

Niger: Hepatitis E Virus Epidemic Outbreak

DREF Operation: n° MDRNE018	Glide n° XXX
Date of issue: 02 July 2017	Date of disaster: 27 July /2017
Operation manager (responsible for this EPoA): Pierre Danladi	Point of contact: Pierre Danladi, Operations Manager, Niger IFRC country cluster
Operation start date: 10 July 2017	Expected timeframe: 3 months
Overall operation budget: CHF 249,183	
Number of people affected: 1,096	Number of people to be assisted: 112,000 people through community sensitization activities
Host National Society presence (n° of volunteers, staff, branches): Niger Red Cross Society (NRCs) staff members and 295 volunteers involved	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): IFRC, ICRC and Niger Red Cross Society (NRCS)	
Other partner organizations actively involved in the operation: UNICEF, WHO, Ministry of Health, and Médecins sans Frontières,	


A. Situation analysis

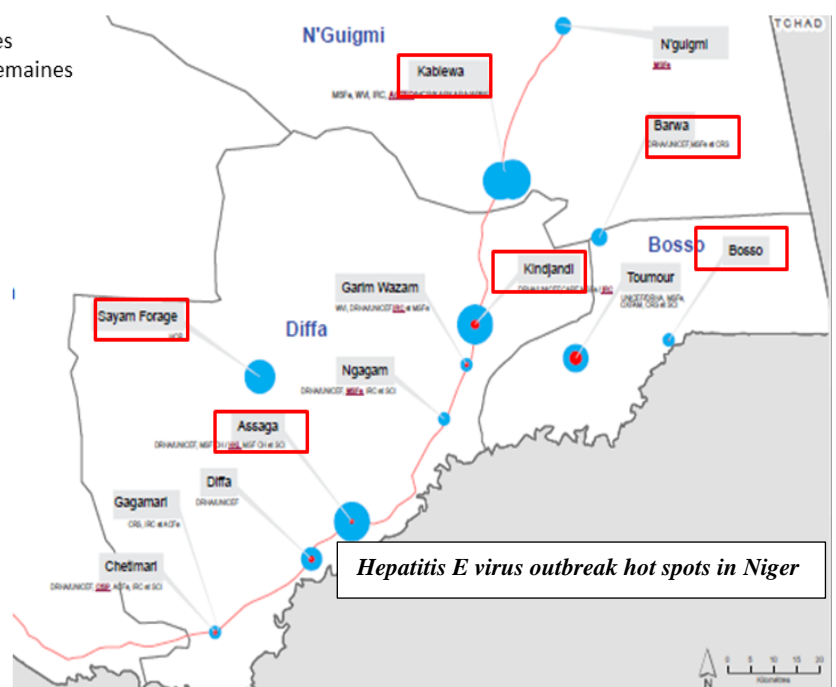
Description of the disaster

Hepatitis E virus is probably the leading cause of hepatitis viral in the world. The global burden of Morbidity Study (WHO, 2010) estimated that at least 20.1 million people are infected globally by the virus genotypes 1 and 2 every year, out of which only 3.4 million people reported the disease, resulting in 70,000 deaths and 3,000 newborns baby deaths.

All hepatitis E viruses that can cause disease to human being belong to a single serotype. Nevertheless, there are

four different genotypes; genotypes 1 and 2 are predominantly fecal-oral, the virus is transmitted by water and / or

 Hotspots des dernières semaines



person to person in the context of low drinking water quality and where the risk of fecal pollution is naturally high or aggravated by seasonal flooding.

The most common clinical presentation starts with a prodromal phase of 1 to 10 days with non-specific flu-like symptoms such as fatigue, discomfort, anorexia, nausea and vomiting. A fever limited between (38-39°C) is common. The first distinctive signs of Hepatitis are often dark urine, pale clay colored stools, followed by the appearance of a jaundice. As a result of the appearance of jaundice, prodromal symptoms generally disappear. More often, the infection heals spontaneously after approximately 2 weeks, however in some cases, a fulminant form of Hepatitis develops.

During pregnancy hepatitis E is the main cause of miscarriages, newborns baby death, preterm delivery, increased risk of neonatal complications such as hypoglycemia and transmission of the Hepatitis virus E from mother to child. In addition to sporadic transmission, genotypes 1 and 2 can cause large-scale epidemics outbreak that can last several months or even years.

Located in the Sahara area, Niger has experienced recurrent and persistent epidemic outbreaks in recent years due to certain diseases, particularly meningitis, measles and recently Rift Valley fever.

In 2017, the country is experiencing its first hepatitis E epidemic virus (HVE) outbreak recorded in the region of Diffa. As of June 29, 2017 the total number of suspected cumulative cases of hepatitis E is 1,096 of which 34 deaths. The trend analysis shows a gradual increase in cases. According to medical doctors, when the rainy season starts, the meningitis slows down while Hepatitis E increases.

To address this situation, the Government through the Ministry of Public Health in collaboration with its Technical and Financial Partners are implementing activities to eradicate this epidemic. It is within this framework that the Niger's Ministry of Public Health has called upon the humanitarian organizations practicing in the field of health including the Niger Red Cross Society to contribute in the response to this epidemic outbreak. Further, the Minister of Health purposely called upon the National Society's President to involve volunteers through community-based awareness sessions and WASH activities. Based on the MoH's solicitation, the President, during the Movement coordination meeting held on 28 May 2017, invited all Movement partners to support the NS to respond to the Government request.

Cumulative suspect cases, deaths and lethality rates due to Hepatitis E per health district of origin as of 29 June 2017 (n=1096)

Health district	Cases	Deaths	Lethality (%)
Bosso	224	3	1.34
Diffa	667	29	4.35
Goudoumaria	8	0	0.00
Maine Soroa	5	1	20.00
N'Guigmi	192	1	0.52
Total	1,096	34	3.10

The above table indicates that the more days and weeks there are, more infections and admissions of patients in the treatment centers. The current rainy season is an aggravating factor to the spread of Hepatitis E epidemic in areas where access to safe drinking water and adequate sanitation is very low.

Summary of the current response

Overview of Host National Society

Since the official declaration of the Hepatitis E virus epidemic outbreak, the Niger Red Cross Society (NRCS) has been monitoring the situation in collaboration with the MoH and through its volunteers' network 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 epidemics and other disasters, the MoH has called upon the NRCS to contribute to the response to this epidemic outbreak through social mobilization and community-based surveillance, and WASH activities. As of 29 May 2017, given the limited resources, The Regional Red Cross Committee of Diffa has prepared Hepatitis E Response Plan of Action to support the Government effort in responding to the epidemic outbreak through community-based awareness raising, community-based epidemiological surveillance, hygiene promotion activities and referral and orientation of sick patients to the health facilities for six months. The Regional committee's plan of Action was submitted to the ICRC delegation in Niamey for support. Therefore, the ICRC provided support for two (2) months activities, focusing on Diffa region awareness raising campaigns, while expecting that other Movement partners in the country to contribute. Based on the work undertaken by the Regional Committee of Diffa, the Health units of the Niger Red Cross Society has developed the document to seek a DREF request at IFRC.

Please kindly note that the Diffa region is also characterized by the Boko Haram crisis which affected more than 300,000 people and force them for displacement in the IDP and refugee sites.

Overview of Red Cross Red Crescent Movement in country

The IFRC is providing support through its Niger country cluster and the Africa region office. Since the onset of the disaster, there has been regular contact with IFRC Niger and Africa region's health and disaster and crisis prevention, response and recovery (DCPRR) team. On 21 April 2017, a first alert was issued using the IFRC Disaster Management Information System (DMIS). Further, on 24 April and 27 May 2017, updated DMIS were issued.

Other Movement partners in country include: The International Committee of the Red Cross (ICRC), and Partner National Societies comprising Belgian, French, Luxembourg, Irish, and Spanish Red Cross Societies, Iranian and Qatari Red Crescent, which are based in the capital city, Niamey. For the moment, only NRCS, ICRC and IFRC are involved in the response to this epidemic outbreak.

On 12 May 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 volunteers implement planned activities in Diffa for, social mobilization and sensitization activities in support of global coordination activities, surveillance and referrals, and providing staff and volunteers with the appropriate training and equipment. The IFRC has planned to support this operation with the deployment of an RDRT member for planning, implementation and monitoring 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 the Regional Office. The IFRC Niger country cluster has also worked in collaboration with the NRCS health unit to collect information, assess the situation and propose a response to the situation. Monthly coordination meetings are regularly held.

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 19 April 2017, the MoH organized a press conference, which provided information on the situation and the actions carried out towards progress and preventive measures with regards to Meningitis and Hepatitis E virus. The same day, the Minister of Health officially declared Hepatitis E epidemic outbreak in the country and launched an appeal to international partners to assist with the response. Further, the Government has set up a multi sector joint investigation mission in the affected area. The mission came back to Niamey and delivered its report on 5 May 2017. Based on the report, the Government has put in place its response Plan of Action to the Hepatitis E Epidemic Virus outbreak which includes:

- Strengthening the capacities of the human health, animal health and environmental services personnel in early detection, prevention and health care of affected cases;
- Strengthening epidemiological surveillance including Laboratory;
- Strengthening Communication and Social Mobilization;
- Promotion of WASH activities at all levels of intervention;
- Ensuring coordination / research at all levels of intervention.

The MoH is working in collaboration with other organizations including the NRCS to mobilize support for the vaccination of vulnerable populations, especially children and women. 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 hygiene promotion items and designing messages for leaflets, posters and image boxes to be used in the awareness sessions. WHO is responsible for the provision of medicines at the health centres and capacity building of health personnel. The NRCS is carrying out social mobilization component of the program, and community-based awareness sessions, detection of suspect cases and referral to the nearest health centres. UNICEF donated 240 cartons of soap to the Diffa Regional Committee to support key messages on Hepatitis E in Bosso, Toumour and Gari Wansam where the components of the Movement intervention is recognized.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Since 9 January 2017, an increase in the cases of jaundice was noted at the mother and child Centre of Diffa including pregnant women. Initially, the cases presented with headache, vomiting, fever, conjunctivitis, pelvic pain, and memory loss. Therefore, yellow fever was suspected with regard to these symptoms. On 12 Apr 2017, the Niger MoH notified WHO of a Hepatitis E virus (HEV) outbreak in Diffa region, but still it was not confirmed. The Minister of Health made an official declaration of the Hepatitis E epidemic outbreak on 19 April 2017, after the Institut Pasteur of Dakar has confirmed the Hepatitis E virus in the sample taken from patients in Diffa. Out of the 29 samples tested by the 14 April 2017, all tested negative for yellow fever and 15 tested positive for Hepatitis E by the Laboratory of the Institut Pasteur of Dakar. As of 29 June 2017, at least 5 out of the 6 districts in the Diffa region have reported affected cases, and 859 cases are from Diffa and N'Guigmi districts. The Hepatitis E is a new disease in the country.

It is not known by neither the Niger population nor its health system. Female are more affected than male (60% - 40%). The population above 15 of age are the more affected with 86,03% of total cases. The Minister also added that the Hepatitis Epidemic virus is fast spreading since the starting of the rainy season in the affected area. As of 29 June 2017, the MoH indicated that at least 1,096 cases were reported in the country, with 33 deaths. It is expected that this number will increase due to the lack of vaccine for the disease, the unknown knowledge of the disease by local population and the health personnel. Therefore, there is an urgent need for social mobilization, community-based sensitization, community-based surveillance and referral of suspect cases, specifically in the worst affected regions of district of Bosso, Diffa and N'Guigmi. Kindly note that the region of Diffa is situated at the border between Niger and the Lake Chad basin countries namely Chad, Cameroon and Nigeria. The Hepatitis E virus is already affecting Chad, therefore there is a need to organize cross border activities with the neighboring countries. Regarding the last idea, the regional IFRC health coordinator has shared documents on cross-border activities which will be inspired and used when undertaking the implementation.

The table below indicates the number of affected cases per health district of origin in Diffa as of 29 June 2017 (n=1096)

Health districts	Cases	Deaths	Lethality %
Bosso	224	3	1.34
Diffa	667	29	4.,35
Goudoumaria	8	0	0.00
Maine Soroa	5	1	20.00
N'Guigmi	192	1	0.52
Total	1,096	34	3,10

Source: Ministry of Health

The NRCS will ensure that the DREF operation is aligned with the IFRC commitment to achieve gender equality and diversity by adapting beneficiary selection criteria that target women headed-households, persons with disability, etc. However, children will be targeted through planned activities since they have been identified as being also vulnerable to the epidemic. Other messages to be included when mobilizing population include prevention of sexual and gender-based violence, and the protection of children. It is expected that 16,000 households (112,000 people) will be reached through this Hepatitis E DREF operation.

B. Operational strategy and plan

Overall objective

To contribute to the reduction of the morbidity and mortality due to the spread of Hepatitis E virus among the population at risk in five districts (Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria) of the Diffa region of Niger.

Proposed strategy

The proposed strategy of this DREF operation aims to support 112,000 people (16,000 households), located across the districts of Bosso, Guigmi, Maina Soroa, Goudoumaria and Diffa centre).

Hepatitis E virus response activities (Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria)

- Training of 295 volunteers including 80 in Diffa centre, 70 in Bosso, 70 in Guigmi, 45 in Maina Soroa and 30 in Goudoumaria. The training will focus on prevention and control of Hepatitis E virus, and community-based surveillance and referral, cross-border epidemiological surveillance and hygiene promotion. The training is budgeted for CHF 20 per participant per day. Following the training, volunteers will be mobilized to carry out sensitization activities at community level. In total, 315 volunteers (295 volunteers and 20 supervisors) will be mobilized for 30 days in Diffa region (three days per week)
- Training of 50 community team leaders on Hepatitis E epidemic disease focusing on the knowledge of the disease, symptoms, mode of contamination, and universal prevention measures.
- Volunteer's activities will be combined with hygiene promotion, community-based surveillance at cross-borders level. Community-based sensitization will be carried out from 08:00 to 12:00 due to the extreme heat that prevails by mid-day in the areas of implementation. Each volunteer will be provided with a per diem of CHF 8.34 per day. Please note that the per diem rate for volunteers is increased compared to the previous DREF operation in Niger (CHF 10), which is to be carried out concurrently due to increased living costs in the affected areas. In addition, CHF 7 approx. have been budgeted to enable cases (100) to be referred to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) and visibility materials (500 bibs) will also be provided to volunteers to assist them with planned sensitization activities.
- Carrying out the distribution of hygiene promotion items including 25 litres jerry can (6,000 pieces) and soap (32,000 pieces) with the installation of 100 hand washing kits within the affected communities.
- Construction / rehabilitation of two (02) water drilling systems and five (5) community latrines in public places such as schools and markets.
- Training of supervisors (20) on supporting volunteers with the implementation of planned activities. This has been budgeted at CHF 20 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, and will be issued a per diem of CHF 16,67.
- A coordination workshop will be organized in Niger/Nigeria, Cameroon or Chad for the joint planning, implementation and harmonization of messages and cross-border community-based surveillance strategies. Three people from each of the lake Chad basin countries will gather for 03-day workshop. For the preparation of the workshop, the terms of reference will be prepared by the host country.

All the planned activities will be carried out in cooperation and collaboration with the community and through advocacy to the community, religious and traditional leaders and other actors. By attending coordination meetings at national and field levels, a continuous assessment and analysis of the situation will be carried out.

The proposed strategy has been informed by the following lessons learnt from the response to previous outbreaks in the country:

- after the operation, 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 has increased.

Operational support services

Human resources

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

- NRCs' NHQ will support the regional committee during the implementation of the DREF operation by involving its staff. The NRCS health and watsan (Water, Sanitation and Hygiene Promotion) coordinators will extend their support to the regional committee and manage the DREF operation through collaboration with field staff. Through the DREF allocation, provisions have been made to cover allowances for the NRCS health and watsan coordinator; health assistant and finance assistant for twelve weeks.
- At least 295 volunteers will be mobilized to work in Diffa region, including 80 in Diffa main town; 70 in Bosso; 70 in Nguigmi; 45 in Maina Soroa and 30 in Goudoumaria. Each volunteer will receive a per diem, of CHF 8.34 per volunteer per day (30-day activities).
- At least 20 supervisors will be mobilized to support the management of volunteers with at least 8 in Diffa main town; 4 in Dosso; 4 in Nguigmi; two (2) in Maina Soroa; and two (2) in Goudoumaria. Each supervisor will receive a per diem of CHF 16.67 per day.
- The IFRC Niger country cluster Operations Manager will be responsible for the overall coordination of the DREF operation, including timely implementation, compliance and reporting. The IFRC secretariat will extend the contract of the RDRT member deployed in Niger to support the implementation of the Meningitis DREF operation for two additional months and for the driver of the leasing vehicle.

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 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 and 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 three months, which will include provision for fuel and maintenance (budgeted at CHF 2,010).

Information technologies (IT)

The IFRC IT manager will work closely with the Communication Coordinator of the NS to ensure information sharing. A computer will be given to the RDRT member to support the planning, monitoring and reporting on activities.

Communications

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

Security

The security situation is relatively stable but remains still unpredictable in the affected regions. However, the IFRC Niger country cluster remains responsible for the security of all IFRC personnel in country and all IFRC operations should 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 of planned activities 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. The DREF will also provide the production of volunteers' bibs for the visibility of volunteers during the implementation of activities.

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 IFRC on the general progress of the operation through the RDRT member, and regular monitoring reports will provide detailed indicator tracking.
- The RDRT member will provide ongoing monitoring of the NS local branches, with support from the NHQ level, and he/she will work in close cooperation with 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 to ensure that planned activities 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 planned activities 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 the conditions of the MoU. Cash transfer mechanisms (Western Union, Money Gram or Al IZZA), etc. will be used by the NRCS to transfer funds from the NHQ level to branch level in the areas of implementation. CHF 1,000 have been budgeted to cover the costs of transfers. Based on previous issues related to fluctuations between EURO and CHF, CHF 3,000 has been budgeted to ensure any losses to be covered. Branch office costs for utilities and maintenance (CHF 1,500) and communications (internet, airtime, courier services, etc.; CHF1,125) have also been budgeted.

- The RDRT member 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 cluster Finance and coordination Unit.

Budget

DREF OPERATION

09/06/2017

NIGER

Meningitis and Hepatitis Epidemics

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	31,000	31,000
Medical & First Aid	3,760	3,760
Teaching Materials	6,504	6,504
Utensils & Tools	15,000	15,000
Other Supplies & Services	16,000	16,000
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	72,264	72,264
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	12,833	12,833
Transport & Vehicle Costs	9,650	9,650
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	22,483	22,483
International Staff	12,000	12,000
National Staff	833	833
National Society Staff	3,200	3,200
Volunteers	84,784	84,784
Total PERSONNEL	100,817	100,817
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	29,260	29,260
Total WORKSHOP & TRAINING	29,260	29,260

Travel	750	750
Information & Public Relations	0	0
Office Costs	2,900	2,900
Communications	3,500	3,500
Financial Charges	2,000	2,000
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	9,150	9,150
Programme and Supplementary Services Recovery	15,208	15,208
Total INDIRECT COSTS	15,208	15,208
TOTAL BUDGET	249,183	249,183

Reference documents



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: ibrahima.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: Kentaro Nagazumi, Partnership and Resource Development Coordinator, Nairobi, mobile phone: +254 714026229; email: kentaro.nagazumi@ifrc.org

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

In Africa Region: IFRC Region: Fiona Gatere, PMER Coordinator; Nairobi; email: fiona.gatere@ifrc.org



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.

