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## Emergency appeal Guinea: Ebola virus disease

 International Federation  
of Red Cross and Red Crescent Societies

Revised Emergency Appeal  
n° MDRGN007

Glide n° EP-2014-000039-GIN

**11.1 million people** to be assisted

**CHF 250,000** DREF allocated  
**CHF180,000** ERU

**CHF 28.69m** budget

Appeal timeframe: 15 months

End date: June 2015

Launched: April 2014; revised in July  
and November 2014

This revised Emergency Appeal for a total of some **CHF 28.69m** (increased from CHF 8.93m) enables the IFRC to support the **Guinea Red Cross Society** to respond to the escalating EVD outbreak by delivering assistance and support to some **11.1m people**, with a focus on **information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, safe and dignified burials and disinfection of houses, psychosocial support and patient transport**. With the Emergency Response Unit (ERU) component valued at some CHF 180,000, the total amount sought amounts to CHF 28.69m. The revised plan reflects an increased number of people to be reached, a scale-up of activities and the number of volunteers, and an enlarged geographic scope (see map), as well as support to national authorities in coordination of safe and dignified burials activities nation-wide. The planned response reflects the current situation and information available at this point of the evolving operation, and will be adjusted based on further developments and more detailed assessments.

Details are available in the [Emergency Plan of Action \(EPoA\)](#)

<click [here](#) for the Revised Budget and [here](#) for the contact details >

## The disaster and the response

March 2014: Ebola outbreak occurred in Gueckedou, Guinea

March and April 2014: **CHF 250,000 DREF allocated**

April 2014: **Field Assessment and Coordination team (FACT)** deployed (rapid assessment); **ERUs** deployed (logistics and health). **Emergency Appeal** launched for total of CHF 1.2m (including ERU bilateral component of CHF 366,000) for 3m people)

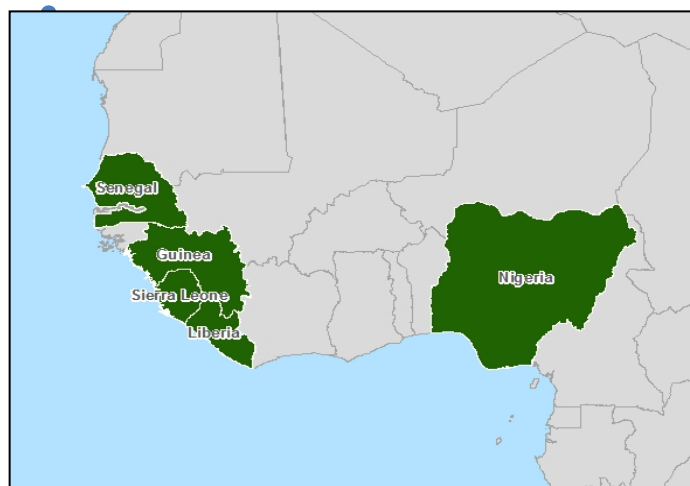
28 June 2014: suspected, probable and confirmed caseload reaches 450 with 330 deaths.

30 July 2014: IFRC launched **revised emergency appeal for CHF 2.6m**.

August 2014: third wave in Guinea. Situation deteriorates with a total of 15 (out of 33) districts affected.

8 September 2014: Cumulative caseload reaches 690 with 460 deaths. **IFRC issues revised appeal for CHF 8.8m**

15 November 2014: The EVD outbreak continues to escalate resulting in a total of 1,958 cases in 25 out of 34 prefectures with 1,189 deaths. **IFRC revises emergency appeal to a total of CHF 28.69m**



## The operational strategy

**The overall goal is to stop the transmission of Ebola Virus Disease and bring an end to the current epidemic through the following outcomes:**

- **Outcome 1:** The prevalence of Ebola Virus Disease in Guinea is reduced/eliminated through establishment of an appropriate response structure, local authorities and community engagement, beneficiary communication and social mobilisation, contact tracing and surveillance, provision of psychosocial support, safe and dignified burials, disinfection and Case management and treatment.
- **Outcome 2:** The existing capacity of the Guinea Red Cross National Society and IFRC management and technical support is enhanced and effective and sustainable action ensured
- **Outcome 3:** Support is provided to national authorities for countrywide coordination and information management of the overall safe and dignified burial and disinfection of houses response.

The operational strategy is based on latest epidemiological predictions and possible scenarios. Since the establishment of UNMEER, the IFRC and the GRC have been engaged in coordination and operational plans are being aligned with the overall humanitarian planning to ensure effective contribution to a consolidated response. The current strategy is based on responding to worst-case scenarios and is regularly being revised to reflect the situation and present the most realistic response plan.

The standard recommended public health actions implemented, using WHO standards, for stopping the Ebola outbreak, include;- the early identification of cases; isolating and treating all patients in Ebola Treatment Centres (ETCs) under the guidance of MSF; establishing rigorous contact tracing; providing safe and dignified burial practices (SDB); supported by coherent social mobilisation and sound risk communication practices. These key public health activities have been characterised as the five pillars of the IFRC Ebola response known as:

- Community engagement, beneficiary communication and social mobilisation
- Psychosocial Support
- Surveillance and contact tracing
- Safe and dignified Burials and disinfection, formerly called Dead Body Management
- Case Management and treatment.



### Coordination and partnerships



The National Coordination committee, reporting directly to the Head of State, counts the following members: MSF, CDC, UNMEER, CRG/IFRC, African Union/ASEOWA, OOAS, ELU, MAE-Fr, and the Ministry of Health. This committee is composed of technical teams and support teams. The IFRC and GRC lead the SDB and sanitation teams, whereas other partners lead the following:

- Surveillance: WHO
- Case Management: MSF
- Communication and Social mobilisation: UNICEF
- Research: Dr Sekou Conde

The technical team, led by the IFRC/GRC includes transport of patients, sanitation and disinfection, as well as safe and dignified burials. In addition, IFRC/GRC is also active in other technical groups such as social mobilisation and contact tracing. The IFRC and GRC work in close cooperation and coordination with Red Cross movement partners in country, the ICRC and the Danish Red Cross are supporting the GRC community response activities while the French Red Cross have established an Ebola Treatment Unit in Macenta.

## Proposed sectors of intervention

 <b>Health and care</b>
<p><b>Outcome 1: The prevalence of Ebola Virus Disease in Guinea is reduced/eliminated through establishment of an appropriate response structure, local authorities and community engagement, beneficiary communication and social mobilisation, contact tracing and surveillance, provision of psychosocial support, safe and dignified burials, disinfection and Case management and treatment</b></p>
<p><b>Output 1: Social mobilisation, community engagement and beneficiary communication</b>  <i>Community understanding, engagement, ownership and implementation of prevention and control measures is ensured through effective social mobilisation and two-way communication with beneficiaries, community leaders and religious leaders to prevent further transmission and control the outbreak</i></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Train 120 supervisors and 2,000 volunteers in EVD signs and symptoms, prevention measures and referral mechanisms as well as personal protection. (discontinued)</li> </ul>
<ul style="list-style-type: none"> <li>• Re-training of 100 supervisors and 1,000 volunteers (3 supervisors and 30 volunteers per branch) in social mobilisation, community engagement and beneficiary communication according to revised strategy and in coordination with UNICEF.</li> </ul>
<ul style="list-style-type: none"> <li>• Refresher training of 100 supervisors and 1000 volunteers every three months</li> </ul>
<ul style="list-style-type: none"> <li>• Mobilisation of 100 supervisors and 1,000 volunteers for 15 days per month</li> </ul>
<ul style="list-style-type: none"> <li>• Establish Ebola management teams (beneficiary communication, logistics and field coordination) in each of the 37 branches</li> </ul>
<ul style="list-style-type: none"> <li>• Equip all branches with vehicle for field movement</li> </ul>
<ul style="list-style-type: none"> <li>• Coordinate with and feed into national commission messaging / package development</li> </ul>
<ul style="list-style-type: none"> <li>• Reproduce and disseminate guidance and tools of community supervision cases – remove (does this mean discontinued or should the line be removed)</li> </ul>
<ul style="list-style-type: none"> <li>• Procure 2,400 “low-risk” PPE kits and train volunteers on the use of PPEs (Discontinued)</li> <li>• (93k equipment + 50k transport)</li> </ul>
<ul style="list-style-type: none"> <li>• Produce and disseminate 100,000 pieces of context-specific Information, Education and Communication (IEC) materials, including leaflets and posters</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement of social mobilisation kits including banners, megaphones and other teaching materials for all branches.</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement and distribution of 80,000 Epidemic hygiene kits (soap, chlorine, bucket)</li> </ul>
<ul style="list-style-type: none"> <li>• Procure visibility equipment and materials, including t-shirts, caps, stockers etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected districts</li> </ul>
<ul style="list-style-type: none"> <li>• Procure and distribute infrared thermo flash thermometers to all branch teams</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of TERA SMS broadcast system and broadcast of awareness messages.</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of one hour live interactive weekly television programme to be broadcast across Guinea with a focus on gathering and responding to communities needs for information</li> </ul>
<ul style="list-style-type: none"> <li>• Scaling up of current radio activities to two weekly one hour interactive radio broadcasts across Guinea with a focus on gathering and responding to communities needs for information</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of IVR (pre-recorded information exchange) system in cooperation with Local Telecommunication providers to provide access to pre-recorded prevention and programmatic information related to Ebola</li> </ul>
<ul style="list-style-type: none"> <li>• Train 470 volunteers in basic community engagement and beneficiary communications with a focus on the dissemination of Ebola information and feedback in all districts going (house-to-house) as well as document with mini-KAPS using RAMP/ODK</li> </ul>
<ul style="list-style-type: none"> <li>• 30 Short forums (2 per district) and engagement with “community resource oriented persons” Chiefs, traditional healers, teachers, soldiers and police, hunters, musicians, sport personalities etc. To build a team of leaders for communities to prevent Ebola and use as spokespersons on broadcast mediums</li> </ul>

Radio and TV.
<ul style="list-style-type: none"> <li>• Train Ben Comms field staff and volunteers in data collection RAMP/ODK to support SDB teams in information gathering and community engagement during SDB process.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish system of data and information collection from all BC activities to disseminate for use on broadcast mediums, SMS, IVR, management and operational teams to allow a clearer understanding of current community thoughts and understandings of Ebola (identify gaps)</li> </ul>
<ul style="list-style-type: none"> <li>• Produce 5 minute radio dramas for broadcast on weekly SLRC Radio Broadcasts</li> </ul>
<ul style="list-style-type: none"> <li>• Produce 20 x 15minutes of audio recorded DRAMA series for distribution on CD or other media to communities</li> </ul>
<ul style="list-style-type: none"> <li>• Communication community field trips for TV/radio broadcast weekly gathering of audio and video programming</li> </ul>
<ul style="list-style-type: none"> <li>• Media training and workshop with national media companies to discuss Humanitarian BC activities</li> </ul>
<ul style="list-style-type: none"> <li>• Press briefings (if necessary)</li> </ul>
<ul style="list-style-type: none"> <li>• One day sessions with artists and musicians, film producers to discuss national Ebola strategy and how SLRC can work with these groups</li> </ul>
<ul style="list-style-type: none"> <li>• Short Training in community engagement and beneficiary communications to all operational staff</li> </ul>
<ul style="list-style-type: none"> <li>• Production of billboards, wall murals,</li> </ul>
<ul style="list-style-type: none"> <li>• Radio and TV production promotion materials for broadcast use</li> </ul>
<ul style="list-style-type: none"> <li>• Audio and Video training for BC field staff</li> </ul>
<ul style="list-style-type: none"> <li>• Bi weekly meeting (by phone) establish regional network of Ben Comms practitioners in the Ebola affected countries</li> </ul>
<ul style="list-style-type: none"> <li>• Two time BC regional meetings for affected country BC representatives</li> </ul>
<ul style="list-style-type: none"> <li>• Outside broadcast community engagement activities utilising radio retransmission (OB Unit)</li> </ul>
<ul style="list-style-type: none"> <li>• Upgrade and revamp the current Guinea RC hotline system to allow more efficient service delivery to communities</li> </ul>
<ul style="list-style-type: none"> <li>• Training of national headquarters staff on beneficiary communications techniques</li> </ul>
<ul style="list-style-type: none"> <li>• Distribution of solar/dynamo radio to communities to allow more access to Radio program information</li> </ul>
<b>Output 2: Safe and Dignified Burials and Disinfection of Houses</b>
<i>Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and Safe and dignified burials.</i>
<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Development of protocol and safety regulations for implementation of SDB</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of 76 SDB teams (9 people and 2 vehicles per team)</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement and pre-positioning of personal protective equipment, body bags and other SDB related supplies</li> </ul>
<ul style="list-style-type: none"> <li>• Development of integrated community engagement, social mobilisation and psychosocial support tools and training packages.</li> </ul>
<ul style="list-style-type: none"> <li>• Training in SDB protocol and procedures, personal protection, safety measures and SOPs</li> </ul>
<ul style="list-style-type: none"> <li>• Refresher training of all personnel involved in SDB every three weeks</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of data collection and management systems</li> </ul>
<ul style="list-style-type: none"> <li>• Training of 76 volunteers on data collection tools</li> </ul>
<ul style="list-style-type: none"> <li>• Fitting of HF and HVF radio system in all vehicles and establishment of radio network linked to the national alert system.</li> </ul>
<ul style="list-style-type: none"> <li>• Procure and distribute infrared thermo flash thermometers to all branch teams</li> </ul>
<ul style="list-style-type: none"> <li>• Deployment of 76 SDB teams on an average of 20 days per month</li> </ul>
<b>Output 3: Psychosocial and economical support is provided to affected population</b>
<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Recruitment of PSS delegate</li> </ul>
<ul style="list-style-type: none"> <li>• Train 250 volunteers in psychosocial support techniques using the IFRC Reference Centre for psychosocial support material</li> </ul>

<ul style="list-style-type: none"> <li>• Refresher training of 250 PSS volunteers every three months</li> </ul>
<ul style="list-style-type: none"> <li>• Establish volunteer care mechanisms and systems.</li> </ul>
<ul style="list-style-type: none"> <li>• Provide psychosocial counselling to patients, affected family members, people who have been separated and volunteers.</li> </ul>
<ul style="list-style-type: none"> <li>• Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and re assure community</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct community visits for mitigation and reduction of stigma and fear.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish selection criteria and validation systems for beneficiary selection; Transfer 1,000,000 GNF (130 CHF) to 10,000 families (with positive case/s)</li> </ul>
<ul style="list-style-type: none"> <li>• Procure and distribute infrared thermo flash thermometers to all branch teams</li> </ul>
<p><b>Output 4: community surveillance and contact tracing</b></p> <p><i>In coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care</i></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Train 250 volunteers in contact tracing and community surveillance in accordance with national agreed procedures and guidance</li> </ul>
<ul style="list-style-type: none"> <li>• Refresher training every three months</li> </ul>
<ul style="list-style-type: none"> <li>• Deploy 250 volunteers to organize the active search for suspected cases and contacts in the community to detect suspected cases of EVD under the guidance of CDC and UNFPA</li> </ul>
<ul style="list-style-type: none"> <li>• Enumerate all the contacts and place them under daily surveillance for 21 days in order to detect the possible onset of fever.</li> </ul>
<ul style="list-style-type: none"> <li>• Procure and distribute infrared thermo flash thermometers to all branch teams</li> </ul>
<p><b>Output 5: Clinical case management support</b></p> <p><i>Provision of patient transport services from communities to established ETCs</i></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Mobilise and fit 50 makeshift pickup-truck ambulances (2 per projected response district)</li> </ul>
<ul style="list-style-type: none"> <li>• Train 200 volunteers in patient transport, protocols, personal protection, safety and SOPs</li> </ul>
<ul style="list-style-type: none"> <li>• Deploy 200 volunteers in 50 teams on an average of 20 days per month</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement and pre-positioning of personal protective equipment and other patient transport related supplies</li> </ul>
<p><b>Outcome 2: The existing capacity of the Guinea Red Cross National Society and IFRC management and technical support is enhanced and effective and sustainable action ensured</b></p>
<p><b>Output 1: The NS has the necessary capacity to lead the operation and ensure sustainable impact</b></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Conduct a rapid assessment in the community to describe the current epidemic, in order to ensure that all actions of the chain of transmission are identified and measures to prevent future infections are implemented.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish GRC task force at headquarter level maintaining close coordination with national health authorities, partner organizations and the GRC branches in the affected areas.</li> </ul>
<ul style="list-style-type: none"> <li>• Develop and maintain detailed emergency plan of action.</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of office equipment and rehabilitation of 37 branch offices</li> </ul>
<ul style="list-style-type: none"> <li>• Pre-positioning of IEC and PPE at all branches.</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of 10 bicycles and 2 motorbikes for each of the 37 branches</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of Ebola management teams in all 37 branches</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of office equipment and establishment of operations coordination centre at headquarters level</li> </ul>
<ul style="list-style-type: none"> <li>• Establishment of central GRC warehouse and necessary personnel and procedure structure</li> </ul>
<ul style="list-style-type: none"> <li>• Train 100 community volunteers per branch in Ebola preparedness</li> </ul>
<ul style="list-style-type: none"> <li>• Establish and test contingency plans at national, regional and branch level</li> </ul>
<p><b>Output 2: Necessary IFRC resources are provided to support the operation.(A0202)</b></p>
<p>Activities planned</p>

<ul style="list-style-type: none"> <li>• Deploy FACT to support the NS in planning and implementation of the international response to the epidemic</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct a rapid assessment in the community to describe the current epidemic, in order to ensure that all activities of the chain of transmission are identified and measures to prevent future infections are implemented.</li> </ul>
<ul style="list-style-type: none"> <li>• Deploy logistics ERU to support management of transport of personnel and equipment, incoming goods, procurement.</li> </ul>
<ul style="list-style-type: none"> <li>• Deploy IFRC delegates and an IFRC Regional Disaster Response Team to support GRC in implementation and management of the operation.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish 5 warehouses for prepositioning of stocks to cover all affected areas</li> </ul>
<ul style="list-style-type: none"> <li>• Perform a real-time evaluation of the operation to guide further planning and implementation</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct a final evaluation of the response</li> </ul>
<p><b>Outcome 3: Support is provided to national authorities for country-wide coordination and information management of the overall Safe and Dignified Burial and disinfection of Houses response</b></p>
<p><b>Output 1: SDB coordination and information management hub in Conakry is established</b></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Recruitment of SDB Coordinator and SDB Information Manager</li> </ul>
<ul style="list-style-type: none"> <li>• Contribute to national Coordination of the SDB work performed by all partners involved in the Ebola response</li> </ul>
<ul style="list-style-type: none"> <li>• Identification of key partners</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment of SDB needs and response</li> </ul>
<ul style="list-style-type: none"> <li>• Consolidate, review and disseminate current standards.</li> </ul>
<ul style="list-style-type: none"> <li>• Collect, analyse and present key SDB response information</li> </ul>
<ul style="list-style-type: none"> <li>• Reporting of SDT indicator progress to the UNMEER response monitoring dashboard</li> </ul>
<p><b>Outcome 4: Longer-term effects of the outbreak and needs for early recovery, livelihoods and food security interventions are identified and IFRC/GRC activities planned.</b></p>
<p><b>Output 1: Food security and livelihoods assessment conducted</b></p>
<p>Activities planned</p>
<ul style="list-style-type: none"> <li>• Training of volunteers and National Society staff in food security and livelihoods assessment</li> </ul>
<ul style="list-style-type: none"> <li>• Conducting assessments and writing report</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct discussion with key partners and share the outcome of the assessment</li> </ul>
<ul style="list-style-type: none"> <li>• Plan of action leads to revision of the Appeal and mobilisation of financial resources for food and nutrition security response and livelihoods recovery</li> </ul>

## Budget

- See attached IFRC Secretariat budget for details.

Walter Cotte  
Under Secretary General  
Programme Services Division

Elhadj As Sy  
Secretary General

## Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

**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 (NGOs) 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-REVISED BUDGET

18/11/2014

Budget Group	Multilateral Response	SDB Coordination	Bilateral Response	Appeal 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	137,280			137,280
Medical & First Aid	5,941,640			5,941,640
Teaching Materials	229,980			229,980
Utensils & Tools	483,000			483,000
Other Supplies & Services	0			0
Emergency Response Units			180,000	180,000
Cash Disbursements	1,300,000			1,300,000
<b>Total RELIEF ITEMS, CONSTRUCT</b>	<b>8,091,900</b>	<b>0</b>	<b>180,000</b>	<b>8,271,900</b>
Land & Buildings	0			0
Vehicles Purchase	396,000			396,000
Computer & Telecom Equipment	638,600	4,000		642,600
Office/Household Furniture & Equipm	97,133			97,133
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIP</b>	<b>1,131,733</b>	<b>4,000</b>	<b>0</b>	<b>1,135,733</b>
Storage, Warehousing	112,000			112,000
Distribution & Monitoring	82,260			82,260
Transport & Vehicle Costs	6,355,054	24,000		6,379,054
Logistics Services	5,760			5,760
<b>Total LOGISTICS, TRANSPORT AN</b>	<b>6,555,074</b>	<b>24,000</b>	<b>0</b>	<b>6,579,074</b>
International Staff	2,366,500	144,000		2,510,500
National Staff	46,763			46,763
National Society Staff	817,770			817,770
Volunteers	2,963,340			2,963,340
<b>Total PERSONNEL</b>	<b>6,194,373</b>	<b>144,000</b>	<b>0</b>	<b>6,338,373</b>
Consultants	207,000			207,000
Professional Fees	0			0
<b>Total CONSULTANTS &amp; PROFESSI</b>	<b>207,000</b>	<b>0</b>	<b>0</b>	<b>207,000</b>
Workshops & Training	2,175,000			2,175,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>2,175,000</b>	<b>0</b>	<b>0</b>	<b>2,175,000</b>
Travel	74,000	20,000		94,000
Information & Public Relations	1,694,168			1,694,168
Office Costs	223,250	30,000		253,250
Communications	137,000	12,000		149,000
Financial Charges	30,000	2,000		32,000
Other General Expenses	0			0
Shared Support Services	19,552			19,552
<b>Total GENERAL EXPENDITURES</b>	<b>2,177,970</b>	<b>64,000</b>	<b>0</b>	<b>2,241,970</b>
Programme and Supplementary Serv	1,724,648	15,340	0	1,739,988
<b>Total INDIRECT COSTS</b>	<b>1,724,648</b>	<b>15,340</b>	<b>0</b>	<b>1,739,988</b>
<b>TOTAL BUDGET</b>	<b>28,257,699</b>	<b>251,340</b>	<b>180,000</b>	<b>28,689,039</b>
<b>Available Resources</b>				
Multilateral Contributions	6,978,330			6,978,330
Bilateral Contributions			180,000	180,000
<b>TOTAL AVAILABLE RESOURCES</b>	<b>6,978,330</b>	<b>0</b>	<b>180,000</b>	<b>7,158,330</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>21,279,369</b>	<b>251,340</b>	<b>0</b>	<b>21,530,709</b>