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## Revised emergency appeal Philippines: Central Visayas Earthquake

 International Federation  
of Red Cross and Red Crescent Societies

Revised emergency appeal n° MDRPH013  
GLIDE n° [EQ-2013-000134-PHL](#)  
26 December 2013

This revised emergency appeal seeks CHF 7,728,975 in cash, kind, or services to support the Philippine Red Cross in delivering humanitarian assistance to 20,000 families (100,000 people). The timeframe of the operation is being extended from 8 to 16 months. The operation will now be completed by end March 2015; a final report will be made available by 30 June 2015, three months after the end of the operation.

[<click for the revised appeal budget; or contact details>](#)

### Appeal history:

- A preliminary emergency appeal was issued on 24 October 2013 for CHF 5,463,496 to support 10,000 families (50,000 people) over eight months.
- CHF 499,911 was advanced from the IFRC's Disaster Relief Emergency Fund (DREF) on 20 October 2013. Unearmarked funds to replenish DREF are encouraged.

### Summary

Two months after a deadly magnitude 7.2 earthquake struck Central Visayas, Philippines – with the biggest impact on the island of Bohol – the humanitarian response has shifted from relief to early recovery. In tandem, the International Federation of Red Cross and Red Crescent Societies (IFRC) is scaling up its emergency appeal in support of Philippine Red Cross (PRC)

interventions to 7.7 million Swiss francs. The aim is to provide shelter repair and rebuilding assistance to the most vulnerable families whose houses were damaged. Funding permitting, PRC will also support rehabilitation of damaged community health, water and sanitation facilities.



A volunteer explains the proper use of collapsible jerry cans to beneficiaries in Bohol. At the conclusion of relief phase, the Red Cross had reached out to 10,000 quake-affected families. Photo: Afrhill Rances/IFRC

The earthquake left 222 people dead and 976 injured. It resulted in extensive damage to houses, with more than 78,000 houses damaged in Bohol alone – at least 11,500 of them totally. Furthermore there was extensive damage to public health facilities, including hospitals, barangay health stations, rural health units, and birthing facilities while electric power failures and disruptions interrupted water supply.

During the first half of November 2013, PRC – supported by IFRC, German Red Cross and Spanish Red Cross – conducted detailed assessments to determine the early recovery needs of affected families. More than 80 per cent of the respondents consulted via key informant interviews and focus group discussions indicated that the priority early recovery assistance needed is rebuilding or repairing damaged houses. This revised emergency appeal is being issued in line with assessment findings. As shelter has emerged as the priority need, emergency and early recovery shelter interventions constitute 47 per cent of the total appeal budget.

The updated plan reflects more information that has emerged following detailed assessments conducted by PRC as well as by inter-agency clusters. Under this operation, PRC aims to provide appropriate assistance to 20,000 families (100,000 people) over a period of 16 months including 10,000 families with relief supplies (completed), 4,000 families with unconditional cash, 10,000 families with emergency shelter (completed), 6,000 families with shelter repair and rebuilding support, and 20,000 families with health and hygiene promotion. The timeframe allocated is to allow for effective implementation of shelter interventions as well as activities relating to the rehabilitation of 10 damaged community health facilities, and water and sanitation facilities in 10 schools.

Besides focusing on relief (through distribution of non-food items and unconditional cash), water distribution, hygiene promotion, emergency health, emergency shelter and medium-to-longer-term recovery interventions (provision of shelter assistance and rehabilitation of health, water and sanitation facilities), this operation will also support PRC's preparedness for response as well as capacity building efforts. Particularly, the Bohol chapter of PRC will be supported to enhance its institutional preparedness and programme implementation capacity.

Meantime, PRC has been on the ground responding to needs from the immediate aftermath of the quake. While relief distributions under the joint PRC-IFRC operation have been completed – with the targeted 10,000 families provided with assistance – the National Society continues to support damaged health facilities in the delivery of health services. Thus far, approximately 1,600 people have received health and medical services in the facilities installed by PRC. The National Society also continues to complement local water utilities administration (LWUA) in providing safe water to affected families in areas where supply was disrupted. Thus far, PRC has provided 2.2 million litres of safe water to some 60,000 families. At the same time, Red Cross and community health volunteers (CHVs) are undertaking health and hygiene promotion at the community level while its social workers have provided psychosocial support to survivors and psychological debriefing to responders.

To date, contributions to the IFRC-supported interventions have been received from Red Cross Red Crescent partners and government partners. Specifically, partners who have contributed to the earthquake response to date are Australian Red Cross, British Red Cross, Canadian Red Cross/Canadian government, Danish Red Cross/Danish government, Japanese Red Cross Society, Korea National Red Cross, Monaco Red Cross, Netherlands Red Cross/Netherlands government, Norwegian Red Cross, Swedish Red Cross/Swedish government, Switzerland Red Cross. Private donors from Switzerland and the WHO Voluntary Emergency Fund have also contributed to the appeal.

It is worthwhile to note that this revised emergency appeal covers only a part of PRC's overall plan. In addition to the support being provided by the IFRC, PRC has mobilized some resources from its bilateral partners, specifically German Red Cross and Spanish Red Cross. However, the support received thus far has been modest.

On behalf of the PRC, IFRC would like to thank partners for their response to PRC's request for support. PRC and IFRC call on their partners to make further contributions to this appeal to enable the provision of recovery assistance to the survivors. Merely three weeks after the earthquake, Typhoon Haiyan caused massive damage across the central Philippines, and the plight of hundreds of thousands of people on the islands of Bohol now threatens to become a forgotten disaster. At the moment, the appeal remains considerably under-funded with only CHF 2.15 million or 28% the CHF 7.7 million needed for the operation..

In implementing activities under this operation, PRC and IFRC will build on the significant knowledge and capacity based on their joint experience in mounting post-disaster relief and recovery interventions. Furthermore, for its response to Typhoon Haiyan, the IFRC country team has been recently strengthened with a number of technical delegates. The expertise of the technical delegates – cash programming, health and shelter – will be tapped to support some aspects of this operation. Additional operational, capacity building and organizational

development support will be provided by experienced teams at the IFRC's Asia Pacific zone office in Kuala Lumpur and Southeast Asia regional office in Bangkok.

## The situation

In the morning of 15 October 2013, a magnitude 7.2 earthquake struck Central Visayas, Philippines, with its epicentre in the municipality of Sagbayan, Bohol province. Described as the strongest to hit the area in more than 20 years, the earthquake left 222 people dead and 976 injured, according to the National Disaster Risk Reduction and Management Council ([NDRRMC](#)).

As well as causing casualties, the quake resulted in extensive damage to houses, with the update issued by the disaster response operations monitoring and information center (DROMIC) in the Department of Social Welfare and Development (DSWD) on 12 December 2013 indicating that 78,093 houses were damaged in Bohol – 11,577 of them totally. Although some families have started to repair their damaged houses using salvaged materials, some are sleeping under tents or makeshift structures pitched outside their damaged houses. The main reason cited for this is the fear of aftershocks. To date, more than 3,500 aftershocks have been recorded, at least 100 of them strong enough to be felt. The concern of the families is that the structural integrity of their damaged houses may have been compromised. The authorities are currently carrying out a detailed structural assessment to verify the extent of damages.

Besides damaging people's houses, the quake caused extensive damage to public health facilities, including hospitals, barangay health stations, rural health units, and birthing facilities. Medical teams from different agencies are providing mobile health services in the interior barangays while some agencies – including PRC – have provided temporary facilities, such as Rubb hall tents, dispensary tents and advance medical posts to augment support damaged health facilities in delivering services. In addition to providing transitional health facilities, rehabilitation of damaged facilities is necessary to ensure re-establishment of primary health services.

Schools and their facilities were also not spared by the quake as they suffered a considerable blow. Results of assessments conducted by the authorities and respective cluster partners show that at least 1,000 classrooms were destroyed and around 2,000 damaged. Damaged alongside the classrooms were water and sanitation facilities, such as latrines, in affected schools. Temporary support or rehabilitation of water and sanitation facilities in schools – which often serve as evacuation centres – is therefore necessary.

Electric power failures and disruptions owing to the effects of the quake interrupted water supply. Furthermore, the authorities advised that some water sources may have been contaminated due to lower ground movement. These circumstances required the provision of alternative safe water supply solutions to ensure that affected families have access to the precious commodity. The onslaught of Typhoon Haiyan on 8 November 2013 aggravated the situation as the main source of electricity for Bohol is the province of Leyte, which was hard hit by the typhoon. The disruption of electricity transmission capacity in Leyte meant that earthquake survivors in Bohol had to continue relying on alternative safe water supply solutions until pumping capacity stabilizes.

Meantime, markets in most of the impacted municipalities have started to function, although not at the same scale as prior to the quake. Repair of damaged main bridges and roads has been undertaken, and the costs of transporting goods from the main city to the municipalities have eased. There is no reported shortage of essential commodities while prices have started to stabilize. As such, cash interventions are appropriate.

## Coordination and partnerships

### **Movement coordination**

Coordination is crucial for the success of this operation. During the early stage of this operation, ICRC – while not directly involved in this response – helped in the mobilization of tarpaulins and jerry cans from its Davao City base in support of the joint PRC/IFRC response. In early November 2013, IFRC, German Red Cross and Spanish Red Cross assigned staff and delegates to support PRC in undertaking a detailed assessment to determine the early recovery needs of earthquake survivors. These partners will continue to provide complementary support to PRC in some of the affected areas.

The Movement operational coordination mechanism is active and has been strengthened following the launch of a new operation in relation to Typhoon Haiyan. Within the revamped coordination platform, Philippine Red Cross (PRC) is arranging regular meetings to brief the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and partner national societies on its response plans, progress and challenges. On their part, the Movement partners are giving regular updates on their commitments and implementation plans to support PRC.

### **Coordinating with the authorities**

As an auxiliary to the government, PRC maintains strong relations with government bodies involved in responding to disaster emergencies, including the NDRRMC as well as the provincial, municipal and barangay disaster risk reduction and management councils. Throughout the intervention, PRC will engage with respective government departments and offices – among them, the Department of Social Welfare and Development (DSWD) offices at various levels – to ensure that planned activities are well-coordinated. Coordination will also be maintained with respective municipal offices and local government units. Close collaboration will be maintained with the Department of Education (DepEd) and principals of schools that will be supported to rehabilitate damaged water and sanitation facilities. Coordination will be maintained with the Department of Health (DoH) in prioritizing damaged health facilities to be rehabilitated.

### **Inter-agency coordination**

PRC and IFRC participate in Humanitarian Country Team (HCT) meetings held during disaster and normal times. As the HCT/government clusters were activated for this response, PRC will continue to participate in relevant cluster meetings that are organized in Tagbilaran City. IFRC will support PRC's coordination efforts by participating in relevant meetings besides being the co-lead of the shelter cluster.

### **Shelter cluster coordination**

In line with its global commitment to inter-agency coordination, IFRC deployed a shelter coordination team (SCT), which is exclusively dedicated to the task of cluster coordination, independent of IFRC operations. The SCT is currently represented on the ground by a shelter cluster coordinator who is being provided case-by-case support by a team of information managers and technical coordinators who are in-country supporting the emergency shelter cluster for the Typhoon Haiyan intervention.

Earlier, on 18 October 2013, IFRC had deployed its shelter focal person for Asia Pacific zone to support initial assessments and to co-lead the SCT. The focal person acted as the shelter cluster coordinator for this response, leading a team that included a technical coordinator (seconded by British Red Cross), an information manager (seconded by Canadian Red Cross Society), and a two-person REACH<sup>1</sup> team comprising an assessment coordinator and a database expert. During that time, the cluster lead from the authorities was DSWD. However, starting 11 November 2013, the provincial engineer's office took the cluster lead role.

The SCT has worked closely with the authorities and other cluster partners in organizing an inter-agency detailed shelter assessment, developing an initial shelter response and advocacy strategy, and preparing technical guidelines and standards for a coherent and effective shelter response of the humanitarian agencies. Through established technical working groups, the SCT has also helped to develop information, education and communication (IEC) materials – which have been agreed with and distributed among all partners – on technical aspects such as fixing of tarpaulins, minimum standards for progressive core shelter solutions, demolishing and debris management.

The SCT continues to work closely with other clusters in addressing inter-cluster issues. These include the early recovery cluster in the development of IEC materials relating to demolishing, debris management, minimum standards for progressive shelter solutions, beneficiary selection criteria and standards for housing repair, and the camp coordination and camp management (CCCM) cluster on intermediate shelter solutions for displaced families. At the moment, engineers from the local government are undertaking structural damage assessment targeting all damaged houses to determine their structural integrity. The assessment, which will take weeks, will help to determine which houses are still habitable, which are repairable and which ones need to be demolished.

## **Red Cross and Red Crescent action**

PRC volunteers and staff were mobilized on the same day the earthquake struck, and have since been providing assistance tirelessly to those affected. Progress made under each sector is outlined below.

**Relief:** PRC has completed the distribution of non-food items to 10,000 affected families in the municipalities of Antequera, Buenavista, Calape, Catigbian, Clarin, Inabanga, Loon, Maribojoc, Sagbayan, San Isidro and Tubigon. The items distributed were blankets, hygiene kits, mosquito nets, sleeping mats and jerry cans.

**Emergency shelter:** At the end of relief phase, 10,000 families had received tarpaulins. It is worthwhile to note that, according to inter-agency reports, the assistance provided by PRC translates to more than 50 per cent of the emergency shelter assistance provided by all actors in the quake-affected areas as of early December 2014.

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<sup>1</sup> See [www.reach-initiative.org](http://www.reach-initiative.org)

**Health, hygiene promotion and psychosocial support:** To support health facilities in immediately resuming/continuing the delivery of preventive and curative health services, PRC set up Rubb hall tents and medical tents to help accommodate patients next to medical facilities that were severely damaged by the earthquake. The PRC Rubb hall installed at the grounds of Congressman Natalio Castillo Memorial Hospital in the municipality of Loon (which had incurred severe damages), enabled to continue treatment of patients as well as attend to referred cases. One advanced medical post continues to augment the 25-bed community hospital in the municipality of Maribojoc, which was also damaged by the quake. Thus far, approximately 1,600 people have received health and medical services in the facilities installed by PRC.

PRC also continues to conduct health and hygiene promotion activities in order to contribute towards reducing the risk of preventable diseases. These activities are being done using two approaches: in the first, hygiene promotion is linked with distribution of hygiene kits and other hygiene-related goods, such as jerry cans, while in the second it is done using the participatory hygiene and sanitation transformation (PHAST) methodology. The 10,000 families provided with hygiene-related goods have also been reached with health and hygiene messages. Some 105 community health volunteers (CHVs) have so far been mobilized and will, over the next weeks, undertake health and hygiene promotion using the PHAST methodology.

In the first five weeks after the quake, PRC had established at least 11 welfare desks in hospitals and evacuation centres, each desk acting as point-of-contact for people requiring specific services. As well as referring 200 affected people to appropriate departments that would best serve them, Red Cross social workers provided psychosocial support to more than 2,400 people.

**Water and sanitation:** The National Society continues to complement local water utilities administration (LWUA) in providing safe water to affected families in areas where supply was disrupted. Specifically, PRC installed facilities that included a mobile water purification plant, 5,000-litre water bladders, 10,000-litre water bladders, and 10,000-litre, 11,000-litre and 45,000-litre water tanks bladders in the affected municipalities of Buenavista, Clarin, Inabanga, Sagbayan and Tubigon. Through these water facilities – which were augmented with trucking capacity – more than 2.2 million litres of safe water have been delivered to a total of 60,000 families.

## The needs

During the first half of November 2013, PRC – supported by IFRC, German Red Cross and Spanish Red Cross – conducted detailed assessments to determine the early recovery needs of affected families. The assessment covered 30 barangays across the municipalities of Antequera, Buenavista, Carmen, Clarin, Inabanga, Loon, Maribojoc, Sagbayan, San Isidro and Tubigon in Bohol. The 10 municipalities were pre-selected based on an analysis of reports from the Bohol chapter of PRC, review of secondary data (including updates from the NDRRMC, DSWD and municipal disaster risk reduction and management offices), situation reports by clusters and media reports. This revised emergency appeal is being issued in line with assessment findings.

**Non-food relief and cash:** Assessment findings indicate that by large, food and non-food item needs of affected families have been met by the authorities and various actors who have been responding, including the Red Cross. Markets in most of the impacted municipalities have started to function. There is no reported shortage of essential commodities while prices have started to stabilize. As such, cash interventions are appropriate.

For household income, Bohol is mostly dependent on eco-tourism, fisheries and agriculture. On the one hand, some labourers were able to find work after the quake, including by participating in repairing damaged structures. On the other hand, some have not been able to return to or find work yet. Although fishing and farming were not affected much by the earthquake, farming was impacted by the onslaught of Typhoon Haiyan. Those who were not able to harvest their crop prior to the typhoon lost some of it. In addition, disruption of electricity transmission capacity in Leyte due to the typhoon meant that some businesses scaled down their workforce due to extra running costs linked to generators usage. The loss of income in the tourism sector has been considerable, with the authorities estimating that bookings have gone down by 50 per cent.

This operation will therefore retain the original target of providing non-food items and hygiene kits to 10,000 families (already completed) and unconditional cash grants to 4,000 families that will be displaced for an extended duration. These include households living with host families.

**Health, hygiene and psychosocial support:** Owing to the effects of the earthquake, some proportions of the affected population remain exposed to risks particularly those rendered homeless, under makeshift shelters, with limited access to health services. The quake caused extensive damage to public health structures, including hospitals, barangay health stations (BHS), rural health units (RHU) and birthing facilities. According to detailed assessments by provincial health authorities, 37 RHU, 129 BHS, 12 hospitals and four birthing facilities were

damaged in Bohol alone. While health workers have now returned to work, a referral system, medical supplies in sufficient quantities as well as surgical, laboratory and cold chain capacity in the facilities are still to be restored.

There is the need for PRC to continue supporting damaged health facilities in delivering services with continuous deployment of temporary facilities, such as Rubb hall tents, dispensary tents and advanced medical posts. In addition to providing transitional health facilities, rehabilitation of damaged facilities is necessary to ensure re-establishment of primary health services.

The assessment conducted by the Red Cross observed that while toilet usage has largely been unchanged (through indoor and outdoor facilities), a part of the population reported to have resorted to open defecation. This mainly applied to families living in informal camp or tent cities as they are not able to utilize previous facilities in their damaged houses. According to local health authorities, cases of diarrhoea have been reported in recent days but were considered not alarming as they were reflective of the pre-earthquake disease patterns. The number of evacuation centres has dramatically decreased as people prefer to stay next to their damaged houses, under tents and makeshift shelters. Exposed to damaged structures and altered environment, people are also exposed to diseases. Young children are particularly at risk considering the low immunization coverage in affected areas.

There is a need to scale up disease prevention and health promotion, through the conduct of behaviour change communication (BCC), outreach and screening (for nutritional status among others), sanitation and clean up campaigns, as well as support in disease surveillance.

The aftershocks from the unprecedented earthquake that occurred in the province continue to cause fear. People are hesitating to get back to their houses and/or are finding difficulty sleeping. Some affected families are sleeping under tents or makeshift structures pitched outside their damaged houses. The main reason they cited for this is the fear of aftershocks.

There is a need to scale up psychosocial support services, applying a community-based approach, and particularly targeting children and traumatized adults. Red Cross workers and volunteers who have been supporting ongoing interventions for weeks now will also need stress debriefing and other support.

**Water and sanitation:** Electric power failures and disruptions owing to the effects of the quake interrupted water supply. Furthermore, the authorities advised that some water sources may have been contaminated due to lower ground movement. These circumstances required the provision of alternative safe water supply solutions to ensure that affected family have access to the precious commodity. The onslaught of Typhoon Haiyan on 8 November 2013 aggravated the situation as the main source of electricity for Bohol is the province of Leyte, which was hard hit by the typhoon. The disruption of electricity transmission capacity in Leyte meant that earthquake survivors in Bohol had to continue relying on alternative safe water supply solutions until pumping capacity stabilizes.

Although safe water provision challenges will be addressed by the LWUA once electricity supply has stabilized, there is a need for PRC to continue providing/distributing safe water in areas that are still affected by intermittent supply.

Damaged alongside houses were household sanitation facilities, such as washing, bathing, and toilet facilities. Although some families have started to repair their damaged houses using salvaged materials, some are sleeping under tents or makeshift structures pitched outside their damaged houses. Some of them do not have a proper waste disposal system. Adequate washing, bathing, and toilet facilities need to be established alongside new homes for families unable to utilize their previous facilities in their damaged houses. Schools and their facilities were also not spared by the quake as they suffered a considerable blow. Results of assessments conducted by the authorities and respective cluster partners show that at least 1,000 classrooms were destroyed and around 2,000 damaged. Damaged alongside the classrooms were water and sanitation facilities, such as latrines, in the affected schools.

Temporary support or rehabilitation of water and sanitation facilities in schools is therefore necessary as the water and sanitation facilities are crucial for learning.



Too afraid to go back to her home, this woman and her family put up a temporary tent in the backyard. Photo: Alanah Torralba/IFRC freelance

**Shelter:** The quake resulted in extensive damage to houses. The update issued by the disaster response operations monitoring and information center (DROMIC) in DSWD on 12 December 2013 indicates that 78,093 houses were damaged in Bohol – 11,577 of them totally. In the immediate weeks after the quake, there was a need for emergency shelter solutions, including tarpaulins, to ensure that affected families were not exposed to harsh weather elements. While emergency shelter needs have largely been met, there are residual needs for family tents to accommodate households from/in areas that are declared hazard or no-build zones. Such families cannot rebuild or be provided with any long-term housing solution until they are provided alternate space.

Although some families have started to repair their houses using salvaged materials, some are sleeping under tents or makeshift structures outside their damaged houses. The main reason cited for this is the fear of aftershocks. To date, a significant number of households have not started repairing or rebuilding. This lag in time suggests a low capacity for affected households to recover with their own resources. Those interviewed during assessments identified materials and labour as their primary needs in terms of shelter assistance. By large, assessment findings indicate that most houses suffered partial damages, with around 15 per cent destroyed. However, there is concern that the structural integrity of some of the houses considered partially damaged may have been compromised by the quake, and would need to be demolished. The authorities are conducting a detailed structural assessment to verify the extent of damages – a process that will take weeks.

Pending results of the structural assessment, there is a need for broader-based support to address a range of shelter needs, including repairs and rebuilding, and in some cases relocation. Shelter repair and rebuilding assistance may be provided in kind (materials and tools), or via cash transfers and vouchers as markets are again functioning. The nature of assistance planned will need to be coordinated closely with the authorities to ensure complementarity.

**Disaster risk reduction:** Prior to the October 2013 earthquake, in [May 1996](#), a magnitude 5.6 quake had affected the island of Bohol, with damages reported in the municipalities of Clarin, Inabanga, Loay, Trinidad and Tubigon. Before then, in [February 1990](#), the island had also been struck by a shallow, magnitude 6.8, tectonic earthquake which had damaged several houses and infrastructure and had presented several geologic disturbances. The Central Visayas region is exposed not only to earthquakes but also to weather-related events such as typhoons and flooding. For instance, as the response under this operation was underway, during the second week November 2013, Typhoon Haiyan struck the region. Although the powerful typhoon left thousands of casualties and massive damage in some provinces of central Philippines, its direct brunt spared earthquake survivors in Bohol. Nevertheless, its impact was felt as it disrupted water supply and livelihoods of thousands in Bohol.

In view of the hazard scenario, there is need to also focus on disaster risk reduction (DRR), within all the sectors being supported. For instance, shelter interventions shall not be simply about providing bricks, mortar and roofing sheets but should also aim to help affected households to reduce the risk and mitigate the impact of future disasters through the provision of technical support and applying measures that will make the house more resilient to disasters such as typhoons and earthquakes. Beyond that, DRR activities targeting communities and schools in the affected areas are needed and where possible linked closely with existing school Red Cross youth councils and the Red Cross 143 initiative<sup>2</sup>.

<sup>2</sup> Red Cross 143 initiative aims to have one team leader and 43 volunteers in every barangay, who collectively are the eyes and ears on the ground for effective response to disaster and crises.

**National Society institutional preparedness and service delivery capacity development:** In addition to meeting the direct needs of affected people, this operation will support the enhancement of PRC’s capacity to respond to future potential disasters, with primary focus on the Bohol chapter. The Bohol chapter of PRC will be supported to enhance its institutional preparedness and programme implementation capacity. The support will include provision of essential office equipment and two vehicles, training of staff and volunteers in hardware (water and sanitation) and software as well as finance management and logistics capacity improvement. The chapter will also be supported to improve its volunteer recruitment and development capacity, including Red Cross 143 (in communities) and Red Cross youth (in schools), and ensuring that all volunteers are enrolled into the IFRC global insurance for volunteers to complement the local insurance by PRC. The national headquarters will be supported to procure two warehouse tents (Rubb or Wiik halls) and three water bladders tanks with tap stands. Procurement of the latter –Wiik halls and water bladders tanks with tap stands – has been completed and the items have already arrived in the Philippines.

Throughout the operation, IFRC will provide technical materials and technical support to PRC. Delegates and staff engaged for this intervention will support PRC training opportunities by facilitating relevant sessions based on their expertise. Capacity building support will also be provided by additional technical delegates engaged following the launch of Typhoon Haiyan operation. Staff and volunteers will be provided with shelter training to enable them support beneficiaries with repair and construction activities.

## The proposed operation

The overall objective of this operation is to ensure that some 20,000 affected families receive appropriate assistance in a timely, effective, and efficient manner. This operation will cover the province of Bohol, which was most affected by the earthquake, with focus on the municipalities of Antequera, Buenavista, Calape, Catigbian, Clarin, Inabanga, Loon, Maribojoc, Sagbayan, San Isidro and Tubigon.

Specifically, the interventions will address the following complementary sectors: non-food relief (including unconditional cash); health, hygiene and psychosocial support; water and sanitation, emergency and early recovery shelter; disaster risk reduction; and, National society institutional preparedness and service delivery capacity development.

PRC and IFRC acknowledge that the following conditions have to hold for the overall objectives to be achieved and for the operation to be completed within the stated timeframe:

- There will be adequate support (financial) from partners to this revised emergency appeal
- Weather conditions will not suspend implementation of activities for long periods
- Disaster-affected areas will remain accessible
- Cooperation of the authorities will continue

All operational activities will take into account best practices in relation to gender, disability and protection. Gender, disability, age and vulnerable groups are specifically addressed in all targeting criteria of the PRC. Throughout the operation timeframe, PRC will ensure that gender, diversity and violence prevention measures are integrated to the programme management cycle. All delegates and staff involved in implementation must sign the [Code of Conduct](#) and will receive orientation on prevention of sexual exploitation and abuse.

To ensure that there is a medium for beneficiaries and non-beneficiaries to channel any concerns, observations or feedback on any issue, including abuse, a dedicated hotline will be installed. The hotline will be managed by one member of staff who is not involved in implementation, to ensure maximum confidentiality on any potential reports of abuse. PRC will engage a suitable media house to run a weekly radio programme for dialogue between the target population and the Red Cross Red Crescent.

Non-food relief	
<b>Outcome 1:</b> Essential household needs of 10,000 affected families met.	
Output (expected results)	Activities planned
<b>Output 1.1:</b> Affected families have access to non-food items within two months and cash to meet immediate needs within four months	<ul style="list-style-type: none"> <li>• Mobilize volunteers and provide them with orientation on the beneficiary revalidation process and distribution protocols.</li> <li>• Identify, register, verify and mobilize beneficiaries for distributions.</li> <li>• Distribute blankets (two per family) and sleeping mats (two per family), and mosquito nets (two per family) to 10,000 families (50,000 persons).</li> </ul>

	<ul style="list-style-type: none"> <li>• Distribute 10-litre jerry cans (two per family) for household-level water storage, 10,000 families (50,000 persons).</li> <li>• Distribute hygiene kits (one per family) to 10,000 families (50,000 persons)</li> <li>• Engage a suitable cash remittance service provider with a network in affected municipalities.</li> <li>• Disburse unconditional grants worth up to PHP 2,000 (about CHF 43) to up to 4,000 families (20,000 persons) through the cash remittance service provider engaged.</li> <li>• Conduct a post-distribution survey.</li> <li>• Monitor and report on distributions.</li> </ul>
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### Health, hygiene and psychosocial support

<b>Outcome 2:</b> Health and psychosocial risks of 20,000 affected families reduced.	
<b>Output (expected results)</b>	<b>Activities planned</b>
<b>Output 2.1:</b> Community-based disease prevention and health promotion are provided to the affected population within six months	<ul style="list-style-type: none"> <li>• Update PRC staff and health volunteers on community health tools in emergencies</li> <li>• Recruit, train and mobilize PRC community health volunteers in priority affected communities</li> <li>• Undertake surveys to determine baseline and end-line levels of awareness on priority diseases and health practices in affected communities</li> <li>• Reproduce relevant disease prevention and health promotion materials, and distribute to families in target communities alongside awareness/education campaigns</li> <li>• Mobilize 20,000 families for the dissemination of relevant disease prevention, health and hygiene messages, and conduct activities to promote health.</li> </ul>
<b>Output 2.2:</b> Gaps in medical infrastructure of the affected population filled within 16 months	<ul style="list-style-type: none"> <li>• Deploy medical tents and Rubb halls to severely-affected areas to augment damaged health facilities</li> <li>• Mobilize and induct/train short-term health staff/workers and volunteers to support health facilities, and manage/implement community health services</li> <li>• Coordinate and collaborate with health authorities and humanitarian partners at different levels</li> <li>• Demobilize medical tents and Rubb halls, and ship them back to main warehouses</li> <li>• Undertake detailed assessments to identify damaged health facilities in target communities</li> <li>• Rehabilitate selected 10 damaged health facilities in target communities</li> </ul>
<b>Output 2.3:</b> Psychosocial wellbeing of affected communities and emergency responders is promoted within six months	<ul style="list-style-type: none"> <li>• Train/retrain psychosocial support service (PSS) providers</li> <li>• Provide PSS for up to 5,000 affected community members and responders involved in the operation</li> <li>• Monitor and report on activities</li> </ul>

## Water and sanitation

**Outcome 3:** Risks of waterborne and water-related diseases in targeted communities reduced.

Output (expected results)	Activities planned
<p><b>Output 3.1</b> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to the target population</p>	<ul style="list-style-type: none"> <li>• Deploy water distribution capacity including trucks, tanks, bladders and tap stands to affected areas</li> <li>• Setup of temporary water storage points in affected communities</li> <li>• Distribute clean water, including through trucking, to 5,000 families in affected communities</li> <li>• Conduct sessions on safe household water storage and treatment with follow up monitoring on use of distributed items</li> <li>• Demobilize the distribution capacity and ship them back to main warehouses.</li> </ul>
<p><b>Output 3.2:</b> Hygiene-related goods which meet Sphere standards are provided to targeted families within two months</p>	<ul style="list-style-type: none"> <li>• Mobilize volunteers and provide them with orientation on distribution protocols.</li> <li>• Identify, register, verify and mobilize beneficiaries for distributions.</li> <li>• Distribute hygiene kits (one per family) to 10,000 families (50,000 persons). <i>(See also Outcome 1 on non-food relief)</i></li> <li>• Distribute 10-litre jerry cans (two per family) to 10,000 families (50,000 persons). <i>(See also Outcome 1 on non-food relief)</i></li> <li>• Conduct a post-distribution survey</li> </ul>
<p><b>Output 3.3:</b> Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population within 16 months</p>	<ul style="list-style-type: none"> <li>• Support construction of 1,000 pour-flush latrines and septic tanks as integral components of the core progressive shelters</li> <li>• Ensure that construction of pour-flush latrines takes into account unique needs of people with disabilities, where required</li> <li>• Coordinate with the Department of Education (DepEd), local authorities and principals in identifying 10 schools that will be supported in rehabilitating/constructing water and sanitation facilities</li> <li>• Coordinate with local authority engineers and principals of identified 10 schools on the design of appropriate water and sanitation facilities</li> <li>• Rehabilitate or construct water and sanitation facilities in 10 selected schools that were damaged by the earthquake</li> <li>• Support the 10 schools in forming water and sanitation committees to spearhead proper maintenance of the facilities</li> </ul>

## Emergency and early recovery shelter

**Outcome 4:** Shelter needs of 16,000 earthquake-affected families are met.

Output (expected results)	Activities planned
<p><b>Output 4.1</b> Emergency shelter assistance is provided to 10,000 families affected by the earthquake within three months</p>	<ul style="list-style-type: none"> <li>• Identify volunteers and staff to support the operations and provide them with orientation on the beneficiary revalidation process distribution protocols.</li> <li>• Identify and register families who will receive emergency shelter assistance and provide them with orientation on the project, distribution process, and guidance on installing the tarpaulins and tents.</li> <li>• Procure and provide fixing materials such as nails, wire and rope.</li> <li>• Distribute tarpaulins to 10,000 families.</li> <li>• Distribute tents (one per family) to 500 families.</li> <li>• Undertake monitoring to ensure that assisted families have correctly installed the tarpaulins and tents.</li> </ul>

<p><b>Output 4.2:</b> 5,000 families whose houses were damaged have undertaken restoration after obtaining appropriate locally-available materials, tools and guidance within six months</p>	<ul style="list-style-type: none"> <li>• Select and register 5,000 beneficiary families through house-to-house validation and participatory community approach.</li> <li>• Organize training sessions on safer shelter construction to 5,000 families.</li> <li>• Provide PHP 10,000 cash grants (for purchase of shelter materials) for shelter restoration to 5,000 families.</li> <li>• Undertake regular monitoring and provide technical guidance to ensure that 5,000 families that receive shelter assistance have undertaken restoration works applying minimum safer shelter techniques.</li> </ul>
<p><b>Output 4.3:</b> 1,000 families whose houses were destroyed have completed rebuilding core progressive shelters, applying the guidance provided within 16 months</p>	<ul style="list-style-type: none"> <li>• Select and register 1,000 beneficiary families through house-to-house validation and participatory community approach.</li> <li>• Select 1,000 community members, provide them with training in carpentry and/or masonry and provide them with toolkits</li> <li>• Construct 100 model houses, with latrines, in selected localities to demonstrate core progressive shelter building techniques and to provide beneficiaries with visual demonstration on how to rebuild their houses.</li> <li>• Organize orientation sessions on safer shelter construction for representative of the 1,000 selected families.</li> <li>• Undertake regular monitoring and provide technical guidance to ensure that 1,000 selected families have built core progressive shelters, with latrines, applying minimum safer shelter techniques.</li> </ul>

#### Disaster risk reduction

#### Outcome 5: Chapter/community capacity to address disaster risk reduction measures strengthened

Output (expected results)	Activities planned
<p><b>Output 5.1</b> Skills and capacity development programmes on risk reduction planning focusing on staff and volunteers of PRC</p>	<ul style="list-style-type: none"> <li>• Conduct vulnerability capacity assessment (VCA) and community-based risk reduction programming (CBDRR) training for staff and volunteers</li> <li>• Implement CBDRR programmes in targeted communities.</li> <li>• Through the Red Cross 143, establish community action teams and train them on disaster preparedness and response</li> <li>• Advocate for longer-term disaster risk reduction interventions at high risk communities with local authorities.</li> </ul>
<p><b>Output 5.2:</b> Public awareness and public education on disaster risk reduction enhanced in target communities</p>	<ul style="list-style-type: none"> <li>• Conduct public awareness and public education activities is targeted schools and communities</li> <li>• Conduct mass awareness campaign, including via radio, to sensitize the communities and build culture of preparedness</li> <li>• Conduct focused awareness programmes in high risk communities</li> <li>• Mainstream disaster risk reduction in other sectors of this operation</li> </ul>

#### National society institutional preparedness and service delivery capacity development

#### Outcome 6: PRC level of preparedness and capacity to deliver sustainable programming strengthened

Output (expected results)	Activities planned
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<p><b>Output 6.1</b> PRC's capacity to undertake relevant first response, relief and early recovery interventions is increased</p>	<ul style="list-style-type: none"> <li>• Support the Bohol chapter to improve its volunteer recruitment and development capacity, including Red Cross 143 (in communities) and Red Cross youth (in schools)</li> <li>• Organize identified shelter training – such as shelter kit training, shelter technical training and participatory approach for safe shelter awareness (PASSA) for Bohol chapter volunteers and staff</li> <li>• Provide relevant shelter training for staff and volunteers to allow them support beneficiaries with on-site technical advice during repair and construction activities</li> <li>• Train staff and volunteers in installation and maintenance of water and sanitation equipment, including purification and distribution facilities</li> <li>• Organize a learning forum that will bring together chapters and departments involved in various phases of the operation</li> </ul>
<p><b>Output 6.2:</b> PRC volunteer, staff and institutional capacity to deliver sustainable programming is increased</p>	<ul style="list-style-type: none"> <li>• Provide the Bohol chapter with essential office and IT equipment</li> <li>• Provide PRC with two vehicles to support this and future operations</li> <li>• Support the Bohol chapter in undertaking essential office improvements</li> <li>• Enrol all volunteers involved in implementation to the IFRC global insurance for volunteers to complement the local insurance by PRC</li> <li>• Provide two warehouse tents (Rub or Wiik halls) and three water bladders tanks with tap stands</li> <li>• Using IFRC technical personnel, support efforts aimed at developing the finance management and logistics capacity of the Bohol chapter</li> </ul>

## Logistics

Professional logistics support to the operation is being provided in accordance with IFRC standards, procedures and processes. Activities include, but are not limited to, the following:

- Mobilizing relief items pre-positioned in IFRC's zone logistics unit (ZLU) in Kuala Lumpur
- Coordinating within IFRC and PRC programme managers and ZLU in Kuala Lumpur for timely and cost-efficient sourcing options for items required in the operation
- Coordinating mobilization of goods and reception of incoming shipments
- Utilizing existing warehousing facilities and vehicles for storage and efficient dispatch of goods to final distribution points
- Supporting PRC 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 as efficiently and effectively as possible

Completed relief distributions drew largely from stocks that were pre-positioned in-country or were mobilized from the ZLU. The corrugated galvanized iron (CGI) and galvanized plain sheets needed for shelter interventions will be procured via an international tender through the ZLU. A mobilization table has been opened and has received so far support from the Australian Red Cross contributing for jerry cans, water and sanitation items. Items such as mosquito nets, tarpaulins, rub halls, tents, hygiene parcels and jerry cans were dispatched from the Kuala Lumpur prepositioned warehouse partially by air, to quickly support the urgent needs while the others have been sent by sea. Remaining items including sleeping mats and blankets (local specifications) were procured locally. The mobilization table is almost totally covered with the exception of tents and hygiene parcels.

Logistically, this operation has been largely overshadowed by the recent Typhoon Haiyan operation, which response drew most of the available resources, including goods from the international market. CGI sheets have yet to be procured and, as for the international market, many resources in the local market were also directed towards the provinces affected by the Haiyan response efforts. The mobilization table is available [here](#). Donors who wish to earmark are requested to contact [ZLU](#).

As for fleet, two vehicles Land cruisers were procured through the vehicle rental programme (VRP) of the Global Fleet in Dubai to support the operation and were dispatched to the area of operation to support the PRC's response.

## Public communications

Strong and well-coordinated external communications support will remain an important part of this operation. IFRC will continue to highlight the humanitarian needs and raise the visibility of PRC's ongoing response as well as the achievements of the operation through a variety of communications materials and proactive public information with primary target audiences that include regional and international media, partner national societies, peer organizations as well as donors and the wider public. Relevant information and publicity materials will be channelled through IFRC's public website, [www.ifrc.org](http://www.ifrc.org), as well as PRC website, [www.redcross.org.ph](http://www.redcross.org.ph).

Specifically, public communications activities will include:

- Proactive media relations activities targeting international media based in the Philippines and regional hubs to position IFRC/PRC as primary references for the media, particularly milestones in the response
- Production of news-related content for promotion via IFRC online platforms including; news stories, blogs and beneficiary case studies
- Engagement with social media platforms including Twitter and Facebook to maximize visibility of the Red Cross Red Crescent response
- Production of audio-visual material including photographs and video material for distribution to National Societies and the media
- Production of communications materials, including factsheets and key messages, to support National Societies communications efforts

## Beneficiary communications

Without robust beneficiary communication, people lacking information lose perspective, lose hope, and often become frustrated, further complicating relief efforts. PRC, as part of its commitment to work in partnership with the people affected by the earthquake, intends from the outset to systematically embed beneficiary communication programming as a crosscutting function within its overall operational approach. PRC will access the preferred communication channels of those affected by this disaster to disseminate important lifesaving information, as well as, allowing feedback mechanisms or two-way communication. Systems or processes to capture and feedback from beneficiaries to respective programme sectors within this disaster will also be established.

Output (expected result)	Activities planned
Programme accountability to beneficiaries and community participation improved	<ul style="list-style-type: none"><li>• Employ gender, diversity-inclusive and participatory methodologies for community participation and beneficiary communications</li><li>• Establish appropriate channels – including a weekly radio programme, face-to-face meetings, social media and community bulletin boards – for dialogue and dissemination between the target population and the Red Cross Red Crescent</li><li>• Ensure coordination on community-focused key messages and channels between Red Cross Red Crescent partners to ensure cohesive and clear messages</li><li>• Consider access and engagement issues regarding communication channels and messages for women, men, adolescent girls and boys, older people, people with disabilities and other vulnerable groups</li></ul>

## Capacity of the National Society

PRC is the nation's largest humanitarian organization and is recognized by 'Republic Act No. 10072' – also known as 'Philippine Red Cross Act of 2009' – as an independent, autonomous organization auxiliary to the authorities in the humanitarian field. PRC works through 100 chapters covering all administrative districts and major cities of the nation. In delivering services, PRC relies on a team of skilled, trained and experienced staff and volunteers with different areas of specialization. Currently, it has approximately 1,000 staff at the national headquarters and chapter levels, and approximately one million volunteers and supporters, of which 500,000 are active volunteers. Below the national headquarters level, a professional administrator, who doubles as the manager in charge of operations and administrative functions, represents each chapter of PRC.

In view of this appeal, PRC will be supported to cover cost of 10 staff who will be assigned to oversee the various sectors under this operation. Several other staff of PRC – whose costs the National Society covers

through funds mobilized domestically – will take on additional responsibilities relating to this operation. However, all volunteers engaged for the operation shall be covered by the IFRC volunteer insurance scheme.

### Capacity of the IFRC

IFRC maintains a country office in the Philippines, housed within PRC's national headquarters, which is supporting on-going operations, including the Typhoon Bopha intervention in Mindanao, the Typhoons and Floods 2013 operation in Luzon and most recently, Typhoon Haiyan operation in Visayas. The office is headed by a country representative and has a number of technical delegates.

Overall, an operations manager, one logistics delegate, one field delegate and eight national staff (specializing in administration, communications and reporting, field support, finance, logistics, shelter, and water and sanitation) are focusing on this and other operations that were ongoing prior to the earthquake. To better support the Bohol chapter in implementation of activities under this operation, seven field-based members of staff have been recruited. They comprise a beneficiary communications officer, one finance and administrative assistant, two field officers, an engineer and two drivers.

The above are also supported by a separate, significant operational team that is focusing solely on the Typhoon Haiyan operation. Nevertheless, there will be close coordination and technical cooperation between the operations managers and delegates for this and other operations and those of the Typhoon Haiyan operation. The expertise of the technical delegates – who include specializations in relief/recovery, cash programming, health, water and sanitation, shelter, logistics and operations management – will be tapped to support some aspects of this operation. Additional operational, capacity building and organizational development support will be provided by experienced teams at the IFRC's Asia Pacific zone office in Kuala Lumpur and Southeast Asia regional office in Bangkok on case-by-case basis.

### Monitoring and evaluation

Using its existing capacity in the country and the expertise of the field delegate and officers supporting PRC in Bohol, IFRC will ensure continuous monitoring of the operation. PRC and IFRC are committed to improving the quality of their humanitarian programmes. As a contribution to meeting this commitment, PRC, supported by its partners, will capture lessons from this operation. In accordance with the IFRC guidelines, an external final evaluation will be commissioned two months after completing the operation. Recommendations of the evaluation will feed into future programming.

### Budget summary

See [attached budget](#) for details.

Walter Cotte  
Under Secretary General  
Programme Services Division

Bekele Geleta  
Secretary General

## Contact information

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

- **Philippine Red Cross (phone +63 2 525 5654; fax +63 2 527 0857):**
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  - Nate Rabe, relationship management and resource mobilization coordinator, email: [Nathan.rabe@ifrc.org](mailto:Nathan.rabe@ifrc.org)
  - Peter Ophoff, head of planning, monitoring, evaluation and reporting (PMER); email: [peter.ophoff@ifrc.org](mailto:peter.ophoff@ifrc.org)

Please send all pledges for funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)



**Click here**

1. **[Revised emergency appeal budget](#) and [map](#) below**
  2. **[Return](#) to the title page**
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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.

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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.
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# F9 J-G98 EMERGENCY APPEAL

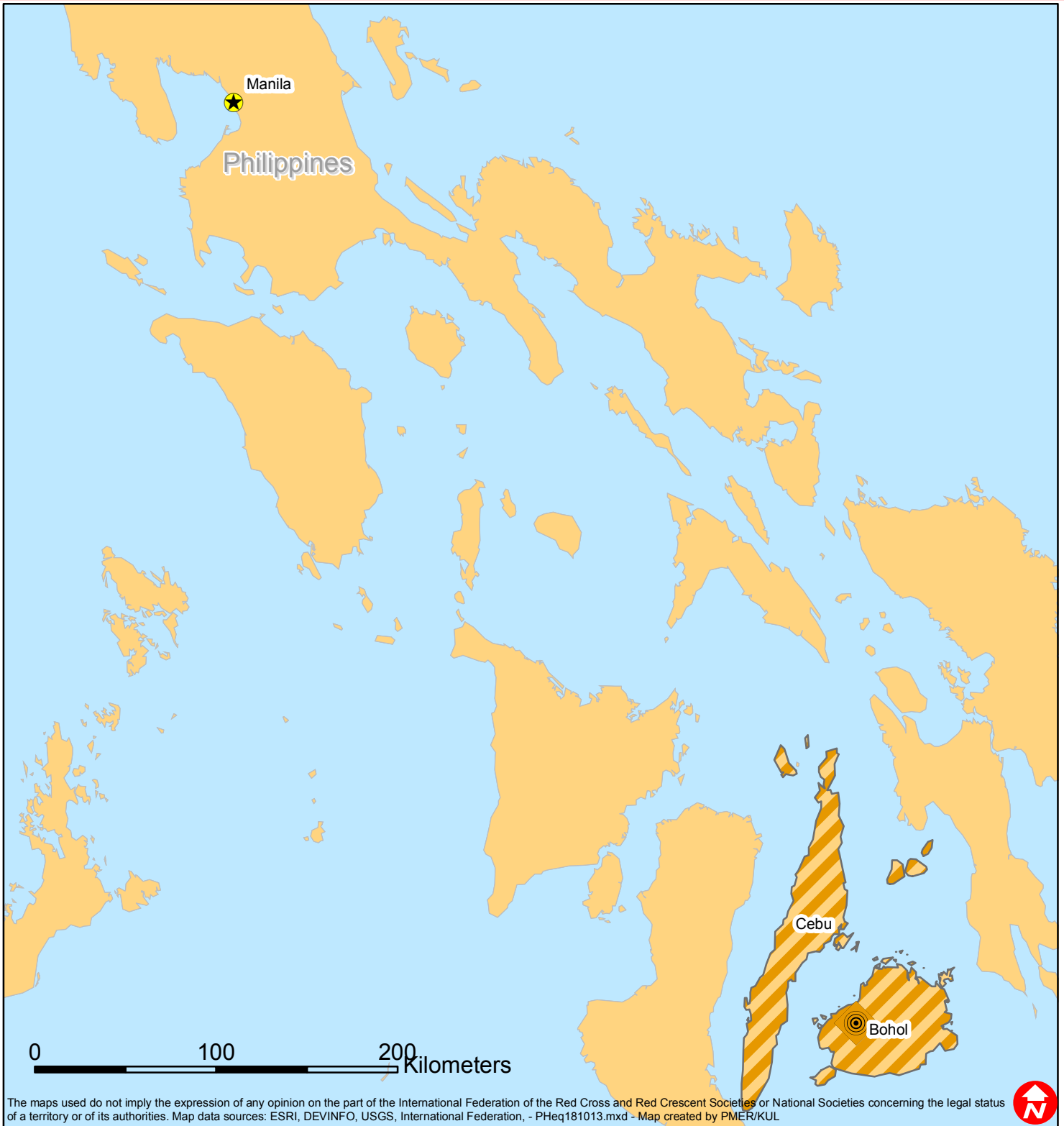
17/12/2013

## MDRPH013 PHILIPPINES : CENTRAL VISAYAS EARTHQUAKE

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	605,000			605,000
Shelter - Transitional	1,675,000			1,675,000
Clothing & Textiles	226,000			226,000
Water, Sanitation & Hygiene	617,500			617,500
Medical & First Aid	20,000			20,000
Utensils & Tools	60,000			60,000
Other Supplies & Services	130,000			130,000
Cash Disbursements	1,400,000			1,400,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>4,733,500</b>	<b>0</b>	<b>0</b>	<b>4,733,500</b>
Vehicles	64,000			64,000
Computer & Telecom Equipment	28,000	3,000		31,000
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>92,000</b>	<b>3,000</b>	<b>0</b>	<b>95,000</b>
Storage, Warehousing	36,000			36,000
Distribution & Monitoring	216,000			216,000
Transport & Vehicle Costs	164,000	2,300		166,300
Logistics Services	60,000			60,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>476,000</b>	<b>2,300</b>	<b>0</b>	<b>478,300</b>
International Staff	528,000	46,750		574,750
National Staff	162,600	10,000		172,600
National Society Staff	126,000			126,000
Volunteers	105,070			105,070
<b>Total PERSONNEL</b>	<b>921,670</b>	<b>56,750</b>	<b>0</b>	<b>978,420</b>
Consultants	60,000	46,750		106,750
Professional Fees	10,000			10,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>70,000</b>	<b>46,750</b>	<b>0</b>	<b>116,750</b>
Workshops & Training	110,000			110,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>110,000</b>	<b>0</b>	<b>0</b>	<b>110,000</b>
Travel	91,092	3,500		94,592
Information & Public Relations	48,000			48,000
Office Costs	36,000	1,050		37,050
Communications	36,000	1,250		37,250
Financial Charges	36,000			36,000
Other General Expenses	340,770	1,100		341,870
Shared Office and Services Costs	150,522			150,522
<b>Total GENERAL EXPENDITURES</b>	<b>738,384</b>	<b>6,900</b>	<b>0</b>	<b>745,284</b>
Programme and Services Support Recovery	464,201	7,521		471,721
<b>Total INDIRECT COSTS</b>	<b>464,201</b>	<b>7,521</b>	<b>0</b>	<b>471,721</b>
<b>TOTAL BUDGET</b>	<b>7,605,754</b>	<b>123,221</b>	<b>0</b>	<b>7,728,975</b>
<b>Available Resources</b>				
Multilateral Contributions	2,565,134	81,608		2,646,742
<b>TOTAL AVAILABLE RESOURCES</b>	<b>2,565,134</b>	<b>81,608</b>	<b>0</b>	<b>2,646,742</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>5,040,620</b>	<b>41,613</b>	<b>0</b>	<b>5,082,233</b>



# Philippines: Earthquake



Epicentre



Affected provinces