

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

Haiti and the Dominican Republic: Cholera outbreak – response and preparedness

Emergency appeal n°
MDR49007
GLIDE n° EP-2010-000210-HTI
Revised Appeal
18 July 2011

Revised Appeal target (current) and coverage: 13,371,804 Swiss francs; the revised budget coverage stands at 95%.

Appeal history:

- [Disaster Relief Emergency Fund \(DREF\)](#): 78,853 Swiss francs were allocated for preparedness activities in the Dominican Republic related to the cholera outbreak in Haiti.
- A [Preliminary Appeal](#) was launched on 3 November 2010 for 5,946,897 Swiss francs to support the Haitian Red Cross and the Dominican Red Cross to assist 345,000 beneficiaries.
- An [Emergency Appeal](#) was launched on 23 December 2010 for 13,741,932 Swiss francs – including Emergency Response Units (ERUs) – to assist 500,000 people in Haiti for up to a year and 150,000 people in the Dominican Republic for up to 6 months.
- The need to support the Haitian Red Cross and the Dominican Red Cross to respond to seasonal increases in cholera cases, this Revised Appeal extends the operation timeframe until the end of February 2012 to assist 500,000 people in Haiti and 150,000 people in the Dominican Republic. The budget has been revised from 13,741,932 Swiss francs (including ERUs) to 13,371,804 Swiss francs in line with available funding. A Final Report will be made available by the end of May 2012 (three months after the end of the operation).



In June the Haitian Red Cross with the support of the IFRC Cholera department carried out a community training on disinfections to halt the resurgence of cholera in Charboniere, Port-au-Prince. Photo by: Yvette Mbazo/IFRC.

Summary:

In **Haiti**, since the beginning of the outbreak the International Red Cross and Red Crescent Movement has been mobilizing all available resources to address the emergency. The Haitian Red Cross with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and Partner National Societies (PNS) in the country continue to reach the affected and vulnerable with cholera prevention and control activities including: managing Cholera Treatment Centres (CTC), Cholera Treatment Units (CTU), maintaining Oral Rehydration Sachet (ORS) points, hygiene promotion, disinfections and distribution of cholera prevention and treatment materials. Water supply and sanitation interventions will be now reflected within the Haiti Earthquake appeal.

Most of the outputs in the original plan of action have been achieved; due to this objectives were modified at the six month point to meet the response demands to the current endemic nature of cholera in Haiti (see [Cholera six-month report](#) for more information). The importance of ensuring communities have improved resilience against cholera is paramount, particularly as humanitarian cholera programmes are largely scaling

down. The recent increase in cholera cases demonstrates the importance of preparing communities for repeated outbreaks linked to the rainy season cycles. To this end the next six-months of the programme focuses on the pillars of preventive health and hygiene promotion, curative health facilities, communications and contingency planning. These objectives continue to be in accordance with the Haitian Red Cross Cholera Response Plan of Action.

To achieve these objectives and fully support the Haitian Red Cross in developing its capacity to respond to cholera outbreaks throughout the rainy season, the Appeal has been extended to February 2012. This will provide the necessary time to embed the cholera response operational capacity fully within the Emergency Health department of the Haitian Red Cross. Over the period the IFRC Cholera department will gradually hand over responsibilities and capacity to the Haitian Red Cross Health department in order to reinforce its emergency operations.

Furthermore, in Haiti this Appeal is being carried out in parallel to the IFRC Earthquake Appeal that was launched in January 2010. The programmes of both appeals are mutually reinforcing each other with complimentary activities, notably across the IFRC Cholera, Health, Water and Sanitation, Communications and Logistics departments. They also seek to deliver material, logistical and technical support to the Haitian Red Cross' auxiliary role to the Haitian government.

In the **Dominican Republic**, latest figures provided by health authorities to the Humanitarian Working Group on 12 July 2010 reported 11,167 cases and 74 deaths were due to cholera. This is an increase in regards to the Epidemiological Bulletin for week no. 26, which showed 10,760 reported cases and 71 deaths. The Ministry of Health and partners from the Humanitarian Working Group are coordinating the increase of activities required to treat patients and prevent the further spread of the disease.

In the country, the Dominican Red Cross mitigates the impact of cholera through trainings in the border provinces and vulnerable communities in urban areas. The National Societies' preparedness and response activities have reached 50,218 people, including the Haitian population displaced by the 12 January earthquake. The timeframe of the operation has been extended as well in the Dominican Republic to carry out preventive health and hygiene promotion activities, addressing the needs of vulnerable families due to the deterioration of sanitary conditions during the rainy season. The budget of the operation has been modified accordingly. The activities planned for the following months include continued sensitization, water supply and distribution of chlorine for purifying water and ORS sachets for early home treatment.

Progress towards the outcomes of this Appeal covers from 1 May 2011 to 30 June 2011 in Haiti and up to 8 July 2011 in the Dominican Republic. To see progress and achievements during the first six months of the operation, [click here](#).

[<Click here to view the attached Revised Emergency Appeal Budget; or here to view contact details>](#)

The situation

In **Haiti**, during May and June 2011, the Movement components reported an increased number of cholera hotspots, particularly in the West and Grande Anse departments, believed to be linked with the start of the rainy season. Heavy rains beginning on 2 June flooded streets in the Port-au-Prince metropolitan area as well as in departments of West, South, Artibonite, and Nippes department, while the Artibonite River overflowed its banks resulting in the flooding of Grande Saline.

According to the Ministry of Health and Population (MSPP) cumulative figures since October 2010 now stand at 378,638 cases with 200,608 hospitalizations and 5,592 deaths. During June the MSPP reported 50,405 cases, 26,170 hospitalizations and 233 deaths. In May reported figures were 35,531 cases, 16,637 hospitalizations and 407 deaths, increasing from April figures of 18,267 cases, 11,070 hospitalizations and 156 deaths.

In response to the case increase, humanitarian organizations and the Movement scaled up their activities to ensure bed capacity of CTCs and CTUs in affected areas. This was particularly necessary in Port-au-Prince where the resurgence was the greatest. By supporting new and pre-existing health structures, in the months of May and June 2011, the Movement assisted in the treatment of 7,003 cases and 4,530 hospitalizations (see table below). In addition, approximately 9,000 minor cases were reported to have received treatment across the Movement's 139 ORS points. For more detailed information on additional emergency activities conducted

please see the June [Information Bulletins no. 1](#) and [no. 2](#). The Movement continues to monitor the situation closely and is preparing to increase its response if necessary.

Cholera Cases Treated by the Movement in Haiti: May and June 2011											
Location					Patients received		Hospitalizations		Deaths		
Department	Commune	Sub-commune	Facility	RC support	May	June	May	June	May	June	
West	Port-au-Prince	Bicentenaire	CTC	French RC	1,070	802	777	579	0	2	
		Tabbare	CTC		637	427	323	229	0	3	
		Carrefour-Feuille	CTC	British RC	0	382	0	341	0	0	
		JMV/La Piste camp	CTC		1,220	848	490	379	0	0	
	Petit-Goâve	Violet	CTU	French RC	35	99	35	98	1	3	
		Madeleine	CTU		2	49	2	48	0	1	
		Arnoux	CTU		6	25	6	25	1	3	
	Port-au-Prince	Aurore du Bel Air	CTU		13	18	10	8	0	0	
		Aprosifa	CTU		8	13	6	5	0	0	
		Carifont	CTU		13	51	11	50	0	0	
		Snelak	CTU		90	100	88	98	0	0	
		Thomassin 25	CTU		100	494	70	474	0	0	
		Ste Elisabeth	CTU		30	38	29	28	0	0	
		Pernier	CTU		2	2	2	2	0	0	
		Solino	CTU		4	19	4	9	1	0	
	South	Port-a-Piment	Port-a-Piment		CTU	Japanese RC	205	201	176	128	2
Total/Month					3,435	3,568	2,029	2,501	5	12	
Total for Period					7,003		4,530		17		

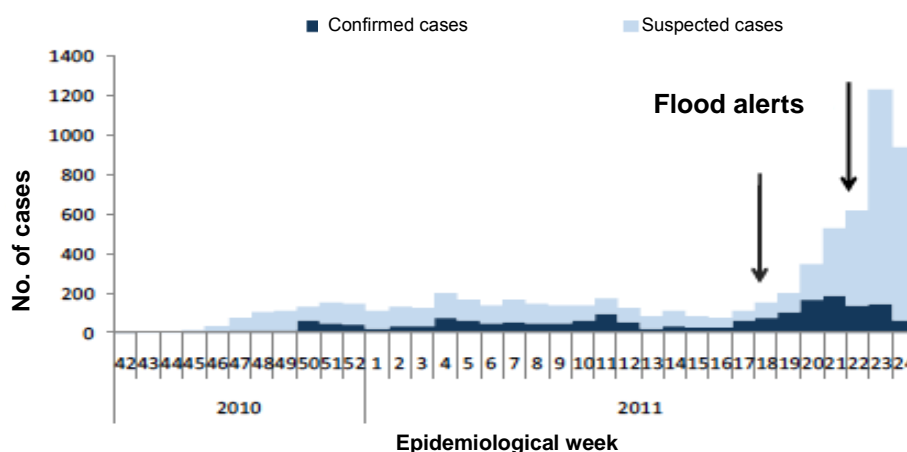
In the Dominican Republic, latest figures provided by health authorities to the Humanitarian Working Group for epidemiological week no. 27 show 11,167 reported cases and a death toll of 74 deaths due to cholera. In the bulletin for the epidemiological week no. 26¹ (26 June to 2 July 2011), national authorities acknowledged a total 10,760 reported cases, 7,776 hospitalizations and 71 confirmed cholera-related deaths. The following table depicts the number of cases only in provinces where the Dominican Red Cross carries out cholera related activities. Figures for Distrito Nacional (the capital city) and the rest of the Santo Domingo province are shown separately:

Province	Suspected Cases	Cumulative Incidence	Reported Deaths	Confirmed Deaths	Lethality	Hospitalizations
Azua	232	0.1	1	0	0.4	212
Baoruco	171	0.15	0	0	0	134
Barahona	100	0.05	0	0	0	88
Distrito Nacional	1,270	0.11	26	10	2	779
Dajabón	68	0.1	2	0	2.9	53
Duarte	33	0.01	0	0	0	32
Elías Piña	1810	1.71	10	3	0.6	734
Hato Mayor	113	0.12	1	0	0.9	96
Hermanas Mirabal	34	0.03	0	0	0	26
Independencia	223	0.4	10	4	4.5	134

¹ http://www.salud.gob.do/download/docs/Boletin/Boletin_Semanal_26-2011.pdf

La Altagracia	228	0.1	7	5	3.1	185
La Romana	206	0.08	8	3	3.9	172
Montecristi	152	0.13	0	0	0	134
Monte Plata	95	0.05	1	0	1.1	93
Pedernales	170	0.67	1	1	0.6	148
Peravia	62	0.03	0	0	0	42
Puerto Plata	84	0.03	2	2	2.4	66
Samana	12	0.01	0	0	0	11
San Cristobal	798	0.12	7	3	0.9	719
San Juan	696	0.28	4	1	0.6	425
Santiago	843	0.08	21	14	2.5	778
Santo Domingo**	1,695	0.08	32	13	1.9	1,358
Total Intervention area	9,095	N/A	133	59	N/A	6,419
Country-wide Total	10,760	0.11	153	71	1.4	7,776

To date, the most affected provinces are Santo Domingo, Santiago, San Cristobal and Elias Piña.



The number of reported cholera cases during epidemiological week no. 26 also showed an increase with regards to epidemiological week no. 24, with 934 suspected cases reported. The epidemiological bulletin no. 24² of the National Epidemiological Surveillance System relates the increase in reported cases (in light blue in the picture) with the floods alert, currently

active for the provinces of Alta Gracia, la Romana, Hato mayor, El Seibo, San Pedro de Macorís, La Vega, Monseñor Nouel, Santiago, Monte Plata, María Trinidad Sánchez, Duarte, Sanchez Ramirez, Hermanas Mirabal and San Jose de Ocoa. Non-confirmed cases are attributed to other diarrheic diseases. However, the Dominican Medical Association has remarked that the figures can rise due to the country's deficiency in water and sanitation infrastructure, especially in the most vulnerable communities and shanty towns.

Coordination and partnerships

In Haiti, since the beginning of the outbreak the Movement has been actively participating in the relevant cluster and government coordination meetings as well as sub-cluster and inter-cluster forums. In many field locations, where humanitarian capacity is limited, the Movement membership is instrumental in the effective running of the clusters. In addition, the IFRC and PNSs present in Haiti work in collaboration with the Haitian Red Cross and with the MSPP, the Department of Civil Protection and PAHO/WHO in all activities related to cholera.

Furthermore the IFRC continues to facilitate the coordination of the Movement components in their response to cholera by providing support in area of hygiene promotion and disinfections in affected communities, materials for distributions, logistics and targeted communications.

² http://www.salud.gob.do/download/docs/Boletin/Boletin_Semanal_26-2011.pdf

In the **Dominican Republic**, the Dominican Red Cross has worked within the national disaster management system, promoting the Information, Education and Communication (IEC) strategy and messages agreed with the Ministries of Health and Education as well as the Humanitarian Working Group in the country that includes UNICEF, OCHA, UNDP, AECID and ECHO. Furthermore, during the operation the Dominican Red Cross has been in contact with DINAPA and has carried out safe water distribution interventions and disinfection of contaminated locations as requested by local health authorities.

The Dominican Red Cross is supported by the IFRC (channelling American Red Cross, Japanese Red Cross Society, Brazilian government and ECHO funds through the appeal) and the Spanish Red Cross. The IFRC closely supports the Dominican Red Cross through the Regional Representation for the Latin Caribbean (including the Regional Representative, the Organizational Development, Disaster Risk Reduction and Volunteering Development coordinators). In addition, the Pan American Disaster Response Unit (PADRU), the IFRC Emergency Health coordinator, a Regional Intervention Team (RIT) member specialized in health and a reporting focal point provide assistance to the Dominican Red Cross to cope with the threat of the rainy season and the increase of cholera cases.

During the following months there will be increased synergy between the Haitian and Dominican Red Cross Societies as an agreement for increased cooperation will be in place. Activities along the border provinces will be implemented and the Haitian Red Cross warehouse will be able to supply stocks for the Dominican Red Cross operation more readily. During April 2011, a meeting was held in Dominican Republic with the aim of better addressing a Hispaniola-wide emergency through the consolidation of a contingency plan for the island. Despite the successful meeting, there are still some adjustments to be made during the upcoming months.

National Society Capacity Building:

The active engagement of **Haitian Red Cross** and **Dominican Red Cross** volunteers continues to underpin the cholera response at the community level in both countries. Volunteers are responding to outbreaks and supporting cholera prevention awareness-raising activities in health care facilities, schools, communal areas and markets in Haiti and the Dominican Republic.

Specifically in Haiti, with the May/June outbreak of cholera the Haitian Red Cross, ICRC, PNS and IFRC worked closely together and supported the MSPP and a number of NGOs in delivering a rapid response. In June the Haitian Red Cross began leading the management of a new 44-bed CTC in Carrefour-Feuille initially established with the support of the IFRC, Canadian Red Cross, MSPP and Médecins du Monde. This large CTC has received and treated 723 cholera cases over the period. Through its volunteers the Haitian Red Cross also conducted hygiene promotion activities in the area. The IFRC Cholera programme will continue logistical support to the CTC for the next four months given the likelihood of future outbreaks during the rainy season.

In November 2010, 209 Dominican Red Cross volunteers received training on epidemic control with a focus on cholera to support community activities. Twenty seven of these volunteers were also trained to carry out disinfection spraying with chlorine in cholera patients' houses in the border provinces with support from the Spanish Red Cross. These volunteers conducted preventive health and hygiene promotion activities for more than 29,200 people. In April 2011, 25 volunteers passed a trainer of trainers' course on cholera treatment and improved hygiene habits using the Epidemic Control for Volunteers (ECV) and PHAST methodologies. These volunteers have carried out 8 workshops in Santo Domingo, Santiago and the border provinces training 114 volunteers and are currently monitoring the progress of community training.

The current extension of the Dominican Red Cross plan of action builds on knowledge acquired during the previous phases of the operation by addressing the information needs of vulnerable communities and strengthening the bio security of the National Society's premises as a mean to prevent infections.

Red Cross and Red Crescent Movement Developments

Haiti (May/June 2011):

Port-au-Prince: In response to an increase of cholera cases in Automeca and Delmas 19 neighbourhoods, the British Red Cross reopened an ORS point in the area and installed additional hand-washing points. This ORS point received 10 patients at the end of May. As outbreaks emerged in Carrefour and Martissant, the British

Red Cross CTC in La Piste/JMV camp also scaled up its bed capacity to 120 beds and offered up spare capacity to cases transferred from overloaded centres of Médecins sans Frontières.

South department: The British Red Cross began training beneficiaries in constructing low-cost latrines as a means of preventing cholera caused by poor sanitation. Within this programme 166 latrines were completed in hot-spots in Roche-a-Bateau, Port-a-Piment and Tiburon.

With a decline of cases down to three by the end of June, the Japanese Red Cross Society CTU in Port-a-Piment handed over operations on 16 June 2011 to the MSPP following close consultation with the MSPP, IFRC Cholera department, British Red Cross and other key stakeholders. Since 27 November 2010 the CTU had treated a total of 1,372 patients and trained 70 local health staff in cholera treatment. A Diarrheal Observation Unit was also constructed in Port-a-Piment hospital which receives cholera cases from across the coastal areas of the South department. Milder cases will continue to be referred to the ORPs in Chardonnières and in Roche-a-Bateaux. Additional medical supplies were also pre-positioned in these ORPs and the hospital in the event there is a future outbreak. As part of the cholera contingency plan, the CTU will be kept as a contingent facility, and a network of other emergency facilities will also be established for surveillance and treatment in the area.

The Dominican Republic:

The IFRC and the Spanish Red Cross (on a bilateral basis) support the Dominican Red Cross operation in the western part of La Hispaniola Island. The IFRC and the Spanish Red Cross held coordination meetings to ensure synergy of actions. The IFRC supports activities in the border provinces and most populated provinces while the Spanish Red Cross support focuses in the provinces of San Juan de la Maguana, Azua, Barahona, Bahoruco, La Altagracia, Romana, San Pedro de Macoris, Samana, Duarte, Maria Trinidad Sanchez, Monte Plata, Hermanas Miraval and Santo Domingo.

The Spanish Red Cross supported training of 60 volunteers and supplied them with teaching materials to carry out 120 talks in each province. The programme also supported sanitation training for 17 disinfection brigades around the country. These brigades were equipped with sprayers and cleaning tools to carry out disinfection. In coordination with local health authorities, the brigades disinfected 145 locations between February and March 2011. To date the brigades continue active around the country. Latest figures for the country-wide Dominican Red Cross operation are shown under the Preventive Health and Hygiene Promotion sector.

Progress towards Outcomes

This section describes cholera-response activities carried out during May and June 2011 by the IFRC, PNSs and Haitian Red Cross. The following programme activities are funded either by the IFRC or international donors, benefiting from the coordination provided by the IFRC. Together they present a picture of the Movement's efforts in combating cholera.

Note that as explained in the [Cholera six-month report](#), within **Haiti** many of the Cholera programme indicators have proven to be substantially overlapping with those of the Earthquake Appeal. As explained this reflects the inter-linked and mutually reinforcing nature of these parallel programmes. Therefore for Haiti, the Water Supply and Sanitation sectors are now fully integrated within the Earthquake Appeal. Moreover, the previously titled Logistics sector has been revised to also reflect the contingency planning approach within this operation. For the **Dominican Republic** outputs and activities have been revised to meet the additional needs resulting from increased cases in the country.

Planned outputs for Haiti are highlighted in **blue** and planned outputs for the Dominican Red Cross are seen in **green**.

Water supply

Outcome: The risk of cholera is reduced through the provision of safe water.	
Output 1: Communities in the five provinces on the Dominican Republic border have access to safe water.	Activities Pre-position water supply equipment at the border of the Dominican Republic.

Output 2: Safe water needs of at least 10,000 vulnerable families and cholera treatment facilities are addressed.	<p>Carry out at least two one-month water supply operations for at least 600 families in the border region and in the south central Region (water operations include distribution of water, chlorine and buckets along with training (in line with Preventive health and hygiene promotion - Output 4)</p> <p>Distribute chlorine to households for water purification to 10,000 families (in line with Preventive health and hygiene promotion - Output 4)</p> <p>Provide safe water with 0.7 mg/l residual chlorine in distribution points</p> <p>Support health facilities' water services in coordination with the national authorities (as required).</p>
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Progress in the Dominican Republic: During the preceding months, the Dominican Red Cross prepositioned 24 mobile water treatment plants with a combined production capacity of 720,000 litres of water per day. A treatment plant can be deployed to anywhere in the country in less than ten hours; however, eight plants have been prepositioned in the Haitian border provinces and four in Santiago in order to facilitate their rapid deployment in case flooding disrupt roads.

Province	Water Plants
Dajabón	1
Elías Piña	1
Independencia	4
Montecristi	1
Pedernales	1
Santiago	4
Santo Domingo	16
Total	28

The extension of the Dominican Red Cross operation aims to address the needs of vulnerable population and health facilities, whose current water supply is limited to few hours a day. The proposed operation extension includes hygiene promotion activities, distribution of 1,200 buckets, chlorine and training on how to purify water.

Challenges: The major challenge of water production is sustainability. The country has a limited safe water production capacity and coordination with the National Water Authority (INAPA) is needed to ensure water services continue to be provided to the vulnerable population after the Dominican Red Cross intervention ends.

Sanitation

Outcome: The risk of cholera is reduced through the improvement of sanitation conditions.	
Output 1: Disinfection of households of cholera patients and health facilities is ensured to prevent further spread of the disease in Elías Piña, San Santo Domingo, Santiago, Monte Plata and San Pedro de Macorís	<p>Activities planned</p> <p>Train and equip five disinfection brigades (ten members per brigade).</p> <p>Spray houses where cholera cases have been confirmed with chlorine-solution and train households in the disinfection of clothes and kitchen utensils.</p> <p>Disinfect health facilities through spraying and cleaning.</p>

Progress in the Dominican Republic: Although this activity was not included in the initial Emergency Appeal, the Dominican Red Cross has been carrying out disinfection spraying of houses and health facilities since the beginning of the operation. The health authorities consider it to be an adequate control measure and have encouraged the National Society to continue carrying it out.

Health

Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive health approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment.	
Output 1: Low and moderate	Activities planned

cases of dehydration are addressed (Level 1) in both earthquake-affected areas and the other departments.	50 ORS points maintained by PNS and HRC At least 200,000 beneficiaries reached through ORS distributions.
Output 2: The health sector is supported to meet the increased needs relating to cholera treatment services (Levels 2 and 3) in both the earthquake-affected area and the other departments.	Additional Cholera Treatment Centres are implemented in affected areas in the event of an outbreak. 5 Mobile Teams are supporting health facilities and respond to hot spots alerts 90 per cent of the medical supply needs of PNS in running Red Cross Cholera Treatment Centres and Units are supported by IFRC till the end of operation
Output 3: Management of cholera patients is enhanced.	15 MSPP affiliated health facilities are supported by the Red Cross Red Crescent 70 per cent of medical staff of those 15 health facilities are trained on cholera prevention 4 ambulances given to HRC continue to service cholera patient transportation (part of wider implementation support to HRC Cholera Plan of Action) IFRC Cholera, Health and Logistics departments provide medical supplies and equipment to support PNSs and HRC running the Red Cross Cholera Treatment Centres and Units (including that logistics activities are implemented, supervised, and monitored by continual assessment of control activities).
Output 4: Local health authorities are supported to meet the needs relating to cholera treatment services in Elías Piña, San Santo Domingo, Santiago, Monte Plata and San Pedro de Macorís, including distribution of ORS and psychosocial support.	Distribute 2,500 cholera supply kits (containing jars, mugs and chlorine, ORS) to cholera patients. Distribute ORS for starting early treatment of cholera at home to 10,000 families (complementing preventive health and hygiene promotion talks). Conduct psychosocial support activities in health centres and communities in order to enhance the awareness campaign and address stigma and fears surrounding cholera Support health authorities with supplies including stretchers, ORS and tents for cholera treatment facilities as required

Progress in Haiti:

Output 1: Over May and June the Movement supported 139 ORS points, and distributed 193,571 ORS sachets across 4 different departments (West, South, Grande Anse and Artibonite).

Installation: An ORS point was set up by the Japanese Red Cross Society with the support of the British Red Cross in Roche-a-Bateau, South department.

Maintenance: In La Piste/JMV camp 51,057 water containers were distributed at water points by the British Red Cross. In Arcahaie the German Red Cross established an ORS point, stocking it with 3,210 aqua tablets, 750 ORS sachets, 432 pieces of soap, 5 buckets, 10 jerry cans, a sprayer, chlorine for disinfection and 10 body bags in support of an MSPP brigadier. The 36 ORS points of the American Red Cross were equipped with 8,500 ORS sachets (3,500 in May and 5,000 in June), 500 bars of soap, 139 posters and 32 buckets, while 63 community leaders received a stipend for their work managing the ORS points, and 155 monitoring visits to operational ORS points involved refresher training for ORS point volunteers.

Movement Member	Number of ORS sachets distributed to community	Location
American Red Cross	8,500	Across 30 camps in Port-au-Prince (25), Delmas (3), Tabarre (2) and Pétiou Ville (6), West
British Red Cross	2,779	Port-a-Piment, South

British Red Cross	48,650	Pre-positioned with 69 MSSP in Coteaux, Roche A Bateaux, Port-a-Piment, Rendel, Chardonnières, Les Anglais, Tiburon and Port Salut, South
British Red Cross	12,044	La Piste/JMV camp, Port-au-Prince, West
Canadian Red Cross	9,488	Léogane, West
German Red Cross	33,937	Arcahaie, Artibonite
Haitian Red Cross	50,300	Port-au-Prince, West
Japanese Red Cross Society	3,750	Roche-a-Bateau, Chardonnières, Saint Ann, Port-a-Piment and Coteaux, South
Netherlands Red Cross	400	Jacmel, Cayes-Jacmel, Marigot and La Vallée, South-East
Norwegian Red Cross	4,400	Jérémie, Grande Anse
Norwegian Red Cross	18,607	Petit Goave, Grand Goave, West
Swiss Red Cross	716	Léogane, West
Total	193,571³	

Output 2: Two health structures were reinforced over May and June. The British Red Cross carried out infrastructural repair of the health centre in Roche-a-Bateau, South department, and upgraded the CTC in La Piste/JMV camp to meet potential demand from increases in cholera patients.

The ICRC also continues to ensure adequate treatment and follow-up of cholera cases in five places of detention, as well as showing the detainees hygiene practices best suited to protecting them from cholera, provide medicines, other cholera supplies, and hygiene as well as disinfection supplies.

Red Cross and Red Crescent Movement - Haiti		
CTCs supported	CTUs supported	ORPs supported
4	12	139
<i>West: Port-au-Prince</i>	<i>West: Petit-Goave, Port-au-Prince, Port-a-Piment</i>	<i>West, South-East, Les Nippes, Artibonite, South</i>

Output 3: In May and June, the British Red Cross ambulance service in the South department made a total of 160 trips across Roche-a-bateaux, Coteaux, Port-a-Piment and Chardonnières, Port Salut and Tiburon. With the support of the ICRC, Haitian Red Cross first-aid workers in Cité Soleil and Martissant transferred more than 300 cholera affected people to hospital. The French Red Cross also transferred 90 patients to CTCs in the West.

The IFRC Cholera Department continues to fully finance an Ambulance Centre that was set up in December by the Haitian Red Cross. Latest figures show that to date a total of 3,901 cholera patients alone were transported to health facilities through the service (November 159; December 972; January 817; February 654; March 645; April 654).⁴ This is in addition to the non-cholera patients also transported.

Progress in the Dominican Republic: As the health authorities continue handling cases, other organizations such as the Humanitarian Working Group and the Dominican Red Cross carry out activities to support health authorities' actions. Hence the Dominican Red Cross aims to provide medical supplies including ORS for up to 2,500 patients and provide their families with messages about how to treat cholera at home and reduce stigma. The operation will focus its support, but it is not restricted to the provinces of Elías Piña, San Santo Domingo, Santiago, Monte Plata and San Pedro de Macoris. The health authorities are assessing the need of establishing cholera treatment facilities or oral rehydration points; if required the Dominican Red Cross will support authorities with supplies.

³ Excluding the 300,000 distributed to UNOPS by the IFRC Cholera department.

⁴ No figures available for May and June 2011 at the time of writing.

Preventive health and hygiene promotion

Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive approach to preventive health and hygiene promotion while strengthening the National Societies' capacity in preparedness and response to cholera outbreaks	
Output 1: Haitian Red Cross volunteers and community volunteers are trained and mobilized to deliver hygiene promotion, with emphasis on cholera prevention messages, in all Haiti departments, in support of implementing the Haitian Red Cross Cholera Plan of Action.	<p>Activities planned</p> <p>Total 500 HRC and community volunteers trained in hygiene promotion by 28 February 2012.</p> <p>At least 20 hygiene promotion activities (including disinfections) delivered by each of the HRC regional branches by 28 February 2012.</p>
Output 2: Cholera prevention non-food items (NFIs) are distributed to 250,000 beneficiaries across the earthquake zone and 3 non-earthquake affected areas in Haiti.	<p>At least 90 per cent of 250,000 beneficiaries have received NFIs by 28 February 2012.</p> <p>200,000 cholera prevention flyers and posters have been distributed through regional branches of HRC, PNS and CTCs by 28 February 2012.</p>
Output 3: Provide support as required to HRC/IFRC Health programme to enable development of preventive and epidemic control activities.	<p>Total 1,000 of HRC volunteers trained in epidemic control (ECV).</p> <p>15 trainers of trainers are trained at the national level by 28 February 2012 in Community Based Health and First Aid (CBHFA).</p> <p>2 trainers of volunteers in each of the 108 local committees (216 trainers of volunteers in total) are trained by 28 February 2012 CBHFA.</p>
Output 4: In the Dominican Republic, increased awareness and prevention of cholera is ensured through a campaign in branches on the Dominican-Haitian border and the most populated urban areas	<p>Carry out preventive health and hygiene promotion talks in five border provinces and in the most populated urban areas.</p> <p>Conduct epidemic control (ECV) and PHAST trainings for communities and volunteers</p> <p>Increase bio-security measures and trainings in at least 20 DRC branches, reducing the possibility of cholera infection within the premises.</p> <p>Print and distribute information, education and communication awareness materials such as brochures and posters.</p>

Progress in Haiti:

Output 1: During May and June, the Haitian Red Cross and PNSs continue to train and support volunteers and community mobilizers to carry out activities: raising awareness on cholera while promoting hygiene practices; carrying out demonstrations on hand-washing, safe food handling, water treatment, safe disposal of excreta; distributing cholera-preventive and treatment materials, and conducting disinfections where necessary. Eleven PNSs were involved in such hygiene promotion activities, while the IFRC Cholera, and Water and Sanitation departments supported 515 volunteers and community mobilizers of the Haitian Red Cross in training 1,000 community leaders and 50 voodoo priests.

Volunteers and community members of the Haitian Red Cross trained: May and June 2011		
<i>Movement Member</i>	<i>Number</i>	<i>Location</i>
American Red Cross	73	Artibonite
American Red Cross	83	Northeast
German Red Cross	892	Grande Anse
German Red Cross	81	West
Norwegian Red Cross	927	West
Total	2,056	

Accompanying their hygiene promotion activities, the German Red Cross carried out 25 disinfection sprayings of cholera affected homes in Artibonite, the Norwegian Red Cross disinfected 922 houses in Petit Goave and Grand Goave, West, while the Netherlands Red Cross disinfected 913 houses, distributing 200 cholera prevention kits. The Canadian Red Cross disinfected 300 houses across Léogane, Jacmel and Les Nippes in the West, and as part of a Community Health Mobilization programme disinfected 256 houses in Carrefour, West. Finally In the areas surrounding Port-au-Prince, West, and the Spanish Red Cross responded to an outbreak in Mirebalais and Riviere with training of Haitian Red Cross volunteers in hygiene promotion and disinfections.

Hygiene Promotion Activities: May and June 2011		
Movement Member	Beneficiaries*	Location
Haitian Red Cross	55,500	West (Fond Verette, Bas plateaux, Carrefour, Carrefour-Feuille)
IFRC Cholera, French RC, American RC, Haitian RC	3,625	Mass joint sensitization campaign Carrefour, Port-au-Prince, West
American Red Cross	961	Pilette, Roche Plate and Fort Liberté, North
American Red Cross	23,206	Port-au-Prince; Delmas; Pétion Ville, Port-au-Prince, West
British Red Cross	75,490**	La Piste/JMV camp; Automeca camp; Delmas 19 neighbourhood, Port-au-Prince, West
British Red Cross	26,046	Port-a-Piment, South
Canadian Red Cross	22,119***	Jacmel, South-East ; Les Nippes; Léogane, West
Canadian Red Cross	15,121	Carrefour, West
French Red Cross	1,125	Port-au-Prince, West
German Red Cross	28,120****	5ième Delices, Artibonite
German Red Cross	55,235*****	Grande Anse
German Red Cross	159	Rousseau, West
Netherlands Red Cross	78,946	Jacmel, Cayes-Jacmel, Marigot and La Vallée, South-East
Norwegian RC	5,356	Petit Goave and Grand Goave, West
Swiss Red Cross	5,468	Léogane, West
IFRC Cholera	297	Port-au-Prince, West
Total	396,774	
<p>* Beneficiaries figures are estimated. A single beneficiary may have received hygiene promotion messaging more than once as per the need to reinforce cholera messaging. ** Based on 7,450 households (5 per household) plus 7,453 school children from Delmas 19 in June, in addition 203 school children in La Piste/JMV in June, plus 27,600 estimated to be reached through sound trucks *** June figures only **** 5,624 households (5 per household) ***** 5,706 households through door-to-door plus 5,341 families through mass sensitization (5 per family)</p>		

In addition to the above table a joint campaign supported by UNOPS, the town council of Carrefour, the MSP, the water authority DINEPA, the French Red Cross, the American Red Cross and the IFRC Cholera programme mobilized 180 volunteers of the Haitian Red Cross who reached 3,625 residents of Carrefour, West department in May and June 2011 with hygiene promotion and disinfections of 108 affected households.

The IFRC Cholera department also supplied UNOPS with 300,000 ORS sachets, 600,000 aqua tablets and 30,000 bars of soap in support of their hygiene promotion activities in May and June 2011. In addition the department completed a study about knowledge of hygiene promotion practices across ten camps involving 38 Haitian Red Cross volunteers who interviewed 1,500 residents. Awareness-raising activities with small groups were also conducted with 297 people. Twenty five disinfection teams of 2 people were set up across 22 camps and received 48 sprayers, protective clothing (50 pairs of boots, 50 masks and 50 pairs of gloves) and 50 buckets. A hundred and two households were disinfected.

Output 2:

Non-food item distributions to community beneficiaries: May and June 2011

Movement Member	Location	Aqua tablets	Bars of soap	Jerry cans	Flyers	Sprayers	Buckets / Containers	HTH Chlorine (kg)
Haitian RC and British RC	La Piste/JMV camp, Port-au-Prince, West	3,500	7,637	0	0	0	62,303	0
Haitian RC	Port-au-Prince, West	102,000	10,000	0	9,000	5	0	45
IFRC Cholera and Haitian RC	22 camps Port-au-Prince, West	0	0	0	40,500	48	50	0
American RC	Northeast	3,500	4,372*	0	0	0	0	0
American RC	North	0	17,027**	0	0	0	0	0
American RC	Port-au-Prince, Delmas and Pétion Ville, West	988,970	197,620	25,747	0	0	0	0
British RC	Port-a-Piment, South	15,195	604	0	0	0	109	0
Canadian RC	Léogane, West	263,271	2,372	0	0	0	2,372	0
German RC	Archaie, Artibonite	64,680	6,468	0	0	0	0	0
Japanese RCS	Port-a-Piment, South	7,000	600	2,000	600	0	60	0
Netherlands RC	Jacmel, Cayes-Jacmel, Marigot and La Vallée, South-East	18,000	400	200	400	0	0	0
Norwegian RC	Jeremie, Grande Anse	230,400	11,952	0	0	0	0	52
Norwegian RC	Petit Goave and Grande Goave, West	19,712	9,900	187	3,737	20	20	91
Swiss RC	Léogane, West	95,800	958	0	1,916	0	0	0
ICRC	Cité Soleil, West	1,200,000	0	0	0	0	0	320
Total		3,012,028	269,910	28,134	56,153	73	64,914	508
* 4,022 across 12 schools and 350 by hygiene promoters in the community								
**distributed through hand washing demonstrations in 21 schools								

Output 3: The CBHFA Plan of Action was developed and shared with the Haitian Red Cross, the IFRC Health department, involved PNSs, the MSPP and the School of Community Health. The CBHFA community assessments were conducted in Léogane, La Piste and in Archaie. A six-day CBHFA facilitators workshop trained community-level health personnel from the Haitian Red Cross, IFRC Health department and PNSs on the methodology. The IFRC Health department has also been supporting PNSs in the development of their CBHFA project proposals.

Haitian Red Cross volunteers trained in psychosocial support by the IFRC Health department were also deployed following sharp increases of cholera cases in two CTCs in Port-au-Prince during June. Volunteers conducted awareness raising activities mitigating stigmatization of patients suffering from cholera.

Progress in the Dominican Republic: The Dominican Red Cross has continued its awareness-raising campaign to mitigate the impact of cholera in the country. From October 2010 to April 2011, the Dominican Red Cross carried out different types of trainings to reach vulnerable populations with preventive health and hygiene promotion messages agreed with health authorities. More than 100 volunteers around the country carried out household visits and mass training in schools, health facilities, markets and public places. The operation particularly targeted community leaders and students, thus making incidence in the multiplying effect of the training. The following table shows training figures for the country-wide operation as reported by the Dominican Red Cross on 8 July 2011:

People training at the community level by the Dominican Red Cross				
Province	Total	Adult Male	Adult Female	Children
Azua	2,666	384	852	1,430
Bahoruco	879	325	408	146
Barahona	2,562	147	233	2,182
Dajabón	590	266	151	173
Duarte	647	167	111	369
Elias Piña	7,602	3,190	2,994	1,418
Hato Mayor	242	63	98	81
Hermanos Mirabal	170	18	31	121
Independencia	4,987	1,205	1,728	2,054
La Altagracia	174	56	69	49
La Romana	178	36	93	49
Montecristi	776	36	113	627
Monte Plata	229	71	58	100
Pedernales	13,539	2,702	2,790	8,047
Peravia	7,942	856	1,254	5,832
Puerto Plata	0	0	0	0
Samana	1,550	638	752	160
San Cristobal	1,789	611	610	568
San Juan	432	214	175	43
Santiago	363	80	115	168
Santo Domingo	2,901	1,165	1,461	275
Total	50,218	12,230	14,096	23,892

During the second phase of the Dominican Red Cross operation, efforts have focused on training community leaders. The next operation updates will have updated figures for the second part of the operation and activities currently taking place in response to health authorities' request.

Some of the changes reflected in this Revised Appeal for this sector include the removal of the initial planned distribution of hygiene kits, kitchen parcels and soap to families. The Dominican Red Cross will now be supporting at least 600 families with water, buckets and chlorine; and this activity is reflected under the Water Supply outcome. The distribution of personal protection equipment for volunteers, previously included under this sector, is now reflected under the Sanitation outcome. While the SMS awareness-raising campaign is reflected under the Communications outcome of this document.



The Dominican Red Cross carried out cholera prevention talks with migrant population living in Montecristi. Training is carried out using Creole versions of the IEC material agreed with the National Administration and the Humanitarian group. Photo by: Fernando Vasquez/DRC.

Contingency Planning

Outcome: Cholera incidence, morbidity and mortality is reduced by increasing basic prevention and response capacity in preparation of any possible increase in cholera cases.

Output 1: Minimum cholera-related stocks (i.e. HTH, aqua tablets, soap, ORS), including IEC materials, are maintained in targeted locations.	<p>Minimum emergency stocks are available.</p> <p>5 PNS warehouses receive stock from IFRC to be pre-positioned.</p> <p>7 branches of the HRC where cholera hotspots are high also receive stock from IFRC for pre-positioning.</p>
Output 2: The IFRC Emergency health team is reinforced to ensure staff and volunteers are ready to respond to any future epidemic outbreaks.	<p>An additional emergency health delegate positioned with the IFRC Health team (28 February 2012).</p>
Output 3: Updated Cholera Contingency Plan incorporated within the Haitian Red Cross National Contingency Plan to enable the Movement to provide emergency health services, water and sanitation as needed.	<p>Contingency plan updated and implemented.</p>
Output 4: A cholera programme reporting system is designed and implemented across the HRC and its branches.	<p>A database for reporting on the implementation of the cholera programme response is designed and distributed within the HRC and its branches.</p> <p>An HRC Reporting Focal Point and an HRC Finance Focal Point are identified and have received training on programme information collection including database maintenance.</p> <p>The HRC Reporting Focal Point and the HRC Finance Focal Point become trained in training branches in financial and narrative programme reporting.</p>

Progress in Haiti:

Output 1: The IFRC Cholera and Logistics departments continue to provide support to the Movement's cholera operations. Over May and June 2011, these departments responded to 62 requisitions of materials from the Haitian Red Cross, 8 PNSs and the ICRC. A complete list of pre-positioned items can be found in [Annex 1](#).

The British Red Cross pre-positioned 48,650 ORS sachets, 1,260,000 aqua tablets, 13,968 bars of soap and 9,600 pairs of gloves with 69 MSPP health actors in the Southern communes of Coteaux, Roche A Bateaux, Port-a-Piment, Rendel, Chardonnières, Les Anglais, Tiburon and Port Salut.

The Haitian Red Cross also began pre-positioning stock in areas across Port-au-Prince (Fonds Verrettes, Port de Paix, Jeremie, Les Cayes, Bas- Artibonite, Bas Plateaux central, Christ Roi, Gressier, Léogane and Canape-vert). Pre-positioning was conducted also by the Canadian Red Cross to the locations of Nippes, Jacmel and Léogane.

Output 2: An emergency health delegate will be in place in Haiti during the critical time period of the rainy and hurricane seasons. Furthermore the IFRC Cholera team, working closely with the IFRC Health department, is staffed with a water and sanitation delegate, a health delegate, a reporting delegate and two national coordinators.

Output 3: Over the period, a key component of the contingency plan implementation involved stock keeping and pre-positioning of stock in the available warehouses of the Haitian Red Cross and PNS. Furthermore the IFRC Cholera department and the Haitian Red Cross worked closely on establishing a fully functional CTC in Carrefour-Feuille with outreach and hygiene promotion capacity.

Output 4: As the Haitian Red Cross undertakes more programme activities, the IFRC developed an internal programme reporting system to collect programmatic data. Two focal points within the Haitian Red Cross were identified and given training on its implementation. Moreover, four focal points including these trainers

received one-day training on how to train branches in information management using this system. The IFRC Cholera department then funded the Reporting Focal Point to implement the training across 5 branches.

Communications	
Outcome: Improve community awareness of, and resilience against cholera through communications.	
Output 1: In Haiti, in the event of cholera outbreaks or identification of cholera-vulnerable areas, communications modalities will be employed to increase community awareness of cholera prevention and treatment.	Activities Planned 80 per cent of all identified cholera outbreaks are targeted by cholera-related messages delivered via SMS to vulnerable communities by 28 February 2012. At least 5 Radyo Kwa Wouj programmes dedicated to cholera information and awareness will be broadcast nationwide by 28 February 2012. A sound truck is available to be deployed to vulnerable areas in Port-au-Prince by 28 February 2012.
Output 3: In the Dominican Republic, increased awareness and prevention of cholera is ensured through a web-based and SMS campaign.	Carry out an SMS awareness-raising campaign targeting 1.5 million people Carry out a web-based campaign to increase the Dominican Red Cross visibility

Progress in Haiti: Three weekly Haitian Red Cross radio shows 'Radyo Kwa Wouj' focused on cholera with speakers from the Haitian Red Cross, Norwegian Red Cross, Swiss Red Cross and Head Doctor of the CTC Carrefour Feuille. This CTC is managed by the Haitian Red Cross, initially with the support of the IFRC Cholera department, Canadian Red Cross, Médecins du Monde and MSPP.

During May and June 2011, two SMS campaigns reached 531,106 people across the West and South departments with information on cholera symptoms, prevention and treatment, and generated 2,625 calls to the free Red Cross information line (*733) where beneficiaries received more detailed advice.

Progress in the Dominican Republic: During the preceding months, more than 1.9 million SMS messages reached more than 1.5 million cell phone users with awareness-raising content. The current plans are to increase the awareness promotion campaign using current social networks and other media and information technologies increasing Dominican Red Cross visibility and having an updated source of operation's progress.

Budget summary

See attached budget ([Annex 2](#)) for details.

Matthias Schmale
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

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.

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.

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**[<Click here to view the Revised Emergency Appeal budget;
or here to return to the title page>](#)**

Annex 1

Cholera-related Stock Items Pre-Positioned Over May and June 2011

Row Labels	(pool test) TABLET DPD1 for dosing free chlorine	Brushes (scrub) (usaid)	Bucket with tab, Red Cross logo	BUCKET, plastic, 14L with clip cover	CHLORINE (HTH), 60 to 70%, 45kg drum	CHLORINE, 20mg (NaDCC 33mg), for 5L water, 1 tablet	Coverall/ combinaisons 1box=25pcs, large	Disposable Latex Gloves medium 1box=100 pce	Flyers Prevention For Cholera Out Break	Flyers Traitement For Cholera Outbreak	Gloves, Industrial Black large	IV Cannula G 20,1.1 x 33 mm, teflon, with inj, Site, pink (1 box=50 pcs)	IV Cannula G 22,0.9 x 25 mm, teflon, with inj, Site, Blue (1 box=50 pcs)	IV Cannula G18,1.3 x 45 mm, teflon, with inj, Site, green (1 box=50 pcs)	IV Infusion sets 20 drops/ml 1box = 6x50pcs	JERRYCAN, foldable,10L, food grade plastic, zipper closing	ORAL REHYDRATION SALTS (O.R.S),sachet 27.9 g/1L 1box= 625 sachets	Poster Traitement for Cholera out Break	Poster Prevention For Cholera Out Break	RINGER LACTATE, 1L, 12 per box	Soap, 80g, 72pcs per box, CODI, Cocounut flavour	Sprayer, 16liter	
Bas- Artibonite						30000			2000	3000							3125		1000		360		
Grad-Anse, Jeremie						60000			3000	3000							5625	1000	1000		720		
Jacmel	500000	6	10	100	4		25	700	5000	5000	36	-50	50	50	100	2100							
Leogane	400	10	6	100	1		25		5000	5000	36	50	50	50	100	2100	10000			312			
Les Cayes						60000			3000	3000							4375	1000	1000		720		
Nippes	1000	10	20	100	3	500000	25		5000	5000	56	50	50	50	100	2100	25000			108		5	
Nord-Ouest						60000				3000							4375	1000	4000				
Grand Total	501400	26	36	300	8	710000	75	700	23000	27000	128	50	150	150	300	6300	52500	3000	7000	420	1800	5	

EMERGENCY APPEAL

15-07-11

MDR49007 HAITI & DR-CHOLERA OUTBREAK

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	120,000			120,000
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	13,500			13,500
Construction - Materials	27,000			27,000
Clothing & Textiles	2,025			2,025
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	2,387,432			2,387,432
Medical & First Aid	1,139,014			1,139,014
Teaching Materials	100,000			100,000
Ustensils & Tools	900,000			900,000
Other Supplies & Services	10,000			10,000
Emergency Response Units	0		1,885,000	1,885,000
Cash Disbursements	163,000			163,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	4,861,971	0	1,885,000	6,746,971
Land & Buildings	0			0
Vehicles Purchase	30,000			30,000
Computer & Telecom Equipment	25,000			25,000
Office/Household Furniture & Equipment	45,000			45,000
Medical Equipment	0			0
Other Machinery & Equipment	1,000			1,000
Total LAND, VEHICLES AND EQUIPMENT	101,000	0	0	101,000
Storage, Warehousing	180,000			180,000
Distribution & Monitoring	791,883			791,883
Transport & Vehicle Costs	239,736			239,736
Logistics Services	232,776			232,776
Total LOGISTICS, TRANSPORT AND STORAGE	1,444,395	0	0	1,444,395
International Staff	943,127			943,127
National Staff	233,188			233,188
National Society Staff	690,440			690,440
Volunteers	119,144			119,144
Total PERSONNEL	1,985,899	0	0	1,985,899
Consultants	21,701			21,701
Professional Fees	23,600			23,600
Total CONSULTANTS & PROFESSIONAL FEES	45,301	0	0	45,301
Workshops & Training	471,476			471,476
Total WORKSHOP & TRAINING	471,476	0	0	471,476
Travel	114,250			114,250
Information & Public Relations	522,613			522,613
Office Costs	57,436			57,436
Communications	15,507			15,507
Financial Charges	96,204			96,204
Other General Expenses	1,069,680			1,069,680
Shared Support Services	0			0
Total GENERAL EXPENDITURES	1,875,690	0	0	1,875,690
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	701,073	0	0	701,073
Total INDIRECT COSTS	701,073	0	0	701,073
TOTAL BUDGET	11,486,804	0	1,885,000	13,371,804
Available Resources				
Multilateral Contributions	10,776,035			10,776,035
Bilateral Contributions			1,885,000	1,885,000
TOTAL AVAILABLE RESOURCES	10,776,035	0	1,885,000	12,661,035
NET EMERGENCY APPEAL NEEDS	710,769	0	0	710,769