

# Final report



International Federation  
of Red Cross and Red Crescent Societies

## Sudan: Floods

Final report

Emergency appeal n°  
MDRSD004

GLIDE n° FL-2007-00093-SDN

24 October 2008

**Period covered by this Final Report:** 18 July 2007 to 18 April 2008;

**Appeal target (current):** 7,498,940 (USD 6,233,533 or EUR 4,561,399);

**Final Appeal coverage<sup>1</sup>:** 120%;

[<click here to go directly to the final financial report>](#) The attached financial report is interim, a final report will be posted shortly.

[<click here to view the contact details>](#)

### Appeal history:

- A preliminary appeal launched on 18 July 2007 for CHF 2,077,530 (USD 1,646,690 or EUR 1,194,969) for five months to assist 40,000 people.
- CHF 549,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Sudanese Red Crescent Society (SRCS) initial response efforts.
- The full emergency appeal was published on 8 August 2007 for CHF 5,464,899 (USD 4.5 million or EUR 3.3 million) to assist 140,000 flood affected people for six months.
- By September 2007, the situation dramatically deteriorated. The caseload of flood affected households increased by 46 percent. In response to the new situation, the SRCS revised the plan of action and the Federation, on behalf of its member National Society, published a revised appeal on 17 September 2007 to seek additional support for SRCS-led disaster response operation. The appeal budget increased to CHF 7,498,940 (USD 6,233,533 or EUR 4,561,399). The number of target beneficiaries was raised to 200,000 people.
- In February 2008, the operation timeframe was further extended for three months and the appeal budget was revised to CHF 7,384,145 (USD 6.8 million or EUR 4.6 million). The extra time was necessary to enable the SRCS to complete some outstanding activities that suffered delays due to insecurity (inter-tribal clashes, notably in the south) and logistical constraints (roads waterlogged and impassable during several months).
- All outstanding activities were concluded and the emergency operation successfully completed. Lessons learned were captured through two workshops attended by all SRCS branches and SRCS partner organizations. The final evaluation was conducted by an external team of experts (report available upon request).

**Summary:** The consequences of extreme weather events in 2007 were tragic for many in Sudan. Over 500,000 people were affected by devastating flooding triggered by early, protracted and heavy rains. Nearly 200 people were killed by diseases that spread as a result of water contamination and deteriorated hygiene conditions.

The SRCS a leading indigenous humanitarian organization in Sudan played a vital role to mitigate the human suffering. SRCS staff and volunteers worked round the clock for several months to extend a helping

<sup>1</sup> The appeal coverage in reference to the attached interim budget.

hand to their fellow country men and women who had lost their family members, homes and livelihoods to treacherous floodwaters and contagious diseases. The achievements of the SRCS are truly remarkable. Some 1.5 million people were assisted by the National Society alone with emergency relief, health care, water and sanitation in 15 of 22 flood affected states. Of these, some 260,000 individuals (that is nearly 40 per cent of the flood affected population) were supplied with one or more emergency shelter and relief item (depending on their needs), mobilized either through the Federation appeal or bilateral donations. A total of 11,000 households were provided with emergency food rations in collaboration with the UN's World Food Programme (WFP). A total of 1.3 million people were provided with safe drinking water and 240,000 patients were seen by SRCS outreach teams of doctors and nurses during the most critical months of the disaster, when many of the areas affected were isolated by the flooding and access to health care services was constrained.

SRCS efforts ensured those affected by the disaster had a basic minimum to protect their life, health and dignity. Massive health education campaigns rolled out across the country contributed to averting health epidemics. This would not have been possible without the generous support of Red Cross Red Crescent partners from around the globe and on behalf of the SRCS and those affected by the disaster, the Federation takes this opportunity to thank all who showed compassion for those suffering in Sudan. Many thanks, however, are due to SRCS employees and thousands of volunteers, who gave up their time and with disarming dedication worked hard to sooth pain, to protect lives, and bring hope. They are the true heroes of the operation.

## The situation

Torrential rains caused massive flooding across Horn of Africa in 2007. In Sudan, at least 500,000 people were affected. Rains started in July 2007, one month earlier than usual, and caught many unprepared. The level of precipitation was unusually high. Twenty two of Sudan's 25 states were inundated. Man made factors exacerbated the impact. Various assessments highlighted road construction techniques, specifically inadequate drainage channels, were partly responsible for the scale of the disaster. The situation was compounded by weather conditions in neighbouring countries. Heavy downpours in Eritrea, Ethiopia and Uganda swelled Sudan's rivers and caused river flooding and destruction in surrounding areas. Nearly 60,000 residential houses were grounded and at least 50,700 homes were damaged and not suitable for habitation. Most of the damage, however, was caused by flash floods and heavy rains that lashed the country unabated for several months dissolving mud-brick walls and roofs of traditional Sudanese homes.

The floods deteriorated hygiene conditions in the areas where latrines were destroyed, damaged or washed away. Human waste and excreta was in many localities carried into water sources triggering severe outbreaks of acute watery diarrhoea (AWD), a cholera-like disease, Nearly 200 people were killed by another contagious disease which spreads rapidly in floods, the Rift Valley Fever (RVF)<sup>2</sup>.

The flooding, described by many Sudanese as the worst in their living memory, compounded the already grim humanitarian conditions in the country, where majority survive on less than one US dollar a day and preventable disease kill unacceptably high number of people. Annually some 7.5 million people in Sudan are affected by Malaria, of which 35,000 die. Near to 40 percent of the population in Sudan does not have sustainable access to safe drinking water while only 24 percent have access to improved sanitation. About 17 percent of children under the age of five are underweight. Health care spending is the lowest in sub Saharan Africa at US\$14 per capita, per annum.<sup>3</sup> More than half of the women in Sudan are illiterate, as are three out of ten men. Despite efforts that have increased the number of children receiving basic education, many remain out of school. One in twelve mothers is at risk of dying of maternal causes. Infant mortality rate is 150 per 1,000 live born babies and one out of four children never reaches the age of five. In some areas the immunisation coverage is close to only 10 percent. It was against this background, the disaster stroke and its consequences turned out to be tragic for many.

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<sup>2</sup> RVF is a viral zoonosis (affects primarily domestic livestock, but can be passed to humans) causing fever. The deadly virus can be transmitted to humans by handling of animal tissue during slaughtering or butchering, helping with animal births and in veterinary procedures. Human infections can also result from mosquito bites.

<sup>3</sup> Source: statistics drawn from a desk review of various studies and secondary material: WFP annual needs and livelihoods assessment report 2007; WHO, UNDP Human Development Report.

# Red Cross and Red Crescent action

## Overview:

SRCS mobilized approximately 3,000 volunteers nationwide and they undertook assessments door-to-door in all affected states. No other organization in Sudan had the capacity to inspire such solidarity with the cause. People responded generously to SRCS call to come to aid to their country men and women. The SRCS used a standard assessment format across the country. Handwritten reports by individual volunteers were consolidated by SRCS branch staff members and shared with the SRCS headquarters in Khartoum. Khartoum consolidated the data, arriving from all states either by phone, radio or email (depending on technical capacity of a branch) on daily basis. The consolidated assessment reports were then shared with Red Cross Red Crescent Movement members (who formed the floods emergency task force and met daily during the emergency phase of the operation), with Government ministries (through Government-led emergency chambers) and other humanitarian agencies (through UN-led coordination meetings). Subsequent monitoring visits and discussions and/or reviews with internal as well as external stakeholders confirmed the data collected by the SRCS was the most accurate, comprehensive and reliable; It served as a reliable source of information for the authorities including the HAC, UN and NGOs to design a relevant response strategy.

SRCS distributed sand bags and mobilized communities to reinforce the risk areas with locally available materials and/or resources. Rains, flash floods and overflowing rivers forced thousands of families out of their homes. SRCS volunteers worked side-by-side with local authorities to evacuate communities trapped by treacherous waters to safer grounds. Some 260,000 individuals (example nearly 40 per cent of the flood affected population) were assisted with one or more emergency shelter and relief items mobilized either through the Federation appeal or bilateral donations. A total of 700 households in ElHedieb, White Nile State were provided with tools and materials to reconstruct their flood-damaged homes.

A total of 31,000 people in White Nile and North Kordofan states were provided with safe water treated daily (from four to eight months) by SRCS and its international partners who supported the deployment of a water emergency response unit (ERU)<sup>4</sup> and two water treatment kits (of 10,000 capacity each).

The Acute Watery Diarrhoea/Cholera epidemic was averted. The achievement is largely attributed to the titanic efforts of SRCS volunteers who had chlorinated water at household and source levels every day during the two most critical months in Kassala and Gedaref states, the worst affected states. Some 1.3 million people were reached. Nearly 1,500 volunteers were engaged in this life-saving operation during the peak of the disaster. The SRCS role and achievement was explicitly acknowledged by the Ministry of Health (MoH), World Health Organization (WHO) and United Nations Children's Fund (UNICEF) on several occasions

Some 100,000 households were visited by some 400 SRCS trained volunteers in Gezira and River Nile states to educate the population on measures that can prevent the spread of another deadly disease, Rift Valley Fever (RVF). The outbreak started at the end of October 2007 and killed nearly 200 people in central and eastern Sudan. A total of 42,063 households were provided with insecticide treated mosquito nets. Distribution was combined with training to ensure residents use properly the net and fully understood the benefits of it. A total of 240,000 patients were seen by SRCS field clinics.

For shelter material distribution, the households whose homes had been completely demolished were prioritized. Items were distributed on needs-basis as not all beneficiaries required the complete package. Some families had managed to retain their household items and they were not, therefore, targeted for distribution of kitchen sets. SRCS field clinics worked in the areas where the access to Government-run health care facilities was cut off by the flooding. The geographic areas were identified in consultation with the Ministry of Health. Water purification was conducted in the towns and villages, where there was a real risk of water disease spread (White Nile state, Kassala and Gedaref, where cases of cholera and/or AWD had reached alarming thresholds). The interventions were coordinated with the MoH, WHO and UNICEF.

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4 Emergency Response Units (ERUs) are one of the International Federation's disaster response tools. They are composed of trained and skilled personnel and modules of equipment that can be deployed in a situation that requires a rapid response. ERUs provide specific support or a direct service when local facilities are either destroyed, overwhelmed by needs or do not exist. They are used in emergency situations to fill a gap until the function is no longer required. The units are fully self-sufficient for one month and can be deployed for up to four months. Source: <http://www.ifrc.org/what/disasters/eru/erutypes.asp>

Being at the fore-front of the disaster, SRCS volunteers played a vital role in monitoring the situation and communicating the first-hand information to prompt timely and adequate response. The SRCS has well established standard operating procedures. The initial on-the-ground assessments were conducted by SRCS local units within 2 to 3 hours after the disaster. The units communicate their information to a state branch, which then alerts the SRCS headquarters in Khartoum. When the disaster overwhelms the capacity of a local structure (at a unit or a state branch level), a support is requested from other units and/or states and the headquarters. The system works well and response from the neighbouring branches to the call of their colleagues was tremendous. Example in White Nile state, SRCS on-the-ground teams were augmented with teams from Gezira and Khartoum. The SRCS teams from the south travelled to the northern states to assist their colleagues in assessing the water and sanitation needs and setting up water and sanitation units in Sodari (North Kordofan), Kosti and ElHedieb in White Nile state.

The responsibility for day-to-day management of the operation was with the SRCS, primarily at branch level but supervised closely by the national headquarters. Branches provided daily updates on the progress, any particular problems and/or constraint or outstanding needs to the headquarters. Federation provided technical support. The country delegation employed seven international and more than 21 national staff members with expertise in finance, organizational development, health, water and sanitation. The team was strengthened by two additional international staff members - a reporting delegate and flood operation coordinator.

Challenges were many, aggravated by both internal and external factors. Difficult terrain and lack of infrastructure posed enormous constraints to organizing logistics. Recurring inter-tribal clashes (particularly in the south) restricted access to some flood affected communities. For months some secondary roads remained waterlogged and SRCS could not reach the affected populations. Distributions of NFI in some areas, therefore, were delayed.

The bulk of NFI distributed during the emergency phase came either from the SRCS's own stocks or UN's common pipeline. NFI procured internationally by the Federation arrived too late. There were complications at the customs as well causing further delays. People in need of assistance cannot wait that long. It is, therefore, vitally important to invest into contingency stocks and preposition these pre-disaster at strategically selected areas.

Unavailability of un-earmarked funding during the first couple of months of the operation to cover in-country distribution cost (transportation to final destination, storage and incentives for volunteers) was another challenge. With NFI available through UN common pipeline, cash was what was needed in order to pay for the logistical costs of the SRCS to deliver life-saving aid to those affected. This cash, however, was not always readily available.

Internally, insufficient logistics capacities (warehouse and transportation) of SRCS were one stumbling stone. The lack of contingency plans and emergency stocks has emerged as another serious loophole. Communication with remote SRCS units was difficult, particularly during the initial phase of the emergency with roads blocked and bridges damaged by the flooding. Mobile phones did not always work and radio equipment was not everywhere available.

Another lesson emerging is the importance of investing into community based disaster preparedness. As an indigenous organization working in communities, from which it springs, the SRCS can achieve tangible results through fostering local capacities to prepare for, cope with and respond to disasters. Inefficiency and ineffectiveness of early warning systems that can trigger community action is seen as one crucial gap.

**Goal:** To mitigate the effects of flooding and increase resilience of 200,000 flood-affected people in Sudan.

### **Emergency relief**

**Objective 1:** To provide 75,000 people (15,000 households) with emergency relief and shelter support.

### **Achievements and impact made**

Community networks are strong in Sudan and some of those who lost their homes to river flooding, flash floods or heavy rains, were accommodated by friends and relatives. Others tried to build makeshift shelters (using materials salvaged from flooded houses) close to their destroyed homes. These hastily erected shelters, however, were insufficient to provide dignified accommodation. Many families also lost their household equipment. Tents, tarpaulins, blankets, kitchen sets, mosquito nets, soap and jerry cans were, therefore, required to provide immediate relief to those with no roof over their head and those living in

substandard lean-tos as well. Some 260,000 people (40 percent) of total effected population in 15 of 22 flood affected states were assisted by the SRCS with one or more emergency shelter and relief items, mobilised either through the Federation appeal or bilateral donations. The NFI were dispatched based on the assessment recommendations.

**Table1. Summary of SRCS distributions**

State	plastic sheets/tarps	Tents	Sleeping mats	Blankets	Kitchen Sets	Jerry Cans	Mosquito nets	Soap (kg)
Blue Nile	1,868	200	2,336	4,236	1,168	1,536	4,568	2,250
Gedaref	2,020	100	1,200	4,220	600	-	3,030	4,565
Gezira	2,090	-	1,730	4,380	1,930	2,450	6,750	3,894
Kassala	4,692	400	3,984	8,284	1,742	4,284	3,342	3,965
Khartoum	3,400	611	3,000	5,440	1,700	300	3,600	2,100
North Kordofan	11,588	300	17,236	23,236	1,000	16,236	19,118	7,500
Northern	1,000	-	1,000	1,500	500	-	4,000	563
Red Sea	3,433	476	3,346	6,206	2,153	2,546	8,913	1,500
River Nile	2,800	300	1,000	3,500	1,300	800	5,000	375
Sennar	6,624	110	12,248	10,648	4,024	9,148	6,524	3,318
South Darfur	1,000	500	-	3,000	-	-	-	918
South Kordofan	2,330	-	-	4,988	910	800	1,930	-
Unity	3,000	-	-	5,000	1,500	3,000	4,500	2,400
Upper Nile	1,300	-	600	3,100	1,000	2,000	18,500	1,200
White Nile	9,050	650	10,000	15,120	4,450	5,700	10,350	5,662
Total	56,195	3,647	57,680	102,858	23,977	48,800	100,125	40,210
HHs served	28,098	3,647	28,840	51,429	23,977	24,400	50,063	10,723

32 percent of shelter materials distributed by the SRCS were supplied by UN Joint Logistics Centre (INJLC). 68 percent of NFI came from SRCS existing stocks and bilateral donations from in-country and international partners. The combined efforts ensured 51,249 households (i.e., 257,145 people) had a protection from harsh climatic conditions and a basic minimum to live in dignity during displacement.

The follow-up assessments and feedback from beneficiaries indicated that tarpaulin were preferred to tents as tents offered minimum protection from daily heat and could not be transformed into more durable accommodation. In Gangari village in River Nile state, visited by SRCS and FACT assessment teams, the affected communities did not use tents at all and chose to resort to family networks or started rebuilding using whatever materials they had managed to salvage. In some areas, the families had managed to save their household property, therefore, distribution of kitchen sets and jerry cans was de-prioritized in these areas.

Distributions were undertaken by SRCS trained volunteers, who live in the communities where the SRCS work. Beneficiary lists were drawn in collaboration with popular committees, which exist in every community in Sudan. Volunteers were divided into units of approximately 50. Each unit had a leader. These volunteers were 'humanitarian heroes' of the operation and demonstrated a truly humbling spirit of solidarity to protect lives and dignity of their country men and women.

The SRCS also supported 700 flood affected families in Elhedieb village of White Nile state to construct new homes. The entire village of 1,000 households was swept away by the flash floods. SRCS assessment teams reported 100 percent damage to residential houses in the area. For weeks, people lived on a nearby tarmac road trapped by surrounding water. SRCS responded immediately and distributed emergency relief items – plastic sheeting, blankets and mosquito nets. Eventually, the local authorities offered to the villagers to

resettle to higher grounds as returning to their original home sites was deemed unsafe even after the flooding receded. The land for the resettlement was provided by the government. The SRCS was requested to support with roofing materials (iron sheets, rods and nails) to make new homes more durable and resistant to future rains. Materials for wall and foundation construction were mobilized by the communities themselves tapping into their local networks.

Funding raised by the SRCS was sufficient to support 700 of the total 1,000 resident households from Elhedieb. Therefore, the most vulnerable - families headed by a single mother, the elderly or a disabled, or those with many minors (under 13 years old) - were prioritized. Each of these households received 16 feet of corrugated sheets (six sheets), four iron rods (4 meters length), and 1.5 kg of corrugated nails. This was sufficient to construct a 16m<sup>2</sup> room. The materials were procured locally by the SRCS. The in-country transportation and distribution was also organised by the SRCS. New homes were built by the communities themselves. SRCS volunteers monitored and helped during the construction. As a result, 700 families in ElHedieb now have a new home, which is safe, better and stronger to their original residences.

The SRCS had planned to plant tree samplings to off-set the use of wood. The latter, however, was de-prioritized because the procurement of the roofing materials absorbed the entire budget. The overall goal of the operation, nevertheless, was achieved: the effects of the disaster were mitigated and some of the worst affected people in Sudan were supported to strengthen their resilience to future emergencies. The evaluation of the operation by a team of external consultants confirmed the SRCS did a good work. All beneficiaries were very happy with the support provided and regard the SRCS in high esteem.

### **Emergency health, water and sanitation**

**Objective 2: To provide safe drinking water to Sphere standards to some 177,400 flood-affected people in hardest hit areas.**

#### **Achievements and impact made**

Access to safe water and sanitation was a major concern. Extensive damage was done to the water supply and distribution systems in several locations and necessitated the deployment of stand-alone Water and Sanitation (WatSan) emergency response units. One ERU of 20,000 people capacity and two water treatment kits each of 10,000 people capacity were deployed by the SRCS with the support of the Federation and sister Red Cross and Red Crescent Societies. The ERU was deployed from Europe, while the 10,000 people capacity kits were mobilized from SRCS in-country stocks. The two kits were subsequently replenished with kind contributions of member Red Cross and Red Crescent Societies. The watsan units consisted of equipment which could extract and treat water from any source regardless of quality, and produce safe water to WHO and/or SPHERE standards. Similar ERU's had been deployed effectively in previous flooding in Sudan (example Kassala in 2003).

The three water units were deployed in Kosti (while Nile states), Elhedieb (also in White Nile state) and Sodari in Northern Kordofan.

The Water ERU in Kosti provided 15,000 to 20,000 people with safe water (over the period of four months/September 2007 – January 2008). The unit treated and distributed 1501M<sup>3</sup> water (on average) daily. The international ERU team arrived in Sudan on 18 September and on 25 September 2007 water production began. The water treatment unit was connected to the town's main water line, which had been damaged by the flooding undermining the safety of water distributed through pipes. Subsequent analysis confirmed the water in the town's main distribution line was contaminated with high e-coli<sup>5</sup> numbers and NTU between 100 and 200. Water was pumped three times a day and then treated with chemicals. Treated water was distributed through a tap stand installed near the water plant and donkey-carts; donkeys were the most common medium of transportation in the area and were used to take water to the areas not connected to the town's piped network, some 5,000 to 7,000 people, estimated by the ERU team.

Once the plant was set up, efforts concentrated on finding ways to provide safe water to the village of Hassania, 1 km from the Kosti town. Given the difficult terrain, a trucking option was excluded and construction of a 2-inch pipe line was identified as the most feasible solution. Construction of the distribution line to Hassania village was completed by 6 October. One T11 and three tap-stands were installed in Al

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<sup>5</sup> E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.

Hasania village itself. The project provided the village with 20,000 lt of safe water a day. Quality of distributed water was analysed every day by the ERU team.

The international team was supported by SRCS volunteers, who proved skilful and committed to the work, and eventually, after the on-the-job training by the international colleagues, the SRCS volunteers took over the management of the water units. The SRCS also assisted the town's water authorities in replacing the damaged fittings and provided water treatment products sufficient for two months. The water ERU in Kosti discontinued treating water on 31 January 2008. The ERU was dismantled and stored at SRCS branch warehouse. The role of Federation and SRCS in this work is effectively concluded.

Another water kit was set up in the village of Al Hedieb (15 km from Kosti town in White Nile state). The entire village was washed away by the flash flooding in September 2007. For weeks, people lived on a tarmac road that intersected the village, the only elevated place in the vicinity. SRCS assessment teams described as dismal what they saw when they visited the affected area. Hygiene conditions were appalling. People practiced open defecation and drank untreated river water, which, subsequent analysis showed, was contaminated. There was a real risk of water borne disease outbreak.

The SRCS deployed immediately its water unit, which supplied 5,000 to 8,000 people every day with safe drinking water for almost eight months. The kit produced on average 60 M<sup>3</sup> of safe water per day. The initial plan was to run the kit for three to four months to cover the emergency needs of the affected population until the government would complete the construction of a low-filtration system. The construction works, however, were delayed and at the request of the local authorities, the kits were retained in the area up until May 2008. Running costs in April and May 2008 were covered by the local authorities. The kit has now been dismantled and stored at the SRCS branch warehouse.

In Sodari, the town's processing plant was marooned by flood water. The reservoir, which fed the plant, was unprotected and contained muddy and contaminated water. Overfilled latrines were spewing human waste from within the locality and donkey excreta were mixing with the water. There was a need to immediately install a water treatment kit to meet the population's need for safe drinking water. The water kit deployed by the SRCS provided safe water on daily basis to some 3,000 people. The water kit was run by two water engineers seconded by the local water authorities, four members of water rural committee and six community volunteers.

The emergency WatSan intervention ended and SRCS emergency teams returned to their base. The priority now is to assist the SRCS in strengthening its watSan response capacity, building on the recent emergency response experience. The Federation will be supporting the SRCS through ongoing Disaster Preparedness programme in re-training the volunteers engaged in the operation, to ensure there is level of preparedness in the SRCS to deploy in future disasters as well. Developing a long-term water and sanitation strategy is a top priority for the SRCS and the Federation is seeking funding to support it member national society to articulate its vision and a strategy. A number of workshops, with participation of key stakeholders including partner National Societies, (PNS) are planned to achieve a common approach. The emerging plan of action will define concrete actions to assist the SRCS in maintaining the watSan response capacity (both in terms of the technical equipment, and human resources, SRCS volunteers, who were an invaluable asset to this operation).

In the areas, where the deployment of the water treatment equipment was not required or relevant, the SRCS distributed water treatment products and conducted monitoring of public wells. SRCS estimates, through these efforts, it managed to provide safe drinking water to 1.3 million people in the worst flood affected communities. Its 1,500 volunteers worked every day in shifts to chlorinate water at source in Kassala and Gedaref states, where water contaminated by the flooding exposed the entire population of these two states to health risks. SRCS volunteers made sure people collecting water from public sources treated water correctly (correct quantities of water treatment products were used). They also encouraged and promoted household level water treatment and distributed thousands of information and education materials through door-to-door visits. Thanks to their truly titanic efforts, the AWD epidemic was averted and soon the situation returned to normal.

**Objective 3. To strengthen resilience of some 110,000 flood-affected people to water and vector borne diseases.**

**Achievements and impact made**

42,000 households were provided each with two bed nets to prevent the spread of Malaria. Some 100,000 households Gezira and River Nile were provided with information on RVF prevention; RVF spread was contained. 40,210 kg of soap were distributed by SRCS. In addition, several clean-up campaigns were organised and hygiene promotion work, through PHAST methodology, was undertaken in all target areas by SRCS trained volunteers. According to SRCS, in total, some 760,550 people were provided with health prevention messages. The project had a direct impact on the well being of the target communities. Subsequent monitoring showed improved hygiene practices. Open defecation as well as well as domestic flies and diarrhoea cases noticeably reduced. Community trust and respect of SRCS remarkably increased.

**Objective 4. To provide basic curative care to 75,000 flood-affected people in isolated areas**

**Achievements and impact made**

Floods paralyzed some roads and many in flood affected communities found themselves isolated from the outside world. To reach out to these communities, the SRCS deployed 16 field clinics.

The first eight SRCS field clinics were deployed on 6 July 2007. Initially the focus was on Kassala, Khartoum and White Nile states. But as situation deteriorated, the number increased. Each SRCS field clinic had the capacity to provide basic health care to 15,000 people (3,000 households) for three months. When flood waters dried up and roads re-opened, the Ministry of Health-run clinics resumed their services and the SRCS wound up its operation. At the end of January 2008, all field clinics were called back to their base.

The SRCS clinics were staffed by doctors and nurses mobilized from SRCS static clinics and dispensaries as well as Ministry of Health personnel seconded to the National Society. Medicines were provided by the SRCS (procured internationally through the Federation appeal). The number of patients seen by the clinics varied depending on the size of the community; on average 20 to 30 patients a day. The number was higher during the early stages of the operation (50 to 60 patients a day). However, as the clinics started serving smaller isolated communities, the number of patients treated reduced respectively. The total number of patients seen by the SRCS clinics is estimated at 240,000 people. SRCS records show, 760,550 people were provided with health prevention messages.

The evaluation by a team of consultants confirmed the SRCS clinics played a vital role in reaching out to communities during the most critical months. The National Society is regarded in high esteem by the MoH for its achievements. The cooperation between the two agencies (SRCS and the MoH) was excellent and MoH is requesting the SRCS to be available for similar interventions in future emergencies as well (field clinics prioritized by the MoH in the flood contingency plan for 2008). SRCS is expected to provide a tent, medicines, transportation and incentives for medical personnel, who are seconded by the MoH for emergencies. SRCS, however, is striving to shift from clinical care to health prevention and education, with the increased emphasis on the latter. This is where the SRCS strength lies. Through its community-based networks and scaled up efforts, SRCS can achieve greater results to prevent deaths and diseases. This has emerged as one lesson learned during the internal discussions. Yet when an emergency strikes, the expectations from the public, authorities and partners of the SRCS are high and in the absence of other actors, the humanitarian imperative pushes the National Society to respond. This was seen once again, during the latest security incident in Omdurman, Khartoum in May 2008, when the SRCS, was the only organization, who could access the areas where fighting was ongoing between the Government forces and the rebels. Yet again, the SRCS did an excellent work evacuating the dead and the wounded and providing First Aid. The SRCS flood contingency plan, which was developed after considering the lessons learned from the 2007 operation, does not envisage the deployment of clinics. The SRCS, however, will attempt to mobilize resources to pre-position some basic medication to support SRCS existing static clinics and the MoH-run health facilities.

**Table 2. SRCS field clinics**

Month	No. of clinics deployed	Location	Medical personnel and volunteers deployed
July 2007	10	Khartoum: Gabal-Awalia, Om-dawan ban and Deebibat White Nile: Kowsti, Tindty, Algzira Abba Kassala: Togley, Akal 1, Akla 2 El-Gazira: Hillat Abdelrahman	120
August 2007	16	River Nile: Gazira mograt Sedon and Shreek	163

		<p>Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Tendly,Gazira Abba)  Kassala: Akla1 Akla 2 and Togly  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44 Karakat</p>	
September 2007	15	<p>River Nile: Bagrousy,Sedon and Shreek  Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Hadeeb,Gazira Abba  Kassala: Akla1, Akla 2  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44Karakat</p>	163
October 2007	15	<p>River Nile: Bagrousy,Sedon and Shreek  Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Hadeeb,Gazira Abba  Kassala: Akla1, Akla 2  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44Karakat</p>	1,732
Nov 2007	15	<p>River Nile: Bagrousy,Sedon and Shreek  Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Hadeeb,Gazira Abba  Kassala: Akla1, Akla 2  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44Karakat</p>	1,732
December 2007	15	<p>River Nile: Bagrousy,Sedon and Shreek  Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Hadeeb,Gazira Abba  Kassala: Akla1, Akla 2  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44Karakat</p>	1,732
January 2008	15	<p>River Nile: Bagrousy,Sedon and Shreek  Khartoum: Gabal-Awalia,Om-dawan ban  Gedaref: Alfao village 18 Rowena  White Nile: Hadeeb,Gazira Abba  Kassala: Akla1, Akla 2  North Kordofan: Al-Kreem  Sennar: Al-Boster and Al-Azazi  El-Gazira: 44Karakat</p>	412
		<b>Total</b>	<b>6,054</b>

## **Strengthening SRCS disaster response capacity**

### **Objective 5. To strengthen the SRCS capacity to respond to this and future disasters.**

#### **Achievements and impact made**

The Federation Secretariat supported the training for SRCS National Disaster Response Team (NDRT) in Elobaid, Northern Kordofan. A total of 43 volunteers and staff members from 19 SRCS state branches attended the course, which covered a range of topics related to disaster management. A similar NDRT training had been conducted by the SRCS in 2003, when 32 members from 21 state branches were trained according to the Federation's standard training module.

Refresher training on logistics management was conducted for all branches through two sessions; one in Khartoum and another one in Juba for the southern branches, with the financial and technical support of the Federation. Each branch was provided with a soft and hard copy of logistics management manual. To strengthen SRCS logistics management capacity, the Federation has also seconded its two experienced logistical officers to the National Society, who now work as members of the SRCS management team.

A number of PHAST and CBFA trainings were conducted as well for SRCS volunteers in various parts of the country. One PHAST training was organized in Juba for southern branches.

Hundred volunteers from 15 branches were trained in epidemics preparedness and response. The training, facilitated by health experts from the MoH and SRCS health staff from the SRCS headquarters, helped volunteers improve disease surveillance, data collection, analysis, communication and community mobilization skills. Focus was on control and prevention of Meningitis, Malaria, HIV and water related diseases, such as AWD and cholera. The training had a direct impact to the ability of the SRCS to protect lives. When cases of hemorrhagic fever were recorded, for a long time, neither Sudanese authorities, nor their counterparts at the WHO, could establish what was causing the morbidity and mortality. Only after SRCS volunteers noticed and reported the death of livestock in their villages, the samples were tested by the MoH for RVF. The incident yet again underscores how important it is to invest into local capacity building. Local people save lives. They are the first to respond when disaster strikes. It is, therefore, vitally important to empower them to develop right skills and knowledge to know what danger signs to monitor and be prepared for a disaster.

In South Kordofan, the Federation Secretariat supported a technical workshop on water and sanitation in emergencies conducted by the SRCS in collaboration with UNICEF; participants included SRCS volunteers, Federation WatSan team, Ministry of Health, water services, and other NGO working in the area. IT/telecom equipment was procured for selected branches to strengthen the communication capacities of the SRCS branches in Central Equatoria, Unity, Lakes, Upper Nile and South Kordofan states.

The 2008 flood contingency plan was prepared as well in coordination with the Government of Sudan, notably the MoH and UN, and technical support of the Federation Secretariat. The plan identifies a number of states which are at risk of a disaster as a result of flash flooding, river flooding, and/or heavy rains and related epidemics and described scenarios for SRCS intervention.

The appeal also contributed to strengthening SRCS fleet capacities via procurement of four-wheel vehicles and motor boats, which are often the only means of transportation for branches to reach water trapped communities. SRCS volunteers were provided with basic kits (gumboots, raincoats, shovels, etc.).

Due to the lack of funding, pre-position of an interagency emergency health kit (10,000 people capacity) as well as of emergency relief/shelter items - tarpaulins, blankets and jerry cans - for 5,000 families, could not be accomplished. Yet the availability of disaster preparedness stocks pre-disaster at strategic locations is vital. The bulk of NFI distributed during the 2007 floods operation came either from the SRCS's own stocks or UN's common pipeline. NFI procured internationally by the Federation arrived too late. There were complications at the customs as well causing further delays. People in need of assistance cannot wait that long. The SRCS DP stocks are now depleted and need to be replenished as soon as possible.

## Livelihoods recovery

### Objective 6. To establish livelihoods recovery needs in the flood affected areas.

#### Achievements and impact made

Livelihoods assessment was conducted in five states of River Nile, White Nile, North Kordofan, South Kordofan and Sennar. The states were selected according to the following criteria: the level of damage to residential houses, agricultural land and property (loss of boats, fishing equipment and/or cattle according to preliminary reports). The assessment findings were used to advocate the needs of the affected community to government authorities and other stakeholders.

## Conclusion

SRCS did commendable work and despite challenges the set objectives were achieved. Community participation was high. People responded readily to SRCS call for assistance. Thousands were mobilized to extend a helping hand to their neighbours. Communities participated in evacuation, distribution of relief items, dissemination of basic but essential messages on safe hygiene and disease prevention. People offered generously their time at the end of the day returning to their own damaged homes.

SRCS efforts ensured those affected by the disaster had a basic minimum to protect their life, health and dignity. This would not have been possible without the generous support of Red Cross Red Crescent partners from around the globe and on behalf of the SRCS and those affected by the disaster, the Federation takes this opportunity to thank all who showed compassion for those suffering in Sudan.

The operation boosted the SRCS image in the country, but it also highlighted a number of gaps in the SRCS capacities and preparedness. The Federation Secretariat encouraged and supported the SRCS to gather all its branches in a two-day workshop to reflect on these gaps. Internal discussions were followed by consultations with partner organisations, who were invited to a day workshop in March 2008 to feedback their perceptions of the SRCS performance and future role. From these discussions, a number of important lessons emerged, which are all documented and have fed into the 2008 and 2009 plans. These are some of the areas highlighted to SRCS for improvement:

#### Assessment, monitoring and evaluation

- Diversify SRCS assessment teams to include people with diverse expertise – relief and/or shelter, health, water, sanitation and livelihoods.
- Engage more female volunteers in assessments to ensure needs of both men and women are duly recognised when designing response strategies.
- Strengthen monitoring capacities at all levels: example develop monitoring tools and/or guidelines; establish multi-sector monitoring and evaluation teams.
- Improve and scale up community based risk reduction work. There are a number international organisations operating in Sudan, yet very few have a grassroots presence to engage with the local communities and foster local capacities to prepare for, cope with and respond to disasters.
- Invest into reviving local traditional early warning systems to strengthen community preparedness for disaster, although it was noted during internal discussions, that global climate change was weakening the traditional systems and made it harder for communities to rely on what seemed until recently tried and tested means.

#### Communication, coordination

- Strengthen ties with state authorities, particularly with Civil Defence and HAC.
- Advocate for more effective coordination between various coordination fora.
- Systematize information collection and documentation i.e., standardise disaster reporting formats and train staff on effective report writing.
- Upgrade SRCS communication system at all levels. Share and communicate more about the needs on the ground. SRCS is often the only actor on the ground and the only source of information.
- Identify and pro-actively pursuing new partnership opportunities: 50 percent of the funding for the SRCS-led disaster response operation came from sister Red Cross and Red Crescent societies. The SRCS must more vigorously explore non-traditional cooperation opportunities (example private donors, businesses) to diversify its funding source.

## Relief and logistics

- Develop a contingency plan based on the past experiences and lessons learned.
- Establish contingency stock of the emergency relief/shelter items. Tarpaulin, blankets, mosquito nets are needed immediately after the disaster. At least minimum emergency stocks must be pre-positioned closer to disaster-prone areas to enable efficient response.
- Recruit more staff to beef up the National Society's logistics management capacity.
- Formalise agreements with authorities (customs, civil aviation, sea ports, HAC) to facilitate speedy customs clearance.

## Staff and volunteer skills development

- Identify training needs of staff and volunteers at all levels.
- Establish a training unit at HQ to better address training needs of SRCS staff and volunteers at all levels.
- Promote participation of SRCS staff and volunteers from branches in international training/workshops.

## Health

- Focus on health education.
- Strengthen water and sanitation unit of the SRCS. Build on this year's experience to establish professional emergency water and sanitation teams; develop SOPs and volunteer mobilisation & retraining plans. The need for WatSan ERU's will need to be considered in future emergencies as well, subject to needs assessments carried out post-disaster, by suitably qualified and experienced technical staff who have ERU knowledge. Recent events, however, have also underlined the need for increased 'in-country' capacity, especially when disasters may be on a smaller scale, or where affected populations are dispersed in small groups, or where WatSan ERU's are not strictly required or are relevant. The past deployments of WatSan '10,000' kits (equipment packages suitable to supply safe water for up to 10,000 people) have been successful and the SRCS must prioritize pre-positioning of such smaller kits at strategically selected areas as well as re-training of its technical staff and volunteers to be able to respond to WatSan needs of small communities.
- Scale up community training on water borne diseases and environmental health.
- Scale-up STD (including HIV and AIDS) prevention (increase focus during emergencies).
- Strengthen SRCS branch capacity in disease surveillance pre, during and post-disaster.

The SRCS is at a juncture where they are going through a reform process in their governance and management. This is not an easy task while also trying to develop new systems for emergency planning, implementation, monitoring and evaluation. They need resources and support which has not been forthcoming in the past for capacity building and for the change process which is now happening. Disaster preparedness is a top priority for the SRCS and the Federation is encouraging its member organizations to support their sister National Society in this priority area. Better prepared SRCS can better support the vulnerable.

## How we work

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

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

### Global Agenda Goals:

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

## Contact information

**For further information specifically related to this operation please contact:**

- In Sudan: Osman Gafer Abdalla, Secretary General, Sudanese Red Crescent Society, Khartoum; email: srcs\_sg@yahoo.com; telephone +249.83.78.48.89
- In Sudan: George Gigiberia, Federation Country Representative; email: george.gigiberia@ifrc.org ; telephone +249.83.77.10.33
- In Kenya, Nancy Balfour, Disaster Management Coordinator, Zone Office for East Africa; email: nancy, balfrou@ifrc.org; telephone +254 20 28.35.208
- In Geneva: John Roche, Federation Operations Coordinator (Africa); email: john.roche@ifrc.org; telephone +41.22.730.4527.

[<Interim financial report below; click here to return to the title page>](#)

# International Federation of Red Cross and Red Crescent Societies

MDRSD004 - Sudan - Floods 2007

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/6-2008/9
Budget Timeframe	2007/6-2008/9
Appeal	MDRSD004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>4,960,289</b>					<b>4,960,289</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
American Red Cross	123,850					123,850
Australian Red Cross	95,974					95,974
Belgium Red Cross (Flanders)	11,156					11,156
Belgium Red Cross (Flanders) (from Belgian Federal Government)	29,389					29,389
British Red Cross	283,950					283,950
Canadian Red Cross	3,760					3,760
ECHO	2,039,538					2,039,538
Finnish Red Cross	14,729					14,729
Finnish Red Cross (from Finnish Government)	150,768					150,768
Italian Govt Bilateral Emergency Fund	165,000					165,000
Japanese Red Cross	178,646					178,646
Monaco Red Cross	26,705					26,705
Netherlands Red Cross	66,000					66,000
Norwegian Red Cross	46,754					46,754
Norwegian Red Cross (from Norwegian Government)	193,135					193,135
On Line donations	2,451					2,451
Swedish Red Cross (from Swedish Government)	420,480					420,480
Swiss Government	600,000					600,000
Swiss Red Cross	5,932					5,932
Switzerland - Private Donors	1,806					1,806
Unidentified donor	-594					-594
United Arab Emirates Red Crescent	5,851					5,851
VERF/WHO Voluntary Emergency Relief	2,000					2,000
<b>C1. Cash contributions</b>	<b>4,467,278</b>					<b>4,467,278</b>
<b><u>Outstanding pledges (Revalued)</u></b>						
Bahrain Red Crescent	21,880					21,880
ECHO	484,038					484,038
<b>C2. Outstanding pledges (Revalued)</b>	<b>505,918</b>					<b>505,918</b>
<b><u>Inkind Goods &amp; Transport</u></b>						
American Red Cross	72,672					72,672
Belgium Red Cross (Flanders)	278,008					278,008
Finnish Red Cross	238,625					238,625
German Red Cross	217,752					217,752
Norwegian Red Cross	76,075					76,075
Swiss Red Cross	91,260					91,260
<b>C3. Inkind Goods &amp; Transport</b>	<b>974,393</b>					<b>974,393</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>5,947,589</b>					<b>5,947,589</b>
<b>D. Total Funding = B + C</b>	<b>5,947,589</b>					<b>5,947,589</b>
<b>Appeal Coverage</b>	<b>120%</b>					<b>120%</b>

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

MDRSD004 - Sudan - Floods 2007

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/6-2008/9
Budget Timeframe	2007/6-2008/9
Appeal	MDRSD004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**II. Balance of Funds**

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	5,947,589					5,947,589
E. Expenditure	-5,823,373					-5,823,373
F. Closing Balance = (B + C + E)	124,217					124,217

# International Federation of Red Cross and Red Crescent Societies

MDRSD004 - Sudan - Floods 2007

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/6-2008/9
Budget Timeframe	2007/6-2008/9
Appeal	MDRSD004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>4,960,289</b>					<b>4,960,289</b>	
<b>Supplies</b>								
Shelter - Relief	516,431	561,406				561,406	-44,975	
Construction Materials	63,000	23,325				23,325	39,675	
Clothing & textiles	409,619	558,748				558,748	-149,129	
Seeds,Plants	35,156						35,156	
Water & Sanitation	361,852	342,728				342,728	19,124	
Medical & First Aid	42,484	85,781				85,781	-43,297	
Teaching Materials	21,520	9,718				9,718	11,803	
Utensils & Tools	328,738	316,075				316,075	12,663	
Other Supplies & Services	742,990	316,896				316,896	426,093	
ERU		560,065				560,065	-560,065	
<b>Total Supplies</b>	<b>2,521,789</b>	<b>2,774,741</b>				<b>2,774,741</b>	<b>-252,952</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	193,642	102,729				102,729	90,913	
Computers & Telecom	116,184	27,627				27,627	88,557	
Office/Household Furniture & Equipm.	26,871	11,636				11,636	15,235	
Others Machinery & Equipment	36,435	723				723	35,712	
<b>Total Land, vehicles &amp; equipment</b>	<b>373,132</b>	<b>142,715</b>				<b>142,715</b>	<b>230,417</b>	
<b>Transport &amp; Storage</b>								
Storage	167,501	77,820				77,820	89,681	
Distribution & Monitoring	206,152	264,517				264,517	-58,364	
Transport & Vehicle Costs	56,224	187,908				187,908	-131,684	
<b>Total Transport &amp; Storage</b>	<b>429,877</b>	<b>530,244</b>				<b>530,244</b>	<b>-100,368</b>	
<b>Personnel</b>								
International Staff	160,583	214,775				214,775	-54,192	
National Staff	41,252	339,260				339,260	-298,008	
National Society Staff	359,988	514,274				514,274	-154,286	
Consultants	21,000	36,419				36,419	-15,419	
<b>Total Personnel</b>	<b>582,823</b>	<b>1,104,729</b>				<b>1,104,729</b>	<b>-521,906</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	112,191	171,923				171,923	-59,732	
<b>Total Workshops &amp; Training</b>	<b>112,191</b>	<b>171,923</b>				<b>171,923</b>	<b>-59,732</b>	
<b>General Expenditure</b>								
Travel	27,215	118,773				118,773	-91,559	
Information & Public Relation	18,991	23,981				23,981	-4,990	
Office Costs	27,690	169,783				169,783	-142,092	
Communications	17,371	107,447				107,447	-90,076	
Professional Fees	54,968	4,039				4,039	50,929	
Financial Charges	28,904	102,104				102,104	-73,200	
Other General Expenses	426,707	167,253				167,253	259,454	
<b>Total General Expenditure</b>	<b>601,846</b>	<b>693,380</b>				<b>693,380</b>	<b>-91,534</b>	
<b>Programme Support</b>								
Program Support	338,631	329,307				329,307	9,323	
<b>Total Programme Support</b>	<b>338,631</b>	<b>329,307</b>				<b>329,307</b>	<b>9,323</b>	
<b>Services</b>								
Services & Recoveries		19,560				19,560	-19,560	
<b>Total Services</b>		<b>19,560</b>				<b>19,560</b>	<b>-19,560</b>	
<b>Operational Provisions</b>								
Operational Provisions		56,774				56,774	-56,774	
<b>Total Operational Provisions</b>		<b>56,774</b>				<b>56,774</b>	<b>-56,774</b>	

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

MDRSD004 - Sudan - Floods 2007

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/6-2008/9
Budget Timeframe	2007/6-2008/9
Appeal	MDRSD004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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

Account Groups	Budget	Expenditure						TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination			
A								B	A - B
BUDGET (C)		4,960,289						4,960,289	
TOTAL EXPENDITURE (D)		4,960,289	5,823,373					5,823,373	-863,084
VARIANCE (C - D)		-863,084							-863,084