

# OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## **CENTRAL AMERICA, MEXICO AND HAITI: FLOODS FROM HURRICANE STAN**

**Appeal No. 05EA021  
Update no. 6  
26 October 2006**

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.*

### **In Brief**

**Operations Update no. 6; Period covered: 1 May to 30 June, 2006; Appeal coverage: 89.2% Although the funding target has not been fully reached, the Federation is not requesting additional funding at this stage in the operation.**

[\*\(Click here to go to the attached Interim Financial Report\)\*](#)

#### **Appeal history:**

- Launched on 7 October 2005 CHF 1,568,000 (USD 1,230,694 OR EUR 1,012,648) for 6 months to assist 10,250 families (51,250 beneficiaries).
- A revised Emergency Appeal was issued on 17 October 2005, seeking CHF 6,175,760 (USD 4,780,996 or EUR 3,974,564) in cash, kind, or services to assist 10,050 families (50,250 beneficiaries) for 6 months.
- A revised plan of action for the Guatemala Red Cross was issued in April 2006, and the timeframe of the operation extended until 31 December 2006. The final report will therefore be issued on 31 March 2007.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 280,000

**Outstanding needs: None**

**Related Emergency or Annual Appeals: El Salvador: Floods and Volcanic Activity (Appeal 05EA020); Bahamas, Cuba and Mexico: Hurricane Wilma (Appeal 05EA024); Central America: Annual Appeal (Appeal MAA43001); Pan American Disaster Response Unit: Annual Appeal (Appeal MAA42001)**

**Operational Summary:** The Hurricane Stan operation in Guatemala has proved to be quite complex; emergency relief operations have come to an end and a Plan of Action has been designed for the rehabilitation phase in this country, and the appeal period has been extended to 31 December 2006. The Guatemalan Red Cross (GRC) is implementing rehabilitation activities in the areas of community health, HIV/AIDS, psychosocial support, water and sanitation and disaster preparedness.

The GRC rehabilitation plan focuses on five municipalities in south-western Guatemala: Coatepeque, El Palmar, Mazatenango, Retalhuleu and Tecún Umán. These municipalities were selected by the GRC because they received little government or international aid and yet were severely affected by Hurricane Stan, both by the immediate impact of the flooding and the damage it wreaked on housing and crops, together with the poor health conditions and malnutrition that resulted from the prolonged rains and the limited access to these remote areas. These five municipalities were also selected because of the Red Cross

presence in this area, and the fact that programmes that were being developed prior to the emergency were already addressing significant health, sanitation and disaster preparedness issues. During this reporting period, major achievements include extensive educational talks in Integrated Management of Childhood Illness (IMCI) and growth and development monitoring for young children within the community health programme. In the area of HIV/AIDS, a strategic alliance with the Association of Clowns has made it possible to replicate awareness raising concepts among the affected population and there has been an increased participation of men. In terms of community based disaster preparedness, community based Vulnerability and Capacity Analysis (VCA) and family and community contingency plans have been successful in preparing communities for future disasters.

**In Mexico, the disaster response phase has been extended and consists of providing additional emergency relief, in the form of kitchen sets, hygiene kits and food items, to the regions most affected by Hurricane Stan, which include the States of Oaxaca, Chiapas and Yucatan.**

**In Nicaragua, rehabilitation efforts are taking place as of June in four communities of the Municipality of Chinandega. This phase includes community disaster preparedness activities, disaster preparedness capacity building and water and sanitation activities.**

**In Haiti, distributions of hygiene and kitchen sets, mosquito nets and blankets took place during the month of May to the affected regions.**

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## Background

Hurricane Stan, the 18th named storm of the 2005 Atlantic hurricane season brought heavy rains to Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and south eastern Mexico. The storm was a category one hurricane when it came ashore in the Mexican state of Veracruz. The storm system also brought heavy rains to Haiti, specifically in communities in Artibonite.

Heavy rains in Costa Rica caused flooding of major rivers and landslides. Some 2,000 people were affected in the Provinces of San José, Puntarenas, Alajuela, Guanacaste, Cartago and Heredia. At least three deaths were attributed to the floods. More than 600 houses were damaged, water and electricity supply was affected in some areas, 48 bridges, 4 dykes and 28 sewerage systems were damaged, over 100 roads were waterlogged and there was major damage to crops.

The damages caused by Hurricane Stan in Guatemala are now estimated to have surpassed those caused by Hurricane Mitch in 1998, as entire communities were engulfed by landslides. The statistics show that in Guatemala, more than 669 deaths have resulted from Hurricane Stan, while 268 deaths were reported with Hurricane Mitch. The rains from Hurricane Stan caused flooding and landslides in Guatemala, affecting some

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1,500,000 people in the departments of Santa Rosa, Jutiapa, Sacatepéquez, Escuintla, Chimaltenango, Quetzaltenango, Sololá, San Marcos, Totonicapán, Retalhuleu, Suchitepéquez and Huehuetenango. The Mayan villages of Panabaj and Tzanchaj, on the shores of Lake Atitlan, an area popular with Western tourists, were particularly hard hit. A total of 1,400 people were confirmed missing and are presumed dead. In addition, crops of sugar cane in the coastal areas and maize and beans were wiped out or damaged, putting livelihoods at risk.

In Haiti, at least one person died and around 2,000 families were seriously affected by flooding. The most affected areas were in the Bas-Artibonite Department in the north of the country and the West Department, near Port-au-Prince. Several roads in the affected areas were completely wiped out and in some cases towns were only accessible by boat. It is estimated that 45 percent of livestock and 65 percent of crops in these areas were destroyed.

In Honduras the storm affected 2,869 people and caused 6 deaths. In addition, a number of major roads were blocked by landslides. It is estimated that damage to crops affected over 4,000 families.

In Nicaragua, three people died in total, with 1,576 families affected following the heavy rains brought on by Hurricane Stan. The most affected areas were the municipality of San Sebastian de Yaliin, in the department of Jinotega, and the departments of Chinandega, Leon and Granada. At least 13 homes were destroyed, 50 seriously damaged, 167 houses were flooded and there were heavy damages to grass pastures and crops.

In Mexico, at least 36 people died as a result of the floods and mudslides and, according to the Mexican Red Cross, some 1,296,000 were affected in 2,956 communities. Throughout Mexico, at least 173,000 houses were affected, of which some 2,254 were completely destroyed. In addition, 364 roads were damaged, as well as 121 bridges. Some 69 hospitals experienced significant damages, 20 of which were completely destroyed.

## Operational developments

Emergency relief operations have ended in Costa Rica, Nicaragua, Haiti and Honduras. With funds that have been carried over, rehabilitation activities are taking place in Nicaragua and Haiti. The relief operation in Mexico has been extended.

In the case of Nicaragua, rehabilitation activities are taking place in four communities in the municipality of Chinandega: Aquespalapa, Jicote, Matapalo and Huertas, which are vulnerable to future floods and lack disaster preparedness. Activities are being implemented as of June 2006 and consist of Vulnerability and Capacity (VCA) training for volunteers, VCA studies for the targeted communities and water and sanitation micro projects. The National Society will provide technical support to developing and strengthening a community education office in Chinandega through the regular deployment to the field of a specialist in the subject.

The relief operation in Mexico has been extended to reach more communities affected by Stan. With additional funding received by the Mexican Red Cross (MRC), food parcels, hygiene kits and kitchen kits are being purchased and distributed. Two VCA workshops for volunteers and community members have been included in the Plan of Action in order to build prevention capacities, and it was planned to procure radios for the affected communities. These activities will be implemented in the vulnerable states of Yucatán, Oaxaca and Chiapas.

The MRC purchased 3,000 kitchen sets, 3,000 hygiene kits and 8,000 food parcels, of which 2,000 of the latter will go to replenish the MRC's main warehouse. Distribution of 1,000 kitchen sets, 1,000 hygiene kits and 2,000 food parcels has been completed in Yucatán, one of the three targeted provinces. The MRC has not yet been able to distribute relief items in Oaxaca or Chiapas because of increasing social turmoil in the area. Negotiations are taking place with the government to ensure MRC distributions in these areas.

The contents of the kitchen sets, hygiene kits and food parcels are as follows:

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Kitchen Sets	Hygiene Kits	Food Parcels
1 aluminium pot 1 aluminium cake tin 1 aluminium pan 5 melamine soup bowls 5 melamine plates 5 melamine cups 1 melamine tortilla maker 5 stainless steel knives 5 stainless steel forks 5 stainless steel spoons  Items packed in cardboard box with Federation/MRC visibility	3 kg of powdered soap 6 rolls of toilet paper 6 toilet soap bars 2 tubes of toothpaste 5 razors 5 toothbrushes 2 sanitary napkins 30 shampoo packets 1 pack of wet wipes  Items packed in cardboard box with Federation/MRC visibility	3 cans of tuna 1 900ml of cooking oil 1 jar of mayonnaise 1 kg of beans 1 kg of sugar 2 cans of jalapeños 2 large packs of cookies 2 packets of powdered chocolate 1 jar of marmalade 1 kg of rice 4 cans of soup 2 packets of coffee 2 cans of sardines 4 packets of maize 1 bag of salt 1 bottle of ketchup 1 bag of lentils 4 cans of chicken stock 1 pack of tomato paste

The two VCA workshops are scheduled to take place in the municipalities of Tuxtla Gutierrez and Tapachula. These VCAs will serve the dual purpose of diagnosing risks as well as training MRC volunteers to allow them to organize further VCAs.

The MRC was not able to purchase the radios as originally planned as a result of problems with the provider and instead allocated funding towards the purchase of community first aid kits, which will be distributed along with a basic first aid course in the community of Quinta Roo.

In Haiti, distributions of hygiene and kitchen sets, mosquito nets and blankets took place during the month of May to the affected regions.

On 17 May 2006, 50 families from Thomazeau, in the province of l'Ouest, received the following items:

Items	Amount
Hygiene Kits	50
Kitchen Kits	50
Mosquito Nets	100
Blankets	100

From 21 - 24 May, 148 families in Anse d'Hainault and 94 families in Irois (both in Grande Anse), received the following items:

Items	Amount
Hygiene Kits	150
Kitchen Kits	150
Mosquito Nets	700
Blankets	700

Distributions took place with no constraints and were under the responsibility of the Grande Anse Branch in the case of Anse d'Hainault and Irois, and the Disaster Management Department of the Haitian National Red Cross Society in the case of Thomazeau, as there is no Red Cross Branch in that region.

Each family received at least:

- 1 hygiene kit (per family of 5);
- 1 kitchen kit (per family of 5);
- 2 blankets;
- 2 mosquito nets.

The kits provided are in accordance with the SPHERE standards.

The emergency operation in Guatemala has been completed and the Guatemalan Red Cross began the rehabilitation phase of the operation in April. Currently, most families have returned to their homes except for 350 who remain in the only shelter that is still operating, located in the area of Las Delicias, Tecún Umán. These families are waiting for homes to be built for them by the government and are currently staying in make-shift housing units made of plastic tarpaulins and zinc sheeting, donated principally by OFDA/USAID. Conditions are precarious since the shelter is situated close to the river bank in a high-risk area; the housing units are located very close to one another and there is no running water, electricity or sanitation. Unfortunately, governmental response has been quite slow, which is more worrisome given the onset of what has been so far a very active rainy season in Guatemala. This has caused several minor emergencies such as the bursting of river banks on the Atlantic coast and the rise of Lake Izabal's water level, affecting more than 600 families so far in 2006.

## Red Cross action - objectives, progress, impact

### Rehabilitation Phase

*The Plan of Action for the rehabilitation phase of the Hurricane Stan operation in Guatemala targets communities in the five municipalities in south-western Guatemala that were affected by the floods from Hurricane Stan: Coatepeque, El Palmar, Mazatenango, Retalhuleu and Tecún Umán in the departments of Quetzaltenango, Retalhuleu and San Marcos and includes the following components: community health, HIV/AIDS, psychosocial support, water and sanitation, and disaster preparedness. These five municipalities were selected by the GRC after an assessment of the relief phase of the Hurricane Stan operation.*

### The needs

All five municipalities were severely affected by Hurricane Stan, both by the immediate impact of the flooding and the damage it caused to housing and crops, together with the poor health conditions and malnutrition that resulted from the prolonged rains and the limited access to these remote areas. These municipalities, unlike the villages of Lake Atitlán, which were also gravely affected, have not received a large amount of international or government aid, and poor health services have resulted in grim health indicators, particularly relating to mortality rates for children under five years of age and for mothers, and to the spread of vector-borne diseases and preventable tropical diseases. The targeted communities, which are composed of largely indigenous and agriculture-dependent populations, exhibit poor economic indicators and are prone to natural disasters because of their proximity to the coast and the existence of many rivers in the area. The magnitude and scope of the damage caused by the flooding was also among the most significant of all the areas affected by the hurricane.

These five municipalities were also selected given considerable Red Cross presence in the region, and the fact that programmes that were being developed in the area prior to the emergency were already addressing important health, sanitation and disaster preparedness issues.

Each programme is focused towards improving the lives of beneficiaries in the affected areas, as observed in each objective. In addition, the GRC's interventions seek to raise awareness of the dangers of living near riverbanks, raise awareness of HIV/AIDS, offer psychosocial support to volunteers and those affected by disasters, provide important medications and health and hygiene awareness through the Integrated Management of Childhood Illness project and establish water and sanitation projects that provide communities with access to drinking water and sanitation systems. The Humanitarian Principles and Values/organizational development coordinators of the GRC

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are also working closely with the coordinators of the five main areas of the Rehabilitation Plan to ensure the dissemination of Humanitarian Principles and Values and improved management of volunteers.

### **The needs of each municipality are as follows:**

#### *Coatepeque*

The most vulnerable communities in the municipality of Coatepeque, which has a total of 96,883 inhabitants, are El Pomal, Los Encuentros, El Reparo, Colon, San Rafael Pacayá, San Vicente Pacayá, Nuevo Chuatuj, El Troje, San Agustín and Las Palmas, all of which are located on the banks of large rivers. The passage of Hurricane Stan left bridges damaged, limiting access to certain communities to 4x4 vehicles through the use of makeshift bridges. The poor living conditions created by the floods brought on by Hurricane Stan have contributed to the spread of respiratory and gastrointestinal illnesses, as well as an increased risk of HIV/AIDS. Improper disposal of excreta and lack of drainage systems and drinking water make this municipality even more vulnerable to health threats. The inevitable danger of overflowing rivers will also be addressed by the Guatemalan Red Cross through disaster preparedness campaigns.

#### *El Palmar*

One of the key problems in the municipality of El Palmar, which also affected the relief stage of the operation, is the limited access to communities located more than 30 kilometres from the municipal capital. Access to these communities consists of mainly dirt roads which become inaccessible during the rainy season, limiting the ability to provide remote communities with health care and making awareness and educational campaigns, as well as water and sanitation initiatives, more difficult to carry out. Basic health care is provided by the Ministry of Health once a month and many families in communities must walk up to an hour to reach health posts. Health problems in El Palmar are particularly prevalent among children under five years of age and expectant mothers. The water and sanitation situation is equally problematic as many communities do not have access to latrines or drinking water.

#### *Mazatenango*

Many communities living on riverbanks in Mazatenango were severely affected by the flooding and the highway leading into the area collapsed during the floods. However, the GRC has been carrying out a number of interventions in Mazatenango, and rehabilitation efforts will concentrate on IMCI, HIV/AIDS and disaster preparedness. Mazatenango suffers from similar health risks as other communities including the spread of HIV/AIDS, high childhood mortality rates amongst children less than five years of age, high maternal mortality rates, high incidence of malnutrition and gastrointestinal diseases, and the spread of vector-borne diseases. In addition, vulnerability assessment maps carried out by the GRC have identified floods as a likely future threat to the area; this will be addressed through the disaster preparedness component of the Rehabilitation Plan.

#### *Retalhuleu*

Much damage was caused after the passage of Hurricane Stan as a result of flooding of the Samala River which borders many communities in the municipality of Retalhuleu. The Samala River also limits access to communities since it often overflows on the dirt roads that serve the remote areas of the municipality. Transportation to these communities is limited, particularly at night and in the afternoons, since there are only two buses that travel to this area. Health care and educational levels are startlingly low and there are insufficient resources to meet the current needs of vulnerable communities. The main source of income in Retalhuleu is agriculture (corn, beans, sesame), and the floods caused by hurricane Stan had a devastating impact on harvests, which had harsh repercussions on family nutrition and income levels. According to the findings of the GRC health programme, the main causes of death and illness are acute respiratory infections, vector-borne diseases (dengue and malaria), parasites, diarrhoea, malnutrition, anaemia and skin diseases. There has also been an increased prevalence of HIV/AIDS cases in recent months.

#### *Tecún Umán*

The municipality of Tecún Umán faces problems similar to other municipalities in the southwest of Guatemala, with communities living dangerously close to the edge of the Suchiate River, and a lack of access to remote communities due to the poor conditions of the roads. Most of the communities on the riverbanks were severely damaged or completely destroyed, and between 300 and 350 people still remain in temporary shelters, which can have ill effects on personal hygiene and general health. Tecún Umán is also affected by poor health care systems; people are obliged to walk long distances to reach the only health centre, which is located in the municipal capital.

## Objectives and activities planned

### Health

**Objective 1: 5,000 families in Guatemala affected by Hurricane Stan will have improved basic health practices through the IMCI methodology.**

### Progress

The Regional Community IMCI project started in Guatemala before hurricane Stan hit, but after the storm it was considered crucial to reinforce knowledge among the affected families. There are three main areas of action within this community health initiative in line with IMCI: medical brigades' visits to communities, talks using the IMCI methodology geared towards mothers and monthly growth and development visits to each community by Branch IMCI coordinators and IMCI trained volunteers.

### *Educational talks in IMCI*

In order to help mothers acquire and strengthen the knowledge that will enable them to identify and prevent illness in their children, Branch IMCI coordinators and trained GRC volunteers delivered *educational talks* on subjects in line with the IMCI methodology. Educational material used in these talks includes flashcards containing "16 key practices for the good physical and mental growth and development of boys and girls" and others that contain health advice for families with children under two years of age and pregnant women. The material delivered in these sessions seeks to enable parents (participants are a majority of mothers) to detect early signs of respiratory and gastrointestinal illnesses and dehydration in their children.

These IMCI talks are delivered to groups of mothers using the abovementioned flashcards, and are usually one talk per key practice, but some practices are grouped into one talk depending on the complexity of the subject and the needs and education level of the audience.

During this reporting period 129 talks have been delivered that have reached 1,591 mothers/families in communities covered by the Branches of Mazatenango, Quetzaltenango, Retalhuleu, San Marcos, Coatepeque, El Palmar and Tecún Umán, as shown in the following table:

Activity	Branch/Municipality	Communities	Beneficiaries
Educational Talks in IMCI	Coatepeque	Aldea San Agustín, Caserío el Troje, Caserío el Reparo, Caserío El Pomal, Aldea Colón, Aldea la Felicidad	312 mothers
	Retalhuleu	El triunfo, Pijuy, Santa Isabel, Chicales, Las Brisas, El Húmedo, Perú Sinaí, Santa Rosa, La Gomera, San José La Gloria II,	721 mothers

	El Palmar	Aldea Niminá, San Antonio Buena Vista, Calahuache, El Palmar.	400 mothers
	Tecún Umán	Aldea las Margaritas, Tecún Umán, El Tiesto, La Montañita, Las Mercedes.	158 mothers

### ***Growth and development monitoring***

Growth and development monitoring visits are carried out monthly by Branch IMCI coordinators and groups of IMCI trained volunteers to each of the 27 targeted communities in the five municipalities. There is a register for each child who attends where the monthly weight and height information is recorded. If a child shows a negative pattern during these controls, the mother will receive advice on nutrition for the infant. If the case is very severe, the child will be referred to a Ministry of Health facility or a hospital.

The “Cuaderno del Vigilante” is a notebook where IMCI personnel register children every time they are measured and weighed, making it easier to spot negative trends. Every child has a record. The plan is to identify in each community someone who can take over this monitoring task so that when the Stan Operation concludes, follow up will be ensured.

During this reporting period, 1,342 growth and monitoring consultations have taken place in some 23 communities, as shown in the following table:



***IMCI coordinator delivers  
Growth and Development  
Monitoring to an infant in  
Retalhuleu***

<b>Activity</b>	<b>Branch/Municipality</b>	<b>Communities</b>	<b>Beneficiaries</b>
<b>Growth and Development Monitoring</b>	Tecún Umán	El Tiesto, Las Mercedes Margaritas, El Olvido	105 children
	Coatepeque	Caserío el Pomal, El Reparó, El Troje, San Agustín Pacayá, Colón, La Felicidad Sectors 1 and 3	270 children
	El Palmar	Calahuache, Niminá, San Antonio Buena Vista	576 children
	Retalhuleu	El Triunfo, El Pijuy, Santa Isabel, Chicales, Las Brisas, El Húmedo, Las Maduras, San José la Gloria II, Santa Rosa, La Nueva Gomera.	391 children

### ***Training and Education***

Due to the level of training required to work in community health, and as part of GRC's efforts to strengthen local IMCI teams and expand the coverage of community health initiatives, ten volunteer ladies attended an IMCI workshop in the Tecún Umán Branch and 16 teachers from seven communities were trained in the Coatepeque

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Branch. Recipients of this training should now be able to disseminate safer health practices within their communities. In the particular case of teachers - who have an obvious influence on children and their parents - they will be able to disseminate health information learned during the workshop and reinforce the other activities being carried out in the communities.

Meetings with the support staff in the Branches of Guatemala and Mazatenango were held on 24 and 25 June, during which monthly activities were evaluated, new activities were planned and procedures were reviewed amongst the National Health Coordinator and local IMCI coordinators.

In order to be able to conduct a baseline study during the coming weeks, 68 Community Development Committee (COCODES – Comité Comunitario de Desarrollo) leaders from three communities in El Palmar attended two workshops on community IMCI. These trained leaders will revert with this information to their communities and open the way for future baseline activities that will be carried out within the Stan Operation.

Educational material printed during the reporting period includes:

- 3,000 guides for adequate nutrition, to be distributed to mothers of children under five years of age,
- 27,000 flashcards were printed containing the 16 practices and advice regarding pregnancy care and nutrition, signs of illness in infants, nutritional advice for infants and post-partum care.
- 1,000 informational leaflets on the community health project to be distributed in targeted communities.

Other visibility items such as raincoats, polo shirts and vests for volunteers and banners for the medical brigades were also manufactured during this period.

### ***Activities Planned***

Medical brigade visits are programmed to reach a total of 30 communities in the five municipalities targeted, and they were scheduled to start in the month of July. The goal is to reach expectant mothers and infants, but it is likely that the general population will attend and they will not be turned away.

In preparation for the medical brigades, medications (pain relievers, vitamins, micronutrients, prenatal vitamins, folic acid and iron sulphate) were purchased for distribution in July to 15 communities in Retalhuleu and Mazatenango. Distributions to pregnant women will take place in all five targeted municipalities, also starting in July.

Midwives in the targeted communities will receive a new childbirth kit. Some 25 years ago, the Guatemalan Ministry of Health made a similar distribution which now needs to be replaced. 70 kits were purchased containing a plastic receiving sheet, two umbilical clamps, surgical tape, 50 pairs of latex gloves, a stainless steel pail and a pair of surgical scissors. These kits will be distributed in the month of October.

### **Impact:**

- IMCI teams are functional in each of the targeted Branches, which enhances the capacities to follow up on these efforts.
- Local community members such as lady volunteers and teachers will be able to promote IMCI practices within their communities.
- Mothers who attended the educational conferences now have the information necessary to identify the early stages of illness in their children and are able to act upon that.
- Through the growth and development monitoring, children who needed immediate health attention were identified.

### **Constraints:**

- Communities have been hard to reach at times due to the rains.
- The process has started off slowly due to sociological factors that make it necessary to approach communities through their community leaders in order to gain access and earn their trust. It sometimes takes a few weeks from the first contact until the project receives the final approval from the community.

## HIV/AIDS

**Objective 2: Families affected by Hurricane Stan in Guatemala will have increased awareness of prevention of HIV/AIDS and sexual violence.**

### Progress

The HIV/AIDS project in the Guatemalan Red Cross was operating before the passage of Hurricane Stan. After the storm, and considering historical data indicating that the prevalence of sexually transmitted diseases and HIV/AIDS tends to rise in disaster situations due to the decrease in safer sex practices, it was felt necessary to include awareness-raising and prevention activities in the Plan of Action.

In order to prepare volunteers and community leaders participating in the activities, technical visits are made to the Branches. Participants receive information such as GRC policy on HIV/AIDS, administrative matters, methodology to be used and information to be disseminated in the communities and activity planning. Two such visits took place during the month of April to the Branches of Mazatenango and Tecún Umán.

Also in April a workshop was held for 44 new volunteers for the HIV/AIDS projects in Mazatenango, Coatepeque, Tecún Umán and Retalhuleu. During this training, volunteers learned about stigma and discrimination, prevention of HIV and STDs, correct use of condoms, gender issues and self esteem. It is hoped that these newly trained volunteers will replicate the acquired knowledge in their interactions with the targeted communities.

In a strategic alliance with the Clowns' Association (Asociación de Payasos), and following a series of planning meetings, a total of nine theatre presentations will be performed in communities in the targeted municipalities, where key awareness messages on HIV/AIDS will be

disseminated. The methodology is to gather the community in an open/public space where the clowns arrive and perform. At the end of each presentation there is a conversational session where audience participation is encouraged. In April and May these presentations were initially taken to two shelter communities in Tecún Umán: La Independencia and Las Delicias. Adults, children and youths participated in both presentations, which reached approximately 320 families.



***Clowns perform in a community focusing on HIV/AIDS prevention***

This methodology was widely accepted as demonstrated by good attendance and participation in the presentations. Men also attended and received information being handed out relating to HIV/AIDS and sexual education, which is considered to be a breakthrough. This was possible in part due to the previous dissemination activities carried out in the communities by the trained volunteers.

During each of these presentations, an information stand was set up with information and visibility items. Information distributed included pamphlets and posters for the prevention of HIV and STDs and domestic violence. During the reporting period, 3,752 pamphlets and 130 posters were distributed in Coatepeque, Retalhuleu, Mazatenango, and El Palmar benefiting 536 families.

Similar activities were carried out in the context of a strategic alliance with the Centre for Investigation, Training and Support for Women (CICAM – Centro para la Investigación, Capacitación y Apoyo a la Mujer). This group will provide support for the initiative by teaching a course on HIV/AIDS and Sexual Violence in Disaster Situations geared mainly towards volunteers who will work in HIV/AIDS and STD related activities in the targeted communities. The project objective is to strengthen volunteers' learning/teaching capacity regarding these subjects, especially considering the social context in which they will be working. This course is divided into four modules and addresses subjects such as Dissemination and construction of a Gender Identity, Human Sexuality, Definition of Violence, Origin and Causes of Violence, Domestic Violence, Myths of Violence, Sexual Violence, Profile of the Offender, Sequels of Domestic and Sexual Violence.

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During this reporting period, a first group of 23 volunteers (4 from Tecún Umán, 4 from Coatepeque, 3 from Retalhuleu, 4 from Mazatenango, 5 from El Palmar and 3 from Headquarters) completed three of the four modules.

In terms of the strategic alliances with CICAM and the Clown's Association, both pre-date the Stan operation and will possibly continue in the future.

### Impact:

The goal of raising awareness in members of 500 families affected by Hurricane Stan through theatre presentations was surpassed and 856 persons have been reached to date in ten communities. The theatre presentations have generated a great deal of interest. The general population and the representatives of the Community Development Coordination Body have requested that the GRC perform at least one more presentation, which is scheduled for July.



***Clowns perform for community members***

Men from the communities have also participated of the presentations and have been receptive to the printed material.

### Constraints:

- There were delays in the printing of the materials that were distributed at the stands.
- Access to the communities was difficult at times due to the onset of the rains.

### Psychosocial Support

**Objective 3: 250 families affected by Hurricane Stan in Guatemala will have benefited from the provision of psychosocial support.**

### Progress

The psychosocial support component of the Hurricane Stan operation is considered to be an important component in light of the psychological and emotional impact caused on the affected population by the loss of human lives and material belongings that had taken some people a lot of effort to acquire.

The methodology that has been utilized for this component is *group therapy*. Initial visits take place to the targeted communities where the project is presented to leaders to facilitate acceptance. After that, a community psychosocial survey is conducted, which makes it possible to have a baseline of sorts and to determine the needs in terms of psychosocial support of that particular community. The majority of the surveys show that the communities have not previously benefited from this type of support and that they are eager to receive it.

After the diagnosis is made, the community is convened and different techniques are used such as:

- Group plays
- Collective drawing
- Awareness raising on the importance of psychosocial support
- Group therapy



***Men participate in collective drawing exercises as part of Psychosocial Support activities***

The entire session lasts close to three hours, depending on number of participants and level of participation in the process, allowing approximately 45 minutes for each activity.

Volunteers are recruited and trained in Emotional Support Techniques during Disasters, Relaxation Techniques and Psychological First Aid. These workshops are both theoretical and practical, where participants apply these techniques on themselves before replicating them in the group sessions within the communities. Community leaders and other support groups – such Crisis Intervention Technicians (TICs – Técnicos de Intervención en Crisis) - also attend these workshops. Each of these components is delivered in an individual workshop. During this reporting period, one Emotional Support Techniques during Disasters course was delivered in Retalhuleu on 19-21 May and a Psychological First Aid training took place for volunteers of the Coatepeque and Tecún Umán Branches on 16 May.

As a way to cope with issues that may arise from hearing the stories of the survivors, volunteers/facilitators go through a debriefing after the group sessions during which they are able to speak about their own feelings. There are currently 24 active volunteers in the project team; each team has a coordinator who was elected from the members of the team.

Visibility items such as t-shirts with GRC and Psychosocial Support logos were distributed to volunteers of the five south-western Branches and TICs that participated in the workshop and who are committed to participate in the process.

#### **Impact:**

- A sense of comfort was provided to the affected population through the arrival of the psychosocial support team in the communities. People are now able to talk about how the storm affected them.
- The project team is now going to start supporting IMCI medical brigades, as there have been findings of psychosomatic ailments in some communities.

#### **Constraints:**

- The programme coordinator in Headquarters has taken on the work on her own, which has proved to be too much for one person. There is a need for at least one more staff to take care of administrative and field matters.
- Coordination with volunteers of other programmes would help optimize the use the branch vehicle.

#### **Water and Sanitation and Hygiene**

**Objective 4: The technical and operating capacity of the communities affected by Hurricane Stan in the area of management, maintenance and sustainability of water and sanitation projects is strengthened and the ability to provide efficient water and sanitation assistance in the event of disaster is improved.**

#### **Progress**

During the month of May, the water and sanitation team visited communities affected by Hurricane Stan in the five municipalities targeted. These visits consisted of inspections of the needs and presentation of the different alternatives in cases where latrines were a possibility. The decision was made on whether or not the water and sanitation project would be implemented based on the feasibility of the project – availability of time, funds and human resources - and on the community's wishes.

During this phase it was determined that the most feasible project to implement is the building of composting latrines. This system uses solar energy to convert human solid waste – mixed with ashes or lime - into fertilizer that can be used in agriculture. This is an innovative system that involves the entire family unit and substantial training is required to ensure appropriate use of latrines.



***Model of composting latrine***

Communities have been selected as follows:

**Mazatenango Branch :** 11 communities had been pre-selected in this municipality, of which three will benefit from water and sanitation projects:

**El Martillo:** 30 housing units with a population of 240 people were visited in this community and it was observed that sanitation conditions are not the most desirable as there are 18 families that do not have latrines and the other 12 families' latrines are in poor condition. Families would provide sand and labour for the construction.

*Suggested project:*

1. Composting latrines, one per family.
2. Sewerage systems.

**El Jardín:** is made up of 56 housing units accommodating 61 families with a total population of 396; there are 50 inhabited plots of land; 45 families have wells of which 28 have a water pump; 22 families have latrines with septic tanks, 11 families have other types of latrines and 28 families do not have latrines.

*Suggested project:*

- Sewerage systems – built with local materials.
- Composting latrines for 28 families.

**Nueva Venecia:** is made up of 66 housing units accommodating 66 families with a total of 396 people. This community includes 56 inhabited plots of land; 54 of the 66 families have wells, and 27 have latrines with septic tanks, whereas 39 families do not have latrines.

*Suggested project:*

- Sewerage systems – built with local materials.
- Composting latrines for 39 families.

**Coatepeque Branch:** Four communities were initially visited to determine water and sanitation needs through feasibility studies.

**El Pomal:** includes 72 housing units with a population of 355; water is obtained from dug wells and there are no functional latrines in the community.

*Suggested project:*

- Composting latrines.

**El Reparo:** is made up of 150 housing units with a population of 900 people. Water is obtained from dug wells, one per family, of which 75 percent dry up during dry season. 90 percent of the housing units have traditional latrines.

*Suggested project:*

- While the community is very interested in a water project, the proposal is to build one composting latrine for each family.

**Santa Fe:** has a total of 78 housing units with a population of 450 people. Water is obtained through a water system with pumps that started operating in May. Existing latrines are not hygienic, as the waste is dumped into the ground.

*Suggested project:*

- Composting latrines.

**Impact:**

Visits to the communities have awoken the population's interest in collaborating. It has been highlighted that this is a preliminary visit to identify the needs with regard to water and sanitation.

**Constraints:**

There was limited availability of a vehicle for the development of activities in the communities.

**Community Based Disaster Preparedness**

**Objective 5: Community and institutional capacities are strengthened and support is provided to vulnerable people through disaster preparedness and prevention activities.**

**Progress**

The main components of this project are VCA analysis in order to draw up Prepared Community and Prepared Family Plans and to ensure appropriate identification of micro projects), NIT training, Community First Aid workshops and mitigation micro projects (small scale infrastructure for disaster preparedness) in 30 communities within the five targeted municipalities. Emergency Committees will also be established with a view to strengthening of communities for future disasters.

To date, not all of the 30 target communities under this project have been identified, as this process involves several visits to communities and meetings with its leaders to determine acceptance of the project. During the reporting period, meetings were also held with the boards of the five participating Branches where planned activities were presented in the framework of the Community Education for Disaster Preparedness programme. After the VCA is performed in a community, it is possible to identify a mitigation micro project based on the degree of involvement and ownership of the community.

During the reporting period the following activities were carried out:

***Vulnerability and Capacity Assessment***

A Vulnerability and Capacity Assessment workshop was carried out in the Tecún Umán Branch for 40 participants, including volunteers from the Branch and individuals from the communities of El Olvido, Las Mercedes, Margaritas, Las Delicias and the Stan Municipal Shelter. The Mayor of Tecún Umán participated in community visits as well as in the *Risk Assessment in Disasters* portion of the workshop. The aforementioned communities will participate in the Community Disaster Preparedness Education (CDPE) component of the Hurricane Stan Rehabilitation activities. One member of the Regional Centre of Reference for Community Education in Disaster Management in Costa Rica and one Mexican Red Cross staff member facilitated this workshop.

Another two VCA workshops were held for a total of 60 volunteers of El Palmar, Retalhuleu and Coatepeque Branches, on 10, 11, 17, 18, 19, 20 and 23, 24, 25 June.

At the end of these workshops, participants are expected to be able to perform a community SWOT analysis using tools such as the historical calendar, historical profile and seasonal calendar. They will have the necessary tools to identify proposals arising from communities in order to have a positive impact on risk reduction. At the end of the training, practical sessions were conducted in the field, which gave trainees the opportunity to conduct VCA analyses.

To date, a total of nine VCA analyses have been completed and the respective Prepared Family and Prepared Community plans have been formulated. A further 21 communities are yet to benefit from



***This boy helps his father fill out information for their Prevented Family Plan***

the VCA analysis.

### ***National Intervention Team Training***

On 4-9 June, a NITs training took place for volunteers of the South Western Branches. Representatives from other national Branches were also present. A total 41 volunteers were trained in subjects such as Logistics, Operational Centres, Plans of Action, the SPHERE project, VCA, Incident Command Systems and Information Management. This workshop was held in coordination with the Centre of Reference for Disaster Preparedness based in El Salvador. Facilitators who are experts in the area of water and Sanitation and HIV/AIDS also attended.

### ***Community First Aid Training***

In terms of Community First Aid, ten communities have benefited to date. These training sessions are delivered by First Aid trained volunteers, and they are interactive, allowing the community to participate and practise as they learn.

### ***Community Micro projects***

Microprojects are to be carried out in 13 communities as follows:

<b>Branch</b>	<b>Community</b>
Coatepeque	El Carrizal Los Encuentros El Troje El Reparo El Pomal San Vicente Pacayal
Tecún Umán	Las Mercedes El Olvido Margaritas
El Palmar	Tineco San Miguelito Calahuaché San Marcos Lotificación Las Marías



***Community members practicing during a Community First Aid training***

Identification of the type of mitigation micro-projects that will be implemented in these communities has been initiated and coordination is taking place with the Community Committees which is crucial to ensure community participation for the duration of the project. The possible projects include small scale shelters, community kitchens, retaining walls for a school, small pedestrian bridges, and the provision of community first aid kits.

A manual of procedures has been put together for this initiative in order to guarantee that the resources put towards these projects are adequately managed. This manual includes the criteria for selection of the micro-project, purchases and payments in each Branch as well as the general objectives and considerations with regard to mitigation micro-projects at community level.

### ***Contingency Planning***

In light of the onset of the rains, coordination has begun with Branches and the Headquarters in order to update Contingency Plans for the 2006 rainy season. In line with this, a proposal has been put together which will be presented to the National Board of the GRC for approval.

### ***Telecommunications Equipment***

First steps have been taken for the acquisition of telecommunications equipment for the GRC. At this point, research is being made as to how to obtain the VHF frequency necessary for the utilization of the equipment.

**Impact**

- The community is much more aware of Red Cross activities and areas of action.
- Community participation has been enhanced at the Branches and relief posts.
- Communities are becoming much better prepared to face an emergency.

**Constraints**

- Participation of volunteers from the participating Branches has been low – at times non existent, which represents a setback due to the limited availability of trained personnel.
- The replacement of one of the Community Education for Disaster Preparedness technicians has been a setback for compliance with the scheduled activities.
- Some local emergencies have affected the participation of volunteers in planned activities.

**Federation Coordination**

The GRC's Rehabilitation Operation is carried out with funding from the International Federation, the ICRC and the Norwegian and Spanish Red Cross Societies. Coordination among these organizations has resulted in specific geographical coverage to assist those affected by the disaster, and the development of specific projects.

**Norwegian Red Cross**

The Norwegian Red Cross is currently financing operational rehabilitation projects which complement those under implementation through the Federation's Appeal, in the departments of San Marcos, Quetzaltenango, Suchitupéquez and Retalhuleu, which were affected by Stan. These are health projects in the areas of water and sanitation (construction of latrines and water distribution systems), child health (medical assessment for children in accordance with the IMCI methodology), prevention of HIV/AIDS and HIV/AIDS-related stigma and discrimination and psychosocial support in the wake of the Hurricane.

On the other hand, smaller scale support is being provided for institutional development projects in areas such as volunteering, dissemination of information and finance. The Norwegian Red Cross is working on a bilateral basis with the GRC.

**Spanish Red Cross**

The Spanish Red Cross is also implementing projects which complement those under the Federation's Appeal and is financing the rehabilitation of water systems benefiting 13 communities affected by Hurricane Stan. Six of these communities are in Tejutla, in the Department of San Marcos and seven are in Santa Catarina Ixtahuatán, in the Department of Sololá.

A school is being built in San Marcos and another school is being improved in Choquí, Quetzaltenango. Both will be inaugurated by the end of July. A third school is being improved in the village of Buena Vista in El Palmar, Quetzaltenango. In addition, latrines are under construction in Tiuzacajá, a village in Comitancillo, San Marcos.

**International Committee of the Red Cross (ICRC)**

The ICRC is financing activities related to Restoring Family Links (RFL) in the canton of Cuá, San Marcos, where they are also helping with the exhumation of bodies and the purchasing of coffins for those bodies that were buried at the site as Hurricane Stan hit.

**Red Cross Movement -- Principles and initiatives**

- Beneficiary selection criteria focus on the vulnerability of those affected.
- The relief operation is prioritizing assistance to children and the elderly.
- Activities are based on the SPHERE Project Humanitarian Charter and the Code of Conduct for emergency response.
- Transparency is ensured through the production of regular reports and news bulletins.

- All objectives put forward in the appeal are in line with Strategy 2020, as well as the Strategy for the Movement and the Principles and Rules of the Movement.

## **National Society Capacity Building**

The ongoing operation in Guatemala has helped to further build the capacities of the National Society Headquarters and Branches. As the relief phase has now been completed, further emphasis is now being placed on strengthening the Branches, and disaster preparedness and mitigation work in vulnerable communities.

As a result of the Hurricane Stan operation, many new volunteers have been recruited and trained in all aspects relative to this operation. These volunteers will be able to replicate the knowledge acquired in future operations, which gives more strength to the Branches and bodies to which they belong.

## **Communications – Advocacy and Public Information**

The Federation continues to work with the media through interviews, press releases and news articles, some of which have been placed on the Federation website. The National Society continues to provide information relayed from branches in the affected areas, and continues to report on the progress of all objectives and activities. In Guatemala, the Saatchi & Saatchi Company is providing support for media relations. The use of pictures and video coverage of the relief operation has contributed towards greater visibility of the GRC. The operation has also provided an opportunity to promote the Red Cross and to reach large numbers of people, thus presenting the possibility of mobilizing and recruiting new volunteers, and familiarizing vulnerable groups with Red Cross services.

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

M05EA021 - CENTRAL AMERICA - FLOODS FROM HURRICANE STAN

Interim financial report

Selected Parameters	
Reporting Timeframe	2005/9-2006/7
Budget Timeframe	2005/10-2006/12
Appeal	M05EA021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		6'175'760				6'175'760
B. Opening Balance		0				0
<b>Income</b>						
Cash contributions						
American Red Cross		240'735				240'735
Andorra Red Cross		30'246				30'246
British Red Cross		227'800				227'800
Canadian Red Cross Society		1'021'520				1'021'520
Danish Red Cross		147'196				147'196
ECHO		435'960				435'960
Finnish Red Cross		210'134				210'134
French Red Cross		46'634				46'634
Irish Government		622'800				622'800
Japanese Red Cross Society		202'611				202'611
Lichtenstein - Private Donors		150'000				150'000
Monaco Red Cross		15'455				15'455
Netherlands Red Cross		1'188'018				1'188'018
New Zealand Red Cross		8'916				8'916
Norwegian Red Cross		501'453				501'453
On Line donations		16'988				16'988
Swedish Red Cross		167'000				167'000
Swiss Red Cross		100'000				100'000
Switzerland - Private Donors		15'883				15'883
United States - Private Donors		1'549				1'549
VERF/WHO Voluntary Emerge		1'035				1'035
C1. Cash contributions		5'351'930				5'351'930
Outstanding pledges (Revalued)						
Danish Red Cross		9'568				9'568
ECHO		110'110				110'110
Netherlands Red Cross		76'547				76'547
C2. Outstanding pledges (Revalued)		196'225				196'225
Reallocations (within appeal or from/to another appeal)						
Canadian Red Cross Society		0				0
Finnish Red Cross		0				0
Irish Government		0				0
Irish Red Cross Society		0				0
On Line donations		0				0
Swedish Red Cross		0				0
C3. Reallocations (within appeal)		0				0
C. Total Income = SUM(C1..C6)		5'548'155				5'548'155
D. Total Funding = B + C		5'548'155				5'548'155

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		5'548'155				5'548'155
E. Expenditure		-4'141'632				-4'141'632
F. Closing Balance = (B + C + E)		1'406'522				1'406'522

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

M05EA021 - CENTRAL AMERICA - FLOODS FROM HURRICANE STAN

Interim financial report

Selected Parameters	
Reporting Timeframe	2005/9-2006/7
Budget Timeframe	2005/10-2006/12
Appeal	M05EA021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		6'175'760					<b>6'175'760</b>	
<b>Supplies</b>								
Shelter - Relief	743'280		32'565			32'565	710'714	
Construction Materials			11'614			11'614	-11'614	
Clothing & textiles	190'555		203'078			203'078	-12'523	
Food	1'014'272		919'705			919'705	94'567	
Water & Sanitation	383'915		36'879			36'879	347'036	
Medical & First Aid	107'509		31'418			31'418	76'092	
Teaching Materials	15'151		1'751			1'751	13'400	
Utensils & Tools	636'575		413'518			413'518	223'057	
Other Supplies & Services	451'570		409'079			409'079	42'490	
<b>Total Supplies</b>	<b>3'542'827</b>		<b>2'059'608</b>			<b>2'059'608</b>	<b>1'483'218</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	143'922		4'756			4'756	139'166	
Computers & Telecom	14'679		25'627			25'627	-10'948	
Office/Household Furniture & Equipment			4'917			4'917	-4'917	
Medical Equipment			8'894			8'894	-8'894	
<b>Total Land, vehicles &amp; equipment</b>	<b>158'601</b>		<b>44'195</b>			<b>44'195</b>	<b>114'406</b>	
<b>Transport &amp; Storage</b>								
Storage	217'113		32'661			32'661	184'452	
Distribution & Monitoring			214'576			214'576	-214'576	
Transport & Vehicle Costs	200'028		145'343			145'343	54'685	
<b>Total Transport &amp; Storage</b>	<b>417'141</b>		<b>392'580</b>			<b>392'580</b>	<b>24'561</b>	
<b>Personnel Expenditures</b>								
Delegates Payroll	75'123		53'160			53'160	21'963	
Delegate Benefits	4'012		35'407			35'407	-31'395	
Regionally Deployed Staff	689'875		81'071			81'071	608'804	
National Staff			243'809			243'809	-243'809	
National Society Staff			157'529			157'529	-157'529	
Consultants	53'328		6'542			6'542	46'786	
<b>Total Personnel Expenditures</b>	<b>822'338</b>		<b>577'519</b>			<b>577'519</b>	<b>244'819</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	305'386		30'011			30'011	275'374	
<b>Total Workshops &amp; Training</b>	<b>305'386</b>		<b>30'011</b>			<b>30'011</b>	<b>275'374</b>	
<b>General Expenditure</b>								
Travel	163'688		108'598			108'598	55'090	
Information & Public Relation	139'148		84'041			84'041	55'107	
Office Costs	143'193		93'200			93'200	49'993	
Communications	46'217		39'718			39'718	6'499	
Professional Fees	7'741		7'779			7'779	-38	
Financial Charges	26'352		28'902			28'902	-2'551	
Other General Expenses	1'704		2'329			2'329	-625	
<b>Total General Expenditure</b>	<b>528'043</b>		<b>364'568</b>			<b>364'568</b>	<b>163'476</b>	
<b>Program Support</b>								
Program Support	401'424		269'206			269'206	132'218	
<b>Total Program Support</b>	<b>401'424</b>		<b>269'206</b>			<b>269'206</b>	<b>132'218</b>	
<b>Operational Provisions</b>								
Operational Provisions			403'944			403'944	-403'944	
<b>Total Operational Provisions</b>			<b>403'944</b>			<b>403'944</b>	<b>-403'944</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>6'175'760</b>		<b>4'141'632</b>			<b>4'141'632</b>	<b>2'034'128</b>	
<b>VARIANCE (C - D)</b>			<b>2'034'128</b>			<b>2'034'128</b>		