

Emergency Plan of Action Final Report

Democratic Republic of the Congo: Polio outbreak

DREF operation	Operation n° MDRCD025
Date of Issue: 27 August 2019	Glide number: EP-2018-000040-COD
Date of disaster: February 2018	
Operation start date: 20 April 2018	Operation end date: 20 September 2018
Host National Society(ies): DRC Red Cross Society (DRC RC)	Operation budget: CHF 328,355
Number of people affected: 3,842,133¹	Number of people reached: 936,262²
N° of National Societies involved in the operation: 1 (DRC RC)	
N° of other partner organizations involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF, CDC and GAVI	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the Red Cross Society of the Democratic Republic of the Congo (DRC RC), would like to extend gratitude to all donors for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

In early February 2018, suspected cases of poliomyelitis were reported in parts of the Democratic Republic of Congo (DRC). Therefore, laboratory tests were carried out at the National Institute for Biomedical Research (INRB) of Kinshasa, the National Center for Infectious Diseases (NCID) in South Africa and the Center for Disease Control and Prevention (CDC) in the United States of America. All three laboratories confirmed the presence of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the DRC.



A Lomami volunteer who picked up a child during the 2nd round, takes him to the vaccination centre to get him vaccinated. ©DRC Red Cross

¹ Population of Haut-Lomami, Lomami and Tanganyika provinces, targeted by the DRC RC with this operation.

² 156,043 households reached, 6 people per household.

Laboratory analyses indicated that cVDPV2 (circulating vaccine-derived poliovirus type 2) is rife mainly in communities where children are not vaccinated with OPV, or when the vaccination coverage is really poor. The cVDPV2 epidemic is affecting provinces where people were reluctant to allow their children to receive OPV because of their religious beliefs.

Given the intensity of population movements, it is easy to imagine how quickly the epidemic would have spread, not only to neighbouring provinces, but also to neighbouring countries. Therefore, it was urgent to vaccinate all children in these localities and conduct community monitoring of unvaccinated children to curb the rising trend of the outbreak.

As such, a [DREF operation](#) was launched on 20 April 2018 to support the DRC RC volunteers to conduct door-to-door visits to register all unvaccinated children and report them to health personnel for proper vaccination. As such, the overall objective In addition, between rounds (SIA³ 1 and SIA 2), DRC RC volunteers were to work on implementable lessons learned in order to improve any errors or oversights from the first round of the campaign.

By July 2018, new cases of polio were registered in Kikula and Yamongili in the Province of Mongala. Government quickly organised a response campaign in the area from 7 to 8 July. The DRC RC could not participate in that campaign because their teams were busy with the Ebola response operation. However, Government was planning another campaign for 26 July in Gheti health zone, as such a no-cost two months timeframe extension was granted to allow the NS be able to participate fully in the planned campaign in Gheti (Round 0), and to participate in the campaign (Round 1) scheduled one month after the 26 July 2018. An [Operation update](#) was thus published on 20 July 2018.

Summary of response

Overview of the host National Society

During the Polio operation, the DRC RC mobilized its local Branches which were involved in all coordination aspects and trainings organized at the field level, including coordination with other actors. In turn, the heads of RC branches conducted cascaded training of volunteers before their deployment with the support of the Ministry of Health, WHO and UNICEF.

All in all, out of the 839 initially planned, 750 volunteers were mobilized and trained to conduct sensitization and vaccination. Provincial and local supervisors were deployed in health zones. Progress activity reports were regularly drafted and shared with the Health Manager who in turn sent them to the deployed RDRT member for review. The Program MoU with the NS was signed with a considerable delay due to administrative procedures which impacted slightly on the implementation. Volunteers' insurance was prepared and submitted to Yaoundé for final review and processing to Geneva.

The below was attained through this DREF operation:

- Overall, a total number of 936,262 people (phase 1: 564,292 and phase 2: 371,970) 156,043 households of which 487,830 males and 448,515 females. These numbers were reached thanks to the deployed of volunteers to conduct house to house sensitization activities to ensure maximum turn out during the campaign.
- Some 185,698 children (phase 1: 86,583 and phase 2: 99,115) representing 25.5% of targets were reached with polio vaccine in the health zones.
- A total of 858 persons comprising of 750 volunteers, 75 team leaders, 18 provincial supervisors + 15 Health Zone supervisors were trained and deployed for the vaccination.

³ Supplementary Immunization Activities (SIA)



Red Cross volunteers in Haut Lomami in a briefing session to kick-start the Polio campaign. ©DRC RC

Overview of Red Cross Red Crescent actors in country

IFRC Country Office in Kinshasa provided support to the NS in managing this operation and made available an RDRT and a consultation to support the NS in implementing campaign activities. In addition to these two, the Country Office Operations Coordinator and Support Services provided support as needed.

ICRC on its part, contributed by providing security information to the NS about areas of insecurity.

Overview of non-Red Cross Red Crescent actors in country

The government and its partners, such as WHO, UNICEF, CDC and GAVI, contributed greatly in facilitating the preparation of the anti-polio vaccination campaigns scheduled for 26-28 April and 10-12 May 2018. Micro-planning and population counts were conducted and an emergency coordination committee under the aegis of the government was been set up, with decentralized branches at provincial and local levels. This committee worked closely with the EPI Coordination mechanisms in place both at specific cluster or government coordinating body levels.

Needs analysis and scenario planning

Following the outbreak of cVDPV2 epidemic, the government of the DRC called on partners to support the campaign to stop outbreak and eradicate polio from the country. Therefore, it was urgent to vaccinate all children in these localities to stop the spread of the epidemic. Sensitization was therefore needed to be conducted before, during and after the campaign to ensure maximum immunization coverage during the campaigns organized by the MoH. Details on needs analysis can be found in the [Emergency Plan of Action](#).

Operational Risk Assessment

In this response, IFRC, ICRC and DRC Red Cross conducted a serious risk analysis. The IFRC's codes of good conduct and the safer access of the ICRC are prerequisites for operational risk assessment. HZs with difficult access were not selected for completeness and promptness reasons.

Volunteers, supervisors and personnel deployed on the field as part of RC operations were covered by insurance, in accordance with the Red Cross and Red Crescent Movement executives' deployment security standards.

The main role of the ICRC was to inform other Movement partners on security related matters, especially as regard dangerous zones where international staff could not be deployed such as in the province of Tanganyika.

B. OPERATIONAL STRATEGY

The overall objective of his DREF operation was to enable the DRC RC to support the Ministry of Health before, during and after the anti-polio campaigns, with the view of increasing vaccination coverage in targeted provinces.

In addition, volunteers were to conduct Supplementary Immunization Activities (SIA) between rounds, work on implementable lessons learned in order to improve any errors or oversights from the first round of the campaign.

Proposed strategy

The strategy of DRC RC was to involve volunteers in:

- Picking up of all unvaccinated children so that they can be vaccinated
- Identification of unvaccinated children through a door-to-door strategy
- Handing of token to each unvaccinated child
- Escorting vaccinators to the homes of unvaccinated children
- Systematic search or picking up of all unvaccinated children.
- Community-based active surveillance

The above strategy included a set of activities to be undertaken before, during and after the immunization campaigns to ensure that a maximum number of children received the much-needed vaccine.

The methodology adopted included:

1. Establish contact with health authorities and Red Cross local committees
2. Hold working sessions with the coordination committee (level of preparedness of volunteers, community relays, and their assignment in the various HA targeted for the vaccination)
3. Supervision (visit HA, ensure that community relays are present, compile vaccination data, participate actively in meetings at HZ and HA levels)
4. Participate in the meeting to evaluate the response campaign in the HZ.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 936,262 people or 156,043 households

Male: 487,830

Female: 448,515

Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services

Indicators:	Target	Actual
# of children vaccinated with OPV following sensitisation work conducted by DRC RC	726,164 children	185,698 children (phase 1: 86,583 and phase 2: 99,115)

Output 1.1: Communities are provided by NS with services to identify and reduce health risks

Indicators:	Target	Actual
# of people reached with NS anti-polio immunization activities	852,000 people	936,262 people

Narrative description of achievements

During this operation, a total of 858 persons comprising of 750 volunteers, 75 team leaders, 18 provincial supervisors + 15 Health Zone supervisors were trained and deployed for the vaccination in the 15 Health Zones targeted by the operation⁴ in three target provinces of Lomami, Haut-Lomami and Tanganyika. All 750 volunteers deployed were subscribed to an insurance during the campaign.

Thanks to the deployment and trainings for volunteers and supervisors mentioned above, 25,967 households out of the 142,000 initially planned were visited by volunteers who identified 215,691 children (phase 1: 91,235 and phase 2: 124,456) in these households. Only about 25% or 185,698 children (phase 1: 86,583 and phase 2: 99,115) of targeted children effectively received the vaccine as seen in tables 1 and 2 below. Please refer to tables 1 and 2 below for details on people and households reached.

Table 1 : KEY DATA ON DRC RC PARTICIPATION ON THE 2018 POLIO CAMPAIGN IN PROVINCES OF HAUT-LOMAMI, LOMAMI AND TANGANYIKA PHASE 1

DATA ON SOCIAL MOBILIZATION ACTIVITIES PER HEALTH ZONE

HEALTH ZONE	Number of children aged 0-59 months identified in households		Number of children aged 0-59 months vaccinated or recovered		Total children identified in target households	Number of children aged 0-59 months vaccinated or recovered	Gap between children aged 0-59 months vaccinated or identified/recovered	% of 0-59 months children identified but not vaccinated or recovered
KAMINA	6070	5920	5785	5735	11990	11520	470	3,92
KANIAMA	4120	3990	4114	3980	8110	8094	16	0,20
KABONGO	2009	2619	1998	2606	4628	4604	24	0,52
SONGA	2998	2634	2980	2625	5632	5605	27	0,48

⁴ See details in the table provided

MUKANG A	4800	3560	4760	3551	8360	8311	49	0,59
MULONGO	2031	1806	1997	1223	3837	3220	617	16,08
MALEMB A -NKULU	1512	1676	1427	1397	3188	2824	364	11,42
LWAMBA	712	1400	708	1388	2112	2096	16	0,76
KALAMBA YI	85	104	85	104	189	189	0	95,08
KALONDA-EST	1251	1492	60	75	2743	135	2608	95,08
LUBAO	264	224	254	229	488	483	5	1,02
KALEMIE	1212	1436	1179	1357	2648	2536	112	4,23
ANKORO	981	342	291	161	710	452	258	36,34
MANONO	1104	1521	854	1264	2625	2118	507	19,31
KIAMBI	1563 2	1834 3	1537 1	1902 5	33975	34396	-421	-1,24
TOTAL	4416 8	4706 7	4186 3	4472 0	91235	86583	4652	5,10

Table 2 : KEY DATA ON DRC RC PARTICIPATION ON THE 2018 POLIO CAMPAIGN IN PROVINCES OF HAUT-LOMAMI, LOMAMI AND TANGANYIKA PHASE 2

DATA ON SOCIOL MOBILIZATION ACTIVITIES PER HEALTH ZONE

HEALTH ZONE	Number of children aged 0-59 months identified in households		Number of children aged 0-59 months vaccinated or recovered		Total children identified in target households	Number of children aged 0-59 months vaccinated or recovered	Gap between children aged 0-59 months vaccinated or identified/recovered	% of 0-59 months children identified but not vaccinated or recovered
KAMINA	8590	7537	8480	7416	16127	15896	231	1
KANIAMA	5882	4603	5562	4529	10485	10091	394	0
KABONGO	3346	4095	3339	4085	7441	7424	17	0
SONGA	3027	3189	2989	3123	6216	6112	104	0
MUKANG A	4152	3072	4149	3062	7224	7211	13	0
MULONGO	1484	2275	1429	2208	3759	3637	122	0
MALEMB A -NKULU	2080	2002	2070	1993	4082	4063	19	0
LWAMBA	5030	2123	5011	2113	7153	7124	29	0
KALAMBA YI	133	215	133	215	348	348	0	0
KALONDA-EST	8086	8917	7893	8970	17003	16863	140	0
LUBAO	262	227	258	215	489	473	16	0

KALEMIE	225	250	194	217	475	411	64	0
ANKORO	2318 8	1190 9	8968	8265	35097	17233	17864	0
MANONO	732	1030	648	899	1762	1547	215	0
KIAMBI	3547	3248	337	345	6795	682	6113	0
TOTAL	6976 4	5469 2	5146 0	4765 5	124456	99115	25341	1

A total number of 936,262 people (phase 1: 564,292 and phase 2: 371,970) 156,043 households of which 487,830 males and 448,515 females were reached through activities implemented under this DREF operation. These numbers were reached thanks to the deployed of volunteers to conduct house to house sensitization activities to ensure maximum turn out during the campaign.

A health RDRT and a consultant were deployed to support the effective implementation of the operation, while the provinces retained by DRC RC are covered by the supervisors in collaboration with WHO and UNICEF. The DRC RC has enjoyed a close collaboration with the MoH in the running of the campaign and was involved in coordination mechanisms at all levels. This allowed them to participate in three (3) out of four (4) advocacy meetings held leading to the acceptance of RC to take part in the campaign at all levels.

During the implementation of this operation and as volunteers were deployed around the target health zones, some additional diseases were identified and referred to health facilities, as seen in tables below.

Tables 3 and 4: Details on measles and other suspect health challenges identified and referred to health facilities

PHASE I: Campaign run from 26 - 28 April 2018

Health zone	# of Polio suspect cases identified					
	Measles		Acute flaccid paralysis		Yellow fever	
	M	F	M	F	M	F
KAMINA	4	2	0	1	1	0
KANIAMA	2	1	1	1	0	0
KABONGO	0	0	1	0	0	0
SONGA	1	1	1	0	0	0
MUKANGA	1	1	1	0	0	1
MULONGO	2	1	0	1	0	0
MALEMBA-NKULU	1	2	1	1	0	0
LWAMBA	0	0	0	0	0	0
KALONDA-EST	1	1	0	3	0	0
KALAMBAYI	0	0	1	0	0	0
LUBAO	0	0	0	0	0	0
KALEMIE	2	2	0	0	0	0
ANKORO	0	0	2	3	0	0
MANONO	0	0	0	0	0	0
KIAMBI	0	0	0	0	0	0
TOTAL	14	11	8	10	1	1

Phase II : from 26 - 28 June 2018

Health zone	# of Polio suspect cases identified					
	Polio		Acute flaccid paralysis		Yellow fever	
	M	F	M	F	M	F
KAMINA	2	2	1	0	2	1
KANIAMA	0	0	1	0	0	0
KABONGO	0	0	0	0	0	0
SONGA	1	2	0	0	0	0
MUKANGA	8	10	1	0	0	0
MULONGO	17	23	1	1	0	0
MALEMBA-NKULU	10	13	1	0	0	0
LWAMBA	0	0	0	0	0	0
KALONDA-EST	0	0	0	0	0	0
KALAMBAYI	1	0	0	0	0	0
LUBAO	0	0	0	0	0	0
KALEMIE	0	0	0	0	0	0
ANKORO	0	0	0	0	0	0
MANONO	0	0	0	0	0	0
KIAMBI	0	0	0	0	0	0
TOTAL	39	50	5	1	2	1

Challenges

- Delay in signing the MoU which impacted the activities timeframe;
- Security issues in the health zones preventing international staff not to access the areas;
- Reluctance cases due to political or religious belief reasons;
- Floods in some project areas, making access difficult to specific community areas;
- Delay in the validation of the ToR and activities plan designed by the RDRT member, thus delaying the implementation;
- Lack of IT equipment such as laptops and smart phones delayed reports and did not allow information such as graphs or tables to be shared in due course;
- Insufficient of logistical means (4X4 vehicles) to deploy supervisors and team leaders in respective areas;
- Impracticability of the Kabinda – Kalonda road, thus rendering activities difficult to implement;
- Lack of communication means (absence of mobile networks in some areas).

Lessons learnt

- The lack of visibility materials for volunteers such as T-shirts or jackets impacts the global Red Cross Movement visibility on the operation needs to be addressed as personnel and volunteers deployed to the field need proper visibility, especially in a context which is complex like the DRC.
- Field teams have to anticipate the absence or poor mobile phone networks in some health areas since this greatly affects communication and the submission of data in remote areas,
- Some health areas are larger than expected, thus requiring extra working time for volunteers and delays in data submission and global reporting. This should be taken into account in future operations.

- Using locally selected volunteers increases the chance of high implementation in hard to reach areas.
- Using volunteers in their own communities improves ownership and ensures trust by community members and reduces reluctance cases.
- Advocacy with government and WHO officials ensures the Red Cross mission is well understood by other stakeholders.

International Disaster Response		
Outcome 1: Effective and coordinated international disaster response is ensured		
Output 1.1: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators :	Target	Actual
# of surge staff deployed for the operation	1	2
Narrative description of achievements		
The IFRC deployed an RDRT for 2 months, and a health consultant to support the DRC RC with the launching of the DREF operation. These internationally deployed staff helped shape the operation prior to launching, and helped the NS start the activities during the first month of the operation. They collaborated with MoH, WHO, UNICEF and GAVI and participated in strategic meetings of partners.		
Influence others as leading strategic partner		
Outcome 1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Indicators:	Target	Actual
# of communication materials produced	1	1
Output 1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators:	Target	Actual
# of radio broadcast/documentary film produced	1	1
Output 1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming		
Indicators:	Target	Actual
# of lessons-learned workshops organised	1	0
Narrative description of achievements		
The communications unit of the DRC RC developed videos and other visibility items such as 1000 t-shirts for volunteers, 500 posters for sensitization, and a documentary film. The lesson learned workshop will be organised towards the end of the extension period.		
Effective, credible and accountable IFRC		
Outcome 1: The IFRC enhances its effectiveness, credibility and accountability		
Output 1.1: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Actual
# of monitoring visits conducted	1	36
Narrative description of achievements		
The Lomami provincial committee of the DRC RC conducted a total of 36 field monitoring visits to ensure that Red Cross volunteers were implementing activities as planned. The monitoring visits will continue in the new areas where activities are planned.		

Challenges
No particular challenges encountered here.
Lessons learnt
Some beneficiaries expressed their will to see some of the NFIs be converted into Cash so that they would be able to buy what they want. This aspect needs to be explored and discussed at senior levels to examine its practicability during future operations.

D. THE BUDGET

The overall DREF allocation granted for this operation was CHF 328,355 of which CHF 243,380 (74 %) was spent. The balance of CHF 84,975 will be returned to the DREF pot.

Explanation of variances

The various underspent budget lines noted in the financial report are because the third tranche of the funding to be transferred to NS after signing of amended DREF project grant agreement as the NS had not yet reported on the first two tranches sent until the end of the DREF operation.

Contact

Click here for:

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

For further information, specifically related to this operation please contact:

DRC Red Cross Society (DRC RC)

- Secretary General: Emmanuelle Mitanta Makusu, email: sgcrrdc@croixrouge-rdc.org
Phone: +243 998 225 214

IFRC Country Office, Kinshasa:

- Momodou Lamin FYE, Head of Country office, DRC; phone: +243 851040722; email: momodoulamin.fye@ifrc.org

IFRC office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: Adesh.TRIPATHEE@ifrc.org
- Khaled Masud AHMED, Regional Disaster Management Delegate, Tel: +254 (0) 731067286, Email: khaled.masud@ifrc.org

In IFRC Geneva :

- Nicolas Boyrie, Senior Officer Operations Coordination, ; Email: Nicolas.BOYRIE@ifrc.org
- Karla Morizzo, DREF Senior Officer; phone: +41 (0) 22 730 4295; email karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Francisah Cherotich Kilel, Senior Officer, Partnership and Resource Development, Nairobi, email: Francisah.KILEL@ifrc.org,

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit : RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email. Fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2019/07	Operation	MDRCD025
Budget Timeframe	2018/04-2018/9	Budget	APPROVED

Prepared on 21/Aug/2019

All figures are in Swiss Francs (CHF)

MDRCD025 - DR Congo - Polio Outbreak

Operating Timeframe: 20 Apr 2018 to 20 Sep 2018

I. Summary

Opening Balance	0
Funds & Other Income	328,355
DREF Allocations	328,355
Expenditure	-243,380
Closing Balance	84,975

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	328,355	242,067	86,288
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	328,355	242,067	86,288
SF11 - Strengthen National Societies		11	-11
SF12 - Effective international disaster management		1,302	-1,302
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC			0
Strategy for implementation Total		1,313	-1,313
Grand Total	328,355	243,380	84,975

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2019/07	Operation	MDRCD025
Budget Timeframe	2018/04-2018/9	Budget	APPROVED

Prepared on 21/Aug/2019

All figures are in Swiss Francs (CHF)

MDRCD025 - DR Congo - Polio Outbreak

Operating Timeframe: 20 Apr 2018 to 20 Sep 2018

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	3,750	1,501	2,249
Teaching Materials	3,750	1,501	2,249
Land, vehicles & equipment	4,200		4,200
Vehicles	4,200		4,200
Logistics, Transport & Storage	10,020	7,644	2,376
Transport & Vehicles Costs	10,020	7,644	2,376
Personnel	178,325	141,910	36,415
International Staff	16,000	15,639	361
National Society Staff	36,325	8,229	28,096
Volunteers	126,000	118,041	7,959
Consultants & Professional Fees	3,420		3,420
Consultants	3,420		3,420
Workshops & Training	73,800	55,831	17,969
Workshops & Training	73,800	55,831	17,969
General Expenditure	34,800	21,640	13,160
Travel	6,000	5,264	736
Information & Public Relations	18,300	7,026	11,274
Office Costs	3,000	2,364	636
Communications	6,000	5,818	182
Financial Charges	1,500	1,168	332
Indirect Costs	20,040	14,854	5,186
Programme & Services Support Recover	20,040	14,854	5,186
Grand Total	328,355	243,380	84,975