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Emergency appeal operations update

Sierra Leone: Ebola Virus Disease

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSL005		GLIDE n°: EP-2014-000039-SLE	
Operations update n° 2		Timeframe covered by this update: 11 July to 12 August 2014	
Emergency Appeal operation start date: 24 June 2014		Timeframe: 8 months; end date: 26 December 2014	
Appeal budget: CHF 1,366,156;	Appeal coverage: 31%	Total estimated Red Cross and Red Crescent response to date: CHF 428,167	
Disaster Relief Emergency Fund (DREF) allocated: CHF 1,227,336			
N° of people being assisted: 6.3 million people (Nationwide, with specific actions in high risk communities)			
Host National Society(ies) presence (n° of volunteers, staff, branches): Sierra Leone Red Cross Society; 1,230 volunteers, 10 technical working group staff, 13 branches			
Red Cross Red Crescent Movement partners actively involved in the operation: None			
Other partner organizations actively involved in the operation: Ministry of Health and Sanitation, World Health Organization, Médecins sans Frontières, Save the Children, Action Contre la Faim; Concern International; Plan International			

Summary:

This operations update provides latest information from the operation and announces an added objective of clinical case management and the related bilateral expenses in the operational plan. A revision of the emergency plan of action is expected in the coming weeks.

In recognition of the unprecedented scope and scale of the disaster, on 25 July 2014, the IFRC Secretary General exceptionally approved 1 million Swiss francs from the Disaster Relief Emergency Fund (DREF) to pre-finance the urgent deployment of ERU personnel and equipment. These funds are immediately available to enable NS to deploy qualified personnel and appropriate equipment where they do not currently have in place the financial means to do so. It is expected that these funds will be replenished to the DREF.



Sierra Leone Red Cross Society on Ebola awareness raising in Koinadugu District. Photo /SLRCS

The situation of the Ebola outbreak in Sierra Leone is continuously fluctuating and people continue to die and be infected with the virus which has prompted an even further scaling-up of interventions by the government, international and national organisations including the Sierra Leone Red Cross Society.

The Sierra Leone House of Parliament, On Thursday 7 August 2014, ratified the Presidential Proclamation of a State of Public Emergency in view of containing and eventually eradicating the Ebola virus disease out of Sierra Leone within 60 – 90 days. The Government continues to encourage the population to stay at their homes whilst emergency health messages are widely disseminated via television, radio, the print media etc.

In order to ensure compliance of temperature checking and regular hand washing in chlorine, police and military personnel have been deployed at various checkpoints in an effort to restrict movement to and from the Ebola epicentre in the districts of Kailahun and Kenema.

Control mechanisms of transport (commercial transports and motorcycles) have been instituted in many parts of the country whilst public places such as night clubs and bars are under vigorous scrutiny. All main roads between Kailahun, Freetown and Kenema are closed to public transport except the essential services and government passes are required in order to move freely around the country. By-laws with heavy levies have also been enacted in Kailahun to limit stigmatisation. On 8 August 2014, the WHO declared the Ebola situation “a public health emergency of international concern”

The Basic Health Care Emergency Response Unit (ERU) has finally been allocated a plot of land, situated about 15 km from Kenema city for the construction a large-scale Ebola treatment centre. Work i.e. clearing and mobilisation of material and equipment have started and construction of the centre is expected to be operational by the beginning of September.

In Kenema district, 24 ERU personnel have been deployed. The medical staff have been trained by WHO and MSF including specific training on the use of personal protective equipment. An ERU doctor, two nurses and three WatSan staff are currently receiving training on Ebola treatment from MSF in Kailahun Care Management Centre. More ERU personnel (doctors, architect and telecommunication specialists are expected in Freetown in the coming days).

ERU personnel for the clinical case management has been deployed by the Australian, British, Columbian, Finnish, New Zealand, Norwegian, Spanish and Swiss Red Cross. In total, Spanish Red Cross has allocated 650,000 EUR to this activity, 500,000 from its own emergency relief funds and 150,000 EUR from AECID

As the Ebola caseload in Sierra Leone is still increasing, the current emergency plan of action is being updated and a revised emergency appeal is planned in the coming weeks, increasing scope and timeframe of the IFRC supported SLRCS response to the crisis.

Coordination and partnerships

The IFRC operational office in Kailahun is now situated at the SLRCS Kailahun Child Advocacy and Rehabilitation (CAR) Centre in Kailahun and continues to collaborate with the district council and medical authorities and other partners (MSF, World Health Organization and Save the Children), whilst national-level operations are coordinated by the SLRCS headquarters and the IFRC in Freetown.

An Emergency Health Delegate and an RDRT personnel (Watsan) have recent been deployed in Kailahun, Sierra Leone to ensure continuity of technical support is provided to the SLRCS Kailahun Branch in particular. A Finance/Admin delegate and RDRT personnel are expected in Sierra Leone soon. More IFRC more permanent surge staff are in the process of being deployed or relocated to support the scaling up of activities in Sierra Leone. This includes Emergency IT & Telecom specialist, additional health delegates and IFRC field coordinators.

The SLRCS Kailahun Branch is an active member of the district Task Force and other sub-committees that meet on daily basis. These task force meetings chaired by the district medical officer are usually attended by representatives of the Ministry of Health and Sanitation (MoHS) in collaboration with WHO, international organizations such as UNICEF, Medecins Sans Frontier (MSF), Save the Children, Plan International, Concern International and IFRC, SLRCS, District Medical Officer, the Paramount Chiefs from the 14 chiefdoms in Kailahun, religious leaders, national radio and private radio stations, and other actors.

The MoHS and WHO have established an Ebola Emergency Operations Centre (EOC) at the WHO Country Office in Freetown, which started functioning on the 15th of July with the support from a Centre for Disease Control (CDC) consultant. The EOC is currently focusing on effectively distributing Personal Protective Equipment (PPE) for healthcare, recruiting new nurses to reinforce those on the frontlines, as well as coordinating additional resources needed to contain the epidemic.

The MSF is running a Case Management Centre / Treatment Centre in Kailahun Town and also supporting pre-referrals in Koindu and Darulocalities. The World Food Programme (WFP) will also provide food for the discharged patients. United Nations Population Fund (UNFPA) has provided the contact tracers with mobile phones in Kailahun. MSF Case Management Centre refers the vulnerable discharged patients and their affected families to the Kailahun branch BHO for follow-up and support from the SLRCS Psychosocial Support Service (PSS) volunteers. Save the Children serves as referral point on child protection issues.

An ERU with 22 staff has been deployed to start the initial set up of the Ebola Treatment Centre (ETC). The initial request to establish the centre next to the hospital is no longer possible due to community resistance and the centre has been moved 15 kms from the hospital to the edge of the town. The ETC will have a 60 bed capacity and will employ approx. 200 local staff to supplement the ERU team. MSF and WHO are providing significant amounts of technical support both in terms of clinical training and supervision as well as support in the design and construction of the facility. Due to the distance of the new ETC discussions are in progress for GOARN and WHO technical advice to continue to support and Kenema Hospital that will need to maintain a small isolation unit for referral of cases.

Currently site preparations are ongoing for the construction of a 60 bed Ebola treatment centre. The site preparation has met significant challenges including finding a suitable location and delays due to heavy rain and flooding. The treatment centre will require significant amounts of extra infrastructure in addition to the normal BHU equipment and therefore will take approx. 14 days to complete once the site is ready.

Nursing and medical staff have completed a two day theory training with WHO and are currently rotating through MSF for practical experience under supervision. While the hospital is being constructed the clinical team will support Kenema hospital Triage. An assessment of the isolation unit in Kenema hospital has indicated that the infection control and level of safety is still not adequate for new staff and therefore the ERU team will not be entering the facility, however they will work with WHO and MOH staff on how to improve the triage facility. It is hoped by improving this we will reduce the number of suspected cases unnecessarily entering the isolation unit.

The Emergency Appeal is now been revised and adapted to the emerging trend with an increased timeframe and budget as the requirements regarding human resources, both national and international, and logistics, particularly vehicles for ambulance services, are still high.

Staff and volunteers of the National Society particularly in the highly affected areas are carrying out their activities under nerve-racking conditions. Their interventions continue to contribute immensely to the national society response activities in Sierra Leone.

In the wake of the epidemic, more airline companies have suspended their flights to the affected countries including Sierra Leone, and other neighbouring countries have advised their nationals to cancel non-essential travel to the Ebola affected regions.

International media houses/journalists continue to be received and attended to by SLRCS national headquarters and in the field, under the coordination of the SLRCS Communications Department.

Operational implementation

Overview

Update on activity implementation status against revised EPOA:

Health and care:

Outcome 1: The immediate risks to the health of affected population are reduced		
Outputs1.1 (expected results)	Activities planned	Achievements
Increase the capacity of Sierra Leone Red Cross (SLRCS) to manage the Ebola Virus Disease outbreak	<ul style="list-style-type: none"> Establish a National Society Task Force at headquarters level to coordinate with internal and external partners. Long-term capacity is provided through the deployment of an IFRC operations manager, emergency health delegate and a hygiene promotion/sanitation 	<ul style="list-style-type: none"> In Freetown, the National Society is an active member of the National Task Force and frequently attended meetings being included in all the 'pillars' of the Government response. SLRCS established a daily briefing meeting in its headquarter in Freetown

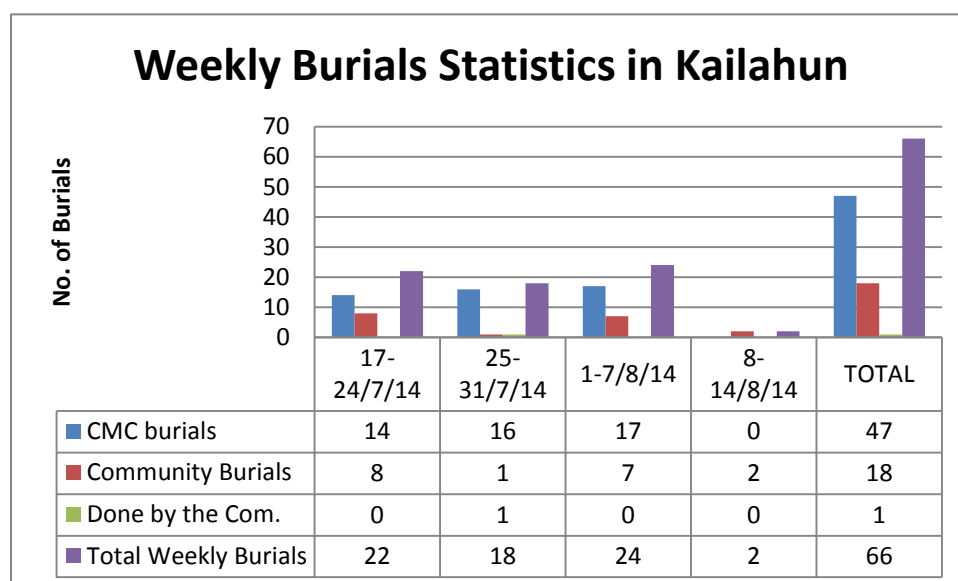
	<p>delegate.</p> <ul style="list-style-type: none"> • One NS Focal Point will be assigned to each district to ensure supervision at field level • Mobilise surge vehicles and maintain operational capacity at field level. 	<ul style="list-style-type: none"> • The National Society is a member of the EOC (Emergency Operational Centre) where all decisions and reviews are made chaired by the Honourable Minister of Health and Sanitation • An Operation Manager, Emergency Health Delegate and RDRT Watsan personnel have been recruited and deployed in mid July 2014. A Fleet Manager and a Finance/Admin Delegate are expected in Sierra Leone mid-August 2014. • The Bonthe Branch Programme Administrator has been deployed in Kenema to oversee the Ebola response activities. A NS Focal Point (a senior volunteer) has been deployed from the SLRCS headquarters to supervise and monitor Dead Body Management (DMB) activities since 13 July 2014. Human Resources re-structuring is to be implemented in the near future • Apart from the three leased vehicles allocated with drivers An additional pick-up vehicle for Dead Body Management activities has also been made available for the Kailahun Branch
Outputs1.2 (expected results)	Activities planned	Achievements
<p>Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases and anti-stigma information)</p>	<ul style="list-style-type: none"> • Develop a communication strategy for targeted awareness raising activities • Train 390 volunteers nation-wide in disease signs, symptoms, prevention and referral mechanisms • Refresh the training of volunteers on community-based awareness-raising and social mobilization techniques • Produce and disseminate context-specific Information, Education and Communication (IEC) materials. • Acquire Visibility Equipment and Personal Protective Equipment (PPE) and distribute to branches • Conduct health promotion campaigns using house-to-house dialogue, community sensitization and media campaign in targeted counties 	<ul style="list-style-type: none"> • Standard/Key messages have been developed with the MoHS and are currently being disseminated by the various actors in awareness raising activities. TERRA SMS messages have been broadcasted since the Preparedness stages on to the recent response phase. Ebola key messages approved by the National task force. • A three-day PSS training of trainers (ToT) workshop is currently underway in Freetown for 24 personnel of the SLRCS (Programme Administrators and Branch Health Officers) 11- 13 August 2014. 3 day trainings were conducted in 8 Branches (Kailahun, Kenema, Kono , Bombali, Western Area, Kambia, Koinadugu , Bo) refresher and scale up from 15 to 30 volunteers in Awareness raising, Community entry and Ebola information • The distribution of IEC materials (posters and fact sheets) is continuing in different parts of the country

		<ul style="list-style-type: none"> • PPEs have been received and despatched to Kailahun • From 18 July to-date. Kailahun and Kenema Branches have reached 22,003 people on house-to-house as well as street-to-street awareness and sensitisation activities in Kailahun and Kenema districts.
Outputs1.3 (expected results)	Activities planned	Achievements
Epidemiological investigation and epidemic control measures carried out (Contact Tracing and Dead Body Management (DBM))	<ul style="list-style-type: none"> • Continue training of volunteers in Dead Body Management (transport of body, burials and disinfection) • Provide surge vehicles for teams involved in activities related to. Dead Body Management • Train 350 volunteers in up to 7 districts for daily monitoring and tracing of contacts of confirmed cases • Procure materials and equipment to carry out DBM (body bags, PPE, chlorine, gloves, goggles, rubber boots, etc.) 	<ul style="list-style-type: none"> • Additional 50 contact tracings have been made during the reporting period. A total of 476 contacts and families visits of EVD confirmed cases were made so far in only in Kailahun. <p>Training of 20 DBM team in Kenema is envisaged any time soon and plans are underway for increasing the capacity of the DBM in Kailahun</p> <ul style="list-style-type: none"> • In Kailahun 30 members currently form the DBM team: 14 RC volunteers, 9 grave diggers and 7 other persons from the district health authority • 26 burials were carried out in Kailahun during the reporting period. In total,66 burials have been conducted between 17 July and 8 Aug.:- <i>(47 burials from the Kailahun Care Management Centre and 19 community burials).</i>
Outputs1.4 (expected results)	Activities planned	Achievements
Psychosocial Support (PSS) provided to the target population	<ul style="list-style-type: none"> • Train 350 volunteers in up to 7 districts who are following up contact in Psychosocial First Aid. • Provide psychosocial counselling to affected persons, family members, and volunteers. • Conduct community visits for mitigation and reduction of stigma and fear, particularly for the volunteers native of the affected regions, why may experience discrimination from their communities • Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases • Accompany and support individuals 	<ul style="list-style-type: none"> • 30 senior volunteers and staff are pursuing three day PSS training in Freetown. • PSS through counselling services are currently been conducted in all the chiefdoms in Kailahun by SLRCS Branch volunteers. • Developing appropriate strategies for intervention • Modalities are being further negotiated and discussed with MSF. • Same as above

	<p>discharged from isolation back to their communities to assist in re-entry and re assure community</p> <ul style="list-style-type: none"> Establish volunteer care mechanisms and systems 	
Outputs1.5 (expected results)	Activities planned	Achievements
Provide support to individuals or families who have lost belongings due to disinfection and epidemic control measures	<ul style="list-style-type: none"> Procurement and distribution of appropriate resettlement/compensation packages 	<ul style="list-style-type: none"> The content for the discharge package finalized for Ebola discharged/deaths and/ or their families. The packages are yet to be procured.
Outputs1.6 (expected results)	Activities planned	Achievements
Risks of infection to volunteers to be minimized	<ul style="list-style-type: none"> Procure protective raingear, footwear and sanitizer for volunteers. Insure up to 1,050 volunteers (complementary insurance to IFRC's global accident insurance) 	<ul style="list-style-type: none"> Protective gear and other materials have been procured for the 8 targeted districts of the 2nd DREF. 900 volunteers are covered by IFRC Insurance Policy in Geneva, whilst local insurance coverage is high on the agenda of the national society
New: Outputs1.6 (expected results)	Clinical case management.	Achievements
Increased case management treatment capacity.	<ul style="list-style-type: none"> Deploy IFRC basic health unit emergency response unit Establish unit for isolation and life support in Kenema. Supervision and capacity building of local nursing staff Refresher course on contact tracing for volunteers in Kenema 	<ul style="list-style-type: none"> 22 staff ERU deployed Site has been allocated and is being prepared. Nursing and medical staff have completed a two day theory training with WHO and are currently rotating through MSF for practical experience under supervision. Additional equipment being mobilized
Outcome 2: Regional Ebola preparedness measures and coordination mechanisms are in place		
Outputs 2.1 (expected results)	Activities planned	Achievements
Sierra Leone and bordering National Societies are prepared and respond in a coordinated manner	<ul style="list-style-type: none"> Organise field level regional workshop on learning Organise regional headquarter level workshop on learning Deploy IFRC Ebola Response Coordinator to Sierra Leona 	<ul style="list-style-type: none"> In progress In progress The operations manager has been deployed by the IFRC, a Health Delegate and an RDRT Watsan personnel.
Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system		
Outputs 3.1 (expected results)	Activities planned	Achievements

<p>A process of monitoring and evaluation maintained and reported on throughout the program</p>	<ul style="list-style-type: none"> • Establish regular monitoring system to map cases and National Society field capacity and evaluate the volunteers and DBM teams response efforts, motivation and field requirements • Establish a system of information sharing and reporting between the actors involved in the response efforts • Develop a sequence of Knowledge, Attitudes and Practices (KAP) surveys carried out using the RAMP methodology. The assessments will cover primarily the affected areas and will be repeated every 3-4 weeks to closely monitor how the operation is influencing the communities. 	<ul style="list-style-type: none"> • Monitoring is being done in collaboration with stakeholders such as Ministry of Health and Sanitation/WHO, District surveillance teams, MSF and SLRCS branches.
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Table1: Burial statistics in Kailahun District. 17 July – 8 Aug 2014



Activities Achieved:

Continue collaboration and in partnership with IFRC, MSF and the Ministry of Health and Sanitation/WHO, Save the Children, is highly engaged in community awareness, service delivery and activities coordination. The National Society continues to benefit and learn from the good working relationships and partnerships with these stakeholders.

Dead Body Management (DBM) activities in Kailahun are in progress. However, capacity of volunteers needs to be evaluated and improved.

Information management and communication techniques/dealing with local and international journalists/media, is being supported by SLRCS headquarters by the temporarily deployment of its communications coordinator in Kailahun

Currently, the number of SLRCS Volunteers and staff involved in this operation at Kailahun is 152 whilst only 50 volunteers in Kenema. These numbers shall be reviewed regularly. Other volunteers are involved in other districts. Trainer of volunteers in Kenema and other districts is expected soon whilst refreshers training sessions shall be done for volunteers in Kailahun.

The deployment of BHC ERU in Kenema and the despatch of the essential logistics (medical equipment) to the allocated site accomplished. Work on the piece of land has commenced but hindered by the unabating downpours in the area.

Based on the lessons learnt from field implementation, and the ongoing evolution of the response the operation strategy has been reviewed to allow for increased focus on core activities.

Currently volunteers before one function, either PSS, contact tracing or social mobilisation. Many other NGO's have joined the response, flooding the social mobilisation pillar with actors focused on large scale community based sensitization and health education. Therefore a change of strategy is required to ensure a more targeted approach to fill the gap between social mobilisation and case management. Social mobilisation and PSS volunteers will now work together as part of community engagement and will target specific communities and families that have been identified as contacts or have had a community death.

The team will comprise the following: a Community engagement team that will undertake community engagement and alert and contact tracing. A specific PSS team, which will be small and will focus on grieving families and survivors

1. Community engagement team

Main task include: social mobilization meaning discussions and interactions with communities to educate them about ebola and to ensure that they are implementing the key messages to prevent and contain ebola. It also involves passive contact tracing, meaning, if cases are found at the community level they will be referred or notified. This is done using a pss approach.

*social mobilization should include a full communication plan and rumor management strategy

2. Alert and contact team –

Main task include: active case follow up with a pss approach - volunteers are given specific contacts and follow up for 21 days. Social mobilization occurs as part of the follow up to educate family's on prevention and control. A pss approach ensure improved engagement and compliance

3. Active PSS team –

Main task include: targeted pss activities including grief management and community re entry

Dead body management team – Main task include: collection of bodies from the communities and clinical facilities for burial with a PSS approach, ensuring cultural practices when possible and care for families when needed

Challenges

- The impact of the Ebola situation might have a negative impact of the economy as most markets are closed, banks are closed, prices of basic foodstuff unceremoniously hiking, and travel/movement restriction particular in Kailahun and Kenema districts.
- SLRCS volunteers continue to be stigmatized, ostracized and showering of insults by their own communities whilst performing their duties.
- Deployment of long term delegates to the field remains a major bottleneck
- Some communities within the Township of Kenema have been quarantined because they have been identified as hot spots; Request made by Task Force for Red Cross to assist with used clothing for patients in addition to nutritional support. However, Inadequate food ration given by to homes that have been quarantined considered too small (1 bag of bulgur, 2kg of beans and 1 litre of vegetable oil.
- Our fleet base has been depleted, and we are therefore looking into local procurement of vehicles.
- In terms of HR, our emergency response rosters are falling short now (after several months of response), and we see a decreasing interest in the longer term positions for these operations

- As at now, most districts are affected, bringing the need to review the current ongoing operation at scale; providing minimum package to some districts and full package in the most affected districts.
- With the involvement of RC into clinical case management, more than 100 expats will be rotating over 3 months: mobilizing the right human resources profile continue to be a challenge
- High expectation from government and donor agencies as well as partners is a major reputational risk for RC
- All scenarios advocate for the need for medium to long term wider response
- Some RC volunteers are being stigmatized and rejected by their own family members.
- General population acceptance of the EVD still a challenge

Budget

See revised budget below

Contact information

For further information specifically related to this operation please contact

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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 (NGO's) 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.

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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.

Sierra Leone: Ebola Emergency Appeal

13.08.2014

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	200			200
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	8,297			8,297
Medical & First Aid	25,870			25,870
Teaching Materials	45,267			45,267
Utensils & Tools	45,000			45,000
Other Supplies & Services	37,750			37,750
Emergency Response Units	0		1,624,000	0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	162,384	0	1,624,000	162,384
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	28,564			28,564
Office/Household Furniture & Equipment	778			778
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	29,342	0	0	29,342
Storage, Warehousing	0			0
Distribution & Monitoring	12,000			12,000
Transport & Vehicle Costs	235,768			235,768
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	247,768	0	0	247,768
International Staff	390,000			390,000
National Staff	0			0
National Society Staff	71,085			71,085
Volunteers	167,510			167,510
Total PERSONNEL	628,595	0	0	628,595
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	85,274			85,274
Total WORKSHOP & TRAINING	85,274	0	0	85,274
Travel	32,000			32,000
Information & Public Relations	46,573			46,573
Office Costs	12,000			12,000
Communications	28,840			28,840
Financial Charges	10,000			10,000
Other General Expenses	0			0
Shared Support Services				
Total GENERAL EXPENDITURES	129,413	0	0	129,413
Programme and Supplementary Services Recovery	83,380	0	0	83,380
Total INDIRECT COSTS	83,380	0	0	83,380
TOTAL BUDGET	1,366,156	0	1,624,000	1,366,156
NET EMERGENCY APPEAL NEEDS	1,366,156	0	1,624,000	1,366,156