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## Emergency appeal

### Liberia: Ebola Virus Disease (EVD) Response and Recovery

 International Federation  
of Red Cross and Red Crescent Societies

Revised Emergency Appeal n°4  
MDRLR001

Glide n° EP-2014-000039-LBR

3.8m million people to be assisted

CHF 46,349,362 revised Appeal  
budget

CHF 24.2m current funding gap

Initially launched 4 April 2014

Revision n° 4 issued 28 June 2015

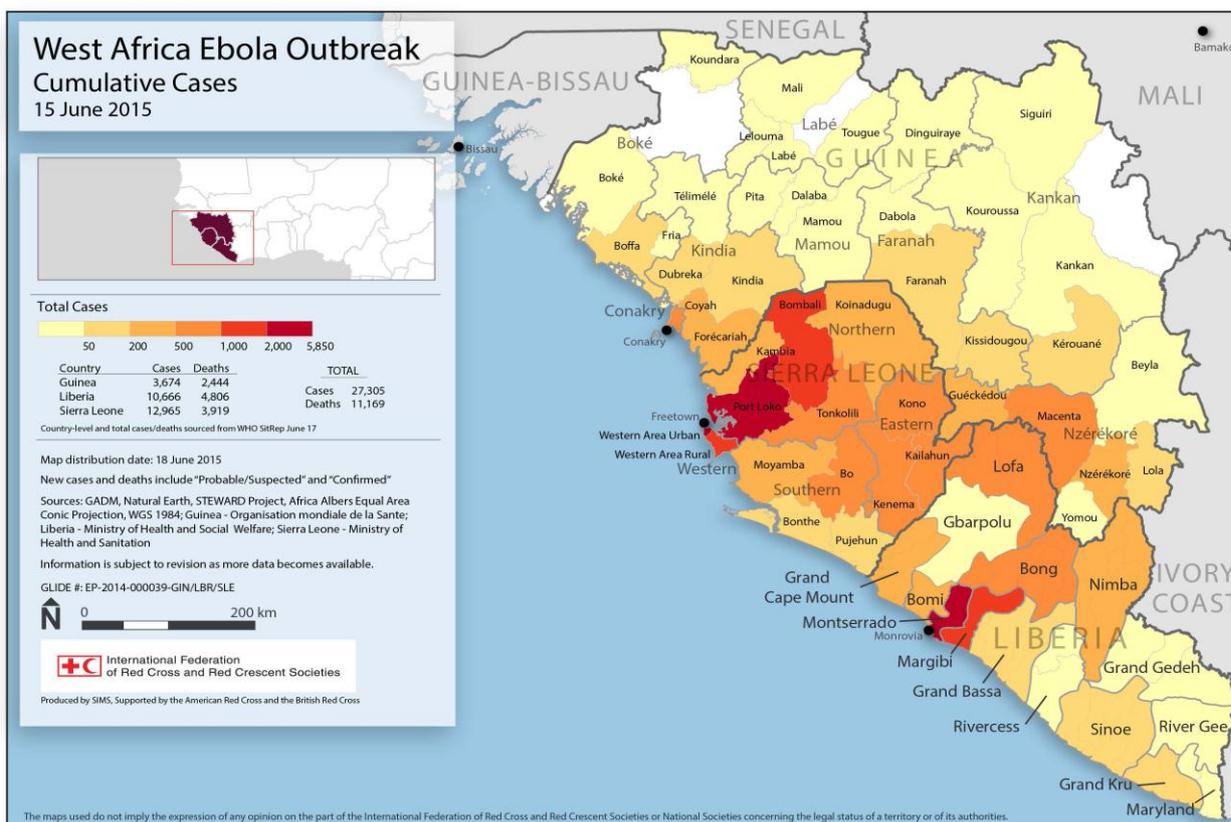
Appeal ends 31 December 2017

This revised Appeal seeks a total of **CHF 46.3m (increased from CHF 24.5m)**. This amount includes **CHF 27.7m** that will enable the IFRC to continue to support the **Liberian National Red Cross Society (LNRCS)** to deliver response and to increase the scope of recovery assistance and support to EVD-affected populations. With available resources (including bilateral) of some **CHF 22m**, the net Appeal needs are **CHF 24.2m** to be implemented until December 2017.

This revised appeal reflects a change of operational strategy; the existing enhanced and scaled-up response capacity is integrated with longer-term recovery assistance. While the immediate priority is to continue to control the epidemic in Liberia, longer-term recovery planning has been conducted considering the broader impacts of the EVD outbreak, identifying the emerging priority needs of the affected population (including EVD survivors, orphans and vulnerable children; affected families and communities; and Red Cross and community volunteers). The Recovery Plan of Action (PoA) is based on assessments carried out by the IFRC and a strategy that is focussed on four integrated components: i) health and care ii) disaster risk reduction; iii) food security and livelihoods, and iv) National Society development. At the same time, this revised appeal keeps the response capacity till end of 2015 in line with the agreed Government of Liberia and partners' strategy and contingency lines. [Click here for the detailed Emergency Plan of Action \(EPoA\)](#)

#### The disaster and the Red Cross and Red Crescent response to date

- March 2014:** Ebola outbreak in Guinea
- March 2014:** first cases detected in Liberia, remaining constant at 12 until May 2014
- April 2014:** IFRC Field Assessment and Coordination team (FACT) deployed; CHF 101,388 DREF allocated; Emergency Appeal launched for CHF 517,766
- May 2014:** Emergency Response Unit (ERU) deployed
- June 2014:** second wave of outbreak, spreading in Lofa and Montserrado counties
- July 2014:** 173 cumulative cases. Revised Appeal n° 1 issued for CHF 1.9m
- 8 September:** cumulative caseload in Liberia reaches 1,923 with a total of 1,125 deaths. Revised Appeal n° 2 issued for CHF 8.5m
- November 2014:** Cumulative caseload of 6,878 cases with 2,836 deaths. Revised Appeal (n° 3) issued for CHF 24.5m
- May 2015:** WHO declares Ebola outbreak in Liberia over
- June 2015:** Revised Appeal n° 4 issued, geared toward recovery needs and extending the operation until 31 December 2017.



## The operational strategy

### Needs analysis

As the number of new cases began to decline across Sierra Leone, Liberia and Guinea, the IFRC and Movement partners initiated a recovery planning process. In support of this, the IFRC facilitated a recovery assessment in the three countries over a six-week period from the 9 February to the 20 March 2015, to identify recovery needs and response options, including steps to facilitate their delivery. The assessment team engaged directly with the National Society leadership and senior management team, delegates and staff from IFRC, PNS, and ICRC, in addition to government representatives, external agencies, donors, NGOs and sector coordination groups involved in the EVD response.

The recommended recovery options have been further refined by the National Society with support from IFRC and Movement partners into more detailed recovery plans, which have been incorporated into the operational strategy and form the basis of this appeal revision.

Recovery options were categorised into the following thematic areas:

- i) **Health and care:** Recovery options are oriented towards strengthening the health system at community level, and community-based prevention and care, improving psychosocial health, reducing gender related vulnerabilities, enhancing protection, and improving access to safe water and sanitation.
- ii) **Disaster management and risk reduction:** Recovery options focus on improving alert mechanisms within strengthened early warning systems, improving preparedness for future epidemics and supporting increased decentralization and decision making during emergency response.
- iii) **Food security and livelihoods:** Recovery options include providing agricultural inputs for the forthcoming rainy season and to improve access to cash grants to cover basic needs and restart income generating activities.
- iv) **Organizational Development and Capacity Building:** The impact of EVD outbreak on the National Society and its capacity needs for recovery programming were analysed and options were developed accordingly. In order to support sustainable organisational development and capacity strengthening, recovery options were aligned with the relevant components of the LNRCS Strategic Plan 2014-2018. A number of areas were identified for capacity strengthening, including LNRCS leadership; effective service delivery;

volunteer management and retention; capacity building of the youth network; resource mobilisation; Planning, Monitoring, Evaluation and Reporting (PMER); financial accounting and administration; and human resource management.

The recovery assessment has recommended that IFRC and LNRCS capitalise on the momentum generated by the EVD response to undertake a minimum or core set of recovery activities in all chapters, with a more comprehensive recovery package of interventions implemented in chapters with stronger capacities. Core activities in other chapters would be those activities that do not require a strong volunteer base or specialized management capacity.

### Beneficiary selection

The target for the appeal remains the entire population of Liberia across all 15 counties as everyone is potentially at risk of contracting EVD. In the recovery phase, specific focus will be on EVD survivors, orphans and vulnerable children, affected families and communities. The selection of beneficiaries will also be based on the participation of communities, other agencies and government structures, to ensure coordination.

### Proposed strategy

**Overall objective:** To provide timely and appropriate recovery assistance to 3.8 million directly and indirectly affected persons to restore and improve their health status, livelihoods and access to basic services within 30 months.

The recovery plan underpinning this revised appeal builds on the [EVD Strategic Framework](#), which identifies five outcomes: 1) The epidemic is stopped; 2) National Societies have better Ebola preparedness and stronger long-term capacities; 3) IFRC operations are well coordinated; 4) Safe and dignified burials (SDB) are effectively carried out by all actors; and 5) Recovery of community life and livelihoods. Although there are no cases currently being reported in Liberia, activities outlined in this revised appeal will continue to address infection prevention and control, and meet the longer-term recovery needs of beneficiaries, which will be guided by sector specific assessments.

### Key Recovery Considerations

- Recovery requires detailed assessments of both current capacity and needs. Assessments and planning inform overall situational analysis, community needs analysis and comprehensive response options.
- Early recovery requires strong linkages with EVD emergency response activities, integrating contingency planning and exit planning.
- Recovery is a process and not just an outcome, and should follow a phased approach (short, medium, long-term)
- Community engagement and participation is essential.
- Recovery plans must be aligned with the LNRCS strategic plan.
- Cross-border collaboration and planning should be facilitated, to better enable National Societies to respond to regional threats.

Programme	Specific Objectives
<b>Health and Care</b>	To contribute to national health system strengthening post-EVD outbreak through integrated community-based health interventions and improving access to safe water and sanitation.
<b>Disaster Risk Reduction</b>	To reduce the vulnerability of targeted communities to epidemics and other disasters through strengthened capacities and the application of disaster preparedness and response measures
<b>Food Security and Livelihood</b>	To strengthen and make sustainable the livelihoods and food security capacity of communities affected by the EVD epidemic
<b>National Society Development (NSD)</b>	To rebuild and strengthen the organizational and operational capacities of LNRCS for effective and efficient service delivery to the vulnerable people.

The recovery plan seeks to:

1. **Stay at zero and maintain EVD response capacity:** Surge capacity will be maintained in the areas of active case finding and tracing, safe and dignified burials and case management, through on-going training of volunteers and staff, contingency planning and prepositioning of stock, including personal protection equipment and Community Protection Kits. Response capacity will be further reinforced through continued beneficiary communications and psychosocial support activities, as well as beneficiary communication and social mobilisation for disease prevention and control. While these activities will contribute to maintaining Liberia's

Ebola-free status, they will also ensure that appropriate human resources are available for rapid mobilisation in the event of a resurgence of cases or other disease outbreak or disaster.

2. **Strengthen early warning systems for quality and timely interventions for regular epidemics and other disasters:** Early warning, disease surveillance and rapid response systems will be strengthened through the formation and reactivation of Emergency Response Teams at the branch, chapter and district levels, and through the formation of Community-Based Action Teams (CBATs), with community-level alert mechanisms made more robust through increased cross-border activities. Refresher trainings will also be conducted for volunteers and CBATs in Epidemic Control for Volunteers (ECV), psychosocial support, early warning systems and the safe and effective use of Community Protection Kits. With the support of IFRC, LNRCS will also continue and enhance beneficiary communications and social mobilisation for epidemic prevention and immunization.
3. **Build community resilience through health-focused disaster risk reduction and management:** An integrated and community-based programming approach forms the basis for this recovery plan, and community-based health and water, sanitation and hygiene (WASH) will be used as entry points at the community level.

*Community-Based Health:* LNRCS will recommence and expand existing community-based health programming, focusing on community-based prevention and care, psychosocial health, protection and gender-related vulnerabilities, and water and sanitation. Activities will include:

- Re-establishment of Community Health Committees
- Community-Based Health and First Aid (CBHFA)
- Implementation of Integrated Community Case Management (ICCM) & (MNCH) Maternal New born Child Health programmes in eight chapters

LNRCS will also support the rehabilitation of the national health system through the reactivation of training for community health workers and traditional midwives.

*Livelihoods and Food Security:* LNRCS will work to re-establish and strengthen food security and longer-term livelihoods through the following:

- Provision of unconditional and conditional cash grants and household items to EVD survivors, orphans, and vulnerable children and their families to cover basic needs.
- Targeted food parcel distribution.
- In collaboration with WFP and FAO, distribute agricultural inputs to selected farming families and vulnerable groups.
- Scale-up of the community-development programme with vocational training and cash programming for women and adolescents.
- Re-establishment of youth clubs in the eight chapters and start vocational training.

*Water, Sanitation and Hygiene:* IFRC and LNRC will work to re-establish many of the water and sanitation services that were disrupted during the Ebola outbreak through the following activities:

- Construct and rehabilitate water points and latrines in schools and targeted communities.
- Reactivate water committees in LNRCS chapters and at the community level.
- Re-establish Girls Units in schools, prioritising health and hygiene, in addition to empowerment and skills training, and gender-based violence.
- Conduct PHAST and CHAST training for volunteers.

#### 4. Strengthen National Society capacity

With the objective of rebuilding and strengthening the organisational and operational capacities of LNRC, a number of areas have been identified for support, including:

- Branch strengthening (leadership, programming, security, and equipment)
- Resource mobilisation.
- Volunteer management, including their health and wellbeing.
- Administrative/HR management and risk management.
- Planning, monitoring, evaluation and reporting (PMER).

## 5. Establish and maintain community engagement activities

Embedding beneficiary communications and social mobilisation strategies in all programmes as core aspects to ensure a systematic and coordinated approach towards engaging with communities. This will contribute towards:

- Encouraging information sharing
- Allowing communities to voice their views and feedback
- Promoting positive and measurable behaviour change
- Enhancing participatory approaches in programmes design, implementation, monitoring and evaluation



## Coordination and partnerships



### Overview of Host National Society

EVD response activities carried out by LNRCS with the support of IFRC and other Movement partners complements those of the Government and other local and international stakeholders in a multi-sector EVD response mechanism.

The LNRCS has been operating in all 15 counties, providing integrated EVD activities including:

- Community engagement, beneficiary communication and social mobilisation
- Case management, through distribution and training in the safe use of Community-Based Protection Kits
- Active case surveillance
- Safe and dignified burials and disinfection of houses.
- Provision of psychosocial support to people affected by Ebola, including Red Cross personnel
- Capacity strengthening of LNRCS national headquarters and chapters
- Interagency coordination through the National Task Force and pillar coordination meetings, and provision of support to the Ministry of Health and Social Welfare and Ministry of Education.

The Liberia EVD emergency operation has achieved the following (as of 31 May 2015):

- 2,380 volunteers trained and mobilised.
- 3,825 safe and dignified burials conducted.
- 2,818 houses and public facilities disinfected.
- 7,827 contacts monitored by Red Cross volunteers.
- 2,332,192 people have been reached through door-to-door social mobilisation and community education campaigns.
- 6,372 people have been reached through the psychosocial support programme, which includes individual and group sessions.
- Millions of people have been reached with Ebola prevention and awareness messages through weekly radio shows that are broadcast on a national radio station as well as community radio stations in 14 counties.

### Red Cross Red Crescent Movement in-country

The IFRC provides three levels of support to the LNRCS, through the Country Representation, the Regional EVD Coordination Office based in Accra, Ghana and the West Coast Regional Representation Office based in Abidjan, Cote d'Ivoire. The EVD operation is managed by an in-country operations team comprised of international delegates and national staff.

A number of Movement partners have been supporting the EVD response, and many have plans to continue their support into the recovery phase. The German Red Cross has been running a Severe Infection Temporary Treatment Unit, which provided medical care for patients transferred from Ebola treatment facilities after they tested negative for EVD with other serious illnesses. The unit ceased its activities after handing over to the MoHSW, and German Red Cross is now planning on a long-term recovery plan in support of LNRCS. The Danish Red Cross continues to work with LNRCS in three counties (Bomi, Nimba and Lofa). Their activities include psychosocial support, social mobilisation, training for volunteers and Community-Based Action Teams, EVD awareness and prevention in schools and rehabilitation of water and sanitation facilities. Earlier in the year, Botswana Red Cross, with the support of the Botswana Government, donated five Land Cruisers to the National Society in support of the EVD operation. The ICRC has been working with LNRCS to operate the psychosocial support hotline, in addition to providing cash transfers, food, and survival packages to people discharged from Ebola treatment facilities. The ICRC's social mobilisation activities in the south east of the country will continue until December 2015. Additionally, the American Red Cross is working with LNRCS on health and psychosocial support interventions into the recovery phase.

### Non-RCRC actors in country

The LNRCS also has the support of in-country partners and donors, including UNICEF, the Swiss Government and Global Communities. In collaboration with UNICEF and with the support of IFRC, LNRCS implemented the Community-Based Protection Kits Programme to support families to safely care for their relatives and reduce the risk of infection in remote communities with little or no access to Ebola treatment facilities. The IFRC/LNRCS and UNICEF are currently reviewing their joint activities for a possible extension of the partnership. A total of 5,000 protection kits and 5,000 hygiene kits were donated by UNICEF for the programme and prepositioned in the counties. LNRCS is also working with WFP to provide therapeutic nutritional support to EVD survivors.

The IFRC and LNRCS participate at coordination meetings and relevant cluster meetings attended by all in-country stakeholders at the offices of the World Health Organization (WHO), Ministry of Health and Social Welfare (MOHSW) and Ministry of Internal Affairs (MIA). In addition, LNRCS chaired weekly Movement Coordination meetings with in-country Movement partners, including IFRC, ICRC, Danish Red Cross and German Red Cross.

The national coordination led by government and comprising partners including the LNRCS decided to keep response capacity in place until December 2015 because until all three countries in the sub-region are Ebola free there is a high risk of re-emergence of the disease in Liberia.

## Proposed sectors of intervention



### Health & care

**Specific Objective:** To contribute to Liberia national health system strengthening post EVD outbreak through integrated community-based health interventions

#### **Outcome 1: Reduced morbidity and mortality through the provision of integrated community based health, epidemic preparedness and WASH interventions in 5 communities 5x8x300= 36,000 beneficiaries)**

- Output 1.1: Increased knowledge and skills of LNRCS NHQ and Chapter personnel to manage CBH programme
- Output 1.2: Sustainable community event-based disease surveillance system is operational in 30 communities
- Output 1.3: Implementation of Integrated Community Case Management (ICCM) & (MNCH) Maternal New born Child Health programmes is established in 8 chapters targeting 40 communities and contributes to improved access to timely care and reduction in mortality.

#### **Outcome 2: WASH: Reduced death and illness related to Water and Sanitation diseases in the targeted communities and school**

- Output 2.1: Established Village Committees and Volunteers recruited to implement community based health and WASH programme in villages and schools
- Output 2.2: routine education session conducted through various methods both in community and school levels
- Output 1.3: Safe and clean water as well as latrines facility to provide to target communities

#### **Outcome 3: Psychosocial Interventions have contributed to enhanced psychosocial wellbeing of targeted communities**

- Output 3.1: The Psychosocial (PS) interventions with designed
- Output 3.2: Psychosocial interventions provided to survivors, families staff and volunteers and orphans and other vulnerable children

#### **Outcome 4: SDB: Risk of transmission of disease in the communities at household level and in health facilities reduced through IPC interventions**

- Output 4.1: Maintenance of SDB preparedness including staff, vehicles, stocks and supplies and close collaboration with the MoHSW.

#### **Outcome 5: Strengthened cross border surveillance activities in five counties (Grand Cape Mount, Gbarpolu, Bong, Lofa and Nimba. 50 communities x 500 beneficiaries = 25,000)**

- Output 5.1: Strengthen the capacity of LNRCS volunteers in surveillance



## Disaster Risk Reduction

**Specific Objective:** To reduce the vulnerability of targeted communities to epidemics and other disasters through strengthened capacities and application of disaster preparedness and response measures

**Outcome 1: Disaster Preparedness - Community-Based Action Teams (CBATs) functional enabling effective early warning for epidemics and natural disasters**

- Output 1.1: CBATs established in six chapters

**Outcome 2: Disaster Preparedness - Capacity of LNRCS staff and volunteers strengthened to effectively and efficiently response to epidemics and other disasters**

- Output 2.1: Established and trained disaster response teams
- Output 2.2: Contingency Plans (CP) developed at district and national level
- Output 2.3: Emergency response materials strategically pre-positioned where they can be easily deployed in case of an emergency

**Outcome 3: Disaster Risk Reduction - Interventions reduce the risk of disaster and improve community resilience in targeted communities**

- Output 3.1: Implement risk reduction activities in targeted communities.
- Output 3.2: Establish and sensitise communities on early warning systems



## Food Security and Livelihoods

**Specific Objective:** To strengthen and make sustainable the livelihoods and food security capacity of communities affected by the EVD epidemics

**Outcome 1: The immediate and long term food needs of families and communities affected by EVD significantly improved**

- Output 1.1: EVD households of survivors, with orphans and other vulnerable groups receive unconditional cash grants
- Output 1.2: Target families to be supported with food production selected and trained
- Output 1.3: Agricultural inputs and material provided to target families in 2016 and 2017

**Outcome 2: Vocational skills and knowledge of EVD survivors, orphans, teenage mothers and LNRCS volunteers engaged in the EVD response improved through training and capacity building strategies (CDP programme)**

- Output 2.1: LNRCS vocational training centres established and equipped



## National Society Development (Organizational Development)

**Specific objective:** To rebuild and strengthen the organizational and operational capacities of LNRCS for effective and efficient service delivery to the vulnerable people

**Outcome 1: The quality and performance of National Society leadership (governance and management) improved at all levels of LNRCS structures**

- Output 1.1: Training and meetings of the leadership held according to statutory requirement and capacity building needs

**Outcome 2: Volunteer management**

- Output 2.1 Membership and volunteer recognition mechanism in place

**Outcome 3: Strengthen youth structures that facilitate youth involvement and addressing their needs.**

- Output 3.1: LNRCS youth programme and mechanisms re-established and supported

**Outcome 4: The resource base of the national society widened with more resources mobilized**

- Output 4.1: Viable income generating activities for the National Society established
- Output 4.2: New and existing partnerships strengthened

**Outcome 5: Financial accountability strengthened by a new financial system integrated into the National Society**

- Output 5.1: Financial management system strengthened

**Outcome 6: Improved human resource management system contribute to a sustainable and favourable work environment**

- Output 6.1: The human resource recruitment and motivation system strengthened

**Outcome 7: National Society Infrastructure Development**

- Output 7.1: Refurbished and well equipment Red Cross clinic

**Outcome 8: Logistics Development- Increase, strengthen and develop LNRCS Fleet and Transport management capacity in line with Federation Standards.**

- Output 8.1: Liberia National Red Cross Society Fleet management capacity strengthened and major review of Fleet assets in use and produce reports and fleet data base for all vehicles status.

**Outcome 9: PMER systems, structures, tools and methodologies are strengthened in the National Society**

- Output 9.1: PMER capacity improved at all levels of the organization

**Outcome 10: LNRCS engages communities meaningfully to improve health and wellbeing**

- Output 10.1: Beneficiary communications programme , structures, tools and methodologies are strengthened in the National Society
- Output 10.2: There is a feedback system which people can access in order to request information, give suggestions and express their complaints regarding Red Cross programmes
- Output 10.3: Liberian Red Cross provides relevant and timely response to the feedback received

**Outcome 11: IT & Telecom support to EVD Recovery Operation**

- Output 11.1: Each of the EVD Liberia hubs and offices is equipped with proper IT infrastructure
- Output 11.2: Radio communication is effective with radio monitoring system
- Output 11.3: IT & Telecom SoP in place and dispatched to staff
- Output 11.4: WLAN has improved with a better Internet connectivity
- Output 11.5: Digital Divide project implemented with support of the IFRC

**Outcome 12: Communications**

- Output 12.1: Developing strong communication support for Liberian EVD response and recovery activities

**Outcome 13: The LNRCS upholds the RCRC Movement Fundamental Principles and Values**

- Output 13.1: Awareness and Application of RCRC Fundamental Principles is strengthened

**Budget**

See attached [IFRC Secretariat budget \(Annex 1\)](#) for details.

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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 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:

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

## Liberia EVD Revised Emergency Appeal (n° MDRLR001)

<b>Budget Group</b>	Response	Recovery	Bilateral Response	<b>Appeal Budget CHF</b>
Shelter - Relief	52,970	0	0	52,970
Shelter - Transitional	0	0	0	0
Construction - Housing	0	0	0	0
Construction - Facilities	38,400	2,500,000	0	2,538,400
Construction - Materials	80,000	0	0	80,000
Clothing & Textiles	19,460	0	0	19,460
Food	2,990	0	0	2,990
Seeds & Plants	0	356,900	0	356,900
Water, Sanitation & Hygiene	236,254	2,505,800	0	2,742,054
Medical & First Aid	1,147,700	0	0	1,147,700
Teaching Materials	83,800	53,570	0	137,370
Utensils & Tools	0	0	0	0
Other Supplies & Services	1,390,850	1,371,704	0	2,762,554
Emergency Response Units	0	0	96,000	96,000
Cash Disbursements	0	0	0	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>3,052,424</b>	<b>6,787,974</b>	<b>96,000</b>	<b>9,936,398</b>
Land & Buildings	1,035,320	490,000	0	1,525,320
Vehicles Purchase	512,000	43,000	0	555,000
Computer & Telecom Equipment	263,093	100,250	0	363,343
Office/Household Furniture & Equipment	199,600	193,400	0	393,000
Medical Equipment	0	0	0	0
Other Machinery & Equipment	0	0	0	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>2,010,013</b>	<b>826,650</b>	<b>0</b>	<b>2,836,663</b>
Storage, Warehousing	86,250	0	0	86,250
Distribution & Monitoring	370,000	37,605	0	407,605
Transport & Vehicle Costs	1,200,847	1,075,650	0	2,276,497
Logistics Services	267,900	1,163,600	0	1,431,500
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>1,924,997</b>	<b>2,276,855</b>	<b>0</b>	<b>4,201,852</b>
International Staff	2,460,000	4,176,000	0	6,636,000
National Staff	0	0	0	0
National Society Staff	1,430,759	5,700,262	0	7,131,021
Volunteers	2,869,640	1,134,753	0	4,004,393
<b>Total PERSONNEL</b>	<b>6,760,399</b>	<b>11,011,015</b>	<b>0</b>	<b>17,771,414</b>
Consultants	117,000	252,000	0	369,000
Professional Fees	99,825	50,000	0	149,825
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>216,825</b>	<b>302,000</b>	<b>0</b>	<b>518,825</b>
Workshops & Training	1,539,830	1,519,724	0	3,059,554
<b>Total WORKSHOP &amp; TRAINING</b>	<b>1,539,830</b>	<b>1,519,724</b>	<b>0</b>	<b>3,059,554</b>
Travel	287,400	240,120	0	527,520
Information & Public Relations	459,150	404,690	0	863,840
Office Costs	584,300	1,872,006	0	2,456,306
Communications	108,785	294,300	0	403,085
Financial Charges	231,500	234,000	0	465,500
Other General Expenses	0	0	0	0
Shared Support Services	153,408	332,022	0	485,430
<b>Total GENERAL EXPENDITURES</b>	<b>1,824,543</b>	<b>3,377,138</b>	<b>0</b>	<b>5,201,681</b>
Programme and Supplementary Services Recovery	1,126,387	1,696,588		2,822,975
<b>Total INDIRECT COSTS</b>	<b>1,126,387</b>	<b>1,696,588</b>	<b>0</b>	<b>2,822,975</b>
<b>TOTAL BUDGET</b>	<b>18,455,418</b>	<b>27,797,944</b>	<b>96,000</b>	<b>46,349,362</b>
<b>Available Resources</b>				
Multilateral Contributions	0	0	0	22,068,052
Bilateral Contributions				0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,068,052</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>18,455,418</b>	<b>27,797,944</b>	<b>96,000</b>	<b>24,281,310</b>