

Annual report



International Federation
of Red Cross and Red Crescent Societies

Democratic Republic of Congo

Appeal No. MAACD001

09/06/2009

This report covers the period 01/01/2008 to
31/10/2008.



DRC RC volunteer conduct hygiene promotion group discussion in Equateur Province. **International Federation**

In brief

Programme purpose: Based on the PIC (Programme Initiative Congo) the Appeal 2008-2009 of the Federation for the Red Cross of the Democratic Republic of the Congo aimed at contributing to the improvement of the living conditions of the most stripped populations by enhancing quality and impact and substantially multiplying activities based on the priorities defined in the 2010 Strategy, ARCHI 2010, the Ouagadougou Declaration, and the Algiers Plan of Action.

Programmes summary:

Enhancing Disaster Preparedness and Disaster Response was achieved by providing technical and financial support to the Red Cross of the Democratic Republic of the Congo (RCDRC) in hazards and risks mapping and contingency planning at headquarters level and in all 11 provinces, training and managing disaster response teams at national, provincial and community levels; developing minimal procedures to ensure timely rapid needs assessment and quick response to disasters. Under the DM sector, RCDRC also helped communities in high risk areas to improve their resilience to disasters by developing small scale risk reduction initiatives and improving their food security.

Promotion of basic health and Care was done by ensuring community-based water supply and sanitation; carrying out community-based first-aid activities; promoting child and maternal health; preventing, mitigating and responding to the impact of malaria, cholera, measles, Ebola, and HIV/AIDS. In this area RCDRC has developed the capacity to mobilize up to 3,000 volunteers countrywide for massive campaigns when needed.

Organizational Development: This was achieved by building the capacities of the National Society and communities through restructuring, revision of legal documents and management procedures (financial, logistics and administration); identifying training needs, developing training curricula and material and organising training and coaching for staff and volunteers as needed. Training activities are extended to beneficiary groups, the majority of whom are women, members of newly initiated mothers clubs.

Humanitarian Values: Disseminating humanitarian values and the fundamental principles of Red Cross; and protecting the Red Cross emblem were part of the activities under this sector. However the main focus was on supporting RCDRC projects that aimed at providing adequate assistance to women victim of sexual violence (rape) as a result of the ongoing armed conflict in the Eastern part of the country. Another important element was the anti-discrimination programme which aimed at facilitating social integration of the Pygmies in Equateur province.

Financial situation: The total budget for 2008 is of **CHF 2,734,265 (USD 2,485,696 or EUR 1,693,044)**, financed at CHF 1,880,150. Expenditure overall is 66 percent.

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

No. of people we help: The Congo Programme Initiative (PIC) which is the implementation strategy of the National Society's appeal reached about 150,000 direct beneficiaries in 2008. However, it is expected that due to the multiplication elements of the strategy the activities might have reached about 500,000 indirect beneficiaries. Unfortunately in RCDRC branches capacities to capture, analyse and report on such information are still very weak and need to be developed.

Our partners: In 2008, the Federation received funding from Swedish, Finnish, Danish and Irish Red Cross Societies and from UK Department for International Development (DFID). Also bilateral financial support was provided to RCDRC by ICRC, Spanish Red Cross and Belgian Red Cross as well as the Global Alliance for Vaccination and Immunisation (GAVI). Technical support was received from various government departments and from the United Nations Food and Agriculture Organisation (FAO).

Context

Despite growing peace in most parts of the country, the reporting period was marked by very volatile security and humanitarian situations in the eastern provinces (South and North Kivu Provinces and Province Orientale) resulting in massive and recurrent displacements of populations. According to UNHCR, it was estimated that more than 1.7 millions internally displaced people (IDP) were leaving in the three provinces in 2008, among them more than 90% were not located in the camps, but in host communities. At the same time, more than 39,000 refugees returned to DRC from neighbouring countries. All this has put a heavy burden on the capacity of the households to meet their basic needs, especially those of the 71% of the population who live under the country's poverty line.

The deterioration of the conflict situation in the east of DRC has heightened the situation of the most vulnerable, especially women and young girls who became victims of sexual harassment and abuse used by armed groups as strategy of war, in breach of the Geneva Conventions. Fortunately, the arrest by the International Criminal Court (ICC) of Jean Pierre Bemba on 24 May, 2008 and his transfer to the IPC on 2 July, 2008; the stepping down of the Prime Minister Antoine Gizenga on 25 September 2008 and the later dismissal of the speaker of the parliament on 16 Mars 2009 (all three events reflecting re-composition of the political forces in the country) have not worsened the over all social and political situation of the country. On the contrary, some hope was raised by the signing of a peace agreement between the Government and one of the most active rebel groups in the eastern part of the

country (CNDP), despite the fact that this did not prevent fighting between dissident groups and the national army (FARDC).

In addition to the consequences of long lasting armed conflicts which have further weakened infrastructure and basic services, vulnerable communities in DRC faced in 2008 challenges posed by natural disasters among which the most serious ones were floods, epidemics (Ebola and cholera) and the resurgence of polio virus. The situation was further worsened by the lack of widely shared national plans to respond to natural disasters.

According to the United Nations 2007/2008 Human Development Report, DRC ranked 168 out of 177 poorest countries. This correlates with very low performance levels in the health sector (very high prevalence of severe under five malnutrition; very high percentages of the population with no adequate access to health services, to water and sanitation; high HIV/AIDS prevalence rate among the youth aged 15-49).

In order to be in a better position to contribute to enhancing the resilience of vulnerable communities, RCDRC has continued restructuring its management structures through the creation of new departments and the recruitment of qualified staff. The National Society has also continued to strive to improve its procedures and to enhance its outreach capacities. However despite important improvements in this area (the RCDRC has the capacity to mobilize more than 3,000 volunteers countrywide for massive one-off campaigns), the NS could not fully integrate its plans into national development and/or humanitarian plans.

Progress towards outcomes

Disaster Management

Expected outcomes

- Risk maps of target areas and adequate planning are developed in the provinces and divisions targeted by the programme in DRC.
- The vulnerable populations and Red Cross local committees have good mastery of the risks specific to their respective localities and ensure effective disaster prevention and response.
- Interventions to respond to disasters are improved and carried out in a more professional way through good coordination and the use of realistic contingency plans.

Achievements

All 11 RCDRC provincial structures have developed or updated their contingency plans, though they still need to be adjusted. About half of the provinces have developed skills and know-how in contingency planning which they put at the disposal of provincial authorities for timely and coordinated response to emergencies. A good example in this regards is the role the RCDRC provincial committee plays in North Kivu in leading preparedness for volcanic eruptions in Goma and its surroundings.

To support the work of provincial RC committees, the National Society (NS) conducted the first set of trainings aimed at developing a well skilled disaster response team which can be mobilized and deployed to any parts of the country at short notice. In that view, with financial support from the Federation 14 staff members were trained in Kinshasa and another 110 staff and volunteers were trained in 11 provinces. These trained staff will be further coached and managed through the NS' nationwide database of disaster responses officers.

A total of 3,576 Red Cross volunteers and community members were trained in various topics of community based first aid (CBHA). They have been very active in disaster risk

reduction raising community awareness on disaster hazards such as floods, outbreaks of cholera, volcanic eruptions, road accidents, etc. and in responding to small scale disasters through rapid needs assessments, relief distribution, psychosocial support and restoring family links.

During the reporting period, RCDRC provided emergency relief assistance to more than 3,500 households (28,000 people) throughout the country. In Kinshasa province, another 10,000 people (1,300 households) received agricultural input and training in conservation farming, food processing and in managing small scale income generating activities.

Disaster preparedness and response activities were also financed by ICRC and Spanish Red Cross.

Health and Care

Expected outcomes

- Access to drinking water and sanitation is improved in Equateur, Western Kasai, Eastern Kasai, Bas-Congo and Bandundu to reduce the risks of cholera epidemics and the prevalence of water-borne diseases;
- The understanding of HIV/AIDS and the attention to people living with HIV/AIDS (PLWHA) are reinforced in the target provinces of DRC in view to change behaviours.
- The multi-antigen immunization coverage rate has increased in target zones within the country.

Achievements

With financial and technical support from the Federation, six water sources and 10 wells were constructed in the provinces of Equateur, both Kasai and Maniema thus increasing access to safe drinking water for some 17,000 beneficiaries. Also, about 325 sensitization sessions on hygiene and sanitation informed some 52,200 persons. Sixty volunteers at the border of Lake Tanganyika organized seven water chlorination sessions for 5,600 beneficiaries.

While fifty-five members of women's clubs (mothers clubs) conducted sensitization sessions to raise awareness of some 3,750 women using peer education techniques, about 18,980 persons were sensitized on the prevention of HIV/AIDS.

In 2008, with the support received from all components of the Movement present in the country, RCDRC could help vulnerable communities rehabilitate and/or construct 40 water sources, 70 wells and latrines for 15 public places (markets, school and health centres).

The Federation facilitated for the NS negotiating and signing a 1,500,000 USD two-year agreement with GAVI. This partnership will run from June 2008 to June 2010 and build on the strong RCDRC volunteers' base. This partnership aims to increase the capacity of mobilising and educating communities in order to improve the coverage of the Extended Vaccination Programme in 65 health districts in five provinces (Katanga, Kinshasa, Kasai Occidental, Kasai Oriental and South Kivu). The programme has so far trained 2,213 community animators and reached out 3,915 households with more than 3,000 health education events. The programme also helped immunize 643 children aged 1-11 months (DTCHepB3) and 762 pregnant women (anti tetanic vaccine).

Organisational Development

Expected outcomes

- Women are better represented at every level of coordination and management organs and their capacities are built to enable them to fully play their roles;
- The local branches of the NS are reactivated and local assemblies are held within the timeframe provided by the articles of the association to elect new leaders;
- The financial resources of the National Society are developed and diversified, and bookkeeping is mastered at national headquarters and local branch levels;
- Planning, monitoring, evaluation and reporting systems are improved in the National Society;
- Through the CAS process, RCDRC has consolidated partnerships with other Movement components, governments, the UN and national and international organizations.

Achievements

The NS finalized the reorganization of the Secretariat General with the recruitment of new heads of disaster management and information/communication departments; and of the gender, assistance and youths divisions. The restructuring was simultaneously done with the revision of the statutes, the evaluation of the 2004-2008 strategic development plan (SDP) and the formulation of a new strategic plan for 2009-2013. These important processes were followed by the formation of an operational alliance focusing on preventive community based health initiatives. The document is yet to be funding arrangements for the alliance are yet to be negotiated.

Vulnerability and capacity analysis (VCA) were conducted in Bandundu and Katanga provinces and the PIC approach was introduced in a more structured manner. The SWOT analysis of both branches revealed many structural and functional weaknesses and a plan of action was developed to renew the provincial committees and enhance their supervision role through adequate training and coaching. All other provinces received regular coaching and technical support from both the Governance and the Management of the NS with technical advice from the Federation.

Also the Federation provided technical support for training all 11 provincial secretaries and all 11 provincial head of finance and administration departments on the implementation of the NS' manual of financial and logistics procedures. This has enhanced adherence to financial and logistics procedures by branches and the quality of their financial reports. It is however worth mentioning that because not all provincial staff was trained there is still the need to improve the training strategy and curriculum and conduct such training for all provincial staff (about 70 people).

To enhance the participation of women in all activities and decision making processes the concept of "Mothers Clubs" was introduced based on the lessons learnt from similar experience by Togo and Ghana Red Cross Societies. Subsequently, at least one Mothers Club per province with a total membership of 350 people were formed and some of them were financially and technically supported on income generating activities which will later provide them with increased revenue to be able to better face their basic needs (health and education for their children). Twenty leaders of the clubs were trained in management of small scale income generating activities.

Humanitarian Values

Expected Outcomes

- The Fundamental Principles of the Movement and Humanitarian Values are well understood within the Red Cross and by the populations in the areas covered by PIC, and abuses of the emblem are reduced in the DRC;
- Discrimination against pygmies is reduced in Bandundu, Northern Maniema, Equateur and Province Orientale.
- Stigma against female sexual abuse victims is reduced and they benefit from adequate attention in North and South Kivu (DRC).

Achievements

With support from the Federation, ICRC and Belgian RC, RCDRC conducted very intensive dissemination, advocacy and image building campaign throughout the country using mainly TV and radio broadcasting events. A total of 850 such events were carried out in 2008. More than 200 volunteers-communicators were trained on topics related to the Fundamental Principle, Humanitarian Values and Red Cross Red Crescent Emblem.

For decades Pygmies have suffered from discrimination stigma and social exclusion resulting into very high levels of vulnerability in very difficult living conditions. To help overturn this situation, enhance the resilience of the Pygmies and their participation into local development initiatives, RCDRC volunteers from the Equateur Province organized community based health and hygiene promotion activities that brought together the minority pygmies and the majority Bantus. About 5,700 people from the Pygmies and Bantus communities were provided health education by more than 100 trained Red Cross and community volunteers in Mbandaka and surrounding villages. Mothers clubs with members from both communities were formed. These Mothers clubs supervised household hygiene promotion and sanitation and monitored under-five immunization activities. Some 61 community volunteers (28 Bantus and 33 Pygmies) were trained in community based first aid. Also 25 Pygmies women head of households received training, as well as human and material support from volunteers from the Bantu community for the rehabilitation of their houses under the supervision of Red Cross volunteers.

Through its outreach approach and with financial support from the Federation, RCDRC reached out more than 39,000 people with anti-stigma and referral activities under its “victims of sexual violence–VSV” programme in North and South Kivu. Sensitization activities targeted both men and women which represents 65% and 35% of the beneficiary groups respectively. Other important components of the VSV programme are psychosocial support, counselling, social mediation and social reintegration of the victims and facilitation of referral of the victims to specialized treatment centres. Below is the statistics of the VSV programme for 2008.

Table 1: statistics of the VSV programme

	North Kivu	South Kivu	Total
Sensitization campaigns	672	399	1,071
Population reached through sensitization activities	24,600	11,700	36,300
Women received and counselled in counselling centres	1,005	116	1,121
Women referred	978	116	1,094
Women assisted with relief items	90	60	150
Women assisted with social integration activities (mediation and income generating activities)	23	24	47

Working in partnership

In addition to Swedish, Irish and Finnish Red Cross who channel their financial support through the Federation, four partner National Societies collaborate with the RCDRC in health, disaster preparedness and disaster risk reduction as well as promotion of the humanitarian values programmes on a bilateral basis. These are Spanish Red Cross, Danish Red Cross and both the francophone and the Flemish communities of Belgian Red Cross. An intense partnership was developed resulting into advanced discussions on the formation of an operational alliance in health and other sectors.

The ICRC, the Federation, the participating National Societies present in DRC and the National Society maintain very good relationships which facilitate dialogue within the Movement.

Also, steps have been taken to enhance collaboration with UNICEF, WHO, FAO and MSF as well as government technical departments.

Contributing to longer-term impact

Though not all RCDRC programmes are reflected in government or interagency planning documents as part of national development or humanitarian plans, the vulnerability assessment at every PIC's step makes it possible to focus on real element of community and households vulnerability, thus ensuring the relevance of the programmes and their effective contribution to national efforts to reduce poverty, get closer to the millennium development goals (MDGs) and ensure greater resilience of the population to social, economic, technological and natural shocks.

More specifically, the programmes for the Pygmies and for women victims of sexual abuse not only offer the opportunity to meet the basic needs of the beneficiaries, They offer a very excellent opportunity to engage in an active advocacy against impunity, stigma, discrimination and social exclusion thus ensuring greater compliance with the Geneva Conventions and Human Rights.

The formation of national and provincial disaster response teams and the formulation of contingency plans offer a good opportunity for knowledge sharing with and capacity building for national and local authorities thus contributing to improving disaster preparedness and disaster response mechanisms in the country.

Looking ahead

The PIC is now implemented in all 11 provinces. However the approach has the capacity to only mobilize RCDRC structures and vulnerable communities prepare then for the implementation of minimum set of activities with optimal volume of funding that will help reduce vulnerability in an irreversible manner. It is therefore necessary that more partners engage into long term operational alliances with the NS focusing on one or two provinces, taking stock of the lessons learnt from similar experience in the Province Orientale where Danish Red Cross and RCDRC are implementing a long term integrated health programme.

The vastness of the country and the weakness of the transport and telecommunication systems pose serious challenges to close and efficient monitoring by RCDRC headquarters of activities implemented in the branches. Unfortunately, due mainly to lack of funding, it has not been always possible to provide volunteers with adequate toolkits or boost up the

capacities of the NS' provincial structures to collect, analyse and utilize data that will enable them measure and report on the impact of their activities. More efforts must be done by partners to enhance planning, monitoring, evaluation and reporting (PMER) capacities within the NS. In so doing so, special attention should be paid to EU project management tools.

The NS leadership will engage national authorities on issues related to international disaster response law (IDRL); disaster risk reduction; climate change and climate adaptation.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"> • In DR Congo: Yawo Gameli Gavlo; Federation Representative; Representation of DR Congo; email: yawogameli.gavlo@ifrc.org; phone; + 243 81 880 14 18. • In Cameroon: Javier Medrano, Federation Representative, Central Africa Regional Representation, Yaoundé; email: javier.medrano@ifrc.org; telephone (Office)+237 22 21 74 37 or +237 22 21 74 38, (Mobile) +237 96 29 87 89; Fax: +237 22 21 74 39. • In Senegal: Alasan Senghore, Federation Head of West and Central Africa Zone Office Dakar; email: alasan.senghore@ifrc.org; telephone +221.33 869.3640; fax +221.33 820.25.34. 	

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MAACD001 - Democratic Republic of Congo

Annual Report 2008

Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAACD001
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	720,396	1,033,807	641,345	338,717	0	2,734,265
B. Opening Balance	0	0	0	0	0	0
Income						
<u>Cash contributions</u>						
<i>Danish Red Cross</i>		19,568	52,706			72,274
<i>Danish Red Cross (from Danish Government)</i>		150,681	89,620			240,301
<i>DFID Partnership grant</i>	138,789					138,789
<i>Irish Government</i>	50,194	47,367	28,413			125,974
<i>Other</i>			-852			-852
<i>Swedish Red Cross</i>		76,124	19			76,142
<i>Swedish Red Cross (from Swedish Government)</i>	233,251	217,983	327,028	232,857		1,011,120
C1. Cash contributions	422,235	511,723	496,933	232,857		1,663,748
<u>Outstanding pledges (Revalued)</u>						
<i>DFID Partnership grant</i>	138,348					138,348
C2. Outstanding pledges (Revalued)	138,348					138,348
<u>Other Income</u>						
<i>Miscellaneous Income</i>		4,833		22		4,854
C5. Other Income		4,833		22		4,854
C. Total Income = SUM(C1..C5)	560,583	516,556	496,933	232,879	0	1,806,950
D. Total Funding = B + C	560,583	516,556	496,933	232,879	0	1,806,950
Appeal Coverage	78%	50%	77%	69%	#DIV/0	66%

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	0	0	0	0
C. Income	560,583	516,556	496,933	232,879	0	1,806,950
E. Expenditure	-559,970	-516,333	-496,381	-232,247	0	-1,804,931
F. Closing Balance = (B + C + E)	613	223	552	631	0	2,020

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		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)		720,396	1,033,807	641,345	338,717	0	2,734,265	
Supplies								
Clothing & textiles	6,000	6,943			3,682		10,625	-4,625
Food			55		5,997		6,052	-6,052
Seeds,Plants		880			1,851		2,731	-2,731
Water & Sanitation	178,476	16,635	119,482	2,187	5,735		144,039	34,437
Medical & First Aid	48,160	22,117		53			22,169	25,991
Teaching Materials	45,871	3,816	3,324		2,160		9,300	36,571
Utensils & Tools		1,997			1,092		3,089	-3,089
Other Supplies & Services	202,839	23,584	2,993	3,022	10,045		39,644	163,195
Total Supplies	481,345	75,972	125,853	5,261	30,563		237,650	243,696
Land, vehicles & equipment								
Land & Buildings	104,000			4,614			4,614	99,386
Vehicles		19,656					19,656	-19,656
Computers & Telecom	32,370	6,342	3,799	26,443	1,000		37,584	-5,214
Office/Household Furniture & Equipm.		4,992	1,355				6,347	-6,347
Total Land, vehicles & equipment	136,370	30,990	5,154	31,057	1,000		68,201	68,169
Transport & Storage								
Storage		18,320	1,789	8,077	4,003		32,189	-32,189
Distribution & Monitoring		2,738	4,417	9,028	5,426		21,609	-21,609
Transport & Vehicle Costs	145,043	23,518	42,421	26,025	18,099		110,062	34,981
Total Transport & Storage	145,043	44,576	48,626	43,130	27,528		163,861	-18,818
Personnel								
International Staff	945,000	50,727	173,325	224,616	94,272	-38	542,903	402,097
Regionally Deployed Staff			596				596	-596
National Staff	140,804	61,553	38,208	47,023	14,745		161,529	-20,725
National Society Staff	150,755	34,913	66,603	43,056	17,612		162,184	-11,429
Consultants	29,970				15,169		15,169	14,801
Total Personnel	1,266,529	147,193	278,732	314,695	141,798	-38	882,381	384,148
Workshops & Training								
Workshops & Training	318,764	175,526	27,347	48,855	4,321		256,049	62,716
Total Workshops & Training	318,764	175,526	27,347	48,855	4,321		256,049	62,716
General Expenditure								
Travel	47,839	5,471	16,555	11,507	9,518	38	43,087	4,751
Information & Public Relation	26,495	21,136	-12,138	2,648	555		12,200	14,295
Office Costs	69,274	5,820	14,288	13,554	2,165		35,826	33,447
Communications	43,690	1,534	8,134	6,123	8,041		23,831	19,859
Professional Fees	12,360							12,360
Financial Charges	7,329	8,011	-2,238	11,066	-11,575		5,264	2,065
Other General Expenses	1,500	28,478	17,216	28,427	2,630		76,751	-75,251
Total General Expenditure	208,486	70,449	41,818	73,323	11,333	38	196,961	11,525
Programme Support								
Program Support	177,727	36,347	33,562	32,265	15,303		117,476	60,251
Total Programme Support	177,727	36,347	33,562	32,265	15,303		117,476	60,251
Services								
Services & Recoveries		779					779	-779
Total Services		779					779	-779
Operational Provisions								
Operational Provisions		-21,863	-44,760	-52,205	402		-118,426	118,426
Total Operational Provisions		-21,863	-44,760	-52,205	402		-118,426	118,426
TOTAL EXPENDITURE (D)	2,734,265	559,970	516,333	496,381	232,247	0	1,804,931	929,334

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		720,396	1,033,807	641,345	338,717	0	2,734,265	
VARIANCE (C - D)		160,426	517,474	144,964	106,470	0	929,334	