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# International appeal operations update

## Haiti and Dominican Republic: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

**International Appeal (MDR49008)**

**499,637 people to be assisted**

Glide n° [EP-2010-000210-HTI](#)  
[EP-2011-000192-DOM](#)

**Appeal timeframe: 3 years**

**Appeal budget: 3.6m Swiss francs  
(revised)**

**Launched: December 2013**

**Revision n° 2 issued: 15 October  
2015**

**Appeal ends: 31 December 2016**

This Operations Update conveys a **revised budget of 3,563,310 Swiss francs** (decreased from 4.5m Swiss francs) to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Dominican Red Cross (DRC)** and the **Haitian Red Cross Society (HRCS)** efforts in reducing cholera from the Hispaniola island and to deliver assistance to **499,637 people**. The revised budget is a result of the last revision made based on a prioritization of actions; additional funding received which has enabled a continuation of activities into 2016 with additional beneficiaries in Haiti. This extension in the Appeal timeframe responds to the need for additional time to complete activities in Haiti. The activities in the Dominican Republic will finalize within the original timeframe. Based on the revised budget, the total coverage is approximately 109%.

The revisions presented in the operations update are based on a revised plan of action developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme developed by the respective Ministries of Health and Water and Sanitation. Working in partnership with the HRCS and DRC, this operations update elaborates on the Red Cross' vital role and responsibilities in efforts to eliminate cholera in the respective countries. [Click here to view the revised budget.](#)

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

- October 2010:** the first cases of cholera reported in Haiti.
- November 2013:** The incidences of cholera rose during 2013's rainy season, following a pattern seen in 2011 and 2012.
- December 2013:** [International Appeal](#) launched for 11.2 million Swiss francs to deliver planned support to 600,000 people for a duration of 24 months. This represents a distinct plan developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme.
- December 2013 to April 2014:** Implementation of Emergency Appeal activities ([Ops Update n° 1](#)).
- September 2014:** [revised International Appeal](#) issued with a budget decreased to 4.6m Swiss francs to support 454,637 people until December 2015.
- July 2015:** A [12-month update report](#) was issued reflecting progress on the operation in both countries.
- October 2015:** Operations Update no. 2 issued reflecting a reduced budget of 3,563,310 Swiss francs with an extended timeframe up to December 2016 targeting 499,637 people.



Monitoring activity in Colombier, Haiti/2015. Source IFRC

In Haiti, from December 2013 under this current appeal and plan of action, the Red Cross Red Crescent Partner National Societies (PNS) together with IFRC and HRCS have managed to implement the following key activities:

- A mapping of Participating National Societies' cholera and water and sanitation-related programming at the beginning of the operation to identify the departments and communes in which each PNS works.
- Field visits and discussions with each donor PNS to understand the details of the funds available for cholera-elimination activities. It was concluded that most funds will be implemented bilaterally either by the donor PNS, another PNS or the Haiti Red Cross Society. Some partners will be contributing to the Dominican Republic portion of the appeal.
- Completion of regional planning matrix that outlines actors and locations of activities in relation to the Plan of Action for the departments of West, Centre, Artibonite, South and Southeast departments. A similar matrix was made for activities to be implemented by the HRCS national headquarters in the Grand North region (North-West, North and North-East departments).
- Bi-weekly Movement cholera coordination meetings were held between 10 February and 14 April 2014, which have since been convened on a monthly basis. Terms of Reference (TOR) to guide the coordination were developed for this group. In addition, several meetings were held between HRCS, Participating National Societies and IFRC to review project indicators to create common indicators for Movement-wide reporting on cholera activities.
- Under this appeal the German Red Cross, Japanese Red Cross Society and Spanish Red Cross are currently implementing activities that contribute to the elimination of cholera. These activities funded through the IFRC's international appeal started in July 2014.

After the peak of the outbreak, the Dominican Red Cross, in its auxiliary role, continued working alongside the Ministry of Health and local authorities in community-based prevention, increasing their actions in moments of high risk, as was the case after the passage of Hurricane Sandy in 2012. During the implementation of the current operation, the National Society has been coordinating with the Water Authority (Instituto Nacional de Aguas Potables y Alcantarillados, INAPA) and the municipal authorities of San Cristobal and La Altagracia to support the provision of safe water in the areas affected by the latest outbreaks. For this effort, the Dominican Red Cross installed five centres of oral hydration: two in La Altagracia, two in San Cristobal, and one in Santiago. As part of the strategy, volunteers from the Bávaro branch (La Altagracia province) carried out disinfection campaigns in coordination with the Ministry of Health.

After the floods caused by the severe rainfall at the beginning of March 2015 in the Espaillat and Puerto Plata provinces, two additional communities were included in the EPoA for the Dominican Republic: Sabaneta de Yasica and Gaspar Hernandez. The additional was based on the increased needs and vulnerabilities encountered in both communities in relation to hygiene, water and sanitation; which could increase the risk of cholera. The intervention has enabled to avoid cholera outbreaks caused by water well contamination.

The DRC supported the Ministry of Health and the General Direction of Prisons on their objective to coordinate and develop prevention strategies that allow avoiding or reducing cholera outbreaks in prisons settings in the country. The National Society has focused on providing knowledge about prevention and management of cholera to health, safety, administrative personnel and persons deprived of liberty as well as health and hygiene promotion.

In addition, within the framework of the Ministry of Public Health' national programme, the health assessment team of the Dominican Red Cross identified the environmental and health problem in La Victoria Prison. The accumulation of garbage and waste was affecting the water supply and putting it at risk of contamination. During the intervention, the DRC health assessment team carried out emergency consultations, where they assessed 8,300 persons deprived of liberty.

## Coordination and partnerships

There are eight PNS present in Haiti who are implementing cholera related projects. Many will implement cholera appeal activities themselves or bilaterally through the National Society or another PNS. The activities of all the PNS and IFRC are documented in the Federation-wide Plan of Action (available upon request).

IFRC facilitates coordination within the Movement and with external partners including government authorities, UN agencies, international and national non-governmental bodies. IFRC represents the HRCS and DRC in the Pan-

American Health Organisation/World Health Organization (PAHO/WHO) coordination mechanism known as the Regional Coalition for Water and Sanitation to Eliminate Cholera in the Island of Hispaniola. The appeal coordination structure involves two levels of meetings in Haiti – 1) Heads of Delegation meetings to discuss and share details about the appeal pledges and 2) Movement Coordination meetings to discuss technical matters including the coordination of initial activity planning and region/commune selection. The coordination meetings and email list also provide opportunities for information sharing and joint decision-making for instance on technical matters.

## The operational strategy

The goal of this operation is to contribute to the elimination of cholera from Hispaniola during the next three years (2013 – 2016). The intended overall outcomes of this operation in **both countries** include:

- Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
- Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in schools.
- Increased knowledge amongst the target population regarding hygiene and sanitation.
- Increased capacity to respond to spikes in cholera cases
- Enhanced coordination between all state and non-state actors in the elimination of cholera from Hispaniola.
- Enhanced accountability to beneficiaries.

Specific outcomes outline the intervention of this revised emergency appeal in each country, as follows:

In Haiti	
Outcome 1	Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
Outcome 2	Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities.
Outcome 3	Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.
Outcome 4	Increased knowledge amongst the target population regarding hygiene and sanitation.
Outcome 5	The National Society has an increased capacity to respond to spikes in cholera cases.
Outcome 6	Enhanced coordination among all actors state and non-state in the elimination of cholera from the island of Hispaniola
Outcome 7	Enhanced accountability to beneficiaries

In the Dominican Republic	
Outcome 1	The design and implementation of the operation is based on detailed assessment analysis
Outcome 2	The risk of infection and exposure to cholera has been reduced for 2,500 families through communication campaigns and health community mobilization
Outcome 3	The risk of infection and exposure to cholera has been reduced for 2,000 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene promotion.
Outcome 4	The DRC has increased its capacity to respond to cholera outbreaks in prioritized provinces
Outcome 5	The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from IFRC regional logistics unit.

## Summary table of planned sector interventions, outcomes, and main activities

### HAITI

The activities below will be implemented by the Haitian Red Cross, German Red Cross, Spanish Red Cross, Norwegian Red Cross, Netherlands Red Cross and IFRC country representation.

#### Water

<b>Outcome 1: Reduced risk of infection, and exposure to, cholera through improved access to potable water among target communities.</b>
<b>Output 1.1</b> Access to potable water through the construction of new or repaired and/or extension of existing water supply systems
Activities planned
1.1.1 Identification of water systems with potential scope for repair.
1.1.2 Assessment of water systems.
1.1.3 Selection of water systems to be repaired and/or extended.
1.1.4 Rehabilitation and/or extension of existing water supply systems.
<b>Output 1.2</b> Increase access to improved water facilities in schools
Activities planned
1.1.1 Identification of schools with water facilities requiring rehabilitation or a new system
1.1.2 Assessment of schools water facilities.
1.1.3 Rehabilitation of water systems in schools.

#### Sanitation

<b>Outcome 2: Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities and schools.</b>
<b>Output 2.1</b> Increased access to improved sanitation facilities
Activities planned
2.1.1 Identification of communities and schools with sanitation facilities requiring rehabilitation or system replacement.
2.1.2 Assessment of community and school sanitation facilities.
2.1.3 Rehabilitation of community and school sanitation systems.
2.1.4 Construction of new community and school sanitation systems.
2.1.5 Maintenance plan developed with school and community management teams.

## Hygiene Promotion

<b>Outcome 3: Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.</b>
<b>Output 3.1</b> Hygiene products such as soap and aqua tabs are used in the targeted communities
Activities planned
3.1.1 Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day)
3.1.2 Installation of hand washing stations for large public events.
3.1.3 Provision of treated water for hand washing stations at large public events.
3.1.4 Hygiene promotion activities including the provision of flyers on these days.
<b>Outcome 4: Increased knowledge among the target population regarding hygiene and sanitation.</b>
<b>Output 4.1</b> Haitian population has access to needed educational materials on proper hygiene practices
Activities planned
4.1.1 Training of HRCS volunteers and/or community facilitators on the implementation of hygiene promotion, PHAST, and CBHFA activities.
4.1.2 Identification of key areas for hygiene promotion, CBHFA and epidemic control for volunteers activities
4.1.3 Mobilization of HRCS volunteers and/or community facilitators.
4.1.4 Hygiene promotion campaign developed with MSPP and DINEPA, as well as other relevant organizations, and implemented nationwide
4.1.5 Educational materials on proper hygiene practices are distributed in priority areas
4.1.6 Hygiene promotion activities implemented in schools by Haiti Red Cross Society volunteers and teachers.

## National Society capacity building

<b>Outcome 5: The Haitian Red Cross has an increased capacity to respond to spikes in cholera cases.</b>
<b>Output 5.1</b> Emergency stocks (hygiene kits, oral rehydration solution (ORS), aqua tabs and medical equipment) are prepositioned at the regional branches of the Haitian Red Cross Society.
Activities planned
5.1.1 Plan developed for the prepositioning of stock in specific departments.
5.1.2 Emergency stock list planned.
5.1.3 Supplies ordered and then positioned as planned.
5.1.4 Cholera kits distributed at CTCs/Diarrhoea Treatment Units (local health centres) to families with a family member receiving treatment for cholera.
5.1.5 Monitoring of stocks.
5.1.6 Replenishment of stocks as required.
<b>Output 5.2</b> Community-based disease (acute watery diarrhoea- AWD) monitoring established and active in remote communities and serving at risk population.
Activities planned
5.2.1 CBDM reports shared with MSPP weekly
5.2.2 The training and establishment of cholera response teams.
5.2.3 The trained community volunteers will monitor and act as first responders in cases of acute watery diarrhoea in the community and alert HRCS who will in turn alert MSPP and the cholera response team that will conduct investigation and response in the community in collaboration with health stakeholders and MSPP.
<b>Output 5.3</b> Improved capacity of the Haitian Red Cross to respond to cholera outbreaks.
5.3.1 Training of HRCS volunteers and/or of community facilitators on disinfection.
5.3.2 Provision of materials for disinfection to HRCS branches.
5.3.3 Mobilization of HRCS volunteers and/or community facilitators for disinfection activities.

5.3.4 HRCS volunteers and/or community facilitators mobilized to conduct hygiene prevention activities following cholera spikes.
5.3.5 Locations for emergency hygiene promotion activities coordinated with MSPP.
<b>Output 5.4</b> Haiti Red Cross Society has the capacity to intervene as a community health agent.
5.4.1 HRCS volunteers and/or community facilitators trained in ECV/CBHFA/PHAST.
5.4.2 HRCS volunteers and/or community facilitators trained on relevant aspects of water and sanitation responses.
<b>Outcome 6: Enhanced coordination among all state and non-state actors in the elimination of cholera from the island of Hispaniola</b>
<b>Output 6.1</b> Improved coordination among International Movement partners implementing cholera activities
6.1.1. Convene regular coordination meetings.
6.1.2 Jointly develop coordination, planning, response and monitoring tools.
6.1.3 Attend and contribute to national and international forums on the elimination of cholera on the island of Hispaniola
<b>Outcome 7: Enhanced accountability to beneficiaries</b>
<b>Output 7.1</b> Improved accountability to beneficiaries
7.1.1 Provide information to beneficiaries on the programme throughout the project cycle and especially at the inception and conclusion.
7.1.2 Organize for the participation of beneficiaries in the project design/planning, monitoring and evaluation.

## DOMINICAN REPUBLIC

### Quality Programming/Areas Common to all Sectors

<b>Outcome 1: The design and implementation of the operation is based on detailed assessment analysis</b>
<b>Output 1.1</b> The initial needs assessment is updated through consultation with beneficiaries
Activities planned
1.1.1 Develop a detailed needs assessment plan
1.1.2 Conduct detailed field assessments in coordination with community members
1.1.3 Share assessment reports with Red Cross partners and other institutions
<b>Output 1.2</b> The handling of the operation is based on a comprehensive monitoring and evaluation system
Activities planned
1.2.1 Development of a monitoring and evaluation plan for each of the operation's sectors
1.2.2 Share indicator compliance reports
1.2.3 Technical field visits by Headquarters and IFRC representatives
1.2.4 Establishment of a communication system with beneficiaries to collect feedback on the operation
1.2.5 Review or confirmation of the action plan
<b>Output 1.3</b> Evaluation results are used to adjust plans in the medium and long term, as needed
Activities planned
1.3.1 Perform an external final evaluation that includes actions conducted across the entire island and provides recommendations in country strategic plans

## Health and care

**Outcome 2: The risk of infection and exposure to cholera has been reduced for 2,500 families through communication campaigns and health community mobilization**

**Output 2.1** Raise awareness about cholera prevention in at least 2,500 families

Activities planned

2.1.1 Coordination with Ministry of Public Health authorities to determine key messages and review existing materials

2.1.2 Reproduction of educational materials

2.1.3 Conduct a campaign to sensitize and provide information on cholera prevention and control with posters and pamphlets

2.1.4 Conduct training at the community level in community-based health and first aid (CBHFA)

2.1.5 Conduct campaigns in public spaces to promote health and prevent cholera

2.1.6 Follow-up and support to community leaders trained in epidemiological monitoring and identification of cases

**Output 2.2** 2,500 families from the areas most affected by cholera outbreaks are reached with psychosocial support

Activities planned

2.2.1 Recreational activities with children and adults on cholera

2.2.2 Psychosocial first-aid to families and patients affected by cholera

2.2.3 Referral of cases that require professional counselling to the health system

**Output 2.3** Health authorities and institutions are supported in sanitary control and surveillance

Activities planned

2.3.1 Share community epidemiological surveillance reports with local health authorities

2.3.2 Distribution of community cholera kits in health centres to affected individuals and families

## Water, Sanitation and Hygiene Promotion

**Outcome 3: The risk of infection and exposure to cholera has been reduced for 2,000 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene promotion.**

**Output 3.1** 2,000 families have access to hygiene materials and promotion through specific distributions at large public events or through health institutions for relatives of sick people.

Activities planned

3.1.1 Selection and registration of communities and families to benefit

3.1.2 Reproduction of information material on personal hygiene and use of chlorine drops in Spanish and Creole

3.1.3 Hygiene promotion activities with adults and children

3.1.4 Production of 600 kits with soap and chlorine drops to be distributed at public events together with informational material

3.1.5 Installation of hand washing stations at mass public events such as community festivities

**Output 3.2** 161 families have access to safe water and sanitation through the repair or construction infrastructures or distribution of home water filters in communities where no supply systems exist.

Activities planned

3.2.1 Evaluation of community water and sanitation systems

3.2.2 Selection of water systems to be expanded or repaired

3.2.3 Repair and/or expansion of 4 water systems
3.2.4 Selection of communities and families to benefit with water filters
3.2.5 Distribution of 161 water filters
3.2.6 Construction of 10 latrines in communities where no sanitation systems exist
3.2.7 Awareness-raising among students through recreational activities
3.2.8 Production of child-appropriate educational materials in coordination with the Ministry of Education
<b>Output 3.3</b> At least 50 families benefit from sanitary disinfection of wells and homes
Activities planned
3.3.1 Detailed evaluation of communities and epidemic patterns to identify families with contaminated wells or homes
3.3.2 Purchase of equipment and materials for sanitary disinfection
3.3.3 Disinfection of 50 wells and homes through Sanitary Disinfection Brigades (BRINADES)
3.3.4 Implementation of community training for well maintenance

### National Society capacity building

<b>Outcome 4: The DRC has increased its capacity to respond to cholera outbreaks in prioritized provinces</b>
<b>Output 4.1</b> 100 DRC volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion
Activities planned
4.1.1 Training of 100 volunteers in Epidemics Control for Volunteers (ECV) and in Community-based Health and First Aid (CBHFA)
4.1.2 Training of 100 volunteers in basic disinfection procedures to become part of the BRINADES
4.1.3 50 volunteers are trained as water and sanitation NITs
4.1.5 Training of 100 volunteers in psychosocial support
<b>Output 4.2</b> The Dominican Red Cross has pre-positioned supplies to respond to cholera outbreaks
Activities planned
4.2.1 Purchase of oral rehydration kits
4.2.2 Purchase of water analysis kits
4.2.3 Pre-positioning of community oral rehydration kits
4.2.4 Monitoring of the epidemiological situation in order to distribute kits according to need
4.2.5 Pre-positioning of 800 family kits at the Elías Piña chapter to be distributed during Field School at the Haiti-Dominican Republic border

### Logistics

<b>Outcome 5: The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from ZLU.</b>
<b>Output 5.1</b> Enhanced logistics capacity and technical support to facilitate the procurement and distribution of relief items.
Activities planned
5.1.1 Launch a mobilization table
5.1.2 Provide technical support for the local procurement process of water filters, community cholera kits, and materials for the reparation and construction of water and sanitation structures
5.1.3 Deployment of a logistics IFRC staff to support procurement if required.

## Contact information

### In Haiti

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- ↘ **Revised budget below**

## 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:



**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**.

# EMERGENCY APPEAL

9-Nov-15

## MDR49008 DOMINICAN REPUBLIC & HAITI CHOLERA OPERATION

Budget Group	DOMINICAN REPUBLIC	HAITI	Appeal Budget CHF
Shelter - Relief			0
Shelter - Transitional			0
Construction - Housing			0
Construction - Facilities			0
Construction - Materials			0
Clothing & Textiles		1,431	1,431
Food			0
Seeds & Plants			0
Water, Sanitation & Hygiene	68,267	606,157	674,424
Medical & First Aid	26,411		26,411
Teaching Materials	48,889	5,633	54,522
Utensils & Tools			0
Other Supplies & Services			0
Emergency Response Units			0
Cash Disbursements			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>143,567</b>	<b>613,221</b>	<b>756,788</b>
Land & Buildings			0
Vehicles		3,776	3,776
Computer & Telecom Equipment	1,220	4,500	5,720
Office/Household Furniture & Equipment		3,049	3,049
Medical Equipment	9,776		9,776
Other Machinery & Equipment			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>10,996</b>	<b>11,325</b>	<b>22,322</b>
Storage, Warehousing		85	85
Distribution & Monitoring	2,279		2,279
Transport & Vehicle Costs	21,271	311,068	332,339
Logistics Services	5,000		5,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>28,550</b>	<b>311,153</b>	<b>339,703</b>
International Staff	15,254	473,081	488,335
National Staff	28,830	493,271	522,101
National Society Staff	59,390	192,116	251,506
Volunteers	31,020	1,089	32,109
<b>Total PERSONNEL</b>	<b>134,494</b>	<b>1,159,557</b>	<b>1,294,051</b>
Consultants	9,495	48,176	57,671
Professional Fees	1,424		1,424
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>10,919</b>	<b>48,176</b>	<b>59,095</b>
Workshops & Training	24,254	222,661	246,915
<b>Total WORKSHOP &amp; TRAINING</b>	<b>24,254</b>	<b>222,661</b>	<b>246,915</b>
Travel	6,481	6,108	12,589
Information & Public Relations	7,217	15,204	22,421
Office Costs	9,678	108,646	118,324
Communications	1,890	20,165	22,055
Financial Charges	3,587	-8,832	-5,245
Other General Expenses		1,732	1,732
Shared Office and Services Costs	2,599	421,404	424,003

<b>Total GENERAL EXPENDITURES</b>	<b>31,452</b>	<b>564,427</b>	<b>595,879</b>
Partner National Societies			0
Other Partners (NGOs, UN, other)			0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Services Support Recovery	24,975	190,481	215,456
<b>Total INDIRECT COSTS</b>	<b>24,975</b>	<b>190,481</b>	<b>215,456</b>
Pledge Earmarking & Reporting Fees	1,598	31,502	33,100
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>1,598</b>	<b>31,502</b>	<b>33,100</b>
<b>TOTAL BUDGET</b>	<b>410,805</b>	<b>3,152,504</b>	<b>3,563,310</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>410,805</b>	<b>3,152,504</b>	<b>3,563,310</b>