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Emergency Plan of Action operation update Ethiopia / East Africa: Ebola virus disease (EVD) preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRET014.	GLIDE n° EP-2014-000039-ETH
EPoA update n° 1	Timeframe covered by this update: 29 October 2014 – 23 January 2015
Operation start date: 29 October 2014	Operation timeframe: Five months (New end date: 29 March 2015)
Overall operation budget: CHF 46,641	If Emergency Appeal operation, DREF amount initially allocated: NA
N° of people being assisted: 80,600	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Federal Ministry of Health, Médecins Sans Frontières, United Nations Children Fund, World Health Organisation and other partners.	

Budget and timeframe revision: Request for a two month extension to complete additional activities, which have been identified in the areas of implementation; as well as a revision to the agreed budget, which has been underspent.

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone, and most recently Mali, causing untold hardship and hundreds of deaths in these countries. As of 10 November 2014, a total of 14,490 cases, and 5,546 deaths had been recorded, which were attributed to the EVD. In the Democratic Republic of Congo (DRC), an outbreak of the EVD has also been reported, but is considered of a different origin than that which has affected West Africa. Efforts to stop the ongoing spread and bring the epidemic to an end are gaining in commitment and capacity; however the risk for further spread, both within the affected countries and more widely is also a real possibility and needs to be planned for appropriately.

Ethiopia has been categorized by the World Health Organization (WHO) as “level 2” risk of transmission of the EVD through the importation of the virus by travel via Ethiopian Airlines, which has several flights to and from countries in high risk areas. In addition, there are a number of inter connected flights, which can possibly bring travelers from affected countries into the country. In-country international airports such as Bahir Dar, Dire Dawa and Mekele and could be the routes of entry of the affected individuals. Land crossings and sea ports could also be possible routes of entry for the affected individuals as most of the borders are porous, specifically through Kenya, a country which is already designated as “a high risk”, and other routes through Dewele, Gambella, Metema, and Somali region borders.

On 29 October 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 46,641 from its Disaster Relief and Emergency Fund (DREF) to support the Ethiopian Red Cross Society (ERCS) with EVD preparedness activities for a period of three months, specifically in the Addis Ababa, Humera and Moyale areas. As of 23 January 2015, 95 per cent of the activities have been carried out. Through the DREF operation, the ERCS has contributed to the National EVD preparedness Plan of Action (PoA), and has been able to make progress in the following areas:

- In total, 158 volunteers have received training on the Epidemic Control for Volunteers (ECV) and Social Mobilization in Addis Ababa, Humera and Moyale, which has been followed by community sensitization activities and distribution of Information, Education & Communication (IEC) materials to increase knowledge on the means of EVD transmission and methods of prevention, which have reached 86,045 people to date – this equates to 106.75 per cent of the intended target (80,600).
- Community organizations involved in the sensitizations have since cascade these messages to a further 59,447 people.



Volunteers during house to house brochure distribution, December 2015, in Akaki-Kaliti Sub-City, Addis Abab © ERCS

This Operations Update is requesting a timeframe extension of two month in order to enable the completion of additional activities, which will address remaining gaps that have been identified in the areas of implementation (Addis Ababa, Humera and Moyale) during joint monitoring missions carried out by the ERCS, Federal Ministry of Health (FMoH) and National Task Force for EVD preparedness. It includes: development of Information, Education and Communication (IECS) materials (on audio media); Training of additional volunteers on social mobilization, training of volunteers on existing volunteers on Disease surveillance and management of safe and dignified burial; Pre-positioning of personal protective equipment (PPE), and; Training of volunteers on the use of personal protective equipment (PPE). As noted, 95 per cent of the activities planned as per the agreed Emergency Plan of Action (EPoA) have been carried out, however the costs incurred have thus far been less than expected and as such, of the CHF 46,641 allocation issued, CHF 27,656 (59.3 per cent) has been expended. Please note therefore, the CHF 18,865, which is remaining on the allocation will now be used to support the additional activities, which are being proposed through this Operations Update. The DREF operation will end on 29 March 2015, and a final report will be made available on 29 June 2015 (three months after the end of the operation)

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the ERCS would like to extend many thanks to all partners for their generous contributions.

Summary of current response

Overview of Host National Society

The Ethiopia Red Cross (ERCS) has many years of experience in providing humanitarian and disaster relief to the most vulnerable people affected by conflict and disasters. In the last decade ERCS has assisted more than 100,000 disaster-affected people each year through the provision of food and non-food emergency assistance mostly in drought, flood and conflict affected areas of the country. Most recently ERCS has supported national emergency rounds of polio vaccination, provided assistance to Ethiopian returnees from Saudi Arabia and implementing hygiene promotion and disease surveillance activities for South Sudan refugees.

ERCS has participated in the high level and sub-group technical task force led by the Federal Ministry of Ethiopia. ERCS is a member of the Task Forces for EVD preparedness, which have been established by the [Public Health Emergency Management Institute \(PHEMI\)](#), part of the Federal Ministry of Health (FMoH), at National, Federal and Regional levels; as well as a Social Mobilization Taskforce .

ERCS has contributed to the National EVD preparedness PoA, which has been developed by the PHEMI/FMoH, specifically focusing on social mobilization activities with the “Local Edir & Women association” in the Addis Ababa Administration and border regions. ERCS has knowledge and experience of social mobilization through its existing volunteers, which are involved in on-going interventions across the country. ERCS is also participating on the preparation and production of EVD related IECs. In addition, ERCS will participate in safe and dignified burial activity using its volunteers.

Overview of Red Cross Red Crescent Movement in country

The IFRC country representation office is working closely with ERCS to support their response to emergencies happening in country including the EVD preparedness. The IFRC country representation is playing a lead role in coordination efforts including collaboration and information sharing with international agencies and organizations in-country, as well as part of the UN Humanitarian Coordination Group. In September 2014, the IFRC East Africa regional office provided training for three members of staff from Ethiopia (One from PHEM/FMoH) as part of an EVD preparedness workshop with other participants from the horn of Africa National Societies. Please refer to Section C. Detailed Operational Plan for more information.

Overview of non-RCRC actors in country

Following the EVD outbreak in West Africa, the Ethiopian authorities has taken precautions to prevent the virus from entering the country. The PHEM / FMOH have carried out activities including the training more than 200 health workers on EPD preparedness (the risk factors, symptoms, and key steps to preventing transmission of the virus); as put in place disease surveillance systems, established an isolation unit and pre-positioned PPE for use by its frontline staff in high risk situations. Further EVD preparedness training is planned to the Journalists at the federal level & various regions in addition to staff from various development sector offices.

As noted, the FMoH has a developed National EVD preparedness PoA, in collaboration with stakeholders including with stakeholders such as ERCS, Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and World Health Organization (WHO), which have all been allocated into sub-groups based on their area of expertise, for example, ERCS are working closely with the social mobilization sub-group. The PHEM/FMoH has established Taskforces for EVD preparedness. Under each Task force there are different Sub-committees (social mobilization; logistics etc.)

Needs analysis and scenario planning

Needs assessment

Ethiopia has not experienced EVD in the past, and the population has limited knowledge of the virus, and social mobilization / awareness raising activities are required to address the population's fears and misconceptions surrounding it, specifically related to transmission and behaviors required to avoid risk. The Taskforce has identified priority areas for the implementation of the EVD preparedness PoA as those that border neighboring countries including, Kenya, Somalia and Sudan.

Risk assessment

The ERCS in accordance with the country PoA has proposed a DREF operation, which will involve social mobilization activities in 10 of the most at risk sub-cities of Addis Ababa, as well as the border towns of Humera (Tigray Region) and Moyelle (Oromia Region). The DREF operation will use existing ERCS volunteers that are based in the target areas, and activities will be carried out in collaboration with "Local Ider" and Women association group following the previous experience of working with these organizations.

- **Addis Abeba** is the capital city of Ethiopia. It is the largest city in Ethiopia, with a population of 3,384,569 (Central Statistical Agency of Ethiopia 2007). As a chartered city (*ras gez astedader*), Addis Ababa has the status of both a city and a state. It is where the African Union and its predecessor the OAU are based. It also hosts the headquarters of the United Nations Economic Commission for Africa (UNECA) and numerous other continental and international organizations.
- **Moyale** is a market town on the border of Ethiopia and Kenya, which is split between the two countries. It has an estimated total population of 25,038 (Central Statistical Agency in 2005).
- **Humera** is a town and separate woreda in northern Ethiopia, near the borders of Sudan and Eritrea. Located in Mi'irabawi Zone of the Tigray Region. It has an estimated total population of 21,653 (Central Statistical Agency of Ethiopia 2007).

The DREF operation will target those members of the population that have been identified as being most vulnerable to EVD, specifically local health workers, traders, taxi drivers and the youth.

Based on a formal request from FMoH, ERCS plans to extend the DREF timeframe by 2 months to accommodate additional, more in-depth training of volunteers on safe and dignified burials as well as enhance the IEC materials by producing audio messaging that will be supported by trained volunteer community mobilisers. Ethiopia recently had its

first ebola 'scare' and the experience demonstrated to Government certain key weaknesses in their response system. This coincided with the DREF ebola monitoring mission where during the meeting with FMOH this request was put forward to ERCS. Deepening the training for volunteers specific to safe and dignified burial – an area of expertise for the Federation – and expanding the IEC communications materials are key contributions to the Government's preparedness plan.

B. Operational strategy and plan

Overall Objective

The overall objective of this DREF operation is to contribute to the National EVD PoA where ERCS is contributing in the implementation of social mobilization activities and awareness raising activities.

Proposed strategy

Through the DREF operation, the ERCS is looking to support the activities that have been prioritised within the National PoA, as well as strengthen coordination with stakeholders. The activities will focus on:

Priority activities:

- 160 volunteers will be trained (over a two day period) on ECV and Social Mobilization, specifically related to EVD (Addis Ababa (100), Humera (30) and Moyale (30). In Addis Ababa, four parallel trainings (25 volunteers per training) will be carried out; while in Humera and Moyale, two trainings (30 volunteers per training) will be carried out. The ERCS will use the staff members that received training on EVD preparedness (from the IFRC East Africa regional office – see above) to facilitate the training; in collaboration with respective regional level FMOH staff who have received training on EVD from the FMOH. Following the training the 160 volunteers will cascade what they have learned through social mobilization and awareness raising activities, which will include 12 community sensitization sessions targeting leaders (of the Local Edir & Women Association), school teachers and religious leaders in the 10 sub cities of Addis Ababa, and the two border towns of Humera and Moyale. The 160 volunteers will disseminate EVD preparedness messages through social mobilization activities carried out in the most at risk communities in their respective areas, which it is estimated will reach 80,600 people. The trained leaders from the Local Edir & Women Association, school teachers and religious are also expected to disseminate EVD preparedness messages in their communities, for example, through community discussions. It is expected that about 84,000 people will be addressed indirectly by these community structures.
- IEC materials will jointly prepared in collaboration with Social Mobilization Taskforce members (ERCS, Médecins Sans Frontières, UNICEF and WHO). The IEC materials will be prepared centrally; translated into the language by each region, and then printed as required. The ERCS will distribute the IEC materials in the target areas (Addis Ababa, Humera and Moyale), which are expected to reach 80,600 people (16,000 households).
- The ERCS will participate in the established Task force and sub-committee meetings; as well as follow up and information sharing on EVD with branch offices and volunteers in order to ensure disease surveillance. Please note that this does not require any cost as there are existing volunteers in each respective areas to carry out these activities; and the system has already been established.

Through this Operations Update, the ERCS now intends to carry out the following activities as part of the extension.

- Training of 160 existing volunteers in Addis Ababa, Humera and Moyale related to use of PPE, disease surveillance and management of safe and dignified burial. .
- Training of 35 additional volunteers in Addis Ababa in order to address more people by covering additional operation areas. This volunteers is expected to disseminate messages to 17,500 people.
- Support the FMOH with the development, preparation and dissemination of EVD audio media messages
- Pre-positioning of PPE and necessary materials for safe and dignified burial (in kind support from IFRC)

Operational support services

Human resources

ERCS has planned to work with the existing staff and 160 volunteers (revised to 158 following the ECV training) in the implementation of DREF operation in the Addis Ababa, Humera and Moyale; in collaboration with FMOH at each level. As noted, following the extension of this operation as additional 35 volunteers will receive training. Expertise in

technical aspects of safe and dignified burial in addition to the knowledge that ERCS holds is being discussed with the regional delegation.

Logistics and supply chain

All items will be procured locally for the implementation of the DREF operation, this will include stationery for training, and the preparation/printing of IEC material, which will be carried out in collaboration with other members of the Social Mobilization Taskforce (please refer above). ERCS has requested IFRC to support with materials such as PPE for trainings and materials associated with safe and dignified burial training.

Information technologies (IT)

No information technology (computers etc.) costs will be incurred in the implementation of the DREF operation, with the exception of phone and mobile phone charges, which has been budgeted for under "Communications"

Communications

ERCS will ensure that the activities carried out are promoted through local media and visibility material, which will be shared with the IFRC at regional and zone level to support communications with donors that have contributed to this DREF operation. ERCS will provide regular updates on the operation. ERCS has sent three progress reports to IFRC country office and regional office. In addition the reports are displayed in ERCS web page and in quarterly newsletter of ERCS, called Humanity Volume1, issue 2, 2014. The IFRC regional health delegate participated in a monitoring mission and will produce a report from this visit.

Security

Ethiopia is at present a peaceful country and no security issues are expected to have implications for the implementation of the DREF operation.

Planning, monitoring, evaluation, & reporting (PMER)

The ERCS branch offices (in Addis Ababa, Humera and Moyale) will report directly into the emergency preparedness and response department located at ERCS national headquarters (NHQ). ERCS branch secretaries will be accountable for the successful implementation of the DREF operation. The ERCS volunteers will collect reports from those trained community leaders on the process and pass the report through the ERCS branch offices to the NHQ. The ERCS emergency preparedness and response coordinator will compile the reports and send every two weeks to the IFRC country representation office, which will then be shared with IFRC East Africa regional office. The ERCS will ensure that all narrative reporting related to the DREF operation is submitted no later than 45 days after the end of activities. The ERCS will submit reports to the FMoH at the weekly Taskforce meetings; and a joint national monitoring plan of the National PoA developed by the members. Budget changes are provided in the revised budget attached.

ERCS will carry out a lessons learned workshop will be carried out at the end of the operation, which will comprise 35 participants that were involved in the operation, with the results shared with the IFRC East Africa regional office. This activity is not implemented yet, postponed to the end of the extension period to accommodate the additional activities as requested by MOH.

Please refer to Section C. Detailed Operational Plan for more information on the monitoring activities that have been carried out..

Administration and Finance

The ERCS Administration & Finance Department support will facilitate the financial management, which is required for the implementation of the activities contained within the DREF operation. The ERCS will submit all financial reports to the IFRC country representation office within two months of the end of the operation.

C. Detailed Operational Plan

Early warning & emergency response preparedness

Early warning & emergency response preparedness			
Outcome 1 The immediate risks to the health of affected populations are reduced	Outputs		% of achievement
	Output 1.1 The capacity of Ethiopian Red Cross Society to prepare for potential EVD response is strengthened		100%
	Output 1.2 Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)		80%
	Output 1.3 Community epidemiological surveillance is set up / enhanced		95%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Train volunteers in Epidemic Control for Volunteers (Target: 160 volunteers – Addis Ababa (100), Humera (30) and Moyale (30))	X		98.75%
Distributions of IEC materials with key persons in at risk communities (Target: 16,000 IEC materials distributed)	X		118.23%
Community sensitization of key messages on EVD prevention (Target: 12 community sensitization sessions in Addis Ababa, Humera and Moyale)	X		133.33%
Participate in information and coordination meetings with authorities	X		100.00%
Epidemiological control and monitoring through community disease surveillance	X		100.00%
Monitor & reporting activities (including a Lessons learned workshop)	X		80.00%
Train existing volunteers on PPE use, safe and dignified burial and disease surveillance – Target Addis Ababa (100), Humera (30) and Moyale (30)		To be completed	0%
Train additional volunteers in epidemic control for volunteers and social mobilization- Target Addis Ababa (35)		To be completed	0%
Support the FMOH on audio message for IECs.		To be completed	0%
Progress towards outcomes			
<p>Train volunteers in Epidemic Control for Volunteers (Target: 160 volunteers – Addis Ababa (100), Humera (30) and Moyale (30)): In total, 158 ERCS volunteers in Addis Ababa (95), Humera (32) and Moyale (32) have received a two-day training on ECV and Social Mobilization, which equates to 98.75 per cent of the target (160); and comprised both male (84) and female (74) volunteers. Please note that it was carried out by those staff, which had received previous ECV and EVD preparedness training from the IFRC East Africa regional representation, in collaboration with personnel from the Ethiopian Public Health Institute and FMOH. Following the ECV training, the capacity of the volunteers has been increased in the areas of implementation since they now have improved knowledge and skills, which will help them prevent and control EVD should cases be reported in Ethiopia. Each volunteer of the volunteers trained has been deployed to carry out social mobilization and awareness raising activities for a period of 15 days.</p>			
<p>Distributions of IEC materials with key persons in at risk communities (Target: 16,000 IEC materials distributed): The ERCS has participated in the preparation and production of IEC materials in collaboration with the Social Mobilization Taskforce members (ERCS, Médecins Sans Frontières, UNICEF and WHO). In total, 18,917 IEC</p>			

materials (brochures) were distributed to raise awareness on EVD in Addis Ababa (10,000), Humera (5,217) and Moyale (3,700), which equates to 118.23 per cent of the target (16,000). Please note that 86,045 people were reached in Addis Ababa (49,000), Humera (18,545) and Moyale (18,500), which equates to 106.75 per cent of the target (80,600). Joint monitoring of the populations in the areas of implementation has indicated that they have been equipped with improved knowledge on the EVD following receipt of the IEC materials. The ERCS volunteers also explained the EVD related messages contained within the IECs and provided clarification on any questions that were raised. Due to the timing of the distributions, which were carried out during the day, the majority of recipients were women, since culturally they were expected to be at home.

Community sensitization of key messages on EVD prevention (Target: 12 community sensitization sessions in Addis Ababa, Humera and Moyale): In total, 16 community sensitizations were carried out in Addis Ababa (10), Humera (4) and Moyale (2), which equates to 133.3 per cent of the target (12) and was possible as volunteers were able to mobilize more people from community organizations to participate in these activities than was planned. Please note that 873 people were reached through these sensitization sessions. Community organizations involved in the sensitizations included: civil society organizations, local Edirs, military representatives, religious leaders, schools, women's associations and youth groups. During the community sensitizations, participants were able to improve their knowledge of EVD, and increase their understanding by raising any questions that needed clarification. In addition, they then disseminated EVD preparedness messages through informal structures in their own communities. It is estimated that 59,447 were then reached through informal structures in Addis Ababa (47,760), Humera (5,234) and Moyale (10,500), which equates to 75.58 per cent of the target (84,000) and was partly due to not being able to get reliable information from the community organizations.

Participate in information and coordination meetings with authorities: As noted the ERCS has regularly participated in high level and sub-group technical task force led by the Federal Ministry of Ethiopia. ERCS is a member of the Task Forces for EVD preparedness, which have been established by the PHEMI, part of the FMOH, at National, Federal and Regional levels; as well as a Social Mobilization Taskforce. The technical task force meetings have provide an opportunity to disseminate information related to EVD.

Epidemiological control and monitoring through community disease surveillance: ERCS volunteers were deployed to support with disease surveillance in areas of Moyale, which border Kenya. Each day, 4 volunteers were assigned to work at check points at border crossings to register suspected cases of EVD. The ERCS put in place a tent at each of the check points. In Addis Ababa and Humera, disease surveillance was not carried out, as the local health authorities had assigned only professional health works to do this.

Monitor & reporting activities (including a Lessons learned workshop)

During the DREF operation, there has been continuous follow up and monitoring of the activities being carried out at branch level in Addis Ababa, Humera and Moyale; with support from National Headquarters (NHQ) staff. Each monitoring mission lasted for seven days, and comprised two staff members from NHQ (programme and PMER) and a driver. The IFRC East Africa regional representation emergency health coordinator also joined a monitoring mission, specifically in the Moyale area to assess the implementation that had been completed. Though the activities planned as per the agreed EPoA, have the most part been completed successfully, as noted joint monitoring carried out in collaboration with the FMOH and National Task Force for EVD preparedness, remaining gaps were identified that still need to be addressed, and such the DREF operation is being revised through this Operations Update.

D. Budget



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Emergency Plan of Action (EPoA)

Contact Information

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In the National Society**

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

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



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 OPERATION

02/02/2015

MDRET014 EVD Preparedness.

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
Shelter - Relief	0			0
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	0			0
Medical & First Aid	0			0
Teaching Materials	0			0
Utensils & Tools	0			0
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0	0	0	0
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	0	0	0	0
Storage, Warehousing	0			0
Distribution & Monitoring	0			0
Transport & Vehicle Costs	4,080			4,080
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	4,080	0	0	4,080
International Staff	0			0
National Staff	0			0
National Society Staff	1,360			1,360
Volunteers	11,358			11,358
Total PERSONNEL	12,718	0	0	12,718
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	11,361			11,361
Total WORKSHOP & TRAINING	11,361	0	0	11,361
Travel	1,500			1,500
Information & Public Relations	10,925			10,925
Office Costs	0			0
Communications	2,211			2,211
Financial Charges	1,000			1,000
Other General Expenses	0			0
Shared Support Services				
Total GENERAL EXPENDITURES	15,636	0	0	15,636
Programme and Supplementary Services Recovery	2,847	0	0	2,847
Total INDIRECT COSTS	2,847	0	0	2,847
TOTAL BUDGET	46,641	0	0	46,641
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	46,641	0	0	46,641