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Emergency Plan of Action (EPoA) Niger: Meningitis Epidemic Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation: MDRNE017	Glide n° EP-2017-000037-NER
Date of issue: 21/04/2017	Date of disaster: 02/04/2017
Operation manager (responsible for this EPoA): Pierre Danladi	Point of contact: Ali Bandiaré, President Niger Red Cross Society
Operation start date: 12/04/2017	Expected timeframe: 3 months
Overall operation budget: CHF 237,292	
Number of people affected: 1,294 cases registered	Number of people to be assisted: 342,074 people through community sensitization activities
Host National Society presence (n° of volunteers, staff, branches): Niger Red Cross Society (NRCs) staff and 585 volunteers involved	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): IFRC and NRCs	
Other partner organizations actively involved in the operation: UNICEF, WHO, Ministry of Health, Médecins sans Frontières	

A. Situation analysis

Description of the disaster

Niger is a country largely located in the African meningitis belt (the Lapeyssonnie belt). The country is recurrently confronted with meningitis epidemic outbreaks which vary in magnitude from one year to the next. Climate change and demographic factors affecting the world today has increased the frequency of meningitis outbreak, from 8 to 10 years in the past to 2-3 years in recent years. Since the beginning of 2017, the meningitis epidemic situation in Niger has continued to worsen. As a result, the number of affected cases is increasing exponentially. According to the Ministry of Health (MoH), from 1 January - 31 March 2017, at least at least 857 affected cases have been reported with 52 deaths (lethality rate: 6.1%). The report also indicates that as of 2 April 2017, at least 1,294 cases were reported in the country with 84 deaths (lethality rate: 6.5%). This statistic shows that within 2 days, at least 437 cases have been registered. The type of meningitis is Meningococcal C and the children aged 5 –14 years are by far the most, the most affected age group.

The Minister of Health, through a press conference held on 29 March 2017, officially declared the meningitis epidemic outbreak in three health centers in the district of the second neighbourhood of Niamey, including the districts of Foulankouira health Centre, Lazaret and Boukoki. Further, the Minister indicated that these the three health centres in the affected areas reported a total of 90 cases of meningitis including 4 deaths, from January 1 - March 28.

According to the Minister of Health, six other districts in the country are on alert, namely Niamey III and IV, Kollo, Tillabery region, Koni (Tahoua region), Djoundjou (Dosso region), and Tchibiri in the Maradi region. He added that other areas continue to record sporadic cases but have not reached the epidemic threshold.

The table below shows the number of affected cases per region in Niger

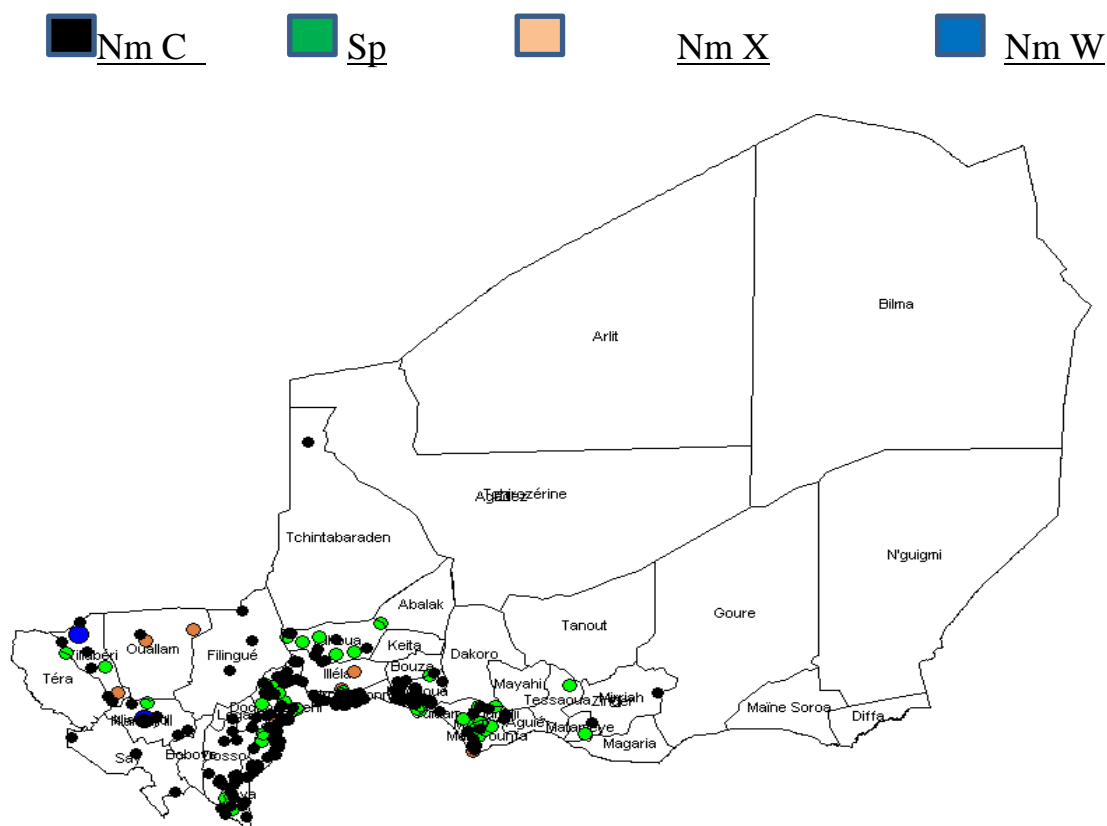
Regions	Number of affected cases	Death
Agadez	0	0
Diffa	1	0

Dosso	355	29
Maradi	101	5
Niamey	411	17
Tahoua	200	8
Tillabery	211	25
Zinder	22	0
Total	1294	84

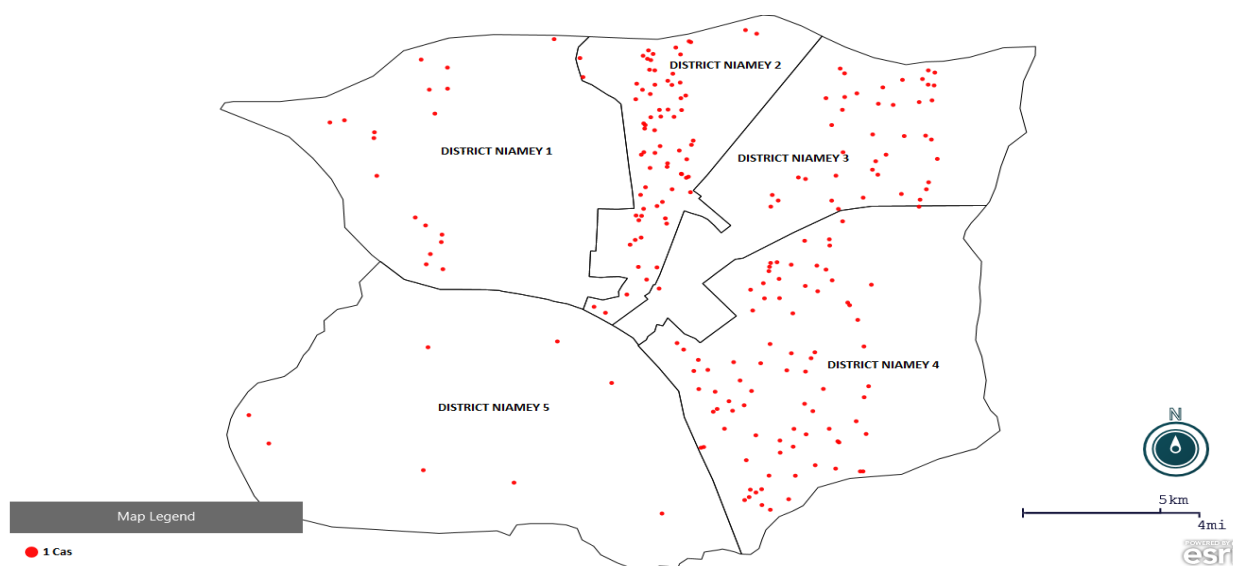
Source: Ministry of Health of Niger.

In regard on the above, the MoH launched a vaccination campaign on 06 April 2017, exclusively in the three affected districts of Niamey. The vaccination program is targeting people aged 2 to 20 years old, about 10,200 people for the first phase. Currently, the country has only 133,000 doses of vaccines. This limited supply prompted the Minister of Health to start vaccination in Niamey. An additional supply has been ordered is expected to arrive from Copenhagen within two weeks. The Minister of Health has called upon all its technical and financial partners, national and international NGOs, civil society organizations, public and private sectors to expand the Ministry's response to this epidemic. Therefore, the vaccination will target districts of high-population density and at-risk, but outside of Niamey. On this occasion, the Minister of Health call upon all its technical and financial partners, national and international NGOs, civil society organizations, public and private sectors and all the goodwill to accompany the Ministry in response to this epidemic. In response, the NRC Society organized an emergency training for 10 volunteers. They are currently conducting awareness session on meningitis control and prevention in the communities in and around Niamey.

According to the weekly report of the epidemiological surveillance team at the MoH, as of the 2 April 2017, the epidemic has reached four provinces including Niamey (three health districts), Tillabery (zone 3), Dosso and Tahoua. The report also revealed that the Meningitis epidemic threshold was reached in week 8 of the outbreak. The map below shows the breakdown of meningitis germs per health district.



Breakdown of meningitis germs by district



Distribution of meningitis cases by district of Niamey from week 1 to week 11

Summary of the current response

Overview of Host National Society

Since the official declaration of the Meningitis epidemic outbreak, the Niger Red Cross Society (NRCS) has been monitoring the situation in collaboration with the MoH and through its volunteer network available in different branch committees. The NRCS is a member of the National Crisis Committee that meets regularly to monitor the epidemiological situation. Due to its long-standing experience in managing the epidemics and other disasters, the MoH has called upon the NRC to contribute to the response to this epidemic through social mobilization and community-based surveillance. As of 29 March 2015, given the limited resources, the NRCS has organised a refresher training of ten volunteers on knowledge of the disease, the symptoms, prevention and control of meningitis, and deployed those volunteers in the second district of Niamey. The NS is mostly focussing its activities on community-based surveillance, detection of cases and referral to health centres. In collaboration with MoH workers, the volunteers started sensitization activities in the most affected areas in Niamey, and around the treatment and vaccination centres. Due to the limited number of volunteers, the coverage is low. The NRCS has also liaised with its regional committees in other affected areas of the country to obtain additional information and assess needs. In addition, volunteers have been alerted and remain in regular contact with health authorities. Further, given the fact that the MoH has declared the epidemic outbreak in multiple areas of the country, the vaccination campaign will cover new areas. The NS has been requested by the government to respond to outbreaks and provide sensitization activities, community based surveillance, detection of cases and referrals. Therefore, the NS is asking for a DREF to cover additional training of the volunteers in new areas, and to respond.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing support through its Niger country representation and the Africa region office. Since the onset of the disaster, there has been regular contact with the IFRC Niger and Africa region's health and disaster and crisis prevention, response and recovery team (DCPRR). On 1st April 2017, an alert was issued using the IFRC Disaster Management Information System (DMIS).

Other Movement partners in country include: The International Committee of the Red Cross (ICRC), as well as partner National Societies comprising the Belgian Red Cross, French Red Cross, Iranian Red Cross, Irish Red Cross, Luxembourg Red Cross, Qatari Red Crescent and Spanish Red Cross, which are based in the capital of Niamey. For the moment, only the NRCS and the IFRC are involved in the response to this epidemic outbreak. Discussions were made with the ICRC and the French Red Cross delegation in the country, as they are the two Movement partners involved in the health sector. Unfortunately, neither was involved in the response to meningitis. The ICRC has encouraged the IFRC to further support the NS in the response to this epidemic outbreak.

On 1st April 2017, an Operational Strategy Call was carried out with colleagues at the regional and country levels of the secretariat. It was agreed that an allocation should be made from the Disaster Relief Emergency Fund (DREF) to support the NRCS perform refresher training for volunteers, social mobilization and sensitization activities in support of vaccination campaigns, surveillance and referrals, as well as issuing staff and volunteers with the appropriate protective equipment, ensuring they also receive vaccinations. The IFRC has planned to support this operation with the deployment of an RDRT for planning and implementation of the DREF operation.

Since the onset of the epidemic, there has been regular consultation between all members of the Movement present in country; and the IFRC Niger country representative alerted regional office. The IFRC Niger country representation has also worked in collaboration with the NRCS health unit to collect information, assess the situation and propose the response to the situation. Monthly coordination meetings are regularly held. The NRCs will also be encouraged to organize internal and external coordination and cluster meetings with the government and other agencies on a regular basis.

Overview of non-RCRC actors in country

A National Task Force has been established, which is led by the MoH, and meets daily. In addition, the MoH has also established a National Crisis Committee to monitor and update on the situation. On 29 March, 2017, the MoH carried out a press conference, which provided information on the situation and the actions carried out towards progress and preventive measures in regards to meningitis. On the same day, the Minister of health officially declared an epidemic and launched an appeal to international partners to assist with the response, specifically with the provision of vaccines.

The MoH is working in collaboration with other organizations including NRCS to mobilize support to vaccinate vulnerable populations, especially children. Other organizations involved in the response include Médecins Sans Frontières (MSF), United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), which have participated in joint field missions with the MoH to assess the situation, and provided medical staff and treatment facilities. At the first crisis meeting held at the MoH, the role of partners has been clarified by the MoH. UNICEF is supporting through the provision of vaccine and designing messages for leaflets, posters and image boxes to be used in the awareness sessions. The WHO is responsible for the provision of medicines at the health centres and capacity building of the health personnel. The NRCS is carrying out the social mobilization component of the program, plus community-based awareness sessions, detection of suspect cases and referral to the nearest health centres

Needs analysis, beneficiary selection, risk assessment and scenario planning

On 29 March 2017, a meningitis epidemic was declared by the Minister of Health following a considerable increase in the number of confirmed cases. Most of the victims are aged between 4-15 years. According to the MoH, Niamey has become the most affected area as of the 29 March 2017, with at least 90 cases of Meningitis, including four deaths. The Minister of Health added that three health centres near the capital, namely the Foulan Koira health centre, the Lazaret health centre and Boukoki health centre are the most affected areas. Further, the Minister also indicated that six other health districts in the country are under alert, including Niamey III and IV, Kollo, (Tillabery region); Konni (Tahoua region); Djoundjou (Dosso region) and Tchibiri in the Maradi region. On the 5 April 2017, the weekly report of the epidemiological surveillance team of the MoH also indicated that at least 942 affected cases were reported in the country, with 52 deaths. It is expected that this number will increase due to the insufficient quantity of vaccines available in the country. There is an urgent need for social mobilization, community sensitization, surveillance and referral of suspected cases, specifically in the worst affected regions of Dosso, Tahoua and Niamey.

Niger is situated in the Sahel zone of Africa and part of the country is Sahara Desert. The rains normally start by the end of May or early June. As the “dry and hot” season continues, the spread of meningitis and the risk of measles is expected to increase. A timely response by the MoH and its partner organizations can mitigate this risk. The table below shows the affected cases of Niamey per age group.

Age groups	Number of affected cases	Percentage
0 – 11 months	18	4.4
1 – 4 years old	67	16.5
5 – 14 years old	188	46.4
15 – 19 years old	69	17.0
20 – 29 years old	35	8.6
Over 30 years old	28	6.9
Total	405	100

Source: Ministry of Health

The NRCS will ensure that the DREF operation is aligned with the IFRC’s commitment to realize gender equality and diversity by adapting beneficiary selection criteria that targets (women headed-households, people with disabilities, etc.). However, children will be targeted through the activities planned since they have been identified as being most vulnerable to the epidemic. Other messages to be included when mobilizing the population include prevention of sexual violence and gender-based violence, and the protection of children. It is expected that 42,760 households (342,074 people) will be reached through this DREF operation.

B. Operational strategy and plan

Overall objective

To contribute to the reduction of the spread of meningitis among the population at risk in four regions* (Niamey, Dosso, Tillabery, Tahoua); and prepare for an imminent outbreak in four other regions.

Proposed strategy

The proposed strategy of this DREF operation aims to support 342,074 people (42,760 households), located across Niamey, Dosso, Tillabery and Tahoua regions with activities focused on:

Meningitis response activities (Dosso, Tillabery, Tahoua and Niamey)

- Refresher training of 385 volunteers including 160 in the Niamey areas, 75 volunteers in Dosso, 75 volunteers in Tillabery and 75 volunteers in Tahoua. The training will focus on prevention and control of meningitis, as well as surveillance and referral, nutritional screening techniques and hygiene promotion. The training is budgeted at 20 Swiss francs per participant per (one-day). Following the refresher training, the volunteers will be mobilized to carry out sensitization activities at the community level, treatment and vaccination centres as well as surveillance and referral. In total, 160 volunteers will be mobilized for 45 days in Niamey and 225 volunteers will be mobilised for 30 days in the others regions (seven days per week).

The volunteer's activities will be combined with the Mid-Upper Arm Circumference (MUAC) screening and referral of children under five years with moderate/severe malnutrition). Community level sensitization will be carried out from 08:00 to 12:00 due to the extreme heat that prevail in the mid-day of areas of implementation. Each volunteer will be issued with a per diem of 7 Swiss francs per day. Please note that per diem rate for volunteers is increased compared to the previous DREF operation in Niger (5 Swiss francs), which is to be carried out concurrently due to increased living costs in the affected areas. In addition, 7 Swiss francs approx. has been budgeted to enable cases (100) to be transported to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) will be also be issued to volunteers to assist them with the sensitization activities planned.

- Training of (30) primary school teachers at the NRCS on the prevention and control of meningitis will be carried out. This been budgeted at 20 Swiss francs per participant per day (two days). Please note that the MoH has prioritized the vaccination of children of primary school age, given that those below 15 years old have been mostly affected, hence the inclusion of teachers to ensure that they can detect the signs of meningitis and refer immediately the suspected cases for treatment, as well as mobilize students to attend the vaccination centres.
- Training of supervisors (20) on supporting volunteers with the implementation of the activities planned will be carried out. This has been budgeted at 20 Swiss francs per participant per day (two days), and includes allowance for per diem, accommodation and transportation. Each supervisor will be deployed to the areas of implementation for 30 days (five days per week for six weeks), and will be issued a per diem of 8 Swiss francs per day.
- At least 200 other volunteers will be trained on the knowledge of the disease, the symptoms, the mode of transmission and the universal prevention measures for preparedness in the region in alert. These volunteers will be deployed to the areas in alert phase for active case finding and early warning.
- Dissemination of radio spots and messages on the Meningitis epidemic on 10 community radios for a period of two months in French, and in the local dialect of the area covered by the community radio. This will enable to covers areas with difficult access.
- The Niger Red Cross also planned to organise a caravan approach of awareness sessions with some volunteers travelling in the villages, which are difficult to access, to spread awareness messages. A team of four people including two from the health Centres and two Red Cross volunteers will visit 20 villages across the Dosso, Tillabery and Tahoua region to disseminate awareness messages on the knowledge of meningitis disease, the mode on contamination, the prevention and control measures.

All the activities planned will be carried out in cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other actors. By attending coordination meetings at national level, a continuous assessment and analysis of the situation will be accomplished. Please note that the timeframe for this DREF operation is two months, which according to the previous experience corresponds to the beginning of the rainy season (end of epidemic). It is expected that when the rain starts, the spread of meningitis will stop.

The proposed strategy has been informed by the lessons learnt from the 2015, meningitis response which were as follows:

- after the operation, the volunteers felt themselves able to save the lives of the affected people;

- hygiene and health education, early case detection and referral, and sensitization contributed to reducing the number of victims;
- hygiene and health education, and sensitization led to long-term behaviour change preventing and reducing the impact of future outbreaks;
- the public came to know more about the role of the Red Cross/Red Crescent Movement; and,
- The NRCs visibility had increased.

Operational support services

Human resources

The DREF operation will require the mobilization of the following personnel:

- NRCs NHQ will support the regional committees during the implementation of the DREF operation by involving its staff. The NRCs health, Nutrition and WATSAN (Water, Sanitation and Hygiene Promotion) coordinators will extend their support to the regional committee and manage the DREF operation through collaboration with the field staff. Through the DREF allocation, provisions have been made to cover allowances for the NRCs health coordinator, Nutrition Coordinator; health assistant and finance assistant for a period of eight weeks.
- At least 385 volunteers, which will be mobilized to work in Niamey (160), Dosso (75), Tillabery (75) and Tahoua (75) according to an agreed schedule (in rotation if required). Each volunteer will receive a per diem, with the rate variable depending on the location and if transportation also needs to be factored.
- Two hundred (200) others volunteers will benefit from the training on the preventive measures and the control of Meningitis and they will be posted in the region in alert for preparedness purpose.
- Twenty (20) supervisors, which will be mobilized to support the management of the volunteers in Niamey (5), Dosso (5), Tillabery (5) and Tahoua (5). Each supervisor will receive a per diem of 8 Swiss francs per day.
- The IFRC Niger country representations operations manager will be responsible for the overall coordination of the DREF operation, including timely implementation, compliance and reporting. In addition, the IFRC secretariat will deploy an emergency health officer specialized in measles and meningitis response for a period of ten days to assist with the assessment of the measles situation in the country. The IFRC will also deploy an RDRT to support the implementation of the DREF operation for two months. An IFRC driver will be recruited for a period of eight weeks (two months).

Deployment of an RDRT member to support the NRCs in the planning, implementation monitoring and reporting on the DREF operation activities.

Logistics and supply chain

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

- Local procurement of items (hand gel, gloves, masks, training materials etc.) will be in accordance with the agreed IFRC and NRCS guidelines.
- If items are unavailable, they may be requested from partners in the field or from the IFRC Sahel regional warehouse in Dakar, Senegal or from the Secretariat in Geneva, Switzerland.
- Reception and storage of items before delivery to distribution sites will be managed according to IFRC warehouse management rules and regulation as well as coordination of transport of all relief items.

The IFRC will rent one vehicle through its leasing system to support the implementation of the DREF operation, for a period of two months, which will include provision for fuel and maintenance (budgeted at 2,010 Swiss francs).

Information technologies (IT)

The IFRC IT manager will work closely with the Communication Coordinator of the NS to ensure information sharing.

In addition, a computer will be given to the RDRT to support the planning, monitoring and reporting on the activities.

Communications

The NRCs NHQ will work in collaboration with the IFRC Niger country representation to ensure the communication and visibility of the DREF operation, which will include raising-awareness of the activities planned, as well as the preparation of case studies/photographs for use on the IFRC websites, and social media platforms. Continuous information sharing will be carried out with the MoH, partner organizations and the media as is appropriate.

Security

The security situation is stable in the affected regions. However, the IFRC Niger country representation remains responsible for the security of all IFRC personnel in country and all IFRC operations are to be conducted in accordance with IFRC minimum security requirements and the security plans for Niger. Movement ad hoc security measures are taken in cooperation with ICRC, the NRCs and partner NS present in the country. Security and safety of volunteers involved in the implementation activities planned will be ensured through the issue of protective equipment (hand gels, gloves and masks) along with drinking water given the extreme weather conditions (heat, sun etc.) in the areas of implementation. In addition, 250 staff and volunteers will be vaccinated against meningitis prior to deployment to the areas of implementation to ensure that they can work safely (CHF 5,000 has been budgeted). Please note that the free MoH vaccines are not available to staff and volunteers as the most vulnerable groups (children of primary school age) have been prioritized.

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 provide ongoing monitoring of the NS local branches, with 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.
- Develop lessons learned and case studies from active case finding and community based surveillance to inform future epidemic preparedness and response activities.

Branch and NHQ level monitoring mission costs (fuel) have also been budgeted (CHF 2,500), as has provision for the senior management team (CHF 1,000) to visit the areas of implementation in order to ensure that the activities planned have been carried out in accordance with the Emergency Plan of Action.

Administration and Finance

A Memorandum of Understanding (MoU) will be agreed between the IFRC Niger country representation and NRCS, which will outline the parties' responsibilities to implement the activities planned within the DREF operation, and ensure that the appropriate guidelines are complied. The NRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions of the MoU. Cash transfer mechanisms (Western Union, Money Gram) etc. will be used by the NRCS to transfer funds from the NHQ level to branch level in the areas of implementation. One thousand (1,000) Swiss francs has been budgeted to cover the costs of transfers. Based on previous issues related to fluctuations between the EURO and 3,000 Swiss francs has been budgeted to ensure any losses can be covered. Branch office costs for utilities and maintenance (1,500 Swiss francs) and communications (internet, airtime, courier services etc.; 1,125 Swiss francs) have also been budgeted.

- 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 MoU between the NS 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.

Conduct awareness raising / sensitization campaigns for meningitis prevention and control in schools of the affected areas																	
Carry out awareness through a caravan to reach the most difficult areas of access (Target 20 villages) in three regions																	
Disseminate radio spot and Meningitis messages through 10 community radios of the affected areas																	

D. Budget: see attached budget below

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

- In Africa Region: Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254714026229; email: fidelis.kangethe@ifrc.org

Please send all pledges for funding to zonerm.africa@ifrc.org

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

- In Africa Region: Yusuf Ibrahim, Acting PMER Coordinator, Telephone: +254 732 412 200; Email: yusuf.ibrahim@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:



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

dd/mm/yyyy

Budget Group	DREF grant budget	Expenditure CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	0	0
Medical & First Aid	14,040	14,040
Teaching Materials	0	0
Ustensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	14,040	14,040
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	9,700	9,700
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	9,700	9,700
International Staff	12,000	12,000
National Staff	4,333	4,333
National Society Staff	7,212	7,212
Volunteers	104,738	104,738
Total PERSONNEL	128,283	128,283
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	18,240	18,240
Total WORKSHOP & TRAINING	18,240	18,240
Travel	10,769	10,769
Information & Public Relations	34,844	34,844
Office Costs	2,600	2,600
Communications	3,000	3,000
Financial Charges	1,333	1,333
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	52,546	52,546
Programme and Supplementary Services Recovery	14,483	14,483
Total INDIRECT COSTS	14,483	14,483
TOTAL BUDGET	237,292	237,292



Niger: Meningitis outbreak

