tools	264,221	666,407				666,407	-402,186	
Other Supplies & Services	6,608,847	599,527				599,527	6,009,320	
ERU		5,952,035				5,952,035	-5,952,035	
Total Supplies	9,681,503	8,954,887				8,954,887	726,616	
Land, vehicles & equipment								
Land & Buildings	600,000						600,000	
Vehicles	727,102	283,077				283,077	444,025	
Computers & Telecom	57,306	49,852				49,852	7,454	
Office/Household Furniture & Equipm.	9,000	21,247				21,247	-12,247	
Total Land, vehicles & equipment	1,393,408	354,176				354,176	1,039,232	
Transport & Storage								
Storage	141,696	125,162				125,162	16,534	
Distribution & Monitoring	814,069	793,135				793,135	20,934	
Transport & Vehicle Costs	361,198	344,135				344,135	17,063	
Total Transport & Storage	1,316,963	1,262,432				1,262,432	54,531	
Personnel								
International Staff	161,526	156,016				156,016	5,510	
National Staff	150,951	133,625				133,625	17,326	
National Society Staff	255,121	145,187				145,187	109,934	
Consultants	36,000	23,050				23,050	12,950	
Total Personnel	603,598	457,879				457,879	145,720	
Workshops & Training								
Workshops & Training	168,703	31,672				31,672	137,031	
Total Workshops & Training	168,703	31,672				31,672	137,031	
General Expenditure								
Travel	133,171	111,887				111,887	21,284	
Information & Public Relation	16,088	11,090				11,090	4,998	
Office Costs	159,868	145,451				145,451	14,417	
Communications	40,779	36,626				36,626	4,153	
Professional Fees	12,932	16,407				16,407	-3,475	
Financial Charges	-21,058	-32,943				-32,943	11,885	
Other General Expenses	36,358	18,474				18,474	17,884	
Total General Expenditure	378,138	306,993				306,993	71,146	
Programme Support								
Program Support	533,202	318,564				318,564	214,638	
Total Programme Support	533,202	318,564				318,564	214,638	
Services								
Services & Recoveries		65,557				65,557	-65,557	
Total Services		65,557				65,557	-65,557	
Operational Provisions								
Operational Provisions	29,623	130,296				130,296	-100,673	
Total Operational Provisions	29,623	130,296				130,296	-100,673	

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		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		14,105,138					14,105,138	
TOTAL EXPENDITURE (D)	14,105,138	11,882,456					11,882,456	2,222,682
VARIANCE (C - D)		2,222,682					2,222,682	