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# Final Report

## Pakistan: Floods 2011

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRPK007 GLIDE n° [FL-2011-000130-PAK](#) 31 August 2012

This is the final report for this operation covering a timeframe until 31 March 2012.

**Period covered by this operation update:** 9 September 2011 to 31 March 2012.

**Appeal target (current):** CHF 5.3 million [<click here to view the attached emergency appeal budget>](#)

**Appeal coverage:** The appeal is 106 per cent covered in cash and kind. The remaining funds of CHF 1,236,417 under this operation, including earmarked funds from Canadian Red Cross and Spanish Red Cross, will be moved to the International Federation of Red Cross and Red Crescent Societies' (IFRC) long-term planning framework 2012-2015. [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

#### Appeal history:

- An initial preliminary Emergency Appeal was launched on 9 September 2011 for CHF 10.6 million to assist 105,000 people (15,000 families) for four months.
- Disaster Relief Emergency Fund (DREF): CHF 500,000 was initially allocated from the International Federation of Red Cross and Red Crescent Societies' DREF to support the Pakistan Red Crescent National Society to respond to the floods in Sindh province.
- A revised Emergency Appeal was launched on 31 January 2012 for CHF 5,304,193 to assist 105,000 people (15,000 families) for six months.

#### Summary:

In September 2011 4.8 million people were affected by the floods in Sindh province, southern Pakistan, of which approximately 72,000 people stayed in relief camps<sup>1</sup>. In the six and a half months of relief interventions, Pakistan Red Crescent Society (PRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) and other Red Cross Red Crescent Movement partners, reached 65,406 families (457,842 people) with food and non-food distributions, 140,112 people with emergency health services and 208,600 people with water



Pakistan Red Crescent Society (PRCS) with the support of International Federation of Red Cross and Red Crescent Societies (IFRC) has reached 140,190 people through health and care interventions. In above photo, a community-based health and first aid (CBHFA) volunteer conducts an awareness session for community people with the help of a CBHFA tool kit translated in local language, in district Thatta, Sindh. **Photo:** IFRC health

<sup>1</sup> National Disaster Management Authority (NDMA) – 16 December 2011

and sanitation. Based on continued relief needs substantiated in the detailed assessments conducted jointly by PRCS and IFRC, and responding to the request from PRCS, this Emergency Appeal was revised to provide appropriate and timely assistance in the sectors of relief, health, and water and sanitation. The emergency health component was the last to be active, with activities completed by 20 March 2012.

The balance of funds amounting to CHF 1,236,417 will be transferred to the IFRC Pakistan country office long-term planning framework 2012-2015, covering the disaster management, health and care, and organisational development programmes.

Partners/donors who have any questions about the reallocation of the final balance of funds are requested to contact IFRC within the next 30 days.

The International Federation of Red Cross and Red Crescent Societies, on behalf of the Pakistan Red Crescent Society, would like to thank all the partners for their generous response to this appeal.

## The situation

The 2011 flooding in Sindh province, south-east Pakistan commenced in August 2011 and is recognized as the worst in its history, wrought widespread destruction and displacing hundreds of thousands of people, and affecting millions. The province remained crippled throughout the end of 2011, as the government and affected communities came to terms with overstretched resources and huge economic losses.

A total of 4.8 million people – half of which are children – were affected by the floods in Sindh, southern Pakistan, and it was estimated that some 72,000 people stayed in relief camps. By mid-January 2012, it was estimated that 10 per cent of the province still remained inundated, as aid agencies consolidated mapping locations of displaced people from these areas. The UN established a Temporary Settlement Support Unit (TSSU) in the same month to monitor temporary settlements, reporting in early February 2012 that almost half of the affected population were still lacking clothing and winterization support<sup>2</sup>. The Government of Pakistan distributed cash to affected people through its “Pakistan card” programme, providing almost PKR 11 billion (approximately CHF 110 million) as of 30 January 2012.

Standing water continued to isolate communities from road access until November 2011, and many existing health facilities remained submerged in that period, forcing many health interventions to be carried out at relief camps. Despite some initial fears on vectorborne disease outbreaks due to the standing waters, no major health issues were reported during the period of the operation.

By March 2012, however, water had receded in 95 per cent of affected areas<sup>3</sup> and the vast majority of the affected communities had returned to their homes. It was estimated in April 2012, that some 10,000 people remained displaced due to standing water still inundating areas in the districts of Sanghar, Badin and Umerkot<sup>4</sup>. The international aid community has continued to provide support to recovery activities, which began in February 2012, in affected areas of the provinces of Sindh and neighbouring Balochistan

Based on persisting relief needs found by detailed assessments conducted jointly by PRCS and IFRC in October – November 2011, and responding to the request from PRCS, a revised Emergency Appeal was launched to provide continued appropriate and timely assistance in the sectors of relief, health, and water and sanitation. The extension of timeframe was necessary to allow completion of activities, particularly in health where needs persisted beyond relief distributions. It also allowed time for the completion of a monitoring exercise in February 2012. The significant reduction in budget reflected the gaps in implementation capacity within a short timeframe, with the local government notifying the end of food relief distributions on 31 December 2011. It also acknowledged donor fatigue experienced by humanitarian organizations across Pakistan, in a year fraught with global disasters.

## Coordination and partnerships

Sindh province bore the brunt of the 2011 floods disaster, with the operation implementation managed directly from the IFRC (provincial) Office in Sind and headed by an IFRC operations coordinator. Close coordination was established with the Sindh branch of PRCS and with Movement partners based in the area. The operational staff of the Federation attended local, district and provincial coordination meetings, and attended cluster meetings that had been activated in the different affected areas.

Coordination meetings for the Red Cross Red Crescent Movement partners were held regularly in Karachi on a monthly base, with the last meeting on the relief operation held on 31 January 2012 in Larkana. Movement

<sup>2</sup> UNOCHA humanitarian bulletin Issue – 10 February 2012

<sup>3</sup> FAO report on water recession levels – 10 March 2012

<sup>4</sup> UNOCHA humanitarian bulletin Issue – 24 April 2012

coordination meetings also took place in Islamabad in order to facilitate information sharing on ongoing response efforts as well as discuss any issues encountered in the implementation of the assistance programmes.

The IFRC Asia Pacific zone office in Kuala Lumpur supported the IFRC country office through regular teleconferences, facilitating donor responses and information management for external audiences.

## Red Cross and Red Crescent action

### Overview

Following heavy downpour of rains in the last week of August and first days of September 2011, the PRCS requested IFRC and its partners for support to those affected by the flooding. PRCS had sent an assessment team to the region, which sketched a picture of large devastation, however due to inaccessibility of roads, had difficulties to undertake an extensive assessment. An initial call for response operation support was made on 5 September to IFRC, the partner national societies (PNS) and The International Committee of the Red Cross (ICRC) in Pakistan. The provincial branch of PRCS in Sindh coordinated with the provincial disaster management authority.

A preliminary Appeal was launched on 9 September for CHF 10.6 million to assist 105,000 people (15,000 families) for four months. At the same time a decision was taken for the deployment of an IFRC regional disaster response team (RDRT). The team arrived in October 2011 to assist in leading the emergency response and to prepare a detailed assessment. Two more members from Nepal and Afghanistan were deployed in late October and November respectively. Having obtained sufficient and updated information of the area, a detailed assessment was completed in November 2011. The findings and recommendations of this report, along with considerations from the joint UN-government of Pakistan multi-sectoral assessments, helped to outline the operation's plan of action and revised emergency appeal. The only significant challenge faced by these teams was the occasion of Muharram in early December, interrupting the operations of some teams for several days due to access restrictions and increased security threats in the field.

The RDRT teams worked closely with the Sindh PRCS provincial branch. The PRCS Disaster Manager accompanied the RDRTs to support the relief distributions, planning and reporting. Jointly they also reviewed existing procedures, tools and formats, identifying areas where improvements needed to be made and how to establish better reporting and accountability. This resulted in recommendations and mainstreaming of the reporting and establishing clear procedures for the provincial branch to more systematically manage information to the national headquarters.

Two RDRT members remained to see out the closure of the relief activities, with the distributions of IFRC-supported food and NFI ending on 25 December 2011. The water and sanitation intervention ended in the following month. One RDRT member remained to support a PRCS/IFRC rapid monitoring mission in January and February 2012. A water and sanitation delegate seconded by the Austrian Red Cross was also deployed, completing mission in early February 2012.

The IFRC Asia Pacific zone and South Asia regional offices also provided remote communications support to the operation, publishing stories and media relations.

### Bilateral actions

Red Cross Red Crescent Organization	Bilateral action
British Red Cross	Provision of 1,000 tents
Canadian Red Cross	2 mobile health units, 1,610 PRCS standard food packages
German Red Cross	4 mobile health units NFIs for 300 families with support from Belgium Red Cross 400 tents with support from Belgium Red Cross
German Red Cross and ICRC	12,000 PRCS standard food packages <sup>5</sup> and 12,000 NFIs
Canadian Red Cross and ICRC	2,100 PRCS standard food packages
Danish Red Cross	12,400 PRCS standard food packages, 1 mobile health unit
ICRC	10,301 tents 5 basic health kits 3 water tankers

<sup>5</sup> PRCS standard food package consist of food rations for a family of 7 persons for 15 days. The items included are: Flour (20 kg), rice (10 kg), dhal channa (peeled black chickpeas 6 kg), ghee (4 kg), white sugar (6 kg), tea (1kg), Salt (1,5 kg), dates (1 kg), roasted channa (brown chickpeas 0.3 kg), biscuits (33 packs).

Iranian Red Crescent	2,000 tents, 2,300 blankets, 10,000 kg of Rice, 1,000 kg of sugar, 1,000 kg of pulses and 1,000 tins of tuna.
Norwegian Red Cross	7,200 PRCS standard food packages 6 mobile health units
Turkish Red Crescent	516 PRCS standard food packaged

Qatar Red Crescent and UAE Red Crescent, also present in the country, supported PRCS in the emergency response phase with unspecified health and livelihood interventions.

## Progress towards objectives

### Relief distributions (food and basic non-food items)

<b>Outcome:</b> The basic food and essential household needs of 105,000 flood affected people (15,000 families) are met with provision of a one-time distribution of food parcels and NFI sets in seven districts (Badin, Mirpurkhas, Khaipur, Benazirabad, Sanghar, Thatta and Tharparkar) of Sindh province.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The immediate needs of flood affected families are met through the one-time distribution of food.	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required food assistance through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 15,000 families through the procurement, warehousing, transport and one-time distribution of food parcels (including wheat flour, rice, pulses, ghee, sugar, salt, tea, etc.).</li> <li>• Mobilize and train approximately 100 National Society/community volunteers in assessment, distribution, monitoring and evaluation and Sphere minimum standards.</li> <li>• Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system.</li> </ul>
The immediate needs of displaced families are met through the one-time distribution of essential household items.	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required relief items through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 15,000 families through one-time distribution of household items (including tents, tarpaulin sheets, jerry cans, blankets, kitchen sets, hygiene parcels, mosquito nets, as well as other non-standard items such as insect repellent).</li> <li>• Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system.</li> <li>• Mobilize and train approximately 100 PRCS/community volunteers in assessment, distribution, monitoring and evaluation, and Sphere minimum standards.</li> <li>• Ensure the replenishment of the PRCS strategic stock of the items utilized for the immediate relief.</li> </ul>

### Progress

PRCS, with the support of IFRC and in-country PNSs, implemented relief distributions in all the seven initially targeted districts as well as three additional to those planned, reaching 65,406 families with food packages in the operational period until the end of 2011.

Sindh province volunteers and members from the provincial headquarters emergency response team (ERT) were involved in beneficiary selection, distribution planning and warehousing and logistics arrangements. Only 50 volunteers were trained for relief against the target of 100, this was owing to the high-levels of experience already present with the national disaster response teams (NDRT) deployed to Sindh. A PRCS base camp was established in Jhuddo at the end of October in a location near to the targeted affected communities.

New relief teams were deployed after Eid in November and continued to operate in the most affected districts until the end of the operation.



PRCS with the support of IFRC distributed non-food items to 5,000 families during December 2011. **Photo** IFRC.

Assistance composition was based upon the main priorities expressed by the affected population that were consulted during the assessments, with the distributions resulting mainly in the provision of food and shelter items (tents, tarpaulins and blankets).

In three other districts outside of the seven originally targeted ones (T. Muhammad Khan, Dadu, Hyderabad), the local government requested PRCS to coordinate the relief needs and support in several union councils. Here, the teams provided relief materials based on the resources available, coordinating with the government and other agencies to cover gaps in the field. Hence, distributions from the Red Cross Red Crescent are recorded in ten districts.

After completion of relief activities, IFRC together with PRCS conducted a rapid monitoring in three districts of Sindh province in the month of January until early February (Sanghar, Benazirabad and Mirpurkhas) to analyse the outputs achieved of the operation and to gauge the impact of the activities upon the

communities. The team interviewed 253 households and conducted 17 focus group discussions. Summary findings of this exercise can be found in the last section of this report.

### Food

65,406 families were reached with food parcels (*reported as of 20 March 2012*). IFRC assisted food parcels reached 11,500 families, or 80,500 families, (77 per cent of the planned 15,000), whilst PRCS and other Red Cross Red Crescent Movement partners supported an additional 53,906 family food parcels.

Targeted Districts in Sindh Province	IFRC supported	PRCS/ partner national societies <sup>6</sup>	Total Families reached with food assistance
Badin	3,000	13,014	16,014
Benazirabad	1,625	12,885	14,510
Dadu	0	1,671	1,671
Khairpur	0	3,000	3,000
Mirpurkhas	5,926	8,236	14,162
Thatta	0	4,000	4,000
Tharparkar	0	1,700	1,700
Hyderabad	0	500	500
T. Muhammad Khan	0	500	500
Sanghar	949	8,400	9,349
<b>Grand total</b>	<b>11,500</b>	<b>53,906</b>	<b>65,406</b>

The PRCS standard food package consisted of food rations for a family of seven for 15 days. This is half of the amount of the IFRC standard food parcel. The reduced food parcel facilitated the easier transportation of the 50 Kgs food commodities for the beneficiaries from the collection point to their respective temporary shelter. The items included were: flour (20 kg), rice (10 kg), dhal channa (*peeled black chickpeas* 6 kg), ghee (4 kg), white sugar (6 kg), tea (1 kg), salt (1.5 kg), dates (1 kg), roasted channa (*brown chickpeas* 0.3 kg), biscuits (33 packs).

This food basket was adapted to include items that would better suit the conditions faced by the flood affected and displaced, with lack of cooking fuel and continued wet conditions. The food parcels received provided approximately 90 per cent of the recommended daily kilocalorie requirements for a family of seven for two weeks.

<sup>6</sup> Apart from PRCS/IFRC standard food parcels, bilateral contributions included 2 other types of food parcels of different standards, received as in-kind donations from national and international donors.

## NFIs

The total NFIs distributed are detailed in the following table. (reported as of 20 March 2012<sup>7</sup>)

Targeted Districts	Tents	Tarpaulins	Blankets	Mosquito net	Hygiene parcels	Jerry cans	Kitchen sets	Kerosene stove	Sleeping mat	Insect repellent
Mirpurkhas	1,492	5,775	8,059	6,094	2,954	5,924	1,100	0	545	100
Badin	2,254	0	130	50	477	0	4,050	1,380	0	332
Khairpur	1,470	2,030	0	2,200	400	1,000	0	0	0	500
Benazirabad	1,788	5,650	7,200	6,577	3,635	4,893	882	0	230	301
Dadu	0	0	0	185	0	20	0	0	0	0
Thatta	100	200	700	0	400	200	0	200	300	0
Hyderabad	100	200	500	0	200	0	0	200	300	0
T.M.Khan	100	200	500	0	200	0	0	200	300	0
Sanghar	500	3,000	4,620	3,000	1,810	3,000	0	0	0	0
Tharparkar	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7,804</b>	<b>17,055</b>	<b>21,709</b>	<b>18,106</b>	<b>10,076</b>	<b>11,066</b>	<b>6,032</b>	<b>1,980</b>	<b>1,675</b>	<b>1,233</b>

The seven most essential non-food items (NFIs), as considered by PRCS, guided the composition of the items provided to assisted families. NFI sets distributed during the period up to the end of November composed of a number of the following items: tents, tarpulin, blankets, mosquito nets, hygiene sets, jerry cans, kitchen sets, kerosene stoves, sleeping mats and insect repellent mosquito nets. During the month of December 2011, interventions focused on distributions to some 5,000 vulnerable families in areas which had not yet received support or in places which were still flooded. The NFI sets under this specific distribution of December, given to a single family, consisted of two tarpaulins, three blankets, two mosquito nets, one hygiene kit and two jerry cans. The exclusion of two items – mosquito repellent and kerosene stoves – originally under the appeal was also a result of assessment feedback. Mosquito repellents were not distributed because the cooling weather in affected areas had significantly reduced the presence of mosquitoes, whilst the severe shortage and high prices of kerosene, coupled with the finding that beneficiaries preferred firewood as fuel, meant that kerosene stoves were also dropped from the NFI list. The most vulnerable families also received a tent. The final round of distributions of food and NFI carried out directly with IFRC support concluded on 25 December 2011.

Through the 2011 floods appeal, 18,678 families, or 130,746 persons (above the 15,000 families planned) were provided with essential NFI's. Additionally the appeal mobilised sufficient items to augment the disaster preparedness stocks of the PRCS in readiness should another event require such response in the near future<sup>8</sup>.

## Challenges

PRCS/ IFRC distributions in Tharparkar had to be suspended due to disagreement with authorities about the eligible selected beneficiaries. A solution without political implications was not possible and the best course of action was to move the entire allocation for this district to a neighbouring district which was also heavily affected and had continued unmet needs for support.

Vehicles transporting aid were experiencing consistent delays due to congested traffic on limited routes and security concerns.

The NFIs initially planned were based on a standard NFI set, however those actually distributed were on the most part not complete sets, partially due to actual needs on the ground, the availability of items at the time of distributions, and the exclusion of some items found to be inappropriate in the NFI package (as explained in the progress section). The balance items listed on the mobilization table under this appeal thus serve as partial NFI sets replenishment of PRCS stocks.

## Emergency health and care

**Outcome: Immediate health risks of 60,000 flood-affected individuals are reduced through the provision of primary health care services for three months in six districts (Badin, Mirpurkhas, Khairpur, Benazirabad, Umerkot and Tharparkar) of Sindh province.**

<sup>7</sup> Tents and kitchen sets distribution figures above are partially through IFRC Floods appeal support and partially from bilateral support. For other NFI's where items have remained due to changes in operational need, these have been integrated into the Disaster Preparedness stocks.

<sup>8</sup> See footnote number 7.

Outputs (expected results)	Activities planned
Target population have improved access to basic preventive, curative and referral health services.	<ul style="list-style-type: none"> <li>• Conduct rapid assessment to determine immediate public health needs of the population as well as gaps in health services.</li> <li>• Deliver basic integrated health services through 12 mobile health units.</li> <li>• Conduct community-based disease prevention, health promotion and psychosocial support activities through 96 volunteers.</li> <li>• Distribute health communication (IEC) materials to general public and specific populations groups.</li> <li>• Procurement of medicines and supplies.</li> </ul>
PRCS capacity to manage health component of flood response is enhanced.	<ul style="list-style-type: none"> <li>• Hire and induct field and branch health operations staff.</li> <li>• Equip and maintain branch and district health operations office.</li> <li>• Coordinate/collaborate with health authorities and partners through cluster meetings at various levels.</li> <li>• Conduct regular field monitoring visits/activities.</li> <li>• Carry out end-of-operation review of health activities.</li> </ul>

### Progress:

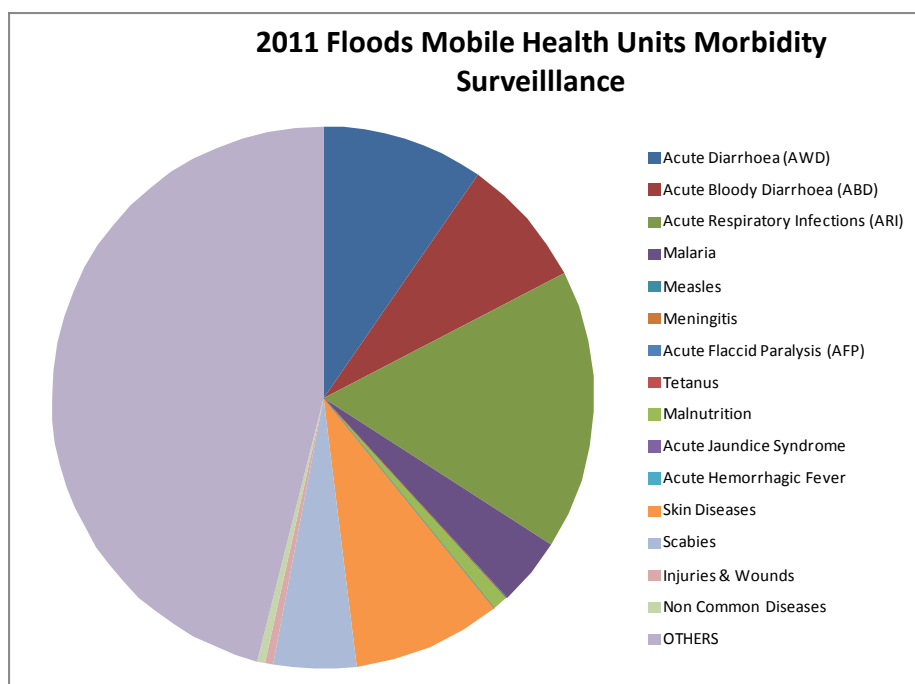
PRCS implemented emergency health response activities in the flood-affected districts throughout the operation timeframe in the province of Sindh. The main activities entailed the deployment of mobile health units (supported by IFRC and partner national societies) and a basic health unit in Larkana, which focused on the provision of preventive and curative health care. The emergency health coordinator from the IFRC zone office arrived in Islamabad on 28 September to provide technical support for this operation in Sindh where the bulk of the recovery programme for the 2010 floods was also being implemented.

IFRC supported the PRCS with 12 mobile health units (MHUs) to provide free consultations, medicines, and psychosocial support (PSP) services. The services included health promotion sessions about common ailments and preventive measures, support in programmes of immunization (EPI) maternals, newborn and child health services, and nutritional surveillance. PRCS phased out its operation from Jan 1, 2012 by halting the MHUs services. The health teams also received HR support for the staffing of the MHU at the beginning of the operation from other provincial headquarters (KPK) as well as other districts branches of Sindh province - 2 teams were deployed from Charsadda district to Nawabshah and one team from the district of Larkana). These returned to their areas of operation when new MHU staff members were recruited, trained and mobilized.

As planned, 12 MHUs supported by IFRC provided primary health care services in six districts of Sindh province (refer to table below). In addition, six MHUs supported by the Norwegian Red Cross (in Mirpurkhas, Jacobabad and Sanghar), four from German Red Cross (Badin and Thatta) and one from Danish Red Cross (Badin) were deployed from August to December 2011, jointly supporting 23 MHU's across nine districts.

Districts of Sindh	IFRC supported MHUs
Mirpurkhas	2
Benazirabad	3
Badin	2
Khairpur	2
Tharparkar	2
Umerkot	1
<b>Total</b>	<b>12</b>

With standing water isolating communities from road access, and many existing health facilities submerged, the PRCS mobile health units provided services at the door steps of affected communities, and in relief camps. There was no noticeable change in disease trends on the basis of consultations made by the health units, as the majority of treatments (17 per cent of total consultations) were for acute respiratory infections (ARI), gastro-intestinal diseases and skin infections (refer to following chart). However, prevailing poor living conditions and nutrition status, particularly of children, compounded by the drop of temperatures in December due to the winter season, increased susceptibility of the population to these common ailments.



PRCS scaled up disease prevention efforts through the conduct of health awareness sessions by health educators of mobile health units in Badin, Benazirabad and Dadu, and incorporated expanded programme of immunization (EPI) activities by the units in Mirpurkhas and Nawabshah. Due to the needs identified by the health cluster and the previous 2010 floods experience, PSP was integrated in the health teams. The intervention experienced good support from the affected communities; 33 volunteers were trained in the framework of this operation, reaching some 81,214 beneficiaries, with half of them being children. The PSP activities employed engaging methods of games, recreational activities and awareness sessions for the participants to cope with traumas.

The following table summarises the beneficiaries under the health programme (including those recorded by partner national societies MHUs). Two thirds of the 140,112 consultations were made for women and children.

Reported as of 20 March 2012

Total patients	Total Male	Total Female	Children < 5
140,112 <sup>9</sup>	65,077	75,035	29,478
<b>PSP beneficiaries</b>		81,214	
<b>Health/ Hygiene Promotion sessions</b>		8,409	
<b>Health/ Hygiene Promotion beneficiaries</b>		145,290	

Information, education and communication (IEC) materials for priority diseases such as diarrhoea, pneumonia, and malaria, as well as for activities such as oral rehydration salt (ORS) preparations and PSP were distributed during the health promotion sessions.

The supply of medicines could be maintained by procurement of medicines, which was completed by December 2011 and provided the MHUs with essential medicines.

PRCS was represented in the inter-ministerial working group dealing with health issues led by the national health and emergency preparedness response network (NHEPRN). Meetings of health and nutrition clusters were attended regularly at national level. However, such formalized coordination mechanisms were not in place at the provincial level. PRCS/IFRC participated and shared information periodically at cluster meetings at district level, and with the Provincial Disaster Management Agency (PDMA) with periodic information sharing visits from NDRT teams involved in relief and assessment.

<sup>9</sup> Inclusive of all health units supported by all Movement partners at different points of the operation.

## Challenges

The lack of available medicines for children; particularly common oral medications such as cough syrups for ARIs, delayed the ability to provide timely treatment through the MHUs.

More female medical doctors were needed for female patient care, as well as be linked to the PRCS emergency services unit to facilitate early mobilization to and rapid treatment in the field.

Only 33 volunteers were trained in health interventions against the expected 100 due to the delayed implementation of the health programme (MHUs were established later than expected) and limited capacities on the ground. NDRT volunteers deployed to the operation from outside Sindh were also very experienced – many of them trained in PSP – and did not require additional training before immediate deployment to field work.

High pre-existing levels of malnutrition present in the region were further stressed and continued to present a significant risk factor for the health of the communities and infant mortality. Strategic and sustained interventions at all levels are required, even after the disaster, to tackle this serious problem.

<b>Water and sanitation</b>	
<b>Outcome:</b> Improved health and reduced risk to water and sanitation related diseases for 53,000 flood-affected people (7,500 families) in five districts (Benazirabad, Badin, Khairpur, Mirpurkhas and Sanghar) of Sindh province, through increased access to safe drinking water, sanitation and hygiene promotion.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The risks of water and sanitation related disease outbreak is reduced.	<ul style="list-style-type: none"> <li>Assess water and sanitation needs in flood affected areas, with emphasis on women and children.</li> <li>Treat and distribute safe drinking water through three water treatment plants.</li> <li>Distribute water purifying tablets or sachets to complement jerry cans, using trained volunteers for household water treatment.</li> <li>Construction of up to 1,000 latrines in camps using PRCS community consultation approaches.</li> <li>Conduct emergency hygiene promotion activities and clean up campaigns in camps.</li> <li>Coordinate with government and other humanitarian partners.</li> <li>Design and implementation of exit strategy.</li> <li>Replenishment of water and sanitation items.</li> </ul>
Sindh PRCS water and sanitation response capacity strengthened.	<ul style="list-style-type: none"> <li>On-the-job training to the PRCS staff and volunteers.</li> <li>Support to the PRCS staff and volunteers on the assessment of the intervention areas.</li> <li>Support the design and implementation of distribution strategy.</li> <li>Support the design and implementation of an exit strategy.</li> <li>Support the monitoring of activities and beneficiary communication.</li> </ul>

## Progress:

The water and sanitation interventions continued until mid-January 2012 (except for hygiene promotion), the first water treatment plant became operational in August. A cumulative total of safe water distributed from the end of August 2011 to mid January 2012 is over 30 million litres. The Water supply Sanitation and Hygiene promotion (WASH) cluster in Pakistan set the minimum standards in this response to 5 litres per person daily for drinking water. However in the area of operation PRCS was able to provide 10 litres per person day from the 24<sup>th</sup> of September 2011 onwards, serving a total catchment population of over 208,600 beneficiaries with safe drinking water during its operation<sup>10</sup>.

At the end of October 2011, the ministry of health reported increased incidence of waterborne diseases leading to a joint request from the World Health Organisation (WHO) and the health cluster for an expansion of safe drinking water provision in the affected areas. By then PRCS had deployed already seven water treatment plants

<sup>10</sup> Unlike relief, beneficiary numbers for water and sanitation are estimates, as the activity does not employ the use of a registration/token system. Average water distributed, along with the minimum of 10 litres per person daily, are taken as indicators for catchment population served as beneficiaries. In reality, several representatives take water home for the entire family, so it is likely that more people receive safe water.



PRCS water and sanitation teams served provided 208,600 beneficiaries with safe drinking water during its relief operation in Sindh. **Photo:** PRCS Sindh

months up to December 2011. The operational areas were the districts of Sanghar and Benazirabad, with a team supporting the operation on the ground with water production and distribution, and hygiene promotion sessions in the community and at schools. The hygiene promotion teams disseminated key messages during relief distributions in Benazirabad. The M40 team conducted brief trainings on pump maintenance and laboratory water testing and trained six local persons (three men and three women) for hygiene promotion dissemination.

The Spanish Red Cross deployed a M15 ERU light team, with two rotations, ending operations in early December. They offered support to the six water treatment units deployed in the four districts of: Khairpur, Mirpurkhas, Benazirabad and Badin. In Badin, a technical failure of the plant forced the team to switch to mass chlorination, with its operations scaling down in the last two weeks as people began moving out from camps back to their areas of origin. The two plants operational in Mirpurkhas phased out in January 2012 when the government plants were finally installed and functional.

The German Red Cross deployed a bilateral M15 delegate to support the five Scan water treatment plants active in Sanghar and Badin.

In November, IFRC and German Red Cross supported one one-week induction training at the site of an M40 water plant where 23 PRCS volunteers participated in theoretical and practical sessions on the operation of these plants.

PRCS also distributed over 266,500 water purification tablets/sachets – or “aquatabs” to over 58,000 beneficiaries, especially to families that continued to live in flooded areas, having contaminated water sources and without access to safe water distributions. Aquatab distribution was conducted house-to-house or in small clusters of people, accompanied by demonstrations and a leaflet with instructions in the local language.

ICRC provided support to the water treatment units by funding water trucking services (five trucks for three months up to December). It also provided tanks that were set up at the distribution points.

PRCS also conducted hygiene promotion sessions, disseminating key messages related to hand washing, contamination chain, water storage and handling, food hygiene, oral rehydration solutions and malaria. The National Society also deployed hygiene promotion teams early in the operation, and in time included a hygiene promoter in each of the medical mobile health units. These promoters provided sessions to the communities and disseminated key messages to patients while waiting for consultations.

As of 20 March 2012, More than 8,409 health/ hygiene promotion group sessions were conducted. More than 145,290 people participated in these sessions (two thirds of which were women and children).

PRCS water and sanitation teams coordinated with the district-level government through district coordination officers and participated in district-level coordination meetings as well as liaised with local NGOs where possible.

(supported by IFRC, more than double the initially planned 3 plants), providing safe water in five of the most-affected districts. However, the water needs were still unmet and PRCS intended to expand its water and sanitation operation but lacked the technical capacity and funding to do this. Upon the request of PRCS towards the partner national societies which had been supporting previous operations with emergency response units (ERUs) in Pakistan (2005 earthquake, 2007 and 2010 floods), it was agreed to deploy light ERU teams in the form of technical human resources and funding. These teams assisted PRCS also in the operation and maintenance of equipment available from previous ERU missions.

The Austrian/Swedish Red Cross deployed an M40 Light ERU for three

An IFRC water and sanitation delegate seconded by the Austrian Red Cross supported PRCS and the light ERU teams. The delegate completed his mission in February 2012.

### **Challenges**

Data reporting for water and sanitation teams were very challenging as access for delegates was limited, especially in Mirpurkhas and Badin districts, due to long driving times and limited secure accommodation. A house in Jhuddo, a small town near Mirpurkhas, was rented temporarily to decrease travel time to the operational area.

Timely and safe transfer of sufficient cash money to the field and cover the local expenses and remunerations remained problematic during the operation.

Latrines were not built due to lack of appropriate space in these settlements, often on the road and not too far from the original villages, in addition to the short displacement for the majority of those affected.

In many areas the situation seemed to have returned to pre-flood situation in terms of water. People returned to utilizing the original water sources, mainly hand pumps. Although the majority of these hand pumps were observed to be worn, they were operational and it was difficult to find conclusive evidence that the flooding had directly caused their physical conditions to deteriorate. Larger towns' dependency on water supply schemes and municipal water treatment plants took a longer time to repair and thus depended more time on external assistance for clean water supply.

### **Logistics**

Three logistics staff members were deployed in Karachi to support the distributions in December 2011. A national logistics coordinator and two logistics delegates were available for the operations to cover warehousing and transportation of commodities. In the beginning of December, the logistics coordinator also stayed in Karachi to plan and coordinate the logistics response to assist with the increased workload in that month.

By January, with the completion of relief distributions, these staff returned to Islamabad, but logistics continued to be involved with the operation with the procurement and delivery of NFI for replenishment of PRCS stocks, as well as the laboratory testing of medicines procured for the new medical health units.

The following is a summary of all items procured or received in-kind for the 2011 Floods operation:

The Kuala Lumpur regional logistics unit (RLU) communicated directly with donors regarding outstanding needs of the operation in terms of donating goods listed on the mobilization table. Shipping instructions were provided to donors with a consignment tracking number to be issued before shipping any goods to the operation. Procurement of goods and transport was also arranged through RLU.

### **Communications – Advocacy and Public information**

It appeared a challenge to ensure that the continued public interest in the 2011 floods humanitarian crisis in Pakistan. Communications priorities included maintaining a steady flow of timely and accurate public information relating to the ongoing relief and recovery operation, thereby targeting key stakeholders, including major media, donors and the wider public as well as disaster-affected communities. The IFRC website [www.ifrc.org](http://www.ifrc.org) was the primary communications vehicle for channeling information and publicity materials including audio-visual products that visualized the role and activities of Movement partners.

In the reporting period, the communications team conducted various field trips to cover the distribution of relief items, conducting interviews and taking photographs and videos. A 3-minute video of distributions was uploaded on the IFRC website, with a story on malnutrition published at <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/pakistan/recent-floods-in-sindh-province-have-put-pressure-on-already-depleted-food-stocks/>.

PRCS established 'beneficiary communications activities' which mainly focused on informing beneficiaries about PRCS contacts and establishing central SMS and telephone services, whereby people affected by this emergency had opportunities to make their voices heard and receive information.

Marketing and promotional material such as banners, standees and folders were also produced to profile the ongoing operations, while the World Disaster Report 2011 launch ceremony in Islamabad in December 2011 focused on the issues of hunger and malnutrition, further exacerbated by the "forgotten floods" of Sindh.

### Capacity of the National Society

PRCS has gained experience from previous major disasters including the earthquakes in 2005 and 2008 as well as the Cyclone Yemyin floods 2007. When the 2011 flooding in Sindh occurred, it had been barely a year since the massive operation of the 2010 floods. The 2010 floods were dubbed a “mega disaster” by governments and aid organizations, affecting a staggering one-eighth of Pakistan’s 170 million people and touching every province in the country, it was an operation that severely tested the capacities of PRCS

With support from IFRC, ICRC and Movement partners, this experience and capacity enabled PRCS to conduct the operation through its network of branches and trained volunteers. PRCS mobilized national disaster response teams and 23 mobile health units/basic health units for this operation as well as seven water sanitation units staffed by trained national disaster water and sanitation response teams (NDWRT), building on previous ERU capacity.

**Capacity building:** One of the objectives of this intervention was to reinforce the capacities of the PRCS in terms of technical, financial and additional human resource to face the rapidly changing context in which they operated. The period of the operation was limited to systematically use the experience for other disasters. However the outcomes, experience, lessons learned were fully utilized in the contingency planning of the PRCS and its partners in the June 2012 exercise.

### Capacity of the IFRC

IFRC had a well established country office in Pakistan, with a team of coordinators in disaster management, health, shelter, communications, as well as finance logistics and security delegates in place. For the implementation of the Integrated Recovery Program after the 2010 floods, the sub-offices operating with the Provincial Branches in Punjab, KPK and Sindh, and hub-offices in Multan and Larkana provided a strong support base for the 2011 floods operation. The office in Karachi was strengthened with a small team consisting of an operations coordinator, relief coordinator, logistics and security staff.

## Lessons learnt and looking ahead

The global response to the flooding in Sindh in 2011 could perhaps have been better prepared and unified, partly owing to the onset and nature of the disaster. In the 2010 “riverine” mega floods, in which swollen rivers overflowed their banks, disaster scenarios were predictable, based on the flow of the rivers, as floodwaters made their way to the Indian Sea. In Sindh province in 2011, rains had begun almost immediately after the government had announced the end of the monsoon. The unexpected and prolonged deluge of rainwater across most of the province eventually led to wide spread flooding in Sindh, affecting every district in the province and bordering districts of Punjab and Balochistan, including many desert areas typically dry throughout the year. The disaster caught everyone by surprise it seemed. Nevertheless, PRCS acted immediately within days of when the severity of the disaster became imminent. It re-assigned staff and started distributions from its own prepositioned stocks (both from DM cells in the affected areas and provincial warehouse stock). By the time the IFRC appeal was launched, it had already been in its second week of regular distributions.

The needs in the affected areas were substantial and beneficiary selection criteria were observed strictly to ensure that the most vulnerable communities and families are targeted. However, Governmental, UN and humanitarian organisational capacities and funding limited the relief operations. Towards the end of the year, demonstrations took place in different areas demanding for more humanitarian assistance, resulting in blockaded roads, bringing traffic to complete a standstill. The underlying political situation in these areas, especially in the aftermath of a disaster, impacted the operations and access to different areas. This will require more elaborate considerations in future operations planning.

Preparedness trainings for the disaster response teams throughout 2011 showed its impact through the improved response time compared with the 2010 floods operation. As can be seen below, the PRCS response to 2011 flood was prompt:

- Monsoon rains caused alarming flooding in the second week of August
- Rapid PRCS assessment: 18-24 August
- Initial relief distribution started with DP stock and food parcels distribution on 19 August 2011 in Badin, Mirpukhas and Thatta districts. A one-time emergency food distribution was also done on 19 August in Hyderabad and Tando Muhammad Khan
- PRCS Request for international aid on 5 September, preliminary Appeal launched on 9 September.
- PRCS and Movement partners Food and NFI relief response activities initially commenced in the following districts:

Name of Districts	Start of regular distribution	Closing date as reported by Sindh
Badin	21 Aug 2011	10 Feb 2012
Shaheed Benazirabad	9 Sep 2011	17 Jan 2012
Dadu	17 Sep 2011	14 Oct 2011
Khairpur	6 Sep 2011	30 Sep 2011
Mirpurkhas	23 Aug 2011	30 Dec 2011
Sanghar	25 Oct 2011	18 Dec 2011
Tharparkar	27 Sep 2011	1 Dec 2011
Thatta	24 Aug 2011	11 Feb 2012

A monitoring and evaluation mission was conducted in February 2012 jointly by PRCS and IFRC to see the impact of the operation on the communities. The team interviewed 253 households and also conducted 17 focus group discussions.

#### Key findings<sup>11</sup>:

1. Although PRCS started distributing in August 2011, all of the communities interviewed reported receiving aid four weeks after the flooding, in September. This perhaps reflects that larger-scale distributions only started after 9 September with the launch of the emergency appeal.
2. All of the beneficiaries expressed food and tents as their main needs after the floods, whilst 93 per cent stated water, followed by tarpaulins, blankets, latrines and health support (87 per cent each).
3. 87 per cent of the respondents informed that their villages were fully affected by the recent floods, whilst the remainder stated they had been partially affected, with houses and water sources affected in all villages. 62 per cent of the respondents had heightened vulnerability due to displacement, and 25 per cent were also socially endangered persons with young children.
4. 52 per cent of the households composed of 7 or less members, and 42 per cent between 8-12 members.
5. 86 per cent of the respondents used up the food and NFIs received or stored them for later use, whilst the remainder informed they had sold some portions to pay for urgent medicines, shelter, clothing and other items.
6. Beneficiaries found the health services to be good or excellent, and reported that consultations were done appropriately.
7. Water distribution points were said to be very close (within 500m) of all interviewed beneficiaries, and 80 per cent stated the quantity received was sufficient for their households immediate needs.
8. Whilst 82 per cent of the beneficiaries reported travelling less than half an hour to the distribution point to collect PRCS relief items.
9. Beneficiary communication responses indicate that services could have been more effective and efficient, with none 92 per cent of the beneficiaries not being aware of what they were going to receive at the distribution/ service point, and about half were partially informed of safety and hygiene concerns. A total of 85 per cent respondent not to know what the feedback or complaints mechanism in place was. Nevertheless, all interviewed did not have any complaints about PRCS and some positive feedback appreciating the work of PRCS was received.

IFRC decided to strengthen its office in Karachi to lead the operation. However within PRCS the main decisions were taken at Islamabad level. Communication channels at times appeared long, changing and not always clear. Operations were lead in the field while finances, fundraising, PMER and communications were Islamabad based.

For an operation managed at the provincial level, timely and accurate standard reporting presented serious challenges. Reporting capacities and skills need strengthening at the district level. Besides reaching the targeted families it also needs timely provision on the progress of other ongoing activities in the area (identification of beneficiaries, monitoring, etc) and the consequent challenges and problems faced by the teams in the field in order to be able to provide the adequate and timely support required.

A final evaluation of the overall operation is planned in the second half of 2012, focusing on the successes, failures and challenges that lead to learning experiences for PRCS and IFRC's Pakistan delegation.

<sup>11</sup> The data of findings are available on request from IFRC Pakistan delegation.

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## How we work

All IFRC 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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## I. Funding

Selected Parameters	
Reporting Timeframe	2011/9-2012/7
Budget Timeframe	2011/9-2012/3
Appeal	MDRPK007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	<b>3,164,483</b>	<b>661,601</b>			<b>1,478,110</b>	<b>5,304,193</b>	
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>	
<b>Income</b>							
<u>Cash contributions</u>							
American Red Cross	45,430					45,430	
Australian Red Cross	879,853					879,853	
Austrian Red Cross		80,168				80,168	
British Red Cross	140,822				71,945	212,767	
Canadian Government	441,613					441,613	
Italian Government Bilateral Emergency Fund					247,647	247,647	
Japanese Government	525,616	376,830				902,446	
Japanese Red Cross Society					227,936	227,936	
Norwegian Red Cross					962,126	962,126	
On Line donations					647	647	
Red Cross of Monaco					27,803	27,803	
Spanish Red Cross		131,708				131,708	
Swedish Red Cross	378,041	183,942				561,983	
The Canadian Red Cross Society	89,825					89,825	
The Netherlands Red Cross					495,050	495,050	
VERF/WHO Voluntary Emergency Relief	1,500					1,500	
<b>C1. Cash contributions</b>	<b>2,502,700</b>	<b>772,647</b>			<b>2,033,154</b>	<b>5,308,501</b>	
<u>Inkind Goods &amp; Transport</u>							
China Red Cross, Hong Kong branch	80,501					80,501	
The Canadian Red Cross Society	193,941					193,941	
<b>C2. Inkind Goods &amp; Transport</b>	<b>274,442</b>					<b>274,442</b>	
<u>Other Income</u>							
IFRC at the UN Inc allocations	30,785					30,785	
Programme & Services Support Recover	17,274					17,274	
<b>C4. Other Income</b>	<b>48,059</b>					<b>48,059</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>2,825,200</b>	<b>772,647</b>			<b>2,033,154</b>	<b>5,631,002</b>	
<b>D. Total Funding = B + C</b>	<b>2,825,200</b>	<b>772,647</b>			<b>2,033,154</b>	<b>5,631,002</b>	
<b>Coverage = D/A</b>	<b>89%</b>	<b>117%</b>			<b>138%</b>	<b>106%</b>	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>	
<b>C. Income</b>	<b>2,825,200</b>	<b>772,647</b>			<b>2,033,154</b>	<b>5,631,002</b>	
<b>E. Expenditure</b>	<b>-2,477,898</b>	<b>-632,262</b>			<b>-1,284,426</b>	<b>-4,394,585</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>347,303</b>	<b>140,386</b>			<b>748,728</b>	<b>1,236,417</b>	

Selected Parameters	
Reporting Timeframe	2011/9-2012/7
Budget Timeframe	2011/9-2012/3
Appeal	MDRPK007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>3,164,483</b>	<b>661,601</b>			<b>1,478,110</b>	<b>5,304,193</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	2,196,579	1,283,931	121,383			525,095	1,930,409	266,170
Clothing & Textiles	347,839	353,144					353,144	-5,305
Food	608,050	39,285				369,618	408,903	199,147
Water, Sanitation & Hygiene	309,267	193,479	35,122				228,601	80,666
Medical & First Aid	211,638		99,038			877	99,915	111,723
Teaching Materials	5,000							5,000
Utensils & Tools	156,479	149,779					149,779	6,701
Other Supplies & Services	40,792	31,282				892	32,174	8,618
<b>Total Relief items, Construction, Supplies</b>	<b>3,875,644</b>	<b>2,050,899</b>	<b>255,542</b>			<b>896,483</b>	<b>3,202,924</b>	<b>672,720</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	12,000	50,013	50,131			10,513	110,657	-98,657
Distribution & Monitoring	276,713	88,160	5,626			14,649	108,434	168,278
Transport & Vehicles Costs	258,210	30,597	117,239			70,874	218,710	39,500
Logistics Services	106,140	53,744				32,696	86,439	19,701
<b>Total Logistics, Transport &amp; Storage</b>	<b>653,063</b>	<b>222,513</b>	<b>172,996</b>			<b>128,732</b>	<b>524,241</b>	<b>128,823</b>
<b>Personnel</b>								
International Staff	145,387	411	2,737			52,387	55,535	89,852
National Staff	30,996	7,336	12,116			4,710	24,162	6,834
National Society Staff	111,334	-2,281	123,055			44,271	165,045	-53,711
Volunteers	10,000	10,314	3,370			5,810	19,494	-9,494
<b>Total Personnel</b>	<b>297,716</b>	<b>15,780</b>	<b>141,278</b>			<b>107,178</b>	<b>264,236</b>	<b>33,480</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	20,000							20,000
Professional Fees	9,001	158				3,843	4,001	5,000
<b>Total Consultants &amp; Professional Fees</b>	<b>29,001</b>	<b>158</b>				<b>3,843</b>	<b>4,001</b>	<b>25,000</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	2,000		26			914	940	1,060
<b>Total Workshops &amp; Training</b>	<b>2,000</b>		<b>26</b>			<b>914</b>	<b>940</b>	<b>1,060</b>
<b>General Expenditure</b>								
Travel	60,094	10,510	3,203			17,886	31,599	28,495
Information & Public Relations	25,000	3,985	3,153			5,914	13,051	11,950
Office Costs	20,005	12,195	6,236			1,440	19,872	133
Communications	10,087	677	796			1,489	2,962	7,126
Financial Charges	2,998	-9,514	2,083			31,559	24,128	-21,130
Other General Expenses	4,855	631	2,105			880	3,616	1,238
Shared Office and Services Costs						40	40	-40
<b>Total General Expenditure</b>	<b>123,039</b>	<b>18,484</b>	<b>17,576</b>			<b>59,208</b>	<b>95,268</b>	<b>27,771</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov	323,730	149,445	38,182			77,763	265,390	58,340
<b>Total Indirect Costs</b>	<b>323,730</b>	<b>149,445</b>	<b>38,182</b>			<b>77,763</b>	<b>265,390</b>	<b>58,340</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		18,903	5,468			9,614	33,985	-33,985
Pledge Reporting Fees		1,715	1,192			692	3,600	-3,600
<b>Total Pledge Specific Costs</b>		<b>20,619</b>	<b>6,660</b>			<b>10,306</b>	<b>37,585</b>	<b>-37,585</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>5,304,193</b>	<b>2,477,898</b>	<b>632,262</b>			<b>1,284,426</b>	<b>4,394,585</b>	<b>909,608</b>
<b>VARIANCE (C - D)</b>		<b>686,585</b>	<b>29,339</b>			<b>193,684</b>	<b>909,608</b>	