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# Emergency Plan of Action (EPoA) Central Africa Republic: Cholera Epidemic Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n° MDRCF021; Glide n° <a href="#">EP-2016-00082-CAF</a></b>
<b>Date of issue: 25.08.2016</b>	<b>Date of disaster: 07.07.2016</b>
<b>Project manager: Richard Hunlede</b>	<b>Point of contact: Pierre Danladi</b>
<b>Operation start date: 24.08.2016</b>	<b>Expected timeframe: Three months</b>
<b>Overall operation budget: CHF 237,877</b>	
<b>Number of people affected:</b> 161 cases, 19 deaths and high risk of human-to-human transmission within the capital of Bangui	<b>Number of people to be assisted:</b> 1,000,000 indirectly and 450,000 people directly (90 000 families)
<b>Host National Society presence: Central African Red Cross (CARC),</b> 4 national headquarters staff (Head of Health, Head of Communications, Programme Coordinator, and Finance Officer), three national disaster response team members, 1,500 volunteers, and three drivers. 15 local branch managers.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC)	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health, WHO, UNICEF, MSF(SP)	

## A. Situation analysis

### Description of the disaster

An estimated 2.7 million people in the Central African Republic (CAR) remain in great need of basic necessities of food, shelter, clean water and access to health care. The situation has been worsened by a Cholera outbreak which was confirmed on the 10 August 2016 by the Pasteur Institute of Bangui and the Minister of Health of the CAR. According to the World Health Organisation's (WHO) emergency situation report N° 8 of 19 August 2016, from the 5 July to the 19 August 2016 at least 161 affected cases have been registered with 19 deaths (fatality rate: 11.8%). From 07 July to 05 August 2016, the Ministry of Health (MoH) and the WHO reported 36 cases of acute watery diarrhoea with severe dehydration including 8 deaths which were recorded in the village Mourou-river, sub-prefecture of Ndjoukou in the Kemo Province of the country. According to the same report, nine cases of acute watery diarrhoea with severe dehydration including 5 deaths were recorded between 05 and 10 August 2016 in villages Zawara, Danga and Massamba in Damara sub-prefecture and one case at the Bruxelles quarter / Bangui. On August 10, the Pasteur Institute Bangui confirmed the presence of *Vibrio cholerae* in the stools of cases from Zawara. The Minister of Health during a press conference declared the state of emergency for the cholera epidemic and outbreak in the CAR on the 10<sup>th</sup> of August 2016. The risk of spread of cholera is very high and the situation will most likely worsen due to the high mobility of the population as well as the on-going rainy season which will last until late October into November 2016.



Picture 1 Central Africa Red Cross volunteers reporting on cholera cases at the Epidemiological Centre of the MOH in Bangui/CAR

## Summary of the current response

### Overview of Host National Society

The Central African Red Cross (CARC) is fully involved in responding to all the epidemic outbreaks in the country. The CARC is organised into two main structures: the operational structure which includes programmes in Disaster Management; Community Health/HIV/Malaria/TB and Social Affairs; Water & Sanitation; Communication and Dissemination and the Support Services, which comprises Administration, Finance, Organizational Development.

The CARC has 69 sub-branches (Comités sous-préfectoraux), eight local committees in Bangui, and 117 community-based committees. Some of the committees have not been active, leaving a confirmed total of 12,000 active volunteers. In the affected regions the CARC is represented by 10 local Red Cross committees, comprising approximately 2,500 volunteers. The volunteers in this part of the country have knowledge of cholera because an epidemic occurred some 10 years ago and in the neighbouring country of DRC Congo.

The National Society (NS) has experience managing operations funded by DREF and Emergency Appeal (EA) operations, and has a good understanding of the IFRC tools and procedures. The CARC implemented an EA targeting 23 areas of the country hardest hit by the three years' violence in CAR that left over one million people homeless. The areas affected and targeted by this DREF are, however, not part of the 23 areas that were targeted by the EA.

Since 07 July 2016, when the information on the outbreak of Cholera was shared by the WHO, the CARC has been taking part in the crisis meeting co-chaired by the MoH and WHO on the strategic response plan for this outbreak. As part of the initial response, the CARC deployed 500 volunteers from its roster of volunteers trained under the Ebola Preparedness program. The CARC also provided 50 Personal Protective Equipment, some NFIS including (1000 sleeping mats, 1000 blankets, 1500 pieces of soap of 200grs each and water purification tablets for 500 families and sanitation material from its stock. This protective equipment includes PPE that was prepositioned in 2014 to respond to Ebola Virus Disease Preparedness. The DREF allocation will be partly used to replenish these pre-positioned stocks.

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

The IFRC is providing assistance through its CAR Country Office, Central Africa Country Cluster Support Team, and Africa Regional Office. From the onset of the disaster, contacts were established with Nairobi regional Office, regular updates on the situation and activities were shared. An alert on August 10 2016 was issued using the IFRC Disaster Management Information System (DMIS), and two Operational Strategy Calls were carried out with colleagues at regional and Geneva levels.

The IFRC CAR Country Office, in collaboration with the CARC, continues to attend the crisis meetings co-chaired by the MoH and WHO on the strategic response plan for Cholera outbreak. Movement partners in CAR are preparing to set up Movement coordination meetings on security, communication and programme management. In this regard, exchange of information on partner's involvement in the programme took place and Movement coordination meeting was held on 16 August 2016 to improve collaboration and seek, where necessary, synergies that will have a positive impact on activities implemented for the affected population.

### Overview of non-RCRC actors in country

To date the Ministry of Health with the technical support of WHO, UNICEF and MSF (SP) is leading the response to the Cholera outbreak. Regular crisis meetings are held at the Ministry of Health and at the WHO headquarters in Bangui to coordinate the strategic response plan. The MoH response plan was set up to strengthen activities in the following five areas:

- Epidemiological surveillance,
- Social mobilisation and community communication,
- Treatment of contaminated cases in quarantine areas,
- Research of contact cases,
- Coordination.

Based on past campaigns, the MoH has requested the CARC to assist with social mobilization and community Communication, epidemiological surveillance, dead body management - as part of response to the Cholera outbreak.

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

According to the WHO, the situation remains worrying, since the beginning of August where acute diarrhoea outbreaks were reported in the 7th region - Bangui and surroundings. The first cases were detected and announced by volunteers from the Central African Red Cross, local Red Cross branches along the river forming the border between CAR and Democratic Republic of Congo (DRC). Further, the WHO situation report of the 7 August 2016 indicated that, from 27 July to 5 August 2016, 36 cases of acute watery diarrhoea with severe dehydration including 8 deaths were recorded in the village Mourou-fleuve, sub-prefecture of Ndjoukou in the Kemo Province of the CAR.

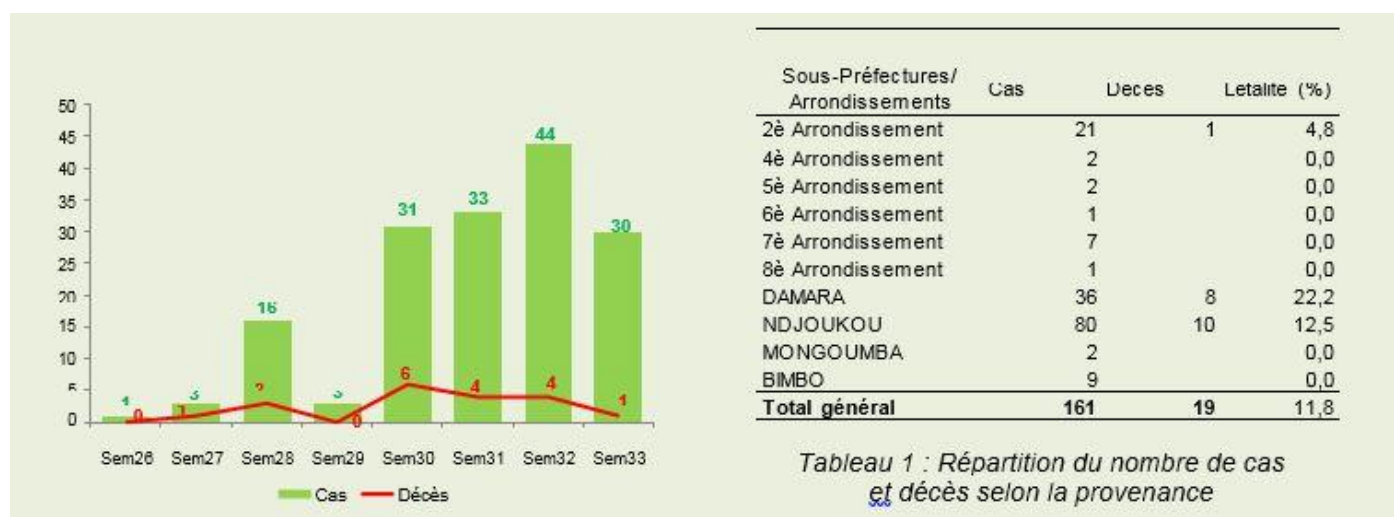
According to the same report, nine cases of acute watery diarrhoea with severe dehydration including 5 deaths were recorded between 05 and 10 August 2016 in the villages of Zawara, Danga and Massamba in Damara sub-prefecture and one case at the Bruxelles neighbourhood of Bangui. On August 10, the Pasteur Institute of Bangui confirmed the presence of *Vibrio cholerae* in the stools of cases from Zawara and the same day, the Minister of Health during a press conference declared the state of emergency for the cholera epidemic and outbreak in the CAR. The situation will the state of emergency in the affected areas with the focus of the expansion possibilities of the epidemic primarily because of the mobility of people, the rainy season - which will last until October / November 2016.

On the 27 July 2016, a lady originated from the DRC died of acute diarrhoea and vomiting in a pastor's residence in the village called Mourou – fleuve situated at about 30Km from Djoukou. The next day, two of the pastor's kids lost their lives following the attack of the same disease. Subsequently, several cases of acute diarrhoea were reported in the same village leading to 3 deaths. Others patients were transported to the Djoukou Health centre where they were treated. As of 5 August 2016, the Djoukou Health Centre had already received and admitted 8 affected cases of acute diarrhoea with dehydration. Among which, 2 died, 5 were treated and 1 patient was still admitted to the Health Centre. The community assessment conducted by rapid response team in the Mourou-fleuve has identified 22 others affected cases of whom most are cured. According to the joint mission (MoH - WHO), this epidemic outbreak originated from the DRC. Indeed, a cholera outbreak was declared in the Congolese village of Liby located opposite the Ndjoukou town in DRC since several weeks in the Central African refugees camps (over 300 affected cases and thirty deaths were reported). The people of this village and those of Ndjoukou fish together, so there is risk of contamination through the human activities on this river. The UNHCR in DRC has mobilized resources to contain the epidemic.

The most affected villages are located along the Oubangui River in the districts of Ndjoukou and Damara. Most of the people in the affected communities consume water from rivers whilst water treatment by local authorities is below acceptable standards. From 7 July and 5 August 2016, nearly 36 cases and 8 deaths were reported in the villages of Mourou-fleuve, Mourou Kozo and Kaga Bamara nine cases and 4 deaths were recorded between 05 and 10 August 2016 in the Village Zawara (3 affected cases and 2 deaths) in the Koma camp village Massamba (5 affected cases and 2 deaths) in the village Danga (1 case and 1 death) and in the Brussels neighbourhood of the second district of Bangui (1 case and zero deaths). Totalling 46 cases and 13 deaths (CFR = 28.3%) of which 11 occurred outside a health facility. Out of the 19 affected cases recorded by the Ndjoukou Health Centre, 9 are men and 10 women; 5 children under 5 years (26.3%), 2 of 5 to 14 years (10.5%), 2 of 15 and 29 years (10.5% and 10 aged 30 and over (52, 6%).

In terms of accessibility to the Health Centres in the area of the outbreak (municipality of Ndjoukou, there are only two remote health posts of 30 km from each other. All other fishermen villages along the Oubangui River, from the town of Ndjoukou to Bangui (about 120km or more) have no health structure. Nevertheless, since the declaration of the epidemic, the international NGO "Medecins sans Frontière" (MSF) has started installing disease stabilization units from Bangui along the river side, up to Ndjoukou.

With regard to this situation and since the declaration of the outbreak, the response has been organised around 5 axes: epidemiological surveillance, social mobilisation and community communication, treatment of contaminated cases in quarantine areas, research of contact cases and coordination. Given the role of the RC as auxiliary to the public services and given the usual classic role of the RC in responding to outbreaks, the CAR authorities expressly recommended and tasked CARC on the communication and social mobilization components activities, as well as in the epidemiological surveillance at the community level and dead body management.



*Cholera cases in CAR as of 19/08/2016: Source: WHO Bangui /CAR*

## B. Operational strategy and plan

The aim of the operation is to reduce immediate risk to the health of the affected population, specifically in relation to the Cholera outbreak, through the National Society's social mobilization and community sensitisation activities, targeting a total of 1,000,000 people (indirectly) and 450,000 people (directly). Although the affected and at-risk areas are wide, the DREF operation will mainly concentrate on the locality where the initial cases were detected and Bangui where the risk of spread is high. These include: Ndjoukou, Zawara, Bangui city, Massamba, Quartier Bruxelles, Danga, for a period of three months.

### Proposed strategy

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aims to support the CARC through staff and volunteer training and awareness raising, distribution of information, education and communication materials, epidemiological surveillance, dead body management, communication of key messages for the preparedness and prevention of Cholera epidemics outbreaks, as well as social mobilisation to reduce the risk and improve prevention activities, in collaboration with the MoH. Activities planned will include:

- Training of 300 volunteers (50 volunteers in each of the affected and the most at risk areas) on the Epidemic Control for Volunteers (ECV) manual, specifically linked to the risks related to cholera outbreaks (two-days training). The CARC volunteers will receive training on knowledge of the disease, the signs and symptoms, the transmission risk factors, actions for suspected cases, prevention and control measures.
- Social mobilization will be conducted in the affected areas - in the Sanitary Region 7 including Ndjoukou, Bangui city, Zawara, Massamba, Quartier Bruxelles and Danga, -. In total, 300 CARC volunteers will be mobilized through the whole period of the operation, 150 will be involved in door to door campaigns, and 150 will be involved in mass media awareness sessions, using megaphones, and distributing information, education and communication (IEC) materials in public places (churches, mosques and schools).
- Community epidemiological surveillance including monitoring/referral by volunteers at community level, as well as participation by the CARC in information/coordination meetings.
- Community based management: The CARC will set up ORP for the community-based management of the cholera, especially in the affected areas where there is no health facility, the distribution of HH water treatment and ORS at least for 5000 affected families and the most at risk people.

### Operational support services

#### Human resources

This DREF operation will require the mobilisation of the following personnel, for the three-month period:

- One RDRT to support the NS implement the operation;

- One CARC health coordinator and one head of communications department will also support the supervision of the DREF operation from National Headquarters (NHQ) level, and will carry out regular monitoring missions National Health Coordinator (15 days per month)
- In addition, a medical staff of the Health Centre in each of the areas will join the CARC team during the training for two days each.
- A finance officer will be dedicated to the DREF operation (five days per month), and two drivers will also be hired (20 days per month).

CARC has mobilised 300 volunteers to support the response in the affected communities. The volunteers are working closely with Ministry of Health and authorities in the field. The CARC Head of health Department is coordinating and supervising the deployment of volunteers in the region as well as participating in all crisis meetings organised by the Ministry of Health and WHO. The enhancement of prevention activities will be carried out by 300 volunteers and the number will increase should the disaster expand beyond current areas. These volunteers will be involved at all levels of the response, from social mobilization to epidemiological surveillance, and since the beginning of the outbreak, upon requirement from the Crisis Committee, some of these volunteers will be engaged to support the overall management of dead bodies.

The CARC will ensure that any volunteer involved in the management of dead bodies have the appropriate PPE, which was pre-positioned through the previous MDRCF019 Ebola virus disease preparedness DREF operation that was carried out in 2014. Due to the increase need of PPE, the CARC released 50 out of its stock to equip volunteers who are already operational. There is a need to replenish this stock urgently to enable the National Society protect its volunteers who are – and will be – involved in the management of dead bodies. Additional trainings – including refresher trainings – and resources will be provided by the National Society to the volunteers to ensure their safety.

A RDRT will be deployed and, under the supervision of the IFRC CAR Country Representation, he/she will assist the CARC team for the effective and efficient implementation of the operation, specifically the ECV training, mobilization of volunteers, and monitoring and reporting of activities.

## **Logistics and supply chain**

- Procurement plans: The personal protective equipment (PPE) kits that were pre-positioned in country by the IFRC while implementing the EVD DREF will be used for this DREF operation. A need to procure additional PPE is urgently required as well as the Cholera kits.
- All other necessary items will be procured locally in accordance with the agreed IFRC logistics standards.
- Transport and fleet needs: Vehicle fuel and maintenance costs have been budgeted for both the NS and IFRC support.

## **Communications**

- From the onset of the disaster, the CARC initiated a media conference and the President of the National Society provided- both in French and in local language - some key messages and protective measures.
- During the DREF operation, the visibility of the work of CARC volunteers will be strengthened by the production of 300 T-shirts and 300 caps, which will be distributed to CARC volunteers and the NHQ staff involved in the implementation of the activities planned.
- Proper documentation and reporting to allow for lessons learnt will be ensured as well.
- The NS, through its communication Department, will provide regular updates on the operation for use by both the NS and IFRC digital and social media resources. This updates will enable IFRC prepare and share progress reports.
- Communication and community awareness will focus on decreasing fear, raising awareness on the transmission methods and raising the alertness of communities for an appropriate response. Key stakeholder groups and opinion leaders (taxi drivers, religious leaders, traditional birth attendants, community leaders and teachers) will be targeted as change agents for social mobilisation and communication activities.
- It is envisaged that the NS will initiate cross-border communication and information sharing will be undertaken amongst neighbouring NS – the DRC Congo Red Cross Society - and MoHs

## Security

The security environment across CAR remains highly unstable and insecure, despite apparent and localized improvements in the situations. Therefore, and for the fact that perpetrators of violence may not originate from a community the RCRC Movement serves, adequate security risk mitigation measures need to be implemented. This includes but is not limited to appointing a security focal point within the national society who - in coordination with HQ and branch managers – carefully monitors the security environments and advises field personnel - in a timely manner - about changes in the security environment and protective measures. RCRC personnel must be visible as such by wearing the respective visibility wear, e.g. T-shirts, caps, jackets. All RCRC personnel must complete the relevant IFRC Stay Safe e-learning programs, e.g. Personal Security, Security Management, or Volunteer Security. IFRC personnel, incl. RDRT personnel, will not be permitted to travel or work outside the capital, Bangui

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

- Monitoring and reporting of the DREF operation will be supported by the RDRT in close collaboration with the National Society M&E department.
- Brief weekly updates will be provided to the IFRC on the general progress of the operation through the RDRT person, and regular monitoring reports will provide detailed indicator tracking.
- The RDRT will assist provide ongoing monitoring report from the NS local branches, with the support from the NHQ level, and he/she will work in close cooperation with the IFRC country and regional office to monitor the progress of the DREF operation and provide necessary technical expertise

### Administration and Finance

- The RDRT person will work closely with the NS finance department, which will ensure the proper use of financial resources in accordance with conditions to be discussed in the Memorandum of Understanding between the National Society and the IFRC Country Cluster.
- Management of financial resources will be carried out according to the procedures of the NS and DREF guidelines.
- Supervision will be ensured through the IFRC Country Representation Finance and coordination Unit.

## C. DETAILED OPERATIONAL PLAN

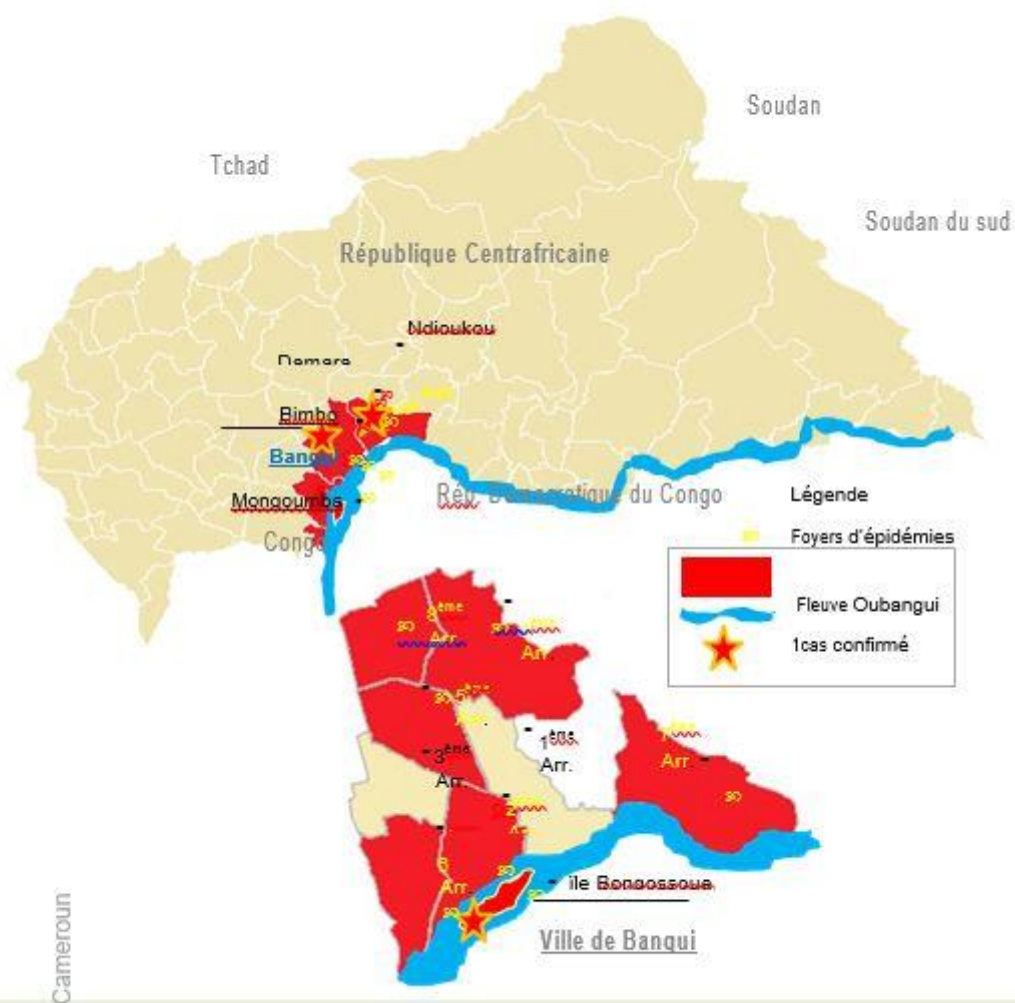
### Emergency Health

<b>Outcome 1: Reduced morbidity and mortality among 450,000 people (90,000 families) through hygiene promotion and disinfection activities, ensuring early case detection, community case management in the affected and at risk areas (Ndjoukou, Bangui, Zawara, Massamba, quartier Bruxelles, and Danga)</b>																	
<b>Output 1.1: The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks</b>																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12				
Mobilise 300 relevant CARC volunteers in the targeted areas		■	■														
Organize training of 300 CARC volunteers and supervisors on cholera outbreak management utilizing the Epidemic Control manual for Volunteers in 5 targets training areas in collaboration with the MoH using IFRC manuals (including early detection and referrals of cholera cases)		■	■	■													
Continuous assessment and reporting of the evolving situation and spread of disease.		■	■	■	■	■	■	■	■	■	■	■	■				
Monitor and report on activities carried out		■	■	■	■	■	■	■	■	■	■	■	■				
<b>Output 1.2: Increased public awareness about the cholera epidemic outbreak (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in Region 7 including Bangui city, Zawara, Massamba, Quartier Bruxelles, Danga, Ndjoukou</b>																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12				
Produce and print 6000 assorted information, education and communication (IEC) materials (posters, leaflets and images boxes in collaboration with the MoH) on cholera		■	■	■	■												
Distribute the 6000 information, education and communication materials in the affected and at risk communities to enhance positive behaviour change			■	■	■	■	■	■	■	■	■	■	■				
Identify community leaders and conduct targeted sensitization activities			■	■	■	■	■	■	■	■	■	■	■				
Organise community discussions			■	■	■	■	■	■	■	■	■	■	■				
Procure 100 ORP kits			■	■	■												
Train 300 volunteers on the use of ORP			■	■	■												
Deploy volunteers and ORP kits to high risk areas				■	■	■	■	■	■	■	■	■	■				





- 161 cas enregistrés
- 19 décès (létalité : 11,8%)



Cartographie des foyers touchés par l'épidémie de choléra en RCA à la date du 19/08/2016

## Budget

(See annex below)

## Contact information

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

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### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Robert Ondrusek, PMER Coordinator; Nairobi; phone:+254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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:

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.

## DREF OPERATION: CAR CHOLERA 2016

25/08/2016

DREF Grant  
Budget CHF

<b>Budget Group</b>	
Shelter - Relief	1,350
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	3,564
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	23,326
Medical & First Aid	21,000
Teaching Materials	14,356
Utensils & Tools	4,455
Other Supplies & Services	597
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>68,649</b>
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	14,800
Logistics Services	1,782
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>16,582</b>
International Staff	18,000
National Staff	0
National Society Staff	7,489
Volunteers	60,498
<b>Total PERSONNEL</b>	<b>85,987</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	10,454
<b>Total WORKSHOP &amp; TRAINING</b>	<b>10,454</b>
Travel	1,000
Information & Public Relations	31,761
Office Costs	7,426
Communications	500
Financial Charges	1,000
Other General Expenses	0
Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>	<b>41,687</b>
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	14,518
<b>Total INDIRECT COSTS</b>	<b>14,518</b>
<b>TOTAL BUDGET</b>	<b>237,877</b>