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Emergency Plan of Action operation update

Niger: Rift Valley Fever Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation: MDRNE016	**GLIDE n° EP-2016-000105-NER**
Operations Update No. 1	**Timeframe covered by this update:** 26 September – 20 November 2016
Date of issue: 30 November 2016	**Operation timeframe:** 3 months (26 September – 31 December 2016)
Overall operation budget: CHF 99,514 (requesting an additional budget of CHF 35,022) Total budget: CHF134,536	
N° of people being assisted: 160,962 people (increased from 124,337 people at risk originally targeted)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Niger Red Cross, IFRC	
Other partner organizations actively involved in the operation: Government (Ministry of Public Health, Ministry of Livestock), World Health Organisation(WHO), United Nations Children's Fund, BEFEN-ALIMA	

Summary of major revisions made to emergency plan of action:

This update seeks a one month extension (up to 31 December 2016) to mitigate the geographical spread of the epidemic. The extension will allow the National Society to intervene in two newly affected communes, namely Keita and Tahoua, both located in Tahoua region. The extension will also allow the National Society to set up preparedness teams in the regions located in the South of Tahoua, namely Zinder, Maradi, Tillabery, Dosso.

There is a need to increase the number of the community volunteers in Keita and Tahoua (35 volunteers in each commune, some 70 additional volunteers in total) and to set up preparedness teams in each region neighbouring the south of Tahoua (10 volunteers in each team, a total of 40 volunteers). This is in addition to the 100 people (volunteers and community leaders) initially trained. There will be monitoring of incidence rates and raise awareness of Rift Valley Fever (RVF) in the newly affected areas. In order to reach the remote villages/communities which cannot be reached on foot or vehicles, volunteers will use motorcycles to enable broader access.

The awareness sessions planned in Keita and Tahoua communes will target livestock owners, butchers, nomadic groups estimated at 36,631 people. Therefore, with this revision, the target population will increase from 124,331 to 160,962 people across a larger geographic area.

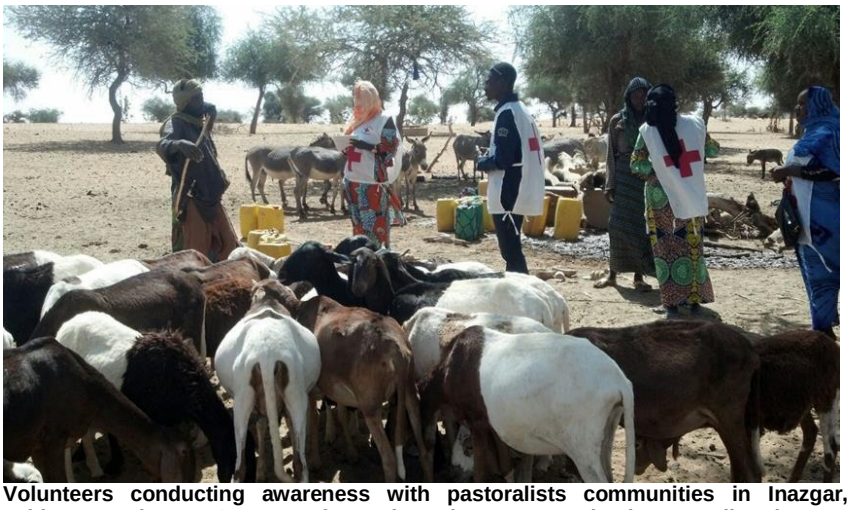
This revision seeks for an additional budget of CHF35,022 to enable the National Society to implement activities for an additional month, now up to 31 December 2016. This represents an increase in the total budget from CHF 99,514 to CHF 134,536 to assist 160,962 people in a total timeframe of three months.

A. Situation analysis

Description of the disaster

On 30 August 2016, Tahoua region alerted the national level of cases of fever with jaundice and bleeding complications in humans, evolving in most cases by death at community level. Most cases were reported/recorded in the Health District of Tchintabaraden. In the same period, on the side of the livestock, there was an increase in the number of abortions in small ruminants and increased mortality in young calves.

As of the date of official declaration of the epidemic (week 37, 18 September), a total of 52 cases including 21 deaths (case fatality rate 40.3%) were reported in the Tchintabaraden district. The outbreak has spread from Tassara, Tilia, Madaoua and Abalak to more districts including Tahoua and Keita. As of 13 November, a total of 227 cases have been reported, including 32 deaths. Most recently, as of 21 November, the number of cases has risen to 268, with 33 deaths.



Volunteers conducting awareness with pastoralists communities in Inazgar, Tchinta. To date, 140 cases of RVF have been reported. Photo credit: Alzouma Amadou/Niger Red Cross.

With the livestock transhumance currently underway, the seasonal movement of people and their livestock from the North to the South of the country, the risk of further spread of the epidemic is heightened and needs to be mitigated.

Although there is no specific data for the epidemic effects on the animals, there are many reported cases of livestock deaths and abortions. This has serious implications for the socio-economic and food/nutrition of the population at large, but specifically for vulnerable groups. Therefore, in the medium to longer term (which is beyond the scope of this DREF operation) there is a need to address livelihoods issues, including diversification of livelihoods, for those affected by RVF.

The NRCS is requesting the support of the IFRC through an additional DREF allocation, which would include social mobilisation awareness sessions and epidemic surveillance, targeting 160,962 people up to 31 December 2016.

Summary of current response

Overview of Host National Society

The Red Cross Society of Niger (NRCS), along with the Ministry of Public Health and WHO, has been monitoring the situation. The National Society is a member of Health Cluster that meets regularly to monitor the epidemiological situation. Through its long-standing experience in managing epidemics and other disasters, the NRCS has been allocated the responsibility to support the response through social mobilisation activities.

The NRCS has liaised with its branches in the affected areas, to obtain additional information and assess needs. The President of Tahoua branch takes part in the Regional Task Force responsible for monitoring the outbreak.

To date, in Tahoua region, the volunteers have been alerted, mobilised and remain in regular contact with health authorities in the affected areas. After receiving training, volunteers conducted social mobilisation and awareness raising activities in the affected communities. An active community-based surveillance system through volunteer mobile teams (following nomad groups) is used to detect cases of Rift Valley Fever and refer these cases to treatment sites.

A Regional Disaster Response Team (RDRT) member was deployed for one month (from 15 October – 15 November) to assist with the effective implementation of the DREF operation.

Overview of Red Cross Red Crescent Movement in country

The Red Cross Red Crescent Movement is present in the country and operational in all eight regions of the country. The International Committee of the Red Cross (ICRC) is operational in Tahoua region and recently assisted some households affected by the floods in their areas of intervention, which is different from the affected areas. ICRC does not plan to intervene in response to the RVF outbreak. Although partner national societies (PNS) do not have current projects in Tahoua, NRCS is supported in other regions with other projects by partner national societies, including Belgian Red Cross, French Red Cross, Iranian Red Crescent, Irish Red Cross, Luxembourg Red Cross and Spanish Red Cross. The Red Cross Red Crescent Movement interventions are highly appreciated by Niger populations and authorities.

Overview of non-RCRC actors in country

The Ministry of Public Health (MoPH) has set up a Crisis Committee that holds regular meetings to coordinate and evaluate the daily situation. The National Task Force was created in Niamey, jointly led by the Ministry of Public Health, the Ministry of Livestock and the Ministry of Environment.

The MoPH is working in collaboration with affected communities, as well as the technical and financial partners to respond to the epidemic. Various field missions to have deployed to investigate and assess the situation, including those conducted by the Ministry of Public Health and WHO in Tahoua.

On 20 September 2016, a press conference hosted by the MoPH was held on the epidemiological situation in Niamey. In the field, an NGO called BEFEN-ALIMA (BEFEN being a national NGO, supported by ALIMA which international NGO) is supporting treatment and community awareness. MoPH has coordinated interventions with BEFEN-ALIMA and other stakeholders to avoid duplication of activities. The Ministry of Health is elaborating the Response Plan of Action and the Communication Plan, which will soon be shared with humanitarian actors for input.

Needs analysis and scenario planning

The outbreak initially occurred in the districts of Tchintabaraden, Tassara and Abalak, in the Tahoua region and not far from Maya Valley. Most the affected population are nomadic pastoralists who are at risk from direct contact with blood or organs of the infected animals, or any other body fluid derived from infected animals, such as milk. In addition, mosquitoes and the blood-sucking flies (blood-feeding) can also transmit the virus. The epidemic has spread to more communes, namely Tilia, Keita and Tahoua. The current population at risk is estimated at 160,962 people. This number might be higher because the majority of the at-risk group (pastoralists) are reluctant to seek medical assistance and are due to their nomadic lifestyle and remote locations, do not always have access to medical treatment. Currently there is active transhumance from the north to the south to seek fodder. Besides direct medical assistance, needs focus on social mobilization, community awareness sessions, surveillance, detection of cases and referrals of suspected cases for treatment.

To avoid the spread of the outbreak, the Government has set up the following treatment and preventive measures in the affected areas:

- Set up treatment sites and provide medical treatment to the affected population,
- Establish active outbreak surveillance system to detect the cases or refer them for treatment,
- Community awareness and risk reduction practices when handling sick animals or slaughtering them, avoid consumption of fresh blood, milk or meat, apply general hygiene practices, regular use of mosquito nets and avoid outside activities during the times when the mosquitos (vector species) are active.
- Organize community sanitation activities for vector control

B. Operational strategy and plan

Overall Objective

To contribute to the reduction of the spread of Rift Valley Fever among the population at risk in the target regions through community awareness and social mobilization and support to the treatment sites as well.

Proposed strategy

The Niger Red Cross has an active branch committee and volunteers in Tahoua region and communes. A number of volunteers haves been identified and trained and more volunteers will be trained, if necessary.

- ✓ The training sessions to community volunteers focus on the outbreak (definition, symptoms, prevention, surveillance and action to take).
- ✓ Training sessions provided to the volunteers, the supervisors, the teachers and community leaders (on the general knowledge of the RVF, on epidemic surveillance) with didactic/training materials or supports such block notes, pens, flip charts, markers, papers, files, etc.
- ✓ The volunteers will work in several teams in affected villages conducting awareness raising, promoting prevention, and referring suspected cases to the health centres or treatment sites (five days per week).
- ✓ A total of seven supervisors are in place to coordinate/supervise the volunteers and activities monitored by National Society Health and DM coordinators who oversee the operations in all selected regions.
- ✓ Volunteers will conduct the community sessions in the mornings since afternoons are too hot and not well attended. Security regulations (such as no go areas, regular communications, not working or travelling after dark, Red Cross Red Crescent visibility etc.) are respected by volunteers and drinking water will be provided for volunteers during these the sessions.
- ✓ The volunteers trained on epidemic control and surveillance via sim cards (with a free group call system) which allow them communicate and report regularly to the supervisors or with the treatment centres. 80 sim cards will be distributed accordingly – each five target communes will have 10 sim cards (these five communes are Tchinta, Tilia, Tassara, Keita, Tahoa), a further 20 sim cards will be given to the 4 preparedness teams (5 per team) and the remaining 10 will be used by supervisors and the operations coordinator at the National Society.
- ✓ The awareness raising activities will target, community leaders, milk sellers, butchery workers, nomad livestock owners, etc. located within a 100km radius of Tchinta, Tilia urban and Tassara urban. The newly added communes of Keita and Tahoua have reported cases of RVF and there is a need to intervene there as well in community mobilisation.
- ✓ Sensitization sessions will also be conducted on the treatment sites. The volunteers will use standards IEC materials approved by the Ministry of Public Health and Livestock.
- ✓ The primary school teachers in locations without health access have been trained on the modes of transmission and preventive measures of the disease so they transmit the knowledge in students who are also efficient community behaviour change promoters.
- ✓ As the epidemic spreads from the north to the south, there is a need to put in place preparedness teams in the southern regions neighbouring Tahoua (namely Zinder, Maradi, Dosso, Tillabery). There will be four teams, one per area. Each team will comprise of seven volunteers and three representatives from three Ministries (namely, the Ministry of Health, Ministry of Environment and the Ministry of Livestock).
- ✓ The vector control is monitored by the environmental structures of the Government. As Red Cross is one of the main community actors in this response, the volunteers will facilitate the community to identify areas that need sanitation interventions and encourage the communities to participate. In the future, to ensure a sustainable and long term vector control monitoring, the NRCS may request technical support if the need arises.
- ✓ The epidemic is also leaving behind socio-economic challenges (particularly related to health and nutrition, people are not consuming animal products, which are a key part of their diet, as well as loss of household income and assets due to death of livestock) that need to be addressed and medium solutions should be explored. This is beyond the scope of this DREF operation.

All the activities are done in close cooperation with the community and through advocacy with community, religious and traditional leaders as well as other humanitarian actors.

Operational support services

Human resources

The National Society originally mobilized 100 volunteers (60 Red Cross volunteers and 40 community, tradition and administrative leaders). An additional 70 volunteers will be mobilised (35 in Keita and 35 in Tahoua), bring the total up to 170 community based volunteers to support the DREF operation. Volunteers are assigned a range of activities. The NRCS National Headquarters supports the branches during the implementation of the operation by involving staff from the Health, and DM departments.

The IFRC strengthened the implementation capacity by deploying a RDRT with community health expertise for one month to coordinate and guide the operation. The Africa Regional Health and DCPRR supports with technical guidance and orientation. The IFRC Niger Operations Manager will be responsible for the overall coordination of the DREF operation.

Logistics and supply chain

Logistics support to the operation includes delivering a range of relief items in line with operational priorities. The primary tasks may include:

- Local procurement of hygiene materials in line with IFRC and NRCS guidelines.
- If items are unavailable, they may be requested from partners in the field or from the IFRC warehouse in Dakar.
- Reception and storage of items before delivery to distribution sites will be managed according to IFRC warehouse management rules and regulation.

Information technologies (IT)

The IFRC expertise in IT will be applied and integrated in the Communication Department of the National Society, thereby ensuring information and experience is shared.

Communications

The NRCS will work closely with the structures and services of the MoPH and Livestock and share information with the authorities, partners and the media. The National Headquarters will ensure that the work of volunteers the Red Cross is visible through the local media, via visibility materials and social media platforms and online publications.

Security

Crime and civil unrest present the main threats in Niger, including the area of intervention. There is also a latent risk of Islamist militancy. Thus, an adequate system must be set up to monitor the security environment on a constant basis, and to advise Red Cross Red Crescent management and personnel about changes in the security situation. Security and contingency plans must be established to safeguard personnel and assets. In some districts, such as Tilia and Tassara there are heightened security issues such as inter-ethnic conflicts. The IFRC country office in Niger will ensure full compliance with the IFRC's MSR (minimum security requirements). All Red Cross Red Crescent personnel must complete the respective Stay Safe online courses; Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security. The operation will coordinate regularly with ICRC on security analysis and share information and updates.

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC Sahel CCST will support the implementation of the DREF operation through its regional Communication, Finance, Health and PMER Senior Officers, as well as from the Regional Representative for Advocacy and Humanitarian Diplomacy. Competency transfer and skills building will be performed through training and learning-by-doing processes. Monitoring and reporting will be carried out in accordance with the IFRC monitoring framework and tools. Close cooperation between the IFRC and NRCS Operations Managers will enhance monitoring and reporting system in place. The Secretary Executive of NRCS will maintain overall responsibility of the operation.

Administration and Finance

The NRCS has an administrative and financial 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 Niger Country Office. Financial resources will be managed according to the procedures of the NRCS and guidelines specific to DREF.

C. Detailed Operational Plan

Early warning & emergency response preparedness			
Outcome 1: Immediate risk of meningitis to the health of the population is reduced through preparedness activities in 10 districts over a period of eight weeks.	**Outputs**		**% of achievement**
	Output 1.1: Capacity of Niger Red Cross Society to prepare for potential meningitis response and new areas is strengthened.		%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Put in place preparedness teams in the risky regions (40 volunteers in Zinder, Maradi, Dosso, Tillabery) **NEW ACTIVITY**		x	%
Progress towards outcomes			
1.1.1 Following the escalation of the epidemic, there is need to provide refresher training for an additional 70 volunteers in preparedness for epidemic response, in readiness for an imminent response in the regions bordering Tahoua. **NEW ACTIVITY** 1.1.2 40 people, composed of seven Red Cross volunteers, one technical staff from the Ministry of Health, Ministry of Environment and the Ministry of Livestock will be trained in epidemic preparedness and provided with communication facilities for epidemic surveillance and reporting. **NEW ACTIVITY**			
Quality programming / Areas common to all sectors			
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation	**Outputs**		**% of achievement**
	Output 1.1: A pre-assessment, monitoring, reporting, operations support and final evaluation are planned timely in the zone of implementation		88%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
1.1.1 Assessment and pre-evaluation	x		100%
1.1.2 Deployment of the community health RDRT to support planning and implementation of the DREF operation (Target: One month mission)	x		100%
1.1.3 NHQ, Branch monitoring of activities planned in the areas of implementation (Tahoua, Tchintabaradan, Tassara, Tilia)	x		100%
1.1.4 IFRC monitoring of activities planned in the areas of implementation (Niamey, Tahoua, Tchintabaradan)	x		100%
1.1.5 Final evaluation, Lessons learnt workshop and the proposition of further intervention		x	0%
Progress towards outcomes			
1.1.1 A community health RDRT from Democratic Republic of Congo was deployed to support planning and implementation of the operation. The RDRT's mission has now come to end on 15 November 2016. 1.1.2 Branches continue to monitor the situation and report to the NHQ; as well as contacting the MoPH structures in their respective locations to ensure coordination and that assistance is complementary. 1.1.3 Regular NHQ monitoring of the situation has been carried out by the NRCS health department, with support from the NRCS Secretary Executive. 1.1.4 The IFRC country representative has followed the situation and shared information with other Movement partners; as well as undertaking assessment and monitoring activities. In addition, the IFRC Regional Emergency Health Coordinator conducted a week-long mission to support the country team in coordination and technical support on the epidemic. 1.1.5 At the end of the DREF operation, a final evaluation, lessons learnt workshop will be organised and the proposition of further intervention will be defined. **Not started yet, will be completed in the extended timeframe**.			

The situation has evolved and this is a large-scale disaster. The epidemic is spreading to the southern regions through animal transhumance, with Tahoua and Keita being newly affected.

Health & care

Outcome 1: Immediate risk of RVF spreading over the population in Tahoua is reduced through prevention and control activities	**Outputs**	**% of achievement**
	Output 1.1 Capacity of Niger Red Cross Society and community structures to respond to the epidemic in the affected area is strengthened	90%
	Output 1.2: Target population in the affected areas are provided with sensitization to improve their knowledge and practices on the prevention and control of the outbreak (Target: 160,337 people)	
Outcome 2: Contribute to the treatment of RVF outbreak over the population in Tahoua	**Output 2.1:** The capacity of community health centres is strengthened through support and equipment	

Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
1.1.1. Train 60 volunteers on RVF (case definitions, signs, preventives measures)	x		166%
1.1.2. Refresher session to 30 (among the 60) volunteers on epidemics surveillance and referrals	x		100%
1.1.3. Train 30 teachers of primary and secondary schools on RVF epidemics control.	x		100%
1.1.4. Brief 6 supervisors to coordinate the activities	x		83%
1.1.5. Procure/equip volunteers and supervisors with protection materials (hand gel, mask/ nose covers, boots, gloves)		x	0%
1.1.6. Conduct awareness raising / sensitization campaigns for RVF prevention and control in the communities	x		100%
1.1.7. Conduct awareness raising / sensitization campaigns for RVF prevention and control in the treatment centres		x	0%
1.1.8. Conduct community based surveillance and case detection in the communities	x		100%
1.1.9. Organize community/local radios broadcast		x	0%
1.1.10. Support the health centre in medicine, and materials		x	0%
1.1.11. Organize hygiene and anti-vectors campaigns together with the volunteers		x	0%

Progress towards outcomes

1.1.1 In total, 100 community volunteers have trained on RFV epidemic. This number include 60 Red Cross Volunteers and 40 community, traditional and administrative leaders. This activity complements the work of WHO, who is training around 300 community mobilisers as well. Four training courses have been implemented, one for each of the 20 volunteers in the communes of Tchinta, Tassara and Tilia, and one for the 40 community leaders. Originally only one training course was budgeted for in Tchintabaradan, however it became clear that it would be too complicated to train all these people at once. The budget has since been adjusted in this revision from 1 training course to 6 training courses (the four courses that have been held plus 2 new trainings for the new regions – see new activities below).

1.1.2 Of the 100 trained volunteers, 50 received refresher session on epidemic surveillance and referrals

1.1.3 A total of 30 teachers coming from areas without health centre, were trained in epidemic control.

1.1.4 A total of 5 supervisors have been identified and received training and briefings on volunteer coordination, supervision and support

1.1.5 This activity has not been undertaken, as the operation is implement, the volunteers have no direct contact with infected animals. As a result, there is no need to provide the protection materials to the volunteers. **ACTIVITY REMOVED**

1.2.1 As at week 45, a total of 58,113 people (18,191 women, 21,731 youths and 23,459 men) have been reached by community awareness in the target locations of Tchintabaraden, Tilia urban, Tassara urban. In Tchintabaradan, the activity targets a total of 120 villages located within a 100km radius.

1.2.2 This activity is no longer required, as the sensitization on the treatment sites is conducted by NGO BEFEN-ALIMA. **ACTIVITY REMOVED**

1.2.3 Through community-based surveillance and case detection, a total of 14 cases has been detected and referred to for treatment. Since the volunteers started conducting awareness, the number of cases referred for treatment has increased, while the number of deaths has decreased since the volunteers started communicating about the prevention measures.

1.2.4 Local radios broadcasting has not started, but this activity is no longer required as it will be covered by UNICEF. **ACTIVITY REMOVED**

1.2.5 The Ministry of Public health and WHO are providing enough support to the health centres from the affected locations.

1.2.6 Hygiene promotion and anti-vectors campaigns is required, particularly because Red Cross is the only actor undertaking community mobilisation, however these activities were not included in the original budget. **Not started yet, will be completed in the extended timeframe (included in point 4 below)**.

NEW ACTIVITIES

1. Train 70 volunteers from the new affected districts of Tahoua and Keita
2. Intensify social mobilisation, surveillance and referrals in the new affected areas of Keita and Tahoua
3. Organize special meetings with community leaders (traditional, administrative and cultural), milk dealers, community veterinaries and Ministry for the Environment.
4. Organize hygiene and anti-vectors campaigns together with the volunteers (two campaigns in each of the five communes, 10 campaigns in total).

D. Budget

See attached budget.

Contact information

For further information specifically related to this operation please contact:

- **Niger Red Cross Society:** Ali Bandiaré, President; Tel: +227 96 97 35 29; email: crniger@intnet.net
- **IFRC Niger Country office:** Denis Bariyanga, Operation Manager; Tel: +227 20 738 334; email: denis.bariyanga@ifrc.org,
- **IFRC Regional Office for Africa:** Farid Abdulkadir, Head of DCPRR; Nairobi; phone: +254 731 067 489; email: farid.aiwar@ifrc.org
- **IFRC Geneva:** Tiffany Loh, Senior DREF Officer; phone: +41 22 730 495; email: tiffany.loh@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Regional Logistics Unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa:** Fidelis Kangethe, Partnership and Resource Development; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting):

- **IFRC Regional Office for Africa:** Penny Elghady Acting Planning Monitoring Evaluation & Reporting Coordinator, Africa region Tel. +254 731 067277 email: penny.elghady@ifrc.org

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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.

DREF OPERATION

30/11/2016

MDRNE016: Niger - Rift Valley Fever Outbreak

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	8,000
Medical & First Aid	0
Teaching Materials	2,400
Utensils & Tools	0
Other Supplies & Services	3,160
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**13,560**
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Distribution & Monitoring	15,000
Transport & Vehicle Costs	5,100
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**20,100**
International Staff	5,000
National Society Staff	4,100
Volunteers	57,755
Total PERSONNEL	**66,855**
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	14,760
Total WORKSHOP & TRAINING	**14,760**
Travel	3,000
Office Costs	1,950
Communications	3,000
Financial Charges	2,950
Other General Expenses	150
Total GENERAL EXPENDITURES	**11,050**
Programme and Supplementary Services Recovery	8,211
Total INDIRECT COSTS	**8,211**
TOTAL BUDGET	**134,536**