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International appeal

Haiti and Dominican Republic: Cholera

 International Federation
of Red Cross and Red Crescent Societies

Revised International Appeal
(MDR49008)

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

Launched: December 2013

Revised Appeal issued:
2 October 2014

454,600 people to be assisted

Appeal timeframe: 24 months

Appeal budget: CHF 4.5m (revised)

This revised International Appeal seeks a total of 4,583,957 Swiss francs (decreased from 11,244,952 Swiss francs) to enable the IFRC to support the Dominican Red Cross (DRC) and the Haitian Red Cross (HRC) efforts in eliminating cholera from the Hispaniola island and to deliver assistance to **454,600 people**. The reduced budget is a result of the multilateral funds channelled through the IFRC, as a number of activities will be implemented bilaterally through RCRC partners. However the Federation-wide Plan of Action budget, showing the overall level of funding raised by the RCRC, both bilateral and multilateral funding, remains at same level as the original budget.

This revised International Appeal is based on a revised plan of action developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme developed by the respective Ministries of Health and Water and Sanitation. Working in partnership with the HRC and DRC, this revised Appeal elaborates on the Red Cross' vital role and responsibilities in efforts to eliminate cholera in the respective countries.

Details are available in the secretariat's [Emergency Plan of Action \(EPoA\)](#) and [budget](#). The [Summary of the Federation-wide Plan of Action](#) is attached within the EPoA, for additional reference.

The disaster

- October 2010:** the first cases of cholera reported in Haiti.
- November 2013:** The incidences of cholera rose during 2013's rainy season, following a pattern seen in 2011 and 2012.
- December 2013:** [International Appeal](#) launched for CHF 11.2 million to deliver planned support to 600,000 people for a duration of 24 months. This represents a distinct plan developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme.
- December 2013 to April 2014:** Implementation of Emergency Appeal activities ([Ops Update n° 1](#)).
- September 2014:** revised International Appeal issued with a budget decreased to CHF 4.6m to support 454,637 people until December 2015.



A First Aid tent was set up to treat cholera patients in an IDP camp in Port au Prince. Source: French Red Cross.

The response

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

- A mapping of existing PNS' cholera and water and sanitation-related programming at the beginning of the operation to understand which departments and communes each PNS was actively working in.
- Field visits and discussions with each donor PNS to understand the details of the funds they have available for cholera-elimination activities. The result of these meetings was the clarification that most funds will be implemented bilaterally either by the donor PNS, another PNS or the Haitian Red Cross (HRC), and that some partners will be contributing to the Dominican Republic portion of the appeal.
- Completion of regional planning matrix, which outlines who is doing what and where, in accordance with the plan of action (POA). This was done for West, Centre, Artibonite, South and South-East departments. A similar matrix was made for activities to be implemented by HRC headquarters. Planning of activities in the Grand North: North-West, North and North-East departments is still ongoing.
- Regular bi-weekly Movement cholera coordination meetings have taken place between 10 February and 14 April 2014. The Terms of Reference (TOR) which will guide the group in conducting its coordination activities have been elaborated.
- Two Heads of Delegation meetings have also been held to discuss the funds committed to cholera elimination activities to date (both multilaterally and bilaterally). In addition, one meeting was held between HRC, PNS and IFRC to review project indicators so as to come up with common indicators that would be used for the purpose of reporting on cholera activities as a Movement.

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

So far, a total of 535 oral rehydration kits were distributed: 235 kits in San Cristobal (in the communities of La Suiza, 5 de Abril, Los Nova, Cañada Honda, Samangola, and Doña Alba), and 300 kits in the province of La Altagracia (in the communities of Hoyo de Fruisa, Haiti Chiquito, and Mata Mosquitos). At the same time, the National Society is distributing chlorine droppers with educational pamphlets, reaching 532 families (2,660 persons in La Altagracia province).

A total of 45 volunteers working in the affected communities received refresher trainings in the Community-based Health and First Aid (CBHFA) methodology to reinforce their community approach in water-related disease prevention and health promotion. The volunteers have been working with 232 families using this approach. It must be mentioned that psychosocial support is also part of the National Society's strategy for health promotion. As such, 30 volunteers have also received refreshers on psychosocial support. The families working with the volunteers are part of a community-based epidemiological surveillance network, informing of suspected cases as soon as they encounter them in their neighbourhoods.

In addition to the community-based approach of the CBHFA methodology, the National Society has reached 426 families with talks using the Participatory Hygiene and Sanitation Transformation (PHAST) methodology in an effort to improve hygiene habits in the areas of risk. While some volunteers carry out the community workshops, others work in home disinfection. So far, a total of 150 houses, as well as 30 restrooms and latrines have been disinfected in the communities of El Cajuil, La Ceiba and Bávaro, while 35 homes in Guandules (National District) were also reached.

Coordination and partnerships

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

The IFRC facilitates coordination within the Movement and with external partners including government authorities, UN agencies, international and national non-governmental bodies. The IFRC represents the HRC and DRC in the Pan-American Health Organisation/World Health Organisation (PAHO/WHO) coordination mechanism known as the Regional Coalition for Water and Sanitation to Eliminate Cholera in the Island of Hispaniola. The appeal coordination structure involves two levels of meetings in Haiti – 1) Heads of Delegation meetings to discuss and share details about the appeal pledges and 2) Movement Coordination meetings to discuss technical matters including the coordination of

initial activity planning and region/commune selection. The coordination meetings and email list also provide opportunities for information sharing and joint decision-making for instance on technical matters.

The operational strategy [<click here for the current Emergency Plan of Action>](#)

The goal of this operation is to contribute to the elimination of cholera from Hispaniola island during the next two years (2013 – 2015). The intended overall outcomes of this operation in **both countries** include:

- Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
- Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in schools.
- Increased knowledge amongst the target population regarding hygiene and sanitation.
- Increased capacity to respond to spikes in cholera cases

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

In Haiti	
Outcome 1	Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
Outcome 2	Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities.
Outcome 3	Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.
Outcome 4	Increased knowledge amongst the target population regarding hygiene and sanitation.
Outcome 5	The National Society has an increased capacity to respond to spikes in cholera cases.
Outcome 6	Improved management of Cholera Treatment Centers (CTCs)/Diarrhoea Treatment Units leading to reduced risk of contamination at treatment centres.
Outcome 7	Enhanced coordination among all actors state and non-state in the elimination of cholera from the island of Hispaniola
Outcome 8	Enhanced accountability to beneficiaries

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

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

HAITI

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

Water

Outcome 1: Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
Output 1.1 Access to potable water through the construction of new or repair and/or extension of existing water supply systems
Activities planned
1.1.1 Identification of water systems with potential scope for repair.
1.1.2 Assessment of water systems.
1.1.3 Selection of water systems to be repaired and/or extended.
1.1.4 Rehabilitation and/or extension of existing water supply systems.

Sanitation

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

Hygiene Promotion

Outcome 3: Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.
Output 3.1 Hygiene Products such as soap and aqua tabs are used in the targeted communities
Activities planned
3.1.1 Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day)
3.1.2 Installation of hand washing stations for large public events.
3.1.3 Provision of treated water to hand washing stations for large public events.
3.1.4 Hygiene promotion activities including the provision of flyers on these days.
Outcome 4: Increased knowledge amongst the target population regarding hygiene and sanitation.
Output 4.1 Haitian population has access to necessary educational materials on proper hygiene practices
Activities planned
4.1.1 Training of HRC Volunteers and/or Community facilitators on the implementation of hygiene promotion, PHAST, and CBHFA activities.
4.1.2 Identification of key areas for hygiene promotion, PHAST, and CBHFA activities
4.1.3 Mobilization of HRC Volunteers and/or community facilitators.

4.1.4 Hygiene promotion campaign developed with MSPP and DINEPA, as well as other relevant organizations, and implemented nationwide
4.1.5 Educational materials on proper hygiene practices are distributed in priority areas
4.1.6 Telefon Kwa Wouj used to disseminate cholera prevention messages and to conduct surveys with members of targeted communities on cholera prevention and hygiene promotion.
4.1.7 Radio Kwa Wouj used to disseminate information regarding cholera prevention, response and related Red Cross activities
4.1.8 Hygiene promotion activities implemented in schools through Haitian Red Cross volunteers and teachers.
4.1.9 HRC sound truck used to disseminate information regarding cholera prevention, response and related Red Cross activities

National Society capacity building

Outcome 5: The National Society has an increased capacity to respond to spikes in cholera cases.
Output 5.1 Emergency stocks (hygiene kits, ORS, aqua tabs and medical equipment) are prepositioned at the regional branches of the Haitian Red Cross.
Activities planned
5.1.1 Plan developed for the prepositioning of stock in specific departments.
5.1.2 Emergency stock list planned.
5.1.3 Supplies ordered and then positioned as planned.
5.1.4 Cholera kits distributed at CTCs/Diarrhoea Treatment Units (Local Health Centres) to families with a family member receiving treatment for cholera.
5.1.5 Monitoring of stocks.
5.1.6 Replenishment of stocks as required.
Output 5.2 Community-based disease monitoring established and active in remote communities and serving at risk population
Activities planned
5.2.1 Set up community-based disease monitoring system to detect suspected cases of cholera and generate alerts for response.
5.2.2 Training of HRC/community volunteers in case definition and first response using the standard IFRC Epidemic control for volunteers module (ECV).
5.2.3 The training and establishment of cholera response teams.
5.2.4 The trained community volunteers will monitor and act as first responders to cases of acute watery diarrhoea in the community and alert HRC who will in turn alert MSPP and the cholera response team who will conduct investigations and response in the community in collaboration with health actors and MSPP.
5.2.5 Implementation of CBDM in select community
5.2.6 CBDM reports shared with MSPP weekly
5.2.7 Weekly reporting from community focal points to HRC CBDM officer, support to volunteers
5.2.8 Evaluation/adaptation of CBDM
5.2.9 Roll out CBDM to other target areas
5.2.10 Support HRC and partners who wish to implement in other departments/communes
Output 5.3 Improved capacity of the National Society to respond to cholera outbreaks.
Activities planned
5.3.1 Training of HRC volunteers and/or of community facilitators on disinfection.
5.3.2 Provision of materials for disinfection to branches.
5.3.3 Mobilization of HRC volunteers and/or community facilitators for disinfection activities.
5.3.4 HRC volunteers and/or community facilitators mobilized to conduct HP activities following cholera spikes.
5.3.5 Locations for emergency hygiene promotion activities coordinated with MSPP.
Output 5.4 Haitian Red Cross has the capacity to intervene as community health agents.
Activities planned
5.4.1 HRC Volunteers and/or community facilitators trained in ECV/CBHFA/PHAST.

5.4.2 HRC volunteers and/or community facilitators trained on relevant aspects of water and sanitation responses.
Outcome 6: Improved management of CTCs/Diarrhoea Treatment Units leading to reduced risk of contamination at treatment centres
Output 6.1 Improved disinfection procedures in targeted CTCs/Diarrhoea Treatment Units
6.1.1: Volunteer trained on disinfection procedures in CTC/CTUs
6.1.2 Disinfection activities carried out by Haitian Red Cross volunteers at Diarrhoea Treatment Units and in communities where cholera cases have originated
Outcome 7: Enhanced coordination among all actors state and non-state in the elimination of cholera from the island of Hispaniola
Output 7.1 Improved coordination among Movement partners implementing cholera activities
7.1.1. Convene regular coordination meetings
7.1.2 Jointly develop coordination, planning, response and monitoring tools
7.1.3 Attend and contribute to national and international forums on the elimination of cholera on the Island of Hispaniola
Outcome 8: Enhanced accountability to beneficiaries
Output 8.1 Improved accountability to beneficiaries
8.1.1 Use of beneficiary's communication tools SMS to give information to beneficiaries on cholera (alerts, feedback etc.)
8.1.2 Use of the IVR and the radio show to get questions and feedback from beneficiaries
8.1.3 Provide information to beneficiaries on the programme throughout the cycle and especially at the inception and conclusion of the project
8.1.4 Organize for the participation of beneficiaries in the design/planning, monitoring and evaluation of the project

DOMINICAN REPUBLIC

Quality Programming/Areas Common to all Sectors

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

Health and care

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

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

Activities planned

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

2.1.2 Reproduction of educational materials

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

2.1.4 Conduct an information campaign via SMS

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

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

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

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

Activities planned

2.2.1 Recreational activities with children and adults on cholera

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

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

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

Activities planned

2.3.1 Needs evaluation of Cholera Treatment Units and hospitals in prioritized areas (family sanitation and prevention)

2.3.2 Share community epidemiological surveillance reports with local health authorities

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

Water, Sanitation and Hygiene Promotion

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

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

Activities planned

3.1.1 Selection and registration of communities and families to benefit

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

3.1.3 Hygiene promotion activities with adults and children

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

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

Output 3.2 800 families have access to safe water and sanitation through the repair or construction infrastructures or distribution of home water filters in communities where no supply systems exist.

Activities planned

3.2.1 Evaluation of community water and sanitation systems

3.2.2 Selection of water systems to be expanded or repaired

3.2.3 Repair and/or expansion of 50 water systems for 2,500 families
3.2.4 Selection of communities and families to benefit with water filters
3.2.5 Distribution of 800 water filters
3.2.6 Construction of 50 latrines in communities where no sanitation systems exist
3.2.7 Awareness-raising among students through recreational activities
3.2.8 Production of child-appropriate educational materials in coordination with the Ministry of Education
Output 3.3 At least 50 families benefit from sanitary disinfection of wells and homes
Activities planned
3.3.1 Detailed evaluation of communities and epidemic patterns to identify families with contaminated wells or homes
3.3.2 Purchase of equipment and materials for sanitary disinfection
3.3.3 Disinfection of 50 wells and homes through Sanitary Disinfection Brigades (BRINADES)
3.3.4 Implementation of community training for well maintenance

National Society capacity building

Outcome 4: The DRC has increased its capacity to respond to cholera outbreaks in prioritized provinces
Output 4.1 500 DRC volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion
Activities planned
4.1.1 Training of 400 volunteers in Epidemics Control for Volunteers (ECV) and in Community-based Health and First Aid (CBHFA)
4.1.2 Training of 100 volunteers in basic disinfection procedures to become part of the BRINADES
4.1.3 50 volunteers are trained as water and sanitation NITs
4.1.4 Provide accident insurance to 500 volunteers participating in the operation
4.1.5 Training of 100 volunteers in psychosocial support
Output 4.2 The Dominican Red Cross has pre-positioned supplies to respond to cholera outbreaks
Activities planned
4.2.1 Purchase of oral rehydration kits
4.2.2 Purchase of water analysis kits
4.2.3 Pre-positioning of community oral rehydration kits
4.2.4 Monitoring of the epidemiological situation in order to distribute kits according to need
4.2.5 Pre-positioning of 800 family kits at the Elías Piña chapter to be distributed during Field School at the Haiti-Dominican Republic border

Logistics

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

Operational support services

The HRC and IFRC through their cholera coordinators will jointly coordinate the operation with support from the PMER unit and strategic relations and cooperation department. The staff component for the HRC will include a cholera coordinator, a PMER officer, a programme officer at branch level and the volunteers. The Dominican Red Cross is appointing an operations coordinator, as well a field coordinator and a logistics focal point to work on the local procurement of items.

The Secretariat will coordinate all internal and external communication activities related to the cholera appeal. It is paramount that all movement partners communicate with one voice about the activities related to the appeal. The communications plan will enable the Haitian Red Cross to better position itself in the national and international media about their continued action to eliminate cholera from the country.

Reporting, monitoring and evaluation

The Secretariat will be responsible for the PMER and accountability function of this operation. The role of the Secretariat will be two-pronged, the first being support to the National Societies to build a strong PMER and accountability unit through training, coaching and mentoring. Secondly, the National Societies will be supported to function as the accountability coordination body responsible for planning, monitoring, evaluation, reporting and accountability.

Budget

See the attached [IFRC Secretariat budget](#) for details.

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↘ Revised emergency appeal budget below

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)** in delivering assistance to the most vulnerable.

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

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



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**

EMERGENCY APPEAL

18-Sep-14

Budget Group	DOMINICAN REPUBLIC	HAITI	Appeal Budget CHF
Shelter - Relief			-
Shelter - Transitional			-
Construction - Housing			-
Construction - Facilities			-
Construction - Materials		1,816	1,816
Clothing & Textiles			-
Food			-
Seeds & Plants			-
Water, Sanitation & Hygiene	151,648	335,673	487,321
Medical & First Aid	18,159		18,159
Teaching Materials	152,079	366,407	518,486
Utensils & Tools			-
Other Supplies & Services		17,478	17,478
Emergency Response Units		9,079	9,079
Cash Disbursements			-
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	321,886	730,453	1,052,338
Land & Buildings			-
Vehicles		20,701	20,701
Computer & Telecom Equipment	1,362		1,362
Office/Household Furniture & Equipment			-
Medical Equipment			-
Other Machinery & Equipment		18,159	18,159
Total LAND, VEHICLES AND EQUIPMENT	1,362	38,860	40,222
Storage, Warehousing		13,138	13,138
Distribution & Monitoring	3,632		3,632
Transport & Vehicle Costs	34,502	439,717	474,218
Logistics Services	10,000		10,000
Total LOGISTICS, TRANSPORT AND STORAGE	48,133	452,855	500,988
International Staff	9,079	930,375	939,454
National Staff	14,835	835,107	849,942
National Society Staff	42,673	51,866	94,539
Volunteers	26,376	52,635	79,011
Total PERSONNEL	92,963	1,869,983	1,962,946
Consultants	9,079	13,335	22,414
Professional Fees	1,362		1,362
Total CONSULTANTS & PROFESSIONAL FEES	10,441	13,335	23,776
Workshops & Training	8,625	208,394	217,019
Total WORKSHOP & TRAINING	8,625	208,394	217,019
Travel	4,841	32,389	37,230
Information & Public Relations	4,540	15,278	19,818
Office Costs	3,877	183,468	187,345
Communications	1,634	47,940	49,574
Financial Charges	2,724	1,889	4,612

Other General Expenses		6,515	6,515
Shared Office and Services Costs	4,754	189,271	194,025
Total GENERAL EXPENDITURES	22,370	476,750	499,120
Partner National Societies			-
Other Partners (NGOs, UN, other)			-
Total TRANSFER TO PARTNERS	-	-	-
Programme and Services Support Recovery	32,876	246,391	279,267
Total INDIRECT COSTS	32,876	246,391	279,267
Pledge Earmarking & Reporting Fees		8,281	8,281
Total PLEDGE SPECIFIC COSTS	-	8,281	8,281
TOTAL BUDGET	538,656	4,045,301	4,583,957
<u>Available Resources</u>			
Multilateral Contributions			-
Bilateral Contributions			-
TOTAL AVAILABLE RESOURCES	0	-	-
NET EMERGENCY APPEAL NEEDS	538,656	4,045,301	4,583,957