



<b>DREF Operation Final Report</b>	<b>Operation n° MDRTJ025</b>
<b>Date of issue:</b> 7 November 2017	<b>Glide n° EP-2017-000047-TJK</b>
<b>Date of disaster:</b> April 2017 onwards	
<b>Operation start date:</b> 5 May 2017	<b>Operation end date:</b> 5 August 2017
<b>Operation budget:</b> CHF 99,057	
<b>Host National Society presence:</b> The Red Crescent Society of Tajikistan (RCST) deployed nine RCST branch members, 500 volunteers from nine target districts and two disaster management staff from the RCST HQ.	
<b>Operation manager (responsible for this EPoA):</b> Shamsudin Muhudinov, IFRC Senior Disaster Management Officer in Central Asia IFRC Secretariat Tajikistan Country Representation	<b>Point of contact (name and title):</b> Shuhrat Sangov, Director of Disaster Management Department Red Crescent Society of Tajikistan (RCST)
<b>Number of people affected:</b> 345 people (mainly children) from 48 administrative units officially registered to date.	<b>Number of people to be assisted:</b> In total <b>358,422 children (1–9 years old) in nine districts</b> have been assisted through social mobilisation, awareness-raising and referral activities.
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> IFRC Country Representation in Tajikistan	
<b>Other partner organizations actively involved in the operation:</b> Government of Tajikistan, relevant local authorities, UNICEF, WHO, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Save the Children, Aga Khan Foundation (AKF) and Project Sino (local NGO)	

## A. Situation analysis

### Description of the disaster

The measles epidemic in Tajikistan started in April 2017 in Rudaki district, and gradually spread to the capital city of Dushanbe and the surrounding districts, as well as Khatlon oblast. In mid-April 2017, 263 registered cases of measles were reported, out of which 157 were laboratory confirmed. By 1 May, the number of notified and investigated cases rose from 263 to 345, with 246 patients (71 per cent) hospitalised. There were two child deaths registered over the course of the epidemic – one in Khatlon oblast and one in the Districts of Republican Subordination).

The group most affected by the epidemic were children between 1 and 9 years of age. This also corresponded to the cohort born after the last national measles and rubella (MR) immunisation campaign conducted in 2009. Normally, the immunisation centre of the Ministry of Health and Social Protection (MoHSP) carries out immunisation on an annual basis for approx. 97 per cent of this cohort. The remaining three per cent – including migrants, Roma and displaced people – however, tends to remain non-immunised.

In response to the outbreak, the MoHSP decided to conduct a nationwide MR vaccination campaign targeting children aged 1 to 9 years 15–26 May 2017 with the support of the Measles and Rubella Outbreak Response Initiative (MRI) Fund. The government of Tajikistan issued a decree on National Additional Immunisation Days in the country on 28 April. The MoHSP issued an internal order on immunisation accordingly.

## Summary of the current response

### Overview of Host National Society

Following the onset of the epidemic, RCST mobilised 500 volunteers and 11 staff members (two from its headquarters and nine from the branches) in nine districts to support social mobilisation activities for the vaccination campaign. Four out of the nine districts targeted by this DREF operation were the most affected by the epidemic. The other five districts were partially affected and included in the immunisation campaign.

In the beginning of the outbreak, RCST, with support of the IFRC Country Representation, carried out the following activities:

- Active participation in all preparation activities, including coordination meetings, and training on social mobilisation (including two meetings and one round-table at the national level). At the first stakeholder meeting organised by the MoHSP and UNICEF, RCST stated that it was ready to deploy some 8,000 National Society volunteers and other contact persons to support the immunisation campaign throughout the country in case of need and if funds were available to cover visibility, volunteers' allowance and transportation.
- By the end of April 2017, RCST had alerted all its 69 branches countrywide and had tasked them to check and update the existing volunteer lists.
- Short sessions on measles and rubella were conducted by RCST HQ for its 138 volunteers and nine staff members in Dushanbe city and Rudaki district by the end of April 2017.
- 20 volunteers of the RCST Dushanbe branch disseminated information leaflets on measles (provided by UNICEF) in Somoni district of Dushanbe city. In total, 29,000 in Tajik, Uzbek and Russian languages have been distributed over the course of the campaign.



Community mobilisation campaign in Devashtich district centre.  
Photo: RCST

With support from the DREF, the following activities were implemented:

- Volunteers from nine targeted districts were deployed to support the national immunisation campaign;
- In total, five training courses/information sessions were conducted for 500 volunteers on social mobilisation, information dissemination and referral;
- The deployed volunteers were provided with caps and aprons;
- 16,200 information materials (leaflets) and 16,200 invitations were printed, transported and distributed among the target population;
- The planned operation was monitored on a continuous basis;
- A lessons-learned workshop was conducted for Red Cross Red Crescent staff, volunteers, team leaders, MoHSP representatives and REACT partners.

### Overview of Red Cross Red Crescent Movement in country

The Red Crescent Society of Tajikistan and the IFRC Country Representation jointly participated in all coordination meetings and round-tables with relevant government authorities, UN agencies and other governmental and non-governmental actors.

The IFRC Country Representation in Tajikistan also supported the Red Crescent of Tajikistan through collecting data for DMIS in preparations for the response operation, and also provided technical support with the elaboration, implementation and monitoring of this Emergency Plan of Action.

Movement partner coordination meetings were held with the participation of ICRC, IFRC and German Red Cross representatives hosted by the RCST Secretary General with RCST plans and preparation for the national measles and rubella immunisation campaign being a key point on their agenda. Movement partners also expressed their readiness to support RCST in case of further needs and a National Society request. Regular meetings between IFRC and RCST continued following the DREF approval to support implementation of the operation.

## Overview of non-RCRC actors in country

With technical support of WHO, the MoHSP Republican EPI centre conducted a microplanning exercise and capacity-building workshop at the national level, followed by cascade training workshops at regional and district levels. The workshops provided general information on measles, social mobilisation, immunisation campaign implementation, as well as medical training for vaccinating nurses. The campaign was further realised country-wide under the supervision of the MoHSP's republican EPI centre. The MoHSP coordinated the immunisation process through weekly meetings.

UNICEF's Country Office in Tajikistan procured more than 2,000,000 doses of MR vaccines, syringes and safety boxes, and delivered them into in-country stocks. In addition, UNICEF initiated communication and social mobilisation activities – including the development of Information, Education and Communication (IEC) materials, crisis communication messages, and TV and radio spots – to inform the population about the campaign and clarify any concerns people may have.

A local health NGO, 'Project Sino' helped with distribution of communication materials in five districts of the country – Rudaki, Vose, Hamadoni, Faizobod and Tursunzoda. GIZ provided two vehicles with drivers that were used for monitoring, distribution of supplies and any other necessary support activities during the campaign. Through its Intra-health Project, USAID provided transportation of communication materials to 12 districts of Kurgan-tube zone in Khatlon province.

AKF provided support in logistics and community mobilisation in GBAO (all districts), in Direct Rule Districts (RRS), Rogun, Nurabad, Rasht, Tojikabad, Jirgatal and Tavildara, in Khatlon province (Khovaling, Shuroobod and Muminabad districts) and Sugd province (Ayni, and Mountainous Mastcho districts).

Save the Children helped with printing and distribution of communication materials in Tursunzoda district.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

### Needs analysis:

Beneficiary needs, including immunisation needs were carefully and jointly assessed with other involved agencies included above. During the needs assessment, it was confirmed that without a timely and appropriate intervention, the existing lack of sufficient governmental and other stakeholder capacity to conduct social mobilisation and immunisation of children in all districts will lead to:

- widespread epidemic all over the country;
- increase in incident rates and hospitalisation;
- protraction of the campaign and increased levels of spending.

With regard to beneficiary attitudes, the needs assessment found that a number of the families were not ready to bring their children to the vaccination points. RCST volunteers therefore pro-actively explained and disseminated information on measles and rubella and the importance of immunisation, as well as invited these families to the vaccination points, monitoring and controlling the group of children to be vaccinated.

Considering the scale of the national measles immunisation campaign, there was a strong need for the provision of:

- human resources (medical and social workers for social mobilisation and information dissemination);
- physical resources (office premises, stocks etc.);
- financial resources (transportation, printing, distribution of information materials);
- accessibility to communities (there was limited access to some social groups, like migrants, gypsy groups and displaced people).

Playing an auxiliary role to the government of Tajikistan, the **Red Crescent Society of Tajikistan covered the following needs and gaps through this DREF operation:**

- ensuring human resources through the deployment of some 500 volunteers, trained and directly involved in the social mobilisation and information dissemination campaign;
- ensuring physical resources by using nine RCST branch premises as information centres during the immunisation campaign;
- ensuring financial resources – through the support of this DREF operation for the immunisation campaign in the nine target districts of Tajikistan;
- ensuring access to communities – by using all its capacity in form of trained volunteers and staff at the community level to access marginalized groups and remote communities.

**Beneficiary selection:**

This DREF operation targeted a total of **358,422 children aged 1 to 9 years in nine districts of Tajikistan** including: **Panjakent, Devashtich, J. Rasulov, Isfara, Rudaky, Gissar, Shahrinav, Tursunzoda and Varzob**. This number represents **95 per cent of all children of the same age living in these nine districts**. RCST ensured that all activities implemented under this DREF operation were in line with IFRC's commitment to child protection as well as diversity and gender equality.

**Risk assessment and scenario:**

RCST had identified the following potential risks to the implementation of the operation:

- difficult access to marginalised and remote communities, including poor road conditions;
- local customs and prejudices which often result in the refusal of any medical support other than traditional medicines;
- physical security risks in some communities for RCST staff and volunteers.

To effectively mitigate these risks, RCST took the following measures:

- Deployed trained, familiar and experienced staff and volunteers to work with marginalised communities, involving community leadership and local authorities.
- Closely worked with local authorities and community leadership to promote immunisation and disseminate information to fight against prejudices to the extent possible, as well as to ensure the security of its staff and volunteers.
- Deployed volunteers from remote communities.

Risks did not materialise, and there have been no cases of immunisation refusal from children's parents or care-providers observed in the target districts.

**B. Operational strategy and plan****Overall objective**

The overall objective of this DREF operation was: **to contribute to the vaccination of at least 95 per cent of all children aged from 1 to 9 years against measles and rubella with the aim of reducing morbidity and mortality and raising awareness of the importance of vaccination in nine districts of Tajikistan.**

Specific objectives:

- To contribute to the social mobilisation of community members in the nine target districts, through deployment of trained volunteers and NS staff;
- To ensure that at least 95 per cent of the population is informed of the importance of being vaccinated against measles and rubella, through social mobilisation and information dissemination conducted by NS staff and volunteers in the nine target districts;
- To ensure that at least 95 per cent of children aged 1 to 9 years are vaccinated in the nine target districts.

**Implemented strategy**

The proposed operational strategy aimed at supporting the **vaccination of 358,422 children** (aged from 1 to 9 years) through social mobilisation and awareness-raising activities among their parents and care-takers on the importance of measles and rubella immunisation in the nine target districts of Panjakent, Devashtich, J. Rasulov, Isfara, Rudaky, Gissar, Shahrinav, Tursunzoda and Varzob. These specific nine districts were allocated to the RCST by the MoHSP in close coordination with the National Society and all involved partners as well as other relevant stakeholders.

This DREF operation included the following activities:

- One-day refresher training on measles and rubella vaccination for 11 RCST staff and 500 volunteers in the nine target districts, which provided by the MoHSP specialist;
- Deployment of 11 RCST staff and 500 volunteers to support the vaccination immunisation campaign in the nine target districts of Tajikistan through social mobilisation. Social mobilisation covered the entire population of target districts through a door-to-door campaign. It also included public sensitization in places of worship, markets and other public and community venues.

- Printing and dissemination of information materials to support social mobilisation and further immunisation, including: 16,200 leaflets (1,800 for each of the targeted districts) and 9 banners (one per district).
- Monitoring of activity implementation and progress on a continuous basis.
- Arranging a 'lessons learned workshop' for participating staff and volunteers at the end of the campaign.

According to official information from the MoHSP, 1,938,190 children were immunised as a result of the campaign in the country, which equals 98.4 percent of the population aged 1–9 years.

## **Operational support services**

### **Human resources**

The Red Crescent Society mobilised **500 volunteers** in addition to the **11 RCST staff** (one per district and two from headquarters) to support the immunisation campaign. Each **volunteer** was deployed for 11 days during the vaccination campaign, and were provided with food, funds for transportation, an apron and a visibility cap. Each **RCST staff** from the headquarters and nine districts was deployed for five days before, 12 days during and five days after the vaccination campaign for monitoring purposes, and provided with food, funds for transportation and a jacket. In addition, RCST health and disaster management staff at the headquarters level provided support with the implementation of activities under this DREF operation.

The IFRC Country Cluster Support Team for Central Asia and IFRC Tajikistan Country Office provided the required technical assistance with implementation and reporting.

### **Logistics and supply chain**

The procurement and transportation of required information and visibility items was carried out by logistics staff of RCST with technical support of the IFRC Country Representation. All procurement, transportation and stock prepositioning processes were conducted in accordance with the IFRC's logistics rules and procedures.

### **Information technology (IT)**

The National Society used mobile phones to communicate with deployed staff and volunteers during the operational activities. RCST also used mobile phones and internet to communicate with relevant partners (MoHSP, UNICEF, WHO and others) as required.

### **Communications**

In close collaboration with the IFRC Country Representation, RCST ensured communication and visibility of the National Society through the production of banners, aprons, caps and t-shirts. These all contained the Red Crescent emblem.

On 17 May 2017, a story about the immunisation campaign was aired by the local radio channel in Penjikent "Sadoi Penjikent". During the broadcast, awareness-raising work of RCST volunteers was emphasised alongside the government health facilities.

### **Planning, monitoring, evaluation, & reporting (PMER)**

Continuous monitoring of the DREF operation was carried out by the Red Crescent Society of Tajikistan, with technical assistance provided by the IFRC Country Representation. Regular reports on implementation were produced as per internal reporting requirements. The final report was produced following the operation completion.

### **Administration and Finance**

A Memorandum of Understanding (MoU) was signed between the IFRC Country Representation and the Red Crescent Society of Tajikistan. The MoU outlined each party's responsibilities during the implementation of activities planned within this DREF operation and ensured that all relevant guidelines were followed in terms of the use of DREF allocations. RCST has a permanent administrative and financial department that ensured proper use of financial resources, in accordance with the requirements laid out in the MoU. Monthly field returns were sent for verification and booking to ensure the activities were reported on in accordance with the IFRC's Standard Financial Management procedures. Office costs for stationery (printing, photocopying, paper, etc.) had been budgeted as part of operational costs under this DREF allocation.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

**Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation.**

**Output 1.1 Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation.**

**Activities implemented:**

Participation in planning and coordination meetings at national, regional and district level;

Joint monitoring with relevant partners (MoHSP, UNICEF and WHO);

Reporting on activities planned, including promotion of the DREF operation with relevant in-country partners;

Conducting 'lessons learnt workshop' at national level.

### Health and care

**Outcome 1: Immediate risk of measles and rubella to the health of the population is reduced through social mobilisation activities in 9 target districts of Tajikistan**

**Output 1.1: Target population mobilised for the Ministry of Health immunisation against measles and rubella (Target: coverage >95% for 1–9 years-old children – 358,422 people)**

**Activities implemented:**

One-day training for 11 RCST staff and 500 volunteers;

Re-printing of information and visibility items (banners, leaflets, questionnaires);

Production of aprons and caps with Red Crescent logo for volunteers;

Dissemination of messages / social mobilisation – 12 days.

**General achievements**

**Participation in planning and coordination meetings at national, regional and district level:** At the district level, the staff of the RCST branches met representatives of the MoHSP to cross-check the immunisation data to date and planned coverage of children in communities in order to align Red Cross Red Crescent mobilisation activities accordingly. At the regional level, RCST regional branch staff stayed in contact with the regional government sub-divisions to coordinate the activities at the local level. At the national level, the RCST DM Coordinator met the responsible staff of the MoHSP on a weekly basis: the parties continually updated each other about the coverage of the population through the immunisation campaign.

**Joint monitoring with relevant partners (MoHSP, UNICEF and WHO):** Local units of the MoHSP carried out monitoring of the immunisation and awareness activities on daily basis. Staff of the RCST branches met representatives of the Ministry of Health to cross-check the data. Staff from RCST headquarters followed up the situation development and operation process on a weekly basis through branch reports. One joint IFRC/RCST monitoring visit was also carried out.

**Conducting 'lessons learnt workshop' at national level:** The 'lessons learned' workshop was held on 14 July 2017 in Varzob district to share the experience and challenges faced during the operation among the Red Crescent staff, the IFRC Country Representation and other partners. The meeting gathered RCST leadership, heads of DM and health departments along with RCST executive secretaries from Penjikent, Devashtich, Sughd, Rudaki, Gissar, Shahrinav, Tursunzoda and Varzob, representatives of the Ministry of Health from the target districts along with volunteers involved in the operation. The lessons learnt from the operation are outlined in the relevant section below.

**One-day training for 11 RCST staff / 500 volunteers:** Representatives of the Ministry of Health conducted training for 11 RCST staff in Dushanbe city. Furthermore, representatives of the Ministry of Health provided training for 500 National Society volunteers at the local level (in target districts).

**Re-printing of information and visibility items (banners, leaflets, questionnaires):** 16,200 leaflets and nine banners with information on measles and rubella and immunisation campaign have been produced.

**Production of aprons and caps with RC logo for volunteers:**

500 aprons and caps with the RCST logo were produced and disseminated among 500 RCST volunteers involved in the national immunisation campaign.

**Dissemination of messages / social mobilisation:** The RCST staff and volunteers in the target districts started their work with distribution of the produced information materials. Dissemination was arranged through house-to-house visits, distribution at the markets, immunisation points, bus and taxi stops, in schools and in mosques. The banners produced were placed next to schools, mosques, kindergartens, local clubs and local administration offices. Furthermore, RCST staff and volunteers conducted daily cross-checking of visits of local people with small children to the nearest vaccination point based on available lists. People with disabilities were accompanied. The process was closely coordinated with state health facilities at community level.

### General challenges

The following challenges were faced by the National Society during the implementation of the operation:

- Lack of knowledge, experience and capacity on leading role in RCST Health Departments at the early stage of the operation;
- Weak coordination with other stakeholders involved in the process (WHO and UNICEF);
- Lack of understanding of the role and level of involvement in immunisation activities among by National Society branches and volunteers (as this is not a regular activity).

### General lessons learned

The 'lessons learned' workshop in July allowed reviewing the DREF operation and disseminating lessons learned among the participants in order to improve future planning and implementation of response operations. Despite difficulties and non-traditional National Society activities, in general, the participants considered the RCST response successful.

The workshop highlighted the following lessons learnt during the operation:

- It is important to continue coordination between RCST and local government bodies (including state health institutions) on the ground in order the Red Crescent to be the part of the awareness campaigns based on its broad network;
- RCST branches should continue/improve cooperation with other INGOs and NGOs so as to facilitate timely involvement in this kind of operation;
- Dissemination of information on immunisation through mass media provides additional value;
- The different methods of awareness raising should be taken into consideration when planning a campaign;
- Coordination with the governmental bodies as well as INGOs/NGOs should be strengthened;
- There is a need for a standard reporting format to be used by the National Society for this kind of response in future;
- It is important to involve local authorities/community leaders to expand the coverage among the population;
- Good practice of delivering disabled people to the immunisation points by the branch in Devashtich should be replicated in the future;
- RCST staff and volunteers should have clear understanding of their role in the mobilisation and awareness raising during the campaign. Additionally, accompanying people with disabilities to the immunisation points would be highly appreciated.
- Greater visibility of the Red Cross Red Crescent contribution should be ensured in future through the mass media in order to strengthen the image of RCST as a humanitarian organisation;
- Regular contacts both official or unofficial should be maintained with government bodies in the field;
- Regular contacts should be maintained with organisations/government bodies/private sector where RCST volunteers are employed in order to speed up mobilisation in case of an emergency;
- Visibility of RCST should be given more attention when implementing any activities.

Conclusions:

- Cooperation needs to be improved with health sector, including with REACT Health Sector; government bodies, international organisations and NGOs – based on relevant cooperation agreements, and a participatory approach involving provincial, district-level and local authorities/community leaders.
- Regular trainings as well as information sessions need to be conducted for National Society branch staff and volunteers, using good practices and lessons learned in the field of national immunisation campaigns and activities, including dissemination of information materials to enhance Red Cross Red Crescent visibility.

## D. Budget

The DREF allocation of CHF 99,057 has been used in accordance with the approved budget. After finalising the operation, there is a final balance CHF 1,291, which will be returned to the DREF account.

## Contact information

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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**.

## Disaster Response Financial Report

### MDRTJ025 - Tajikistan - Measles Outbreak

Timeframe: 12 May 17 to 12 Aug 17

Appeal Launch Date: 12 May 17

Final Report

#### Selected Parameters

Reporting Timeframe	2017/5-2017/10	Programme	MDRTJ025
Budget Timeframe	2017/5-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>				99,057		99,057	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>				99,057		99,057	
<b>C4. Other Income</b>				99,057		99,057	
<b>C. Total Income = SUM(C1..C4)</b>				99,057		99,057	
<b>D. Total Funding = B + C</b>				99,057		99,057	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>				99,057		99,057	
<b>E. Expenditure</b>				-97,766		-97,766	
<b>F. Closing Balance = (B + C + E)</b>				1,291		1,291	

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Budget Timeframe	2017/5-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
<b>BUDGET (C)</b>						<b>99,057</b>	<b>99,057</b>	
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles				6,299		6,299		-6,299
<b>Total Relief items, Construction, Sup</b>				6,299		6,299		-6,299
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	4,896			4,787		4,787		109
Transport & Vehicles Costs	1,200			1,152		1,152		48
<b>Total Logistics, Transport &amp; Storage</b>	6,096			5,939		5,939		157
<b>Personnel</b>								
Volunteers	47,550			48,046		48,046		-496
<b>Total Personnel</b>	47,550			48,046		48,046		-496
<b>Workshops &amp; Training</b>								
Workshops & Training	5,500			5,432		5,432		68
<b>Total Workshops &amp; Training</b>	5,500			5,432		5,432		68
<b>General Expenditure</b>								
Travel	9,300							9,300
Information & Public Relations	23,940			24,375		24,375		-435
Office Costs	125			121		121		4
Communications	500			350		350		150
Financial Charges				1,237		1,237		-1,237
<b>Total General Expenditure</b>	33,865			26,083		26,083		7,782
<b>Indirect Costs</b>								
Programme & Services Support Recove	6,046			5,967		5,967		78
<b>Total Indirect Costs</b>	6,046			5,967		5,967		78
<b>TOTAL EXPENDITURE (D)</b>	<b>99,057</b>			<b>97,766</b>		<b>97,766</b>		<b>1,290</b>
<b>VARIANCE (C - D)</b>				<b>1,290</b>		<b>1,290</b>		

**Disaster Response Financial Report****MDRTJ025 - Tajikistan - Measles Outbreak**

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**Selected Parameters**

Reporting Timeframe	2017/5-2017/10	Programme	MDRTJ025
Budget Timeframe	2017/5-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Measles and polio	99,057		99,057	99,057	97,766	1,291	
Subtotal BL3	99,057		99,057	99,057	97,766	1,291	
<b>GRAND TOTAL</b>	<b>99,057</b>		<b>99,057</b>	<b>99,057</b>	<b>97,766</b>	<b>1,291</b>	