

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

Niger / Sahel: Epidemic: Rift Valley Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF operation:	MDRNE016	Glide n°
Date of Issue:	4 April 2017	Glide number: EP-2016-000105-NER
Date of disaster:	20 September 2016	
Operation start date:	26 September 2016	Operation end date: 24 December 2016
Host National Society(ies):	Niger Red Cross Society with 60 volunteers and 5 staffs involved	Operation budget: CHF 99,514
Number of people affected:	78 people registered to the health centers (124,337 population at risk)	Number of people assisted: 1,000,000 indirectly and 450,000 people directly (90,000 families)
N° of National Societies involved in the operation: Niger Red Cross society, IFRC		
N° of other partner organizations involved in the operation: Government (Ministry of Public Health, Ministry of Livestock), World Health Organization(WHO), United Nations Children's Fund, BEFEN-ALIMA		

A. Situation analysis

Description of the disaster

On 30th August 2016, Tahoua region alerted the National level of cases of fever with jaundice and bleeding complications in humans, leading to death in most affected cases at community level. Most cases were reported/recorded in the Health District of Tchintabaraden. On the side of livestock, it was found during the same period of abortions in small ruminants and mortality in young calves.

Tahoua region is located in the Southwest part of Niger and covers an area of 113,371 km² with an estimated population of 2,741,922 people. The Health District Tchintabaraden is one of eight districts of the Tahoua region, which covers an area of about 54,000 km² with an estimated population of 250,726 people. The main livelihood activity of the communities in the affected area is agriculture and animal breeding.



Niger Red Cross volunteers conducting awareness session to community leaders on the Knowledge of the disease and the prevention measures

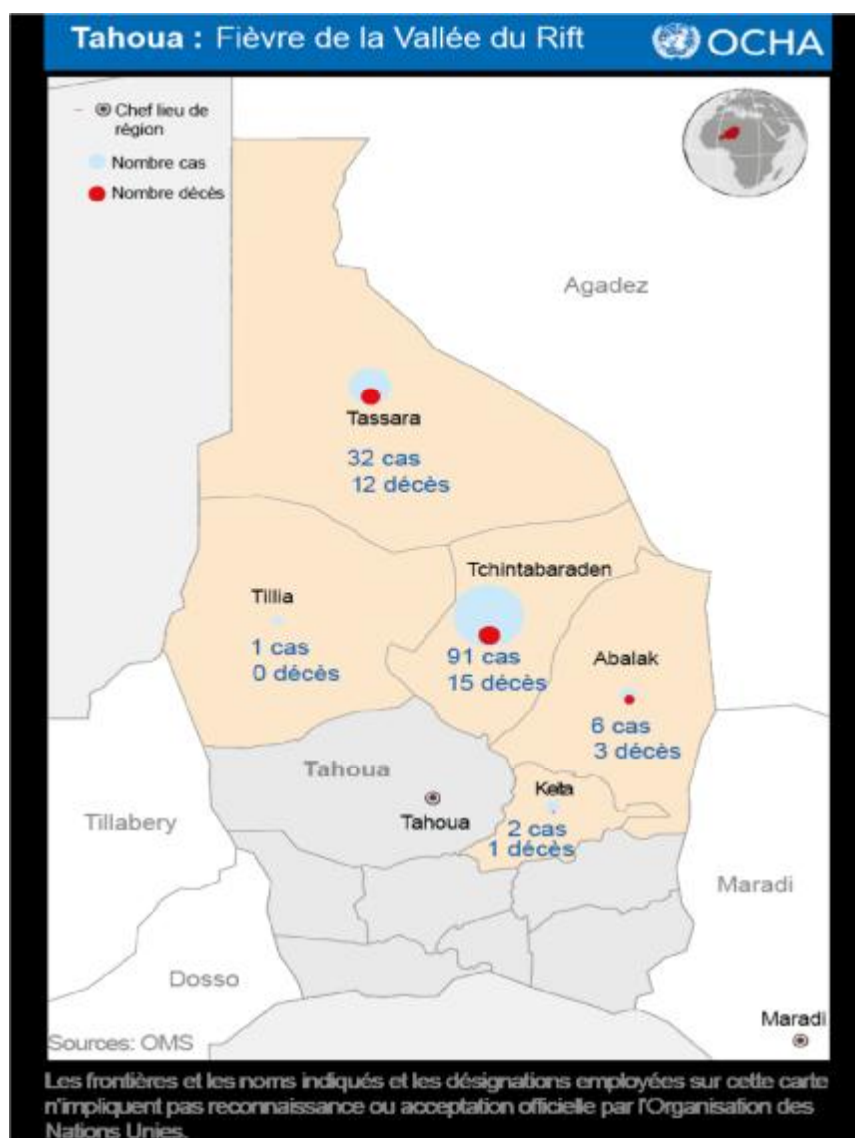
/ Photo CRN

The results of the Laboratory test provided by the "Institut Pasteur de Dakar" on 16th September 2016 confirmed the Rift Valley Fever (RVF) in Tchintabaraden zone. From week 31 (August 02) to week 37 (September 18), a total of 52 affected cases including 21 deaths (case fatality rate 40.3%) were reported in the Tchintabaraden district. The outbreak has spread

to 2 other districts (Tassara and Abalak) as of 21 September 2016, the total number of affected cases recorded were 60 with 23 deaths. The statistics mention that 87% of the affected population were above the age of 15 years with 63% of them being males while 95% are pastoralists. As of 28 September, 78 cases were recorded with 26 deaths.

In terms of livestock, animals with hyperthermia, breathing difficulties, hyper salivation (animal drooling), bleeding in the various parts, abortions in small ruminants, mortalities among young calves were found. The milk of some animals aborted was streaked with blood. Interviews with the community has identified 363 cases of animal abortions and 370 deaths of young animals (Source: Ministry of Public Health, WHO).

Following this confirmation, the Government declared Rift Valley Fever outbreak on 20 September 2016, appealing for international support. The Government also took preventive and curative measures such as providing treatment to the affected people, reinforcing the social mobilization (information and communication in the communities and via media), and increasing epidemic surveillance. The Ministry of Livestock was in charge of caring on animals and properly burying the corpse of dead animal.



Source: OCHA Bulletin Humanitaire Septembre – Octobre 2016

The Map indicating the RVF affected areas in Niger

After the official declaration of the epidemic, the Ministry of Health (MoH) requested all its partners in the country to mobilize efforts in order to stop the spread of the epidemic through awareness campaign and community-based epidemiological surveillance. The Niger Red Cross (NRCs) society was specifically called upon to support the Government with community-

based activities. Based on this request, the NRCs solicited the support of its Movement partners and specifically the IFRC through a DREF worth CHF 99, 514. The DREF activities were mainly implemented in the Tahoua region of the country.

Summary of response

Overview of Host National Society

Since the onset of the epidemic, the NRCs has been monitoring the situation alongside the Ministry of Public Health and WHO. The National Society is also 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 requested to support the response through social mobilization activities as well as deploying well trained volunteers to the affected areas.

The Niger Red Cross Society has liaised with its regional committees in the affected areas, to obtain additional information and assess the needs. The President of Tahoua branch committee took part to the regional task force for the outbreak monitoring. In the Tahoua region, the volunteers were alerted, mobilized and they remained in regular contact with health authorities in the affected areas. After the briefing sessions and self-protective measures, the volunteers have joined the public health workers to reinforce community awareness in the affected and at risk zones.

The NRCS has requesting the support of the IFRC through a DREF allocation, which included social mobilization through door-to-door awareness sessions and community radios, targeting 124,337 people for two months.

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

The DREF activities implementation has mobilized 100 volunteers who benefitted from a training on the knowledge of the disease, the universal prevention measures and community-based epidemiological surveillance. They were supervised by the Health Coordinator of the NS and the RDRT deployed for the purpose.

Overview of Red Cross Red Crescent Movement in country

The Red Cross and Red Crescent Movement are present in the country and they are operational in all the eight regions of the country including in Tahoua. The International Committee of Red Cross is present in the country with a country delegation in Niamey and some sub delegations within the country specially in Tahoua and Diffa. Regarding this outbreak, ICRC has not expressed intention to intervene. PNS are also present in the country they include French Red Cross, Belgian Red Cross, Spanish Red Cross, Luxembourg Red Cross, Iranian Red Crescent Society, Irish red Cross: However, they were not involved in the response to the Rift Valley Fever Epidemic. They are mostly dedicated in their resilience activities in the country. The Red Cross Movement actions are highly appreciated by Niger populations and authorities, especially in their area of intervention.

Movement Coordination

Since the beginning of the epidemic, the NRCS has consulted with its partners from the movement. IFRC country office kept close contacts with the Ministry of Public health, Ministry of Livestock and WHO to monitor the situation. IFRC country office conducted work sessions with the NS Secretary executive and departments (health and disaster management) to discuss on the actions to be done. IFRC worked also with the branch committee of the NS to collect information, assess the situation and propose the response to the situation. The Movement partners in Niger have set up a Movement Coordination. Regular meetings are taking place on monthly basis.

Overview of non-RCRC actors in country

During the DREF implantation period, several national and international non-governmental organizations and United Nations agencies were operating in Niger; however, they were mostly involved in their routine activities, and not in the Rift Valley Epidemic response. The IFRC, NRCs, UNICEF and WHO are the only organizations that were involved in supporting the MoH in the response to the Rift valley fever outbreak in the country. Regular crisis meetings were being held at the WHO headquarters in Niamey to coordinate the strategic response plan.

The IFRC Niger Representation, in collaboration with the NRCs, attended the crisis meetings co-led by the MoH, Ministry of Livestock and the WHO on the strategic response plan for Rift Valley Fever outbreak. During the peak period of the

outbreak, crisis meetings were held on daily basis at the MoH. The Committees put in place by the MoH for the response the Rift Valley Fever were also meeting once per week; and the Niger health cluster meeting was taking place once per week. As the epidemic situation has decreased, the number of meetings has also gradually reduced. However, the Niger health cluster meetings were continuing because it deals with all health problems in the country and not only for Rift Valley Fever.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The outbreak occurred in the districts of Tchintabaraden, Tassara and Abalak. All those rural council areas are from Tahoua region and not far from Maya valley. Most the affected population are nomadic pastoralists who have direct contact with blood or organs of the infected animals, or any other body fluid delivered from infected animals (milk). The larval mosquito bites and the blood-sucking flies (blood-feeding) could also transmit the virus. The population at risk were estimated at 124,337 so far.

This number might increase since most of the group at risk (pastoralists) are reluctant to seek medical assistance and are always on the move. Besides the medical assistance, the urgent needs included social mobilization, community awareness sessions, community-based epidemiological surveillance, detection of affected cases and referrals of suspected cases.

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 affected cases and alert or refer them,
- Community awareness and risk reduction practices (sensitize for wearing gloves and protective clothes 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 open air activities during the time the mosquitos (vector species) are active.
- Organize community sanitation activities for vectors control,
- Limitation or prohibition of animal movements.

The sensitization sessions have also been conducted on the treatment sites. The volunteers have used standard IEC materials approved by the Ministry of Public Health and Livestock. To assure the volunteers and avoid contamination risks, the volunteers were provided with protective materials such as masks, hats, hand gel, boots, gloves, etc. This has made them feel comfortable to implement their activities without fearing of being infected. There was also a need to train the primary school teachers on the modes of transmission and preventive measures of the disease to transmit the knowledge in students who are also efficient community behaviour change promoters.

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 regions of Tahoua through community awareness and social mobilization to the target population and support to the treatment sites as well.

Proposed strategy

The Niger Red Cross society provided a refresher training session to 60 volunteers in Tahoua on the outbreak (definition, symptoms, universal prevention measures and action to take).

- Training sessions was provided to volunteers, supervisors, school teachers and health workers (on the general knowledge of the RVF, on community-based surveillance). Didactic/training materials or supports such block notes, pens, flip charts, markers, papers, files, etc. were also provided to the trainees.
- The volunteers were divided into several teams per the affected villages to conduct awareness, prevention, and referral of suspect cases to the health centers or treatment sites (5 days per week).

- The volunteer team's activities were supervised and monitored by 6 supervisors and coordinated by the National Society Health and Communication Coordinators in all the targeted regions.
- The volunteers were also deployed on the treatment sites to conduct awareness sessions on the epidemics and hygiene promotion (7 days per week).
- Volunteers were conducting community awareness sessions from 8 a.m. to 12 a.m. since the period is too hot and sunny. Visibility, protection materials (masks, hand gel, gloves...) and drinking water to refresh them were provided all along the sessions.
- Identified volunteers and equipped with phones were deployed in the community with a task to detect suspected cases and/or referrals the affected cases (epidemic surveillance). The phones were given to the volunteers in charge of community-based surveillance. Due to long distance of the affected area, using phones was one of the efficient way for the volunteers to transmit the information on time. A system allowing the volunteers to send messages or call some phone numbers for free of charge was establish during the operation.
- To maximize the awareness, the NRCs hired community/local radios for broadcasting awareness messages.
- The awareness was also focus on students and teachers.
- As mentioned during the assessment and confirmed by the health structures, treatment sites were supported with first aid materials enabling them to provide efficient response to the outbreak.
- The vector control was monitored by the environmental services of the Government. As Red Cross takes part of the main community actors, the volunteers facilitated communities to identify areas that need sanitation activities and encourage them for implementation. This comes to reinforce the sensitization activity, and engage the community to react on the situation and find solutions by themselves.

All activities were conducted in close cooperation with the community and through advocacy to the community leaders, (religious and traditional leaders) as well as other humanitarian actors. The update information on the situation and the implementation were regularly being shared. The timeframe of the operation was 2 months.

This strategy comes to follow the lessons learnt during the 2015 meningitis response. Though meningitis and RVF are different epidemics, the recent community approaches and response strategies used will remain useful and referred to:

- 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 have contributed in reducing the number of victims;
- Hygiene and health education, and sensitization have led to long-term behavior change preventing and reducing the impact of future outbreaks;
- Community/Local radio and schools were efficient way to reach maximum of people during the outbreak,
- The public has come to know more about the role of the Red Cross/Red Crescent Movement and feel comfortable working with Red Cross,
- NRCs visibility and credibility have significantly increased.

Operational support services

Human resources (HR)

The National Society has mobilized 60 community-based volunteers for the operation. Therefore, the volunteers have supported the DREF operation, and were assigned to support the range of activities implemented. Further, the NRCs National Headquarters (NHQ) has supported the branch committees during the implementation of the operation by involving its staff and through its Health, and DM departments. In addition, the IFRC has strengthen the implementation capacity by deploying an RDRT with community health expertise for one month to coordinate and guide the operation. The Health Department at the Sahel cluster and Nairobi level have supported with technical guidance and orientation. The IFRC Niger Operations Manager was responsible for the overall coordination of the DREF operation.

Logistics and supply chain

- Most the items used during the DREF operation implementation were purchased locally in respect of the IFRC Logistic procedures.
- At least 1,500 long lasting impregnated mosquito nets were also acquired and distributed to the affected population.

Communications

The NRCs has worked closely with the services of the MoH and Livestock and shared information on cooperation with the authorities, partners and the media. The national headquarters has ensured that the Red Cross is visible through the work of volunteers and through the local and international media, via visibility materials and social media platforms and online publications.

Security

Crime and civil unrest were the main threats in Niger, including the area of intervention. There was also a latent risk of Islamist militias. Therefore, an efficient system was put in place to monitor the security environment on a constant basis, and to advise Red Cross and Red Crescent management, volunteers and personnel about changes in the security environment. A security and a contingency plan was established to safeguard personnel and assets. The IFRC country office in Niger has ensured full compliance with the IFRC's MSR (minimum security requirements). All Red Cross Red Crescent personnel and volunteers were wearing the Red Cross Jacket to easy their identification on the field.

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC Sahel regional representation supported 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 were performed through training and learning-by-doing processes. Monitoring and reporting were carried out in respect to the IFRC monitoring framework and tools. A close cooperation between the IFRC and NRCs Operations Managers, was enhanced to ensure that a proper monitoring and reporting system are put in place. The Executive Secretary of NRCs was responsible of the process.

C. DETAILED OPERATIONAL PLAN

Areas common to all sectors

1.Areas common to all sectors
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation
Output 1.1: A pre-assessment, monitoring, reporting, operations support and final evaluation are planned timely in the zone of implementation;
Planned Activities
1.1.1 Assessment and pre-evaluation
1.1.2 Monitoring and reporting
1.1.3 Operation support
1.1.4 Operation final evaluation and Lessons learnt workshop
Achievements
1.1.1 The assessment was conducted by the volunteers of the Niger Red Cross Society in the affected areas. The assessment report revealed that at least 255 human suspect cases were identified and referred to the health centres. Further, at least 4,764 animal abortions were reported by the Red Cross volunteers with at least 3,550 animal death. Also, the volunteers have reported that at least 1,224 households have lost their animals.

1.1.2 The activities were monitored by six supervisors and coordinated by the NRCs Health and Communication head of Departments. Regular reports on Rift Valley Fever situation in Niger have been shared with the regional office through weekly and monthly reports.

1.1.3 The volunteers have supported the DREF operation, and were assigned to support the range of activities implemented. Furthermore, the NRCs National Headquarters (NHQ) has supported the branch committees during the implementation of the operation by involving its staff and through its Health, and DM departments. In addition, the IFRC has strengthened the implementation capacity by deploying an RDRT with community health expertise for one month to coordinate and guide the operation. The Health Department at the Sahel cluster and Nairobi level have supported with technical guidance and orientation. The IFRC Niger Operations Manager was responsible for the overall coordination of the DREF operation.

1.1.4 A final evaluation and lesson learned workshop was organized in Tahoua, on 31 January 2017. This activity gathered all the volunteers involved in the activity, the head of the affected villages, the local administrative authorities and the Red Cross personnel.

Challenges

There were two main challenges during the implementation of this DREF operation:

1. High risk of Rift Valley Fever contamination, the volunteers had to respect the universal control measures and wear at all time personal protective material to avoid contamination.
2. The Rift valley fever occurred during high temperature in the Tahoua region. The volunteers were obliged to work half a day further; a strategy was put in place to provide drinking water at all time to the volunteers.

Lessons learned

It remains important to wear personal protective equipment while dealing with disease of high risk of contamination. Therefore, any time that IFRC is planning for the response to an epidemic with high risk of contamination, kindly includes the protective materials for the volunteers involved in the response.

Health & Care

2. Health & Care

Outcome 1: Immediate risk of RVF spreading over the population in Tahoua is reduced through prevention and control activities

Outcome 2: Contribute to the treatment of RVF outbreak over the population in Tahoua

Output 1.1: Capacity of Niger Red Cross Society and community structures to respond to the epidemic in the affected area is strengthened;

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: 124,337 people)

Output 2.1: The capacities of community health centres are strengthened through support and equipment

Planned Activities

- 1.1.1 Train 60 volunteers on RVF (case definitions, signs, preventives measures,)
- 1.1.2 Refresher session to 30 (among the 60) volunteers on epidemics surveillance and referrals
- 1.1.3 Train 30 teachers of primary and secondary schools on RVF epidemics control;
- 1.1.4 Brief 6 supervisors of volunteers to coordinate the activities;
- 1.1.5 Procure/equip volunteers and supervisors with protection materials (hand gel, and mask/ nose covers, boots, gloves);
 - 1.2.1 Conduct awareness raising / sensitization campaigns for RVF prevention and control in the communities

1.2.2	Conduct awareness raising / sensitization campaigns for RVF prevention and control in the treatment centres
1.2.3	Conduct community based surveillance and case detection in the communities
1.2.4	Organize community/local radios broadcast
2.1.1	Support the health centre in medicine, and materials
2.1.2	Organize hygiene and anti-vectors campaigns together with the volunteers
Achievements	
1.1.1:	At least 100 volunteers were trained on the knowledge of the RVF, the symptoms, the universal control measures
1.1.2:	At least 30 Red Cross volunteers out of the 60 that were trained have received a refresher training on epidemic surveillance and referrals
1.1.3:	At least 70 people including 30 primary and secondary school teachers, community leaders, head of groups and heads of villages have been trained on RVF epidemic control
1.1.4:	At least 6 Red Cross supervisors have been briefed on the knowledge of the disease and on the coordination of activities
1.1.5:	All the RC volunteers and supervisors involved in the implantation of this operation were equipped with protection material (hand gel, and mask/ nose covers, boots, gloves);
1.2.1:	the trained volunteers actively conducted awareness raising / sensitization campaigns for RVF prevention and control in the communities. At least 479,432 people were reached with the awareness sessions including 154,766 women, 172,131 children and 152,535 men. A total of 66,392 household have been visited during the door-to-door awareness campaign
1.2.2:	At least 24 Health personnel from the Ministry of Health have been trained on RVF prevention and control in the treatment centres, they conducted awareness raising in their health centres. At least 125,426 people were reached by the awareness session in the Health treatment centres.
1.2.3:	The 30 RC volunteers that received refresher training on the RVF surveillance and the community leaders are conducting community-based epidemiological surveillance. At least 255 human suspect cases and 143 animal suspect cases were identified and referred to the health centres, 4,764 animal abortions have reported, 3,550 animal deaths have also been reported.
1.2.4:	During the implementation of the DREF operation activities, all the community radios in the affected areas have contributed in the awareness raising through the dissemination of radio spots and messages on the disease prevention.
2.1.1:	The health district of Tchintabaraden where was installed the centre of treatment of affected cases has benefitted a support of the NS with some medical materials
2.1.2:	At least 10 days of hygiene, sanitation and anti-vectors campaign activities were organized in five municipalities with the active participation of the local population and volunteers with the aim of destroying larval breeding sites.
Challenges	
After the implementation of the DREF operation activities, the mains challenges that came out are as follows:	
<ul style="list-style-type: none"> - Delay in the treatment of affected cases due the ignorance of the population; - The non- acceptance of the disease by the population; - Difficult access to some affected areas; - Uncontrolled transhumance of animals; - The existence of unknown zoonosis that can affect the animal breeders 	
Lessons learned	
The involvement of community leaders, religious leaders and local authorities during awareness campaign is a key factor to reach the maximum of the population. Further the use of primary school children in awareness raising is another important element that can favour the spread of the message to the grassroots of the family.	

D. THE BUDGET

Reference documents

æ

Click here for:
Previous Appeals and updates
Emergency Plan of Action (EPoA)

Contact Information

For further information specifically related to this operation please contact:

In Bangui:

- **Central African Red Cross Society:** ISSA MAMANE Executive Secretary; Phone: +227 96 39 90 41; Email: issamamane2003@yahoo.fr
- **Niger IFRC Country Representation:** Ibrahima KASSE; Country representative: Phone: +227 88 69 99 99 Email: lbrahima.kasse@ifrc.org

In the Africa Region

- Farid Abdulkadir, Head of DCPRR Unit, Nairobi Kenya; Phone: +254 731 067 489; Email: farid.aiywar@ifrc.org
- Rishi Ramrakha, Head of Region Logistics Unit Nairobi; phone: +254 733 888 022, fax: +254 202 712 777; Email: rishi.ramrakha@ifrc.org

In Geneva

- Cristina Estrada, Response Recovery Lead; Phone: +41227304260; Email: cristina.estrada@ifrc.org

For Resource Mobilization and Pledges:

In Africa Region: Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; Phone: +254 714 026 229; Email: fidelis.kangethe@ifrc.org

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

In Africa Region: Penny Elghady, Acting PMER Coordinator Africa; phone: +254731067277; Email: penny.elghady@ifrc.org.

æ

Click here

1. Revised Emergency Appeal budget (*if needed*) **below**
2. Click **here** to return to the title page

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 Disaster 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.

www.ifrc.org
Saving lives, changing minds.



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.

Disaster Response Financial Report

MDRNE016 - Niger - Rift Valley Fever Outbreak

Timeframe: 30 Sep 16 to 31 Dec 16

Appeal Launch Date: 30 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/4	Programme	MDRNE016
Budget Timeframe	2016/9-2017/01	Budget	APPROVED
Split by funding source	Y	Project	PNE047
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		134,536				134,536	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		134,536				134,536	
C4. Other Income		134,536				134,536	
C. Total Income = SUM(C1..C4)		134,536				134,536	
D. Total Funding = B + C		134,536				134,536	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		134,536				134,536	
E. Expenditure		-120,914				-120,914	
F. Closing Balance = (B + C + E)		13,622				13,622	

Disaster Response Financial Report

MDRNE016 - Niger - Rift Valley Fever Outbreak

Timeframe: 30 Sep 16 to 31 Dec 16

Appeal Launch Date: 30 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/4	Programme	MDRNE016
Budget Timeframe	2016/9-2017/01	Budget	APPROVED
Split by funding source	Y	Project	PNE047
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			134,536			134,536		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	8,000		6,341			6,341	1,659	
Teaching Materials	2,400		2,066			2,066	334	
Other Supplies & Services	3,160						3,160	
Total Relief items, Construction, Sup	13,560		8,408			8,408	5,152	
Logistics, Transport & Storage								
Distribution & Monitoring	15,000		14,916			14,916	84	
Transport & Vehicles Costs	5,100		3,689			3,689	1,411	
Total Logistics, Transport & Storage	20,100		18,605			18,605	1,495	
Personnel								
International Staff	5,000		1,949			1,949	3,051	
National Society Staff	4,100		4,096			4,096	4	
Volunteers	57,755		57,726			57,726	29	
Total Personnel	66,855		63,771			63,771	3,084	
Workshops & Training								
Workshops & Training	14,760		14,531			14,531	229	
Total Workshops & Training	14,760		14,531			14,531	229	
General Expenditure								
Travel	3,000		1,870			1,870	1,130	
Office Costs	1,950		1,623			1,623	327	
Communications	3,000		2,754			2,754	246	
Financial Charges	2,950		1,971			1,971	979	
Other General Expenses	150						150	
Total General Expenditure	11,050		8,220			8,220	2,830	
Indirect Costs								
Programme & Services Support Recove	8,211		7,380			7,380	831	
Total Indirect Costs	8,211		7,380			7,380	831	
TOTAL EXPENDITURE (D)	134,536		120,914			120,914	13,622	
VARIANCE (C - D)			13,622			13,622		

Disaster Response Financial Report**MDRNE016 - Niger - Rift Valley Fever Outbreak**

Timeframe: 30 Sep 16 to 31 Dec 16

Appeal Launch Date: 30 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/4	Programme	MDRNE016
Budget Timeframe	2016/9-2017/01	Budget	APPROVED
Split by funding source	Y	Project	PNE047
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	134,536		134,536	134,536	120,914	13,622	
Subtotal BL2	134,536		134,536	134,536	120,914	13,622	
GRAND TOTAL	134,536		134,536	134,536	120,914	13,622	