Preliminary Emergency appeal n° MDRMZ010
GLIDE n° FL-2013-000008-MOZ
1 February 2013

This Preliminary Emergency Appeal seeks CHF 662,337 in cash, kind, or services to support the Mozambique Red Cross Society (CVM) to assist 15,000 beneficiaries for 6 months, and will be completed by the 1 August, 2013. A Final Report will be made available by 1 November 2013 (three months after the end of the operation).

CHF 300,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.

Summary: Since early January 2013, heavy rains are continuing in southern and central Mozambique and throughout Southern Africa region. These torrential rains have caused destruction of houses, schools, health centres and crops, forcing the affected populations to leave their homes in search of safer areas, mainly in Maputo City, Gaza and Inhambane Provinces. To date, some 143,408 people (28,701 households) have been affected.

Based on the situation, this Preliminary Emergency Appeal responds to a request from the Mozambique National Society, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the following sectors: relief, emergency shelter, emergency health, water, and sanitation and hygiene promotion.

The IFRC has sent a Field Assessment and Coordination Team (FACT) to support the National Society with initial assessments, coordination and planning / implementation of the initial response. The FACT will work with the CVM to decide on other support required.

<click here to view the attached Emergency Appeal Budget; or here to view contact details>

The situation

The National Institute for Disaster Management (INGC), report of 24 January 2013, indicates that a total of 95,577 households (19,315 households) have been displaced from their homes as a result of the floods which caused 64 deaths (cumulative figure\(^1\)). In Nampula, the rains started as early as October 2012 which resulted in six deaths due to flooding. Of these, 12,173 households (60,865 people) have been affected in Gaza

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\(^1\) As of October to 10 January 28 deaths registered, from 11 – 20 January there were 12; 20 -23 January – 5; 23 – 25 January 19v deaths
Province; about 8,000 households (corresponding to 40,000 people) are sheltered in 20 accommodations centres that were established by the government as a result of the floods in Gaza Province.

Based on the information above, and due to the worsening of the situation the Government of Mozambique has declared an Institutional Red Alert for the south and centre of the country. It authorises the INGC (Disaster Management Unit) to respond and coordinate all local humanitarian activities.

CVM has activated their Local Disaster Management Committees in the affected areas. They are carrying out assessments and disseminating early warning information for the population in risk areas. The National Society has requested IFRC assistance to respond to the worsening flood situation.

Damage and needs assessments are currently being undertaken in the affected areas (mainly in the districts of Chokwe, Chigubo, Guija, Xai-Xai, Bilene, Macie, Massangena, Chicualacula, Govuro, Gondola, Chimoio, Machanga, Nhamatanda, Caia and Chemba).

Information provided by the Technical Council of Disaster Management during a meeting held on 22 January, is that river basins in the central region continue to be above alert levels along the lower Zambezi (Mutarara, Caia and Marromeu) with a tendency to increase in Marromeu. In the Púnguè Basin in Mafambisse, the water level is likely to remain above alert level. Also in the Southern Region, the Save River Basin may continue to be above alert or even increase, while the Limpopo and Incomáti Basins may experience a significant increase of water levels and may remain above alert level, flooding the districts of Chokwe, Guija and Chibuto. Population in flood risk areas of Xai-Xai City have been evacuated to safer areas.

The rainy season ends in April and the threat of further flooding due to predicted torrential rains, cyclones, and tropical storms is high. According to the Government’s Contingency Plan, the likelihood of major magnitude cyclones is very high. This risk affects the mainly coastal provinces of Inhambane, Zambézia and Nampula, potentially affecting 987,000 people. CVM is monitoring the situation.

The accumulated impact of successive floods, tropical storms and cyclones has increased the vulnerability of the affected population and exhausted their coping mechanisms.

Coordination and partnerships

The Government of Mozambique (GoM) leads the overall coordination of disaster response through the INGC. CVM takes part in the regular coordination meetings held at the Disaster Management Technical Council which are part of national disaster management structure at various levels, that is at national, provincial and district including at community levels. This ensures effective support for Government-led coordination mechanisms. All humanitarian interventions are coordinated within these Government-led mechanisms.

The Humanitarian Country Team (HCT) is the coordination platform for partner institutions (UN agencies, NGOs and Red Cross Movement), focusing on common strategic and policy issues related to humanitarian action in country. These agencies have been working through the cluster approach in Mozambique for some time now and most clusters remain active all year and not only in time of disasters. CVM co-leads the shelter cluster. The Africa Zone shelter coordinator has deployed to Mozambique to support the NS in assessing shelter cluster coordination capacities and needs. This will inform the analysis and decision making on additional surge capacity for shelter cluster coordination through the deployment of an IFRC Shelter Coordination Team, subject to needs, in the coming days.

CVM is part of the UNAPROC (Civil Protection Unit) teams that are carrying out search and rescue operations. Currently 19 volunteers are involved in the operation.
The UN plans to launch a USD 4 million CERF this week to cover five priority sectors – WASH, health, food, shelter, protection and logistics as cross-cutting. They also plan to submit a proposal to local and regional donors to cover needs that may not be covered through the CERF. Therefore, CVM response will complement what government and other humanitarian agencies are doing.

The key humanitarian agencies are: World Vision International, providing assistance to 1,250 families in Maputo, 750 families in Gaza and 500 in Zambezia. Save the Children and Oxfam are distributing in Gaza and Zambezia also. Others are IOM, UNICEF, WFP and UNDP/OCHA. WFP is distributing food but the pipeline is limited. INGC is trucking water to accommodation centres.

CVM has extensive experience in emergency response from responding to the devastating floods of 2000 and 2001 and, being auxiliary to GoM in emergency response and preparedness, has responded regularly to disasters in the last decade.

CVM, supported by the Federation, is working in close coordination with the INGC and other humanitarian actors to provide the most effective support to people in need. The National Society has been participating in multi-sector assessment missions in the affected areas.

National societies in-country include: Belgium Red Cross, Danish Red Cross, Finish Red Cross, Spanish Red Cross, and the German Red Cross, which support CVM in health, water and sanitation, organizational development, disaster preparedness, disaster risk reduction and disaster management programmes. IFRC and other National Societies which are not present in country, nevertheless support different CVM programmes and the Zambezi River Basin initiative which covers four provinces. Additionally, the German Red Cross and Spanish Red Cross supported CVM’s emergency response to the recent disasters.

The other Partner National Societies (PNS) present in country might support this Preliminary Emergency Appeal by incorporating some or part of the proposed interventions into their existing bilateral programmes; CVM and IFRC will keep PNSs informed on funding and implementation plans.

**Red Cross and Red Crescent action**

In order to respond to the floods, CVM has been integrated into multi-sector teams together with other humanitarian organisations to undertake the following main activities:

- Participation at INGC’s Technical Council for Disaster Management, HCT – Humanitarian Country Team and other forums meetings at various levels;
- Coordination of the Shelter Cluster in logistic and registration of NFI in country;
- Participation in damage and needs assessment in the field with the support of its volunteer network;
- Monitoring the situation and sharing information with the IFRC and other partners, including monitoring the health status of affected population bearing in mind the likelihood of occurrence of water borne disease outbreaks;
- Reactivation of Local Disaster Management Committees in the affected areas;
- 192 volunteers in Gaza are disseminating information related to health and promotion hygiene in the accommodation centres two times a day;
- Dissemination of early warning system for water to the communities living in risk areas;
- In Gaza Province, CVM have distributed 60 tents prepositioned 300 buckets, 300 blankets, build 15 latrines, distributed 15,000 liters of water in Chihaquelane, an accommodation centre in Chokwe;
- Preposition of water tabs and Certeza in Bilene, Chibuto and Guija to avoid water born diseases;
- In Manica Province, 6 family tents, 5 shelter kits, 5 tarpaulins have been distributed to 10 Orphan and Vulnerable Children whose houses have been destroyed;
- Deployment of CVM staff members in the field integrated in the multi-sector team in Caia District, Sofala Province since 18 January, notably the Secretary General and the Logistics Coordinator who took part at the Emergency Coordination Council held on 21 January 2013 and chaired by the Mozambican Prime Minister, in which an Institutional Flood Red Alert was declared by the Government;
- Deployment of provincial staff members in the affected provinces to conduct assessments and provide technical support to the volunteers.
• Deployment of HQ staff members (operations, telecommunications and health) to conduct a rapid assessment and provide technical assistance to local staff and volunteers.

Family Reunification

More than 200 CVM volunteers have been mobilized and are participating in the emergency response operation in Maputo, Gaza and Inhambane province as well as being involved in assessment, and distributions of relief items, search and rescue, health and water and sanitation activities and managing the accommodation centres where displaced families have been evacuated to.

Red Cross volunteers from the communities will be trained for health promotion activities, First Aid, and treatment of the most common diseases, with the supervision of the MoH Staff. Early diagnosis and treatment will lead to a reduction in the prevalence of malaria. The prevention of malaria deaths will be done through community education on malaria awareness, early treatment, and the distribution, promotion and use of bed nets (two bed nets per family).

At present, CVM is carrying out First Aid activities with 20 trained volunteers, and will continue to do so in the operation. CVM is very experienced also in epidemics prevention and response, especially cholera. These volunteers have prior experience in responding to the cholera outbreak through social mobilization, promoting good hygiene practices such as latrine construction and use, water treatment, hand washing, protection of cooking utensils, and correct use of ORS. Mobilization was undertaken through house to house visits.

180 new volunteers will be recruited and trained (1 volunteer per 15 families) and the 20 supervisors will receive further training. Training and capacity building efforts will focus on several identified needs.

One of the measures to be taken is to continue with social mobilization in communities and the training of community leaders on preventive measures, including the treatment of water with chlorine. An arrangement for supervision and provision of medical supplies to the volunteers will be agreed with MoH staff in the field, and with support from CVM headquarters and technicians at provincial level. The severe cases, which cannot be dealt with by the volunteers in First Aid posts, will be referred to the Government managed health centre. A kit for disaster response on community level will be developed and purchased (loud speaker, aprons, Red Cross identification, First Aid bag) one kit per supervisor.

Stocks of relief supplies such as tents, shelter kits, mosquito nets and kitchen sets have been pre-positioned in strategic districts mainly in the districts located in the southern and central provinces (Maputo, Manica, Sofala, Tete and Zambézia). A key challenge will be the resources and transport to distribute the supplies. The cost of transportation of NFIs has been included in the operational budget. A request has been sent to Government and to the Logistics cluster to assist with trucks. Current stocks are not enough to meet all the needs and stocks have also been included in this preliminary Emergency Appeal.

Currently, the Regional Representative for Southern Africa is in country working with the CVM to help them plan their response and engage with partner organizations on the ground. The Regional Disaster Management Coordinator will shortly deploy to support the National Society and work with the incoming FACT. An eight person FACT has been deployed and will arrive in country from 1 February and consists of a team leader, relief, emergency health, water & sanitation, shelter, logistics, finance and reporting.

The needs

According the latest information from INGC, a total of 143,508 people are currently housed in a 20 accommodation centres spread across the country and of these some 102, 641 are in Chokwe. CVM will concentrate their activities in Gaza Provinces and mainly in Chokwe.

The needs assessed so far fall under the following priority sectors: shelter, water & sanitation, health and protection (family reunification).

Beneficiary selection: The beneficiaries affected by the floods have been identified through joint assessments by the CVM and local disaster management committees based on the selection criteria below. They will include those in the accommodation centres, as well as those staying with host families. Activities such as health and hygiene promotion will also include host communities.

Further information on affected beneficiaries is being gathered by the branches and provinces in the affected areas in the course of implementing the current response. Those affected show a high degree of vulnerability,
having lost their basic resources and assets including houses and livelihoods. A total of 3,000 households (15,000 people) require urgent relief assistance in Gaza which the worst affected area.

During this operation, special focus will be on the most vulnerable groups such as:

- Orphaned and Vulnerable Children
- Female Head Households and Pregnant Women
- Elderly People
- People with Disabilities
- Chronically ill people

The selection of the intervention areas will be based on the level of vulnerability and CVM existing capacity, taking into account the following criteria. The needs identified will also be based on and adjusted according to the assessment reports.

- Areas with more needs and number of affected people with difficult access.
- Socio-economic impact caused by floods.
- Number of affected and resettled people.
- Casualties and loss of livelihoods.
- CVM capacity in the area.
- Intervention by other partners.

**Immediate needs**: The affected families urgently need shelter, blankets, jerry cans, mosquito nets, hygiene information, clean water and sanitation to reduce the impact of floods for six months. The initial operation aims to minimise the adverse impact of displacement due to floods and adverse weather conditions.

**Longer-term needs**: Post-emergency, through the Zambezi River Basin Initiative (ZRBI) and other Disaster Risk Reduction initiative funded through bilateral support from PNS, the CVM will continue to support the restoration of livelihoods and the reinforcement of coping mechanisms, as well as creating community resilience. Additional resources will be required to restore their livelihoods and build flood resistant houses considering the scale of the emergency. Strengthening of Community Based Early Warning Systems (CBEWS) to increase knowledge and awareness of the threats posed by flooding and ensure rapid response in future to minimise the damage or impact of flooding.

**The proposed operation**

This Preliminary Emergency Appeal will focus on Gaza province (Chibuto, Chókwe, Guija and Xai-Xai districts) in the south of the country. The operation will last for six months and will target a total of 3,000 families with relief assistance during the emergency and recovery phase.

The operation will concentrate on the distribution of relief items, First Aid activities, as well as hygiene promotion and health awareness to prevent communicable diseases. CVM operates eight First Aid posts in the flood-affected areas and may increase the number as the situation evolves. Water and sanitation activities will focus on ensuring improved access to safe water for people sheltered in accommodation centres. Sanitation activities will also be carried out, through construction of latrines and hygiene promotion campaigns.

Experience of the 2001 floods show that the majority of the displaced people resettle in safer and higher areas but continue cultivating their crops along the rivers. Sensitisation/awareness sessions under this operation will focus mainly on encouraging people to relocate to higher grounds and during the recovery phase.

As part of this Preliminary Emergency Appeal, CVM will make an effort to the replenishment of relief stocks. Some stocks of relief supplies that had been pre-positioned in the provincial branches are to be distributed to the affected people. Therefore, the relief items to be distributed are included in the non-food items needs listed include replenishing stocks that have already been distributed as part of the operation.

A further assessment will be carried out in the affected areas so as to determine the needs and review the intervention plan. A FACT will be deployed comprising Emergency Health, Water & Sanitation, Shelter, Logistics, Relief, Finance and Communications. The FACT team leader will be in-country by 1 February.

IFRC will assign an Operations Manager to provide technical assistance to CVM and oversee the implementation of the operation. The need for RDRT will be assessed as part of the FACT mission.
## Relief distributions (basic non-food items)

**Outcome:** Immediate non food items needs of 15,000 flood-affected persons (3,000 families) are met, through NFI emergency assistance (with on-going evaluation to determine if further assistance is required).

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<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
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</thead>
</table>
| • 3,000 households are provided with appropriate non food items in line with sphere standards | • Conduct emergency needs and capacity assessments in Gaza (Chókwe, Chibuto, Guijá and Xai - Xai Districts).  
• Develop beneficiary targeting strategy and registration system to deliver intended assistance.  
• Beneficiary selection and registration of most at risk individuals and families.  
• Set up the regional emergence operative centres in the affected area and supply them with office working materials.  
• Distribute Non Food Items (NFI: 1 kitchens set per family, 2 blankets per family, blankets, 5 piece of bar soap per family to 15,000 affected people, equivalent to 3,000 families.  
• Monitor and evaluate the relief activities and provide reporting on relief distributions. |

## Emergency shelter

**Outcome:** 3,000 flood-affected households have improved living conditions through provision of adequate shelter during the emergency period.

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<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
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</table>
| • 3,000 displaced families are provided with shelter items/materials. | • Assess the existing coverage with a view of ensuring availability of an adequate water supply  
• Coordinate in-country Shelter Cluster in the capacity as the in-country lead agency;  
• Conduct shelter kit training sessions;  
• Conduct damage and needs assessments  
• Procure and distribute one shelter tool kit per five families and two tarpaulins to affected households whose houses have been completely destroyed  
• Procure and distribute fixings (including rope and nails) to each affected household  
• Assess the needs in relation to construction materials |

## Emergency health and care

**Outcome:** To reduce the risk of communicable diseases (including malaria) for 15,000 flood-affected people through community health activities focusing on the community-based health and First Aid (CBHFA) approach.

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<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
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| • The health status of the affected population is improved through early detection and prevention measures. | • Undertake further detailed assessments to determine the extent of the needs  
• Deploy and monitor community-based volunteers on CBHFA and hygiene promotion;  
• On-going monitoring of malaria and other public health risks due to flooding;  
• Set up eight First Aid Posts;  
• Distribute 6,000 mosquito nets to 3,000 families (2 nets per family);  
• Purchase 20 First Aid bags  
1,000 IEC material for printing  
20 loud speaker (1 per supervisor) |
• Refresher training in CBHFA (emergency module) for 200 volunteers
• Refresher training in PHAST for 200 volunteers
• Carry out health education campaigns within the affected areas focusing on the prevention of malaria, cholera and other water-borne diseases;
• Support and provide printed and other materials to be used in the health promotion campaign (such as posters, flyers, manuals, educational materials).

Water, sanitation, and hygiene promotion

Outcome: The risk of water-borne and water-related diseases (including cholera) is reduced through the provision of safe water, adequate sanitation facilities and hygiene promotion to 15,000 people (3,000 families) displaced or relocated to accommodation centres and particularly in provinces affected by cholera.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
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<tr>
<td>Safe water is provided to 3,000 families while damaged systems are restored.</td>
<td>Assess the existing coverage with a view of ensuring availability of an adequate water supply; Assess the existing sanitation coverage with a view of ensuring availability of latrines and sanitation facilities; Conduct training/information programmes for Red Cross volunteers and beneficiaries, in particular regional hygiene promotion and the safe use of Water Treatment Products (chlorination tablets); Treat 60,000 litres per day of water and distribute to affected communities in Gaza Province for 90 days (three months); Provide two jerry cans to 3,000 families to flooded affected families; Provide water purification tablets for 3 months (20 litres of drinking water/family/day), i.e. 180,000 tablets will be needed for 3,600,000 litres of water.</td>
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<tr>
<td>The health status of the population is improved through behaviour change and hygiene promotion activities.</td>
<td>Conduct hygiene promotion campaigns within the affected population, focusing on behaviour change; Disinfect the contaminated water points; Provide information, education and communication (IEC) materials on hygiene promotion (printed posters, flyers, manuals, educational materials).</td>
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</table>

Logistics

Professional logistics support to the operation will be provided in accordance with IFRC standards, procedures and processes.

Activities will include, but are not limited to, the following:
• Mobilizing relief items pre-positioned in IFRC’s zone logistics unit (ZLU) and regional offices
• Coordinating within IFRC and CVM programme managers and the ZLU in NBO and GLS Dubai office for timely and cost-efficient sourcing option for items required in the operation
• Coordinating mobilization of goods and reception of incoming shipments
• Identifying warehousing facilities and vehicles for storage and efficient dispatch of goods to the final distribution points
• Supporting CVM in securing adequate storage solutions
• Ensuring that local procurement of goods, services and transport is in line with IFRC procurement standards and procedures
• Liaising and coordinating actions with other key actors so that the IFRC logistics operation processes use all information to be as efficient and effective as possible

Communications – Advocacy and Public information

CVM with technical support from the regional and the Zone office will conduct awareness and publicity activities including field trips to sensitise the public and media on the situation on the ground and the humanitarian response by CVM. They will also work with programme teams to develop beneficiary
communications that support programme objectives in decreasing the vulnerability of the affected populations. Volunteers will also disseminate the principles and values of the Movement during their response operation. The communications activities outlined in this appeal are aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations. The communications team will work to produce regular updates on the operation and capture stories from the affected communities to highlight the impact at a local level. These activities are closely coordinated with the Communications department of the International Federation’s Regional in Gaborone and the Zone Office communication team based in Addis Ababa.

**Capacity of the National Society**

CVM as part of the International Red Cross Movement works with several partner Red Cross societies including the Danish, Spanish, German, Finnish, Norwegian, Italian, French RC/PIROI and Netherlands Red Cross Societies in implementing the integrated community based disaster risk reduction programmes and complimentary programmes. This has made the National Society well equipped to respond to community health challenges, food security and disasters. The CVM has considerable experience in implementing DRR, health programmes, WASH activities, food security activities and disaster response in all parts of the country. CVM relies on a 6,000 volunteer base within the communities. Volunteers will assist in monitoring activities and data capturing for onward submission to CVM Disaster Management Coordinator for full reporting to partners.

**Capacity of the IFRC**

In addition to managing grants, the IFRC will provide technical support to CVM and strengthen support in the areas of health, WatSan, shelter, relief, logistics; communications; finance; M & E, and reporting and also technical advice and training in relevant areas. An operations manager, based in-country will be responsible for managing the operation, while an operations coordinator for the ongoing Southern Africa Emergency Appeals will provide additional support (currently a redeployment of an Operations Coordinator from the Zone). Technical and strategic back-up is also available from the IFRC Regional in Gaborone and Nairobi Zone Office and from Partner National Societies where required.

The IFRC will draw on Movement resources, including a FACT mission to undertake more detailed assessments, RDRT deployments and ERUs support if necessary.

The IFRC’s main programmatic and operational areas of focus are Disaster Management, Health and Care and promotion of Principles and Values. Moreover, in all of its activities the IFRC seeks to strengthen the role of the National Society to increase its ability to respond, as well as the scope and quality of its humanitarian work. With regard Disaster Management and Disaster Risk Reduction, the focus is on ensuring integration of emergency response with longer term rehabilitation and development. Support for communications, monitoring, evaluation and reporting is also provided through the regional and Zone office thus ensuring that adequate technical support is available.

**Budget summary**

See attached budget (Annex 1) for details.

Walter Cotte
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General
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For Performance and Accountability (planning, monitoring, evaluation and reporting):
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How we work
All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
## Mozambique Floods (MDRMZ010)

### Budget Group

<table>
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<tr>
<th>Budget Group</th>
<th>Multilateral Response</th>
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#### Available Resources

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**NET EMERGENCY APPEAL NEEDS** | **662,337** | **0** | **0** | **662,337**