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Emergency appeal

Niger: Complex Emergency



International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRNE021ⁱ
Glide n° OT-2014-000126-
NER

43,113 people to be assisted
168,073 Swiss francs DREF allocated
1,680,731 Swiss francs current Appeal budget

Appeal launched 13 April 2018

Appeal ends 13 April 2019

This Emergency Appeal seeks **1,680,731 Swiss francs** to support the **Niger Red Cross Society (NRCS)** to assist some **43,113 people** for **12 months** in Diffa region, which has been experiencing an unprecedented civil unrest and serious humanitarian emergency as a result of armed group activities in the north of Nigeria as well as in Niger. Based on the ongoing situation and need to reinforce weakened local capacities in Diffa, the International Federation of Red Cross and Red Crescent Societies (IFRC) and NRCS aim to contribute to epidemic prevention and strengthening the health and nutritional status of the population at risk in three districts of the Diffa region (Diffa centre, Maine Soroa and Goudoumaria), through awareness raising sessions, malnutrition screening and referrals, community-based disease surveillance, water, sanitation and hygiene activities as well as maternal and neonatal health.

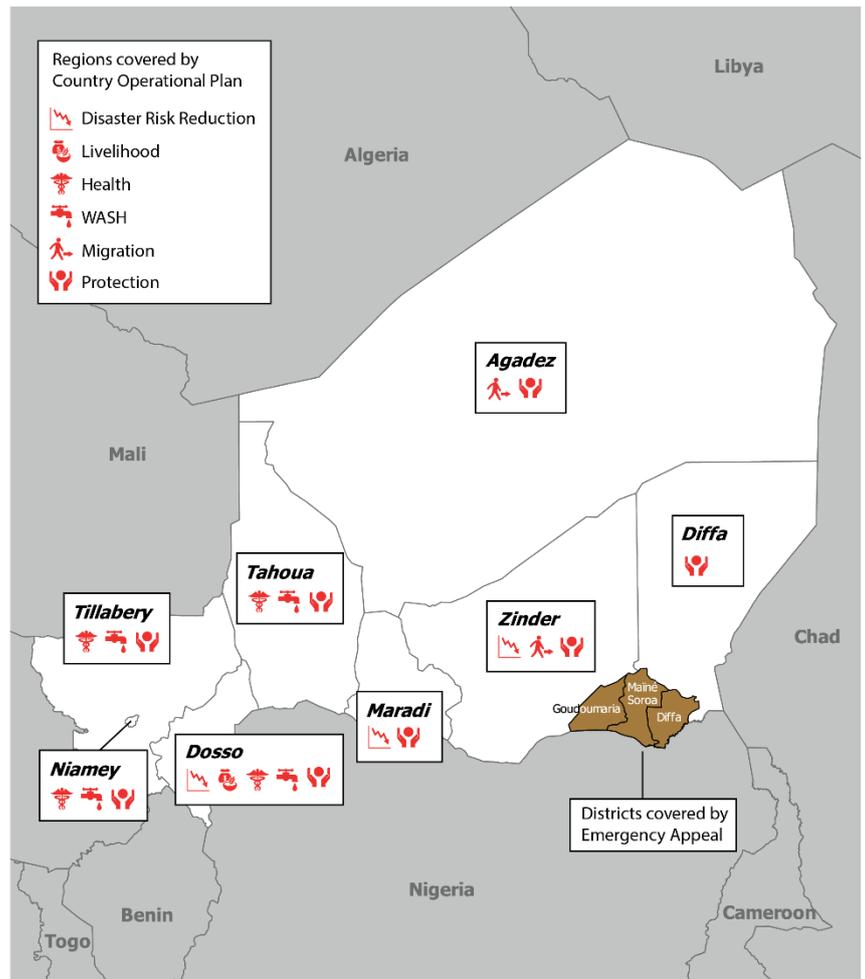
The Emergency Appeal and revised country operational plan [link](#) are logically linked and planned to complement each other as they include similar set of Areas of Focus while the Strategies for Implementation are overarching guiding principles. Although both are being implemented over the same period, the COP is a multi-year plan and it grows naturally based on the performance and successes, focused on longer-term needs, including building DRR capacity and livelihood and food security. On the other hand, the Emergency Appeal is being launched and meant to cover a specific, fixed time frame to meet immediate needs in three districts in Diffa. The Emergency Appeal and COP target different people in different geographical areas with separate but complementary areas of intervention (see map). *Details are available in the Emergency Plan of Action (EPoA) <[link](#)*



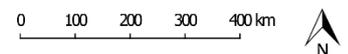
International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

NIGER: Complex Emergency

12 April 2018 | OT-2014-000126-NER



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: IFRC, GADM. Map produced by: IFRC Africa Regional Office, Nairobi.



Details are available in the Emergency Plan of Action (EPoA) <[link](#)

The crisis and the Red Cross Red Crescent response to date

- **July 2014 -** The Diffa region in Niger has been experiencing an unprecedented security crisis and serious humanitarian emergency as a result of armed group activities in the North of Nigeria as well as in the Niger territory.
- **November 2017** According to the Niger 2018 UNOCHA Humanitarian Response Plan, the number of people in need of health assistance in the region of Diffa is estimated at 419,000, including 129,015 internally displaced persons (IDPs), 108,470 refugees, 14,820 returnees and 167,100 others. These figures include the host population of Diffa (21%), people affected by floods, people at risk of meningitis, cholera and hepatitis E, as well as other epidemic-prone diseases such as measles.

In addition, the ongoing hepatitis E epidemic virus outbreak impacted the region with at least 2,035 affected cases.
- **January 2018** As a result of the repeated attacks of the armed groups, many people have been forced to flee multiple times and they have been left destitute, with little possessions and no means to sustain their lives.
- **April 2018** Emergency Appeal launched seeking 1.68 million Swiss Francs for 43,113 people for 12 months.

The operational strategy

Needs assessment and beneficiary selection:

According to the needs assessment jointly carried out by the government technical services, UN agencies and humanitarian organizations including NRCS, difficult access to basic services by the displaced populations in the Diffa region have been recorded. Access to health services, which coverage was already very low before the crisis, water, sanitation and education has been emphasized as particularly problematic both by IDPs and refugees.

The needs assessment indicates that at least 280,000 people are in need of water, hygiene and sanitation in 2018 in the Diffa region. Among these populations are: 121,072 IDPs, 258,558 people at risk of epidemics (cholera, hepatitis E), 2,754 people affected by the floods and 15,635 children affected by severe acute malnutrition.

Based on the above needs, the NRCS has decided to continue its activities to eradicate the hepatitis epidemic in the region of Diffa (initially responded to with the DREF allocation in 2017) as well as preventing the emergence of another potential epidemic. The NRCS also believes that the WASH activities will contribute to the reduction of the spread of Hepatitis E and prevent another potential epidemic. The needs assessment revealed that the Diffa region is one of the most malnutrition affected areas in the country; therefore activities focussing on alleviating malnutrition will also be carried out in the target environment.

There is an urgent need to support NRCS in developing effective prevention and response strategies in coordination with partners to develop and implement key messages on epidemics prevention, training of volunteers and staff in community sensitization, as well as adjusting the Community Based Surveillance (CBS) tool to contact tracing and early referral.

The table below informs needs and clear gap in response. The proposed operation is meant to contribute to overall humanitarian response plan.

	Needs	Planned Response by Others	Planned RC Response
	419,000 people in need	90,000 people targeted by UNICEF	43,113 people targeted
HEALTH		33,000 people targeted by UNHCR	
	277,000 people in need	127,638 people targeted by the cluster	43,113 people targeted
WASH		38,770 people targeted by UNHCR	

Coordination and partnerships

The IFRC and the NRCS have experience in providing assistance to affected communities in disasters such as floods, outbreaks (hepatitis E, rift valley fever, meningitis and cholera), and food security crisis, etc.

Concerning the immediate needs related to response due to attacks by armed groups, the IFRC together with NRCS is fully involved in the Diffa region of Niger. Since the onset of this crisis, NRCS has deployed approximately 200 volunteers and a regional emergency team comprising 25 members to provide assistance alongside the humanitarian actors within and outside the Movement.

This operation has been developed and is planned to be implemented in close collaboration and communication with the ICRC and partner national societies in the country. Regular coordination meetings are taking place to enhance collaboration and to find, where applicable, synergies that will have a positive impact of the work undertaken for the affected population.

IFRC provides support to NRCS through its Niger country representation and the Africa region office. Since the onset of the disasters, there has been regular contact with the IFRC Niger and Africa region's health and disaster and crisis prevention, response and recovery team (DCPRR).

Proposed Areas for intervention

The overall objective of the operation is to contribute to epidemics prevention and strengthening the Health and nutritional status of 43,113 people (6,159 households) in three districts of the Diffa region, through the implementation of awareness sessions, malnutrition screening and referral, community-based disease surveillance, wash activities and maternal and neonatal health. These include Diffa, Maine Soroa and Goudoumaria.

This Emergency Appeal focuses on two complementary axes of intervention: the first one is the direct delivery of services in the areas of Health: epidemic prevention, nutrition, maternal and neonatal health and water, sanitation and hygiene promotion (WASH). The latter aims to build the National Society's management and operational capacity to deliver third party programming, capitalizing on its privileged position as a local organization present and respected throughout the country. This will be done through a reinforcement of staffing and volunteers management system, as well as through the development of a robust support services system.

In the delivery of its own, and third-party programming, special consideration will be given by the NRCS to children, pregnant women, and vulnerable individuals such as the ill and elderly, female-and child-headed households etc.



Health and Nutrition

People targeted: 43,113

Requirements (CHF): 439,700

Proposed intervention

Aggravating factors such as overcrowding within the displaced populations of Diffa and the low prevalence of vaccination against meningitis and measles, the limited access to social services (health, sanitation, water and education), the poor hygiene practices within the IDPs and refugee camps, all constitutes a favorable context for the spread of epidemics in this region.

Outcome 1: The immediate risks to the health of affected populations are reduced

Output 1.1: Strengthened NS capacity to assess the immediate health risks and implement community-based disease prevention and health promotion

Activity planned:

- Train 90 volunteers and 15 supervisors on communicable disease surveillance and the use of epidemic control for volunteers in coordination with MoH and District Health Offices

- Train 60 community leaders on communicable disease surveillance in coordination with MoH and District Health Offices
- Support the production of Information, Education and Communication (IEC) materials for the social mobilization in coordination with the MoH/WHO/UNICEF specific to a particular pathology
- Support the production of Community based health awareness (CBHA) and Epidemic Control of Volunteers (ECV) document/manuals for the training of volunteers
- Production of data collection tools

Output 1.2: Community-based disease prevention and health promotion is provided to the target population

Activities planned:

- Carry out awareness sessions on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials
- Put in place community-based disease surveillance in each district at risk
- Carry out disease surveillance and the reference of suspect cases to the nearest Health centres for confirmation and care
- Carry out 2 KAP surveys are implemented
- Purchase soap and hygiene kits to be distributed to the population at risk in the cholera affected areas
- Purchase 45 hand washing equipment (kettles) and install them in public places such as schools, mosques and churches
- Carry out demonstration of hand washing technique with the use of soap
- Distribute the soap and hygiene kits to the target beneficiaries
- Pre-positioning of 300 Cholera family kits including: (pieces of 200 grams soap (8/family), PUR/aquatab for water purification (120 sachets), 2 pieces of tissue for water filtration (50 cm x 50 cm), leaflets on the management of cholera (1 copy), leaflet on the use of PUR and aquatab (1 copy), 10-litres Jerrycan for water transportation (1 piece), 14 litres bucket for water storage (1 piece), ORS (6 sachets)
- Monitor the epidemic prevention activities

Output 1.3: Severe Acute Malnutrition is addressed in the target population

Activities planned:

- Train/refresher training of 90 volunteers and 15 supervisors on malnutrition screening, detection of cases and referral and counter referral to and from the Nutrition centre
- Carry out community-based routine malnutrition screening to children under 5 and pregnant and lactating women
- Referral and follow-up discharge of severely malnourished children to the nutritional centres Carry out awareness session to children care-takers on key health / nutrition practices
- Carry out awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding
- Training of lactating women on malnutrition screening
- Management of early screening carried out by lactating women (PBM approach)
- Community discussions on the effect of malnutrition and the prevention measures
- Follow-up for defaulters (malnourished children that stopped the treatment before the end of the care period)
- Support the 10 nutrition centres with data collection tools and small equipment
- Rehabilitation of the waiting and culinary demonstration site at 9 nutrition centres

Output 1.4: Minimum initial maternal and neonatal health services provided to target population

Activities planned:

- Training of 90 volunteers on essential family practices
- Training of 15 supervisors on essential family practices
- Production of IEC material to support the awareness sessions activities
- Production of data collection tools
- Carry out awareness session on essential family practices
- Provision of family planning kits to the Health Centres
- Carry out community-based awareness session on family planning
- Purchase and distribute 500 delivery kits to women that have completed the prenatal consultations and have successfully delivered in the health centre at the rural areas. The kit includes: a baby bath basin, a 20-litres bucket, two towels (50cmx 30cm), 5 pieces of soaps, a mosquito bed-nets)



Water, sanitation and hygiene

People targeted: 43,133

Requirements (CHF): 455,655

Proposed intervention

In Niger, access to safe drinking water and sanitation remains relatively low. According to WHO and UNICEF Joint Monitoring Program for Water Supply and Sanitation, estimates on the use of water, sanitation and hygiene in 2015, at the national level, 46 percent of the population of Niger have access to basic water service, 42 percent have access to unimproved water point and two percent consumes surface water. In rural areas (where more than 82 percent of the national population lives), the rate of access to basic water point is 36 percent, that is, less than one in two Nigeriens living in this environment has access to drinking water.

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities
<p>Activities planned:</p> <ul style="list-style-type: none"> • Conduct training for 90 NRCS volunteers and 15 supervisors on carrying out water, sanitation and hygiene • Conduct initial assessment of the water, sanitation and hygiene situation in the target districts (three target districts) assessments • Continuously monitor the water, sanitation and hygiene situation in targeted areas (three time during the project timeframe) • Coordinate with other WASH actors on target group needs and appropriate response. • Participate to the WASH Cluster meetings at the regional and the national level • Put in place water management committee at each water point
Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population
<p>Activities planned:</p> <ul style="list-style-type: none"> • Purchase households water treatment product sufficient for 43,113 people to be used for three months • Distribute water treatment products (aquatabs) for 43,113 people (6,159 households) sufficient for 90 days • Monitor use of water through household surveys and household water quality tests. • Train population of targeted communities (on safe water storage, on safe use of water treatment products) • Monitor use of water through household surveys and household water quality tests. • Carry out the construction of 12 boreholes for 6,000 people
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population
<p>Activities planned:</p> <ul style="list-style-type: none"> • Select design for public latrines based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability. • Construct 15 blocks of three latrines in three health Centre and four schools (two blocks of three latrines in each schools and health Centre) in the three target districts of the Diffa region • Ensure toilets are clean and maintained through community mobilization (put in place toilet management committees) in all the 15 blocks of latrines constructed • Equip the 15 blocks of latrines with handwashing facilities, anal cleansing material or water and ensure they remain functional. • Distribute 21 trash cans for solid waste collection (3 in each of the target school and Health Centre) • Purchase and distribute mosquito bed-nets to be distributed to the 6,159 households for Malaria prevention • Monitor the sanitation activities
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population
Activities planned:

- Train 90 volunteers and 15 supervisors on hygiene promotion techniques using leaflets, posters and image boxes
- Produce 5,000 posters 10,000 leaflets and 25 images boxes with messages on hygiene promotion to support the volunteer's activities
- Carry out community-based awareness session on hygiene promotion (Target 43,113 people)
- Assess progress and evaluate results.

Output 1.5: Hygiene-related non-food items (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Activities planned:

- Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for the community based on health risks and user preference in targeted communities in coordination with the WASH group or Cluster.
- Purchase 18,477 sanitary pads to be used for three months (for 6,159 identified women)
- Purchase 43,113 pieces of 250grs soaps to be distributed during the hygiene promotion to the 6,159 households
- Purchase 6,159 bucket with lid for water storage
- Purchase 6,159 jerrycan for water transportation
- Distribute 18,477 hygiene kits sufficient for three month(s) to 6,159 people.
- Distribute 6,159 bucket and jerrycans to the 6,159 households
- Train population of targeted communities in use of distributed hygiene kits.
- Determine whether additional distributions are required and whether changes should be made.
- Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.



Protection, Gender and Inclusion

People targeted: 43,113

Male: 22,025

Female: 21,088

Requirements (CHF): 21,713

Proposed interventions

The targeted communities count various vulnerabilities. There are abandoned children, disabled people, old people (elders), pregnant and lactating women, people with chronic sickness, etc. These groups do not have the same strength and capacity of reaching common services. This category of people has specific needs.

The gender and inclusion activities are planned for the entire targeted population (43,113 people) as well as the 90 NRCS volunteers and 15 supervisors involved in the implementation of the operation.

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Activities planned:

- Training of 90 NRCS volunteers and 15 Supervisors on the respect of gender and other diversity factors and the minimum Standard commitment
- Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity
- Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.

Activities planned:

- Use Minimum Standard Commitments as a guide to support sectoral teams to include measures to mitigate the risk of Sex and Gender Based Violence (SGBV)

- Develop Standard Operating Procedures (SOPs) for Protection/SGBV including mapping of referral pathway (in line with the forthcoming SOP template in the revised Minimum Standard Commitments)
- Include messages on preventing and responding to SGBV in all community outreach activities
- Hold basic ½ day training with IFRC and NS staff and volunteers on addressing SGBV (or integrate a session on addressing SGBV in standard/sectorial trainings)
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard
- Map and make accessible information on local referral systems for any child protection concerns
- Provide psychosocial support to children
- Establish child-friendly spaces and community-based child protection activities, including educational ones

Strategies for Implementation (SFI)

Requirements (CHF): 661,084

SFI 1: Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Output S1.1: The National Society has effective and motivated volunteers who are protected.

Activities planned:

- Ensure that volunteers are insured
- Provide complete briefings on volunteers' roles and the risks they face
- Provide psychosocial support to volunteers
- Ensure volunteers are aware of their rights and responsibilities.
- Ensure volunteers' safety and well-being.
- Ensure volunteers are properly trained.
- Ensure volunteers' engagement in decision-making processes of respective projects.

SFI 2: Outcome 1: Effective and coordinated international disaster response is ensured.

Output S2.1.1: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Activity planned:

- Strengthened the capacity of the NRCS on its compliance with Principles and Rules for Humanitarian Assistance

Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability standards

Activities planned:

- Warehousing, good reception, forwarding, fleet, fuel costs, **not related to a specific area of focus** (Output S2.1.4)

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Output S2.2.1: In the context of large scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

Activities planned:

- SMCC and movement coordination (Output S2.2.1)
- Ensure the participation of the IFRC and NS to the Movement Coordination meetings at all level (National and field level)

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Activities planned:

- Ensure that the situation regarding the complex emergency and the work of the National Society is well documented and shared with media channels to profile the Red Cross and Red Crescent appropriately
- Support the appeal and other major milestones throughout the operation using people-centred, community level compelling content, including web stories, blogs, video footage and photos with extended captions
- In collaboration with programmes, work on advocacy messages to address the different issues linked to the current situation
- Maintain a social media presence throughout the operation utilizing IFRC platforms such as Facebook and Twitter
- When security permits, organize media visits to profile the operation

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Activities planned:

- Work on needs and capacity assessments, rapid assessments for markets, planned and budgeted monitoring and evaluation activities and learning opportunities other assessments, evaluations and research

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

Output S4.1.4: Staff security is prioritised in all IFRC activities

Activities planned:

- Security assessment and service provided through expert personnel
- Implementing and adapting IFRC security norms and guidelines to Diffa context.
- Gathering security information and provide security analysis to IFRC mission in Diffa to secure EA operations
- Coordination with RCRC actors in Diffa, as well as with other stakeholders regarding security issues
- Providing capacity building in IFRC security norms and standards to RCRC staff and volunteers working in Diffa

€ Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

- Issa Mamane, Executive Secretary of NRCS; Tel: +227 96399041 Email: issamamane2003@yahoo.fr
- Issiakou Soumana Gaoh, Programmes Coordinator of NRCS, Tél : +277 96961505 ; email : issiagaoh@yahoo.fr

In the IFRC Country office

- Alberto Bocanegra, Head of Country Office, Niger, e-mail alberto.bocanegra@ifrc.org; Tel. +227 20 73 83 34, Mob. +227 88 69 99 99
- Pierre Danladi, Operations and Programmes Coordinator, email: pierre.danladi@ifrc.org, phone: +227 98 97 21 68

In the IFRC Regional Office for Africa

- Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya, Mob +254 (0) 731067489, Email: adesh.tripathee@ifrc.org
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270 | Mob +254 (0) 731067286; email: khaled.masud@ifrc.org

In IFRC Geneva

- Tiffany Loh, Operations Coordinator, Response and Recovery (Americas and Africa Regions), Tel. +41 22 730 4210 | Mob. +41 79 251 8004, Email tiffany.loh@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: kentaro.nagazumi@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator, email. fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Annex-Budget

EMERGENCY APPEAL OPERATION

13/04/2018

Niger Complex
MDRNE021 Emergency

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
500 Shelter - Relief	0			0
501 Shelter – Transitional	0			0
502 Construction - Housing	0			0
503 Construction - Facilities	0			0
505 Construction - Materials	0			0
510 Clothing & Textiles	58,092			58,092
520 Food	0			0
523 Seeds & Plants	0			0
530 Water, Sanitation & Hygiene	330,076			330,076
540 Medical & First Aid	120,351			120,351
550 Teaching Materials	0			0
560 Utensils & Tools	0			0
570 Other Supplies & Services	0			0
571 Emergency Response Units	0			0
578 Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	508,519	0	0	508,519
580 Land & Buildings	0			0
581 Vehicles Purchase	0			0
582 Computer & Telecom Equipment	2,000			2,000
584 Office/Household Furniture & Equipment	0			0
587 Medical Equipment	0			0
589 Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	2,000	0	0	2,000
590 Storage, Warehousing	0			0
592 Distribution & Monitoring	28,258			28,258
593 Transport & Vehicle Costs	48,000			48,000
594 Logistics Services	15,000			15,000
Total LOGISTICS, TRANSPORT AND STORAGE	91,258	0	0	91,258
600 International Staff	216,000			216,000
661 National Staff	58,400			58,400
662 National Society Staff	33,240			33,240
667 Volunteers	186,039			186,039
Total PERSONNEL	493,679	0	0	493,679
670 Consultants	0			0
750 Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
680 Workshops & Training	44,464			44,464
Total WORKSHOP & TRAINING	44,464	0	0	44,464

700	Travel	4,000			4,000
710	Information & Public Relations	184,500			184,500
730	Office Costs	12,512			12,512
740	Communications	32,300			32,300
760	Financial Charges	2,000			2,000
790	Other General Expenses	202,920			202,920
790	Shared Support Services				
Total GENERAL EXPENDITURES		438,232	0	0	438,232
599	Programme and Supplementary Services Recovery	102,580	0	0	102,580
Total INDIRECT COSTS		102,580	0	0	102,580
TOTAL BUDGET		1,680,731	0	0	1,680,731
Available Resources					
	Multilateral Contributions				0
	Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES		0	0	0	0
NET EMERGENCY APPEAL NEEDS		1,680,731	0	0	1,680,731