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Emergency Plan of Action Final Report

Ghana: Cholera Response

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRGH012	Operation n°
Date of Issue: 7 November 2016	Glide number:
Date of disaster: 26 October 2016	
Operation start date: 1 November 2016	Operation end date: 31 January 2017
Host National Society: Ghana Red Cross Society	Operation budget: CHF 171,842
Project manager: Abel Augustinio, WASH delegate in Ghana, responsible for planning, monitoring, reporting and compliances of the operation	National society contact: Secretary General, Ghana Red Cross;
Number of people affected: 727,929	Number of people assisted: 250,000 (41% reached by DREF operation)
National Societies involved in the operation: 60,000 of volunteers, 50 staff, 10 branches	
N° of other partner organizations involved in the operation: Ghana Health Services, Ministry of Local Government, National Disaster Management Organization (NADMO), Local Government, WHO, UNICEF and Global Communities	

A. SITUATION ANALYSIS

Description of the disaster

Ghana recorded cases of Cholera in October 2016. The first cases of cholera were detected on 21st of October 2016, in the Cape Coast district, Central region when a case patient presented with acute watery diarrhoea. The next day there were two case-patients with similar symptoms also in Cape Coast district. The number of cases detected in peri-urban communities in Cape Coast Metropolitan continued to rise from 36 cases on the 26 October, to 117 cases on 30 October. By 2nd of November, the total number of cases had risen to 172 with zero deaths. The exponential increase in cases indicated high transmission potential of infections in the peri urban communities.

Central region is made up of 26 districts, six of these districts reported cholera cases. The districts were Cape Coast Municipal, Abura Asebu Kwamankese, Komenda Edina Eguafo Abrem, Twifo Hermang, Asekuma Odoben Brakwa and Mfantseman districts. The Cape Coast Municipal recorded 138 cases representing 80% of the total 172 cases reported by the 2nd of November 2016.

In response to the outbreak, on the 28 October an emergency National Technical Coordination Committee (NTCC) meeting was held to respond to the cholera outbreak. On 29 October, a multi-disciplinary national rapid response team (RRT) was deployed to the Cape Coast to support the response on the ground. The RRT conducted orientation for the regional and district response teams and established technical sub committees, which were aligned to the coordination structures and harmonized cholera control interventions. Five technical sub-committees were established including surveillance/laboratory, risk communication/social mobilization, WASH, and case management/infection prevention and

control, and coordination/logistics. The NTCC developed a Cholera Contingency Plan, which guided the response to the outbreak.

In response to the outbreak, Ghana Red Cross Society (GRCS) participated in national and regional level coordination mechanisms. By the time of the outbreak, the GRCS had just completed a 14-month cholera preparedness project, supported by DG ECHO and Swiss Red Cross in the Greater Accra region. As such the NS was well prepared to respond to the needs on the ground technically.

Summary of response

Overview of Host National Society

The GRCS was actively involved in the response to the outbreak. As part of its response, the regional branch engaged 80 volunteers whose role was to sensitize the communities on the outbreak and referring identified cases to health facilities. An emergency meeting was called by the Director of Public Health at the national level on the 28th of October 2016 to form a national multi-sectorial response team to support the region. During this meeting, recognizing the capacity of the Red Cross built by the ECHO and Swiss Red Cross supported project on Cholera preparedness and response in 2015 using the Sword and Shield strategy, it was recommended that the National Society be part of the team to support technically on WASH activities.

The Red Cross prepositioned the following items from its HQs and Greater Accra stock, 50 kg of hypo chlorine granules, 4 spray cans, 4 packs of Agua-tabs boxes, 2 first aid kits, 100 pairs of hands gloves, 100 nose masks, 10 veronica buckets of 20 liters with tap for hand washing, 50 cholera kits and some Information, Education and Communication

(IEC) materials on cholera. Furthermore, the regional branch supported the Central Regional Hospital with 2 tents for the establishment of a cholera treatment center.

By 2nd November 2016, over 400 affected households including food vendors and public facilities had been reached through WASH activities which included disinfection of contaminated households and public latrines, house to house awareness, case investigation and surveillance and referrals. The Red Cross was called upon by the response team to train the regional staff on how to prepare chlorine solution for disinfection and treatment. The Red Cross also activated the Sword and Shield strategy after engaging and orientating 25 volunteers. 18 of the



Ghana Red Cross Volunteers doing household disinfection and education in Abra community on 2nd October 2016

volunteers were supporting WASH activities whilst 7 of the volunteers were placed at health facilities as cholera case agents. All the volunteers were provided with cell phones through which they were to produce activity reports using RAMP on the MAGPI system.

The Red Cross was a member of the social mobilization and risk community team for the response. The communication group held a meeting to revamp risk communication/social mobilization interventions. The team made a comprehensive plan and formed three major groups, focusing on the following: general health promotion in the community; food safety education; and school-focused interventions. The team also launched a WhatsApp platform that started disseminating key health education messages to the targeted communities.

Overview of Red Cross Red Crescent Movement in country

The IFRC through its WASH delegate based in Ghana and with technical support from the Regional Cluster in Abuja, Nigeria, worked closely with the National Society by supporting its staff and volunteers in all activities. This ensured that management and operational issues were directed and implemented in accordance to the principles and core values of the Red Cross movement to reach the needs of the most vulnerable. Consultative and coordination meetings were held in country with the NS, IFRC and Swiss Red Cross Society, the only PNS with presence in Ghana. Similar meetings were held through skype calls between technical departments of the NS and IFRC within the cluster, Africa Region and Geneva respectively.

Overview of non-RCRC actors in country

The Ghana Health Service was the lead in the response to the outbreak. Support was also received from WHO and the Global community through WASH interventions.

Needs analysis and scenario planning

The assessments conducted at the onset of the outbreak pointed out to a number of needs which needed to be addressed urgently to reduce the continued spread of the cholera outbreak. The following needs were identified as areas that required urgent attention

Lack of access to potable water, per rapid assessment findings by Red Cross in November 2016, out of 74 public facilities assessed, only 44% of water sources were fully functional (providing water of acceptable Quality and quantity with no disruption) 63% of the facilities sourced water from municipal water network.

Access to proper sanitation; 47% of public facilities used flush (water based latrines) the remaining used pit latrines or open defecation, only 47% had handwashing facilities, though without soap.

The lack of access to water and sanitation in public facilities such as schools, open markets, health and religious institutions presented the highest risks to cholera transmission and directly linked to personal and food hygiene.

Furthermore, challenges related to; limited activities on risk communication/social mobilization interventions, infrastructural inadequacies in all cholera treatment centres e.g. limited beds designated to cholera patients, shortage of personal protective equipment (PPE).

High risk communities included those living in slums with limited or no access to water and sanitation services, people utilising public facilities including open markets, schools, religious institutions, and people who attended social gatherings such as weddings, funerals and those dining in restaurants.

Risk Analysis

During the implementation period no operational or security risks were experienced implementation went on as planned.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective

The overall objective of the operation was to contribute to the reduction of mortality and morbidity linked to cholera disease outbreak within the affected communities of Central region of Ghana, through the provision of health, water, sanitation and hygiene activities.

The overall objective was achieved through implementation of activities which included the following:

Social mobilization- A total number of **80 volunteers** were trained to conduct social mobilization activities during the operation. The operation targeted and reached out to a total number of **314,600 people (104,866, males and 209,734 females) 78,650 households** with social mobilization activities which included house to house visits, public meetings and mass media communication through the local radio and television. The social mobilization activities focused on the promotion and demonstration on the use of household water treatment materials and the distribution of cholera IEC materials through the Sword Teams.

Improvement of WASH services- This was done in public facilities within the cholera affected communities through the Shield Teams. The NS volunteers had been trained on how to disinfect public latrines and this was useful as it helped to reduce the outbreak of cholera in 20 communities. During the implementation period a total number of **100 latrines were and 800 households** were supported with the disinfection by the trained volunteers.

Distribution of NFIs- A total of **4,325 Households** were supported with household disinfection, distribution of household cholera kits consisting of 450g of soap, water purification tablets/sachets enough for 15 liters per person per day for 30 days. A total number of **200 hand washing** stations were set up in public places in the targeted 20 communities.


Ghana Red Cross Society's interventions were embedded in the already established coordination structures and the NS worked closely with its counterparts in the Coordination and management strategic committee, Social Mobilization subcommittee, Water, Sanitation and Hygiene (WASH) subcommittee and Health Subcommittee.

The GRCS approach focused on containing the spread of cholera through timely and targeted response to the affected households and communities within a radius of the households hosting the victim using a robust complementary teams' structures consisting of **sword teams targeting intervention at household level, shield teams targeting intervention at community level, health facility cholera alert teams** stationed at health facilities and information management unit.

The Red Cross will established the following operational surge structures:

- **Seven Cholera Alert volunteers** – These were stationed at 7 health facilities which were receiving cholera cases, each volunteer worked closely with the outpatient department (OPD) and disease surveillance departments in each health facilities. Cholera Alert volunteers also played a role in providing information to the SWORD and SHIELD teams immediately on any admitted suspected case through a created WhatsApp platform followed by a detailed case report shared on cell phones on MAGPI platform using RAMP.
- **4 SWORD Teams with 5 members each** – These were Water, Sanitation and Hygiene (WASH) teams specifically responsible for providing support at household level within a period of 3 hours after receipt of suspected cholera case. Their role was to conduct household disinfection where necessary, conduct cholera awareness sensitization sessions at household level; promote and demonstrate the use of household water treatment materials, distribute cholera promotional IEC materials; distribute household cholera kits consisting of 450 g of soap, water purification tablets/sachets enough 15litres per person per day for 30 days and to collect general information on household access to water, sanitation and type of livelihood.
- **5 SHIELD teams of 7 members each,-** These teams were on standby for deployment within affected communities covering 2 km radius to conduct Social mobilization using targeted messages through house to house, community meetings, school and churches and mass communication through radio using jingles and panel discussions; promotion of risks reduction activities e.g. handwashing stations in public latrines, schools, markets, restaurants and food vendors, funerals and water treatment (bulk or household levels) among others.
- **Information Management Unit,-** Each of the teams set up was responsible for producing an update on each activity carried out including maps and photos using standard reporting format. The data was captured on a standard form uploaded using a cell phone which was also uploaded on MAGPI using central platform where it was collated and shared to the team leaders in real time.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 314,600 (78,650 hh) Male: 104,866 Female: 209,734</p>		
Outcome 1: The immediate risks to the health of cholera affected households are reduced		
Output 1.1: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Target	Actual
Train 80 volunteers for 2 days, 40 per each day on cholera disease surveillance, social mobilization, psycho social support, cholera standard operating procedures in coordination with MoH and District Health Offices	80	80
Distribute ORS and soap and aqua tabs to 1050 families within 3 months.	1,050	1,050
Conduct health promotion campaigns (focus on AWD and cholera prevention) within the cholera affected communities including malaria and water-borne diseases. 10 days per month for three months – 30 days		Done
Reproduction and distribution of 30,000 pieces IEC materials to affected households	30,000	30,000
Monitoring the impact of health education		Done
Narrative description of achievements		

During the operation, a total number of 80 Ghana Red Cross volunteers received training to enhance their capacity to respond to the cholera outbreak as well as prevent further outbreaks of any AWD diseases. The same volunteers were also trained on social mobilization on cholera, awareness raising, hygiene promotion and household water management. The table below highlights the number of volunteers trained per area.

Area	Number of Volunteers
Ekon	12
Abura/Pedu	8
Brofoyedur	6
UCC	8
OLA	3
Efutu	3
Kotokuraba	18
Akafao	2
Elmina	8
Agona	4
Abeeshia	2
Bren Akyinim	2
Dabir/Banyeadze	4

To promote good hygiene practices a total number of 1050 HHs were supported through the provision of soap and aqua tabs. The volunteers also trained these households on how to use the sops and aqua tabs.

A total number of 314,600 people (78,650 families) about 126% of target population were reached by volunteers in the 20 cholera affected communities during house to house health promotion and education campaigns this has enhance their positive behavior change.

The NS also managed to procure and distribute a total number of 3,000 IEC materials. These were distributed to communities, affected households during the social mobilization activities.

Challenges

The DREF operation experienced delay in the procurement and delivery of household water treatment chemicals and hand washing stations due to delay in disbursement of funds to Ghana red Cross Society, this delay was mainly due to the processing of MOU and NS meeting working advance requirements in accordance to IFRC procedures. Aqua tabs distribution for household water treatment were insufficient as more communities became aware of its usage during the house-to-house visits. Despite the delay in the transfer of DREF funds to the GRCS for the implementation of the programme, the NS was able to achieve so much through pre-financing of both the NFIs as well as the payments of volunteer's incentives.

Lessons Learned

It can be noted that during the operation volunteers played an important role in raising awareness in communities. In most cases volunteers put up more time and effort that they would do during normal times. Hence under such circumstances it is important to improve volunteer management and motivation by ensuring that they are motivated at all times and have essential items such as protective clothing and insurance.

Also, to note is the importance of having adequate resources which are prepositioned at all times. This can help the NS to respond effectively and immediately especially before the approval of the DREF.



Water, sanitation and hygiene

People reached:78,650

Male:

Female:

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Output 1.1. Hygiene promotion activities and use of hygiene items provided to 252,000 target population (63,000 households) through deployment of Shield teams

Indicator	Target	Actual
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Recruitment training of 70 volunteers in social mobilisation, household and latrine disinfection using chlorine, rapid assessments as shield teams	70	70
Social mobilization on cholera reaching through house to house approach	63,000	78,650
Production and distribution of IEC materials	30,000	30,000
Social mobilization activities targeting schools, public markets, religious institutions and other community gatherings		Done
Cholera messages through sessions, jingle on local radios		10
Output 1.2 Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population		
Indicator	Target	Actual
Procurement and Distribution of 100 hand washing buckets to public latrines	100	100
Procurement and Distribution of water treatment chemicals including aqua tabs or PUR	4,325	4,325
Output 1.3 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicator	Target	Actual
Disinfection of public latrines at least 3 times a week, 100 latrines	100	100
Promotion and distribution of hypochlorite for public latrines disinfection and water treatment for hand washing and drinking purposes	20	20
Installation of 200 hand washing stations at all public institutions	200	200
Monitor the impact of WASH activities		Done
Narrative description of achievements		
<p>Seventy volunteers (70) received training on how to contain cholera using disinfection of affected households using chlorine solutions. The volunteers were provided with all necessary equipment and were immediately deployed to any households reported to have a suspected cholera victim. The deployed teams were referred to as “Sword teams” and their main tasks included conducting assessments of all suspected sources of infection, encouraging the household’s members to wash all clothes, disinfect water containers and utensils and areas such as toilets, and water points. They also played a role in conducting general awareness on cholera causes, signs and prevention. During the operation, the SWORD Team managed to disinfect 800 cholera affected households.</p> <p>Over 30,000 Information Education and Communication (IEC) materials in the form of pamphlets containing messages on cholera were distributed within the 20 affected communities.</p> <p>A total number of 314,600 people (78,650 families) about 126% of target population were reached by volunteers in the 20 cholera affected communities during house to house health promotion and education campaigns this helped to enhance their positive behavior change.</p> <p>The use of mass media through radios and TV resulted in airing of 10 slot session on both TV and Local Radio stations. A total number of 200 hand washing station were installed strategic areas such open markets, public toilets within in 20 communities. The handwashing stations included 50 liters water containers with a tap erected on a stand, supplied with chlorinated water with soap.</p> <p>A total number of 4,325 HHs were supported with soap and aqua tabs and they also received knowledge on how to use them by GRCS volunteers in cleaning the public latrine thus reducing the outbreak of the cases in 20 communities.</p>		
Challenges		
<p>Aqua tabs distribution for household water treatment were insufficient as more communities became aware of its usage during the house to house visits.</p>		

The setting of coordination mechanism by government was delayed and this resulted in lack of organization and leadership.

Lack of community based capacity in epidemic control and response also impacted on the operation.

Lessons Learned

The involvement of traditional leaders is key and important for behavior change as they are the opinion leaders in the communities and hence can help effect change. The media is an effective tool for disseminating information and hence should be involved at all levels of the operations. There should be strengthened coordination among stakeholders led by the Region Coordination Council/ NADMO at least once each quarterly.

Having a contingency plan in place is essential but also more importantly conducting simulation exercises as outlined in the plan is essential to improve the response of the NS.

Community surveillance is important to detect outbreaks of diseases before they can spread. Hence having more volunteers trained and provided with resources that would allow them to do such activities is important.

Influence others as leading strategic partner

Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the cholera operation

Output 1.1 Initial needs assessment are updated following consultation with beneficiaries

Indicator	Target	Actual
Training of 80 volunteers in Rapid Assessment Mobile Phones (RAMP) and using standard data collection forms	80	47
Conduct rapid assessment reports which provide data on affected population and their vulnerabilities	1	1

Output 1.2: The emergency plan of action is updated and revised as necessary to reflect needs

Indicator	Target	Actual
The emergency plan of action is updated and revised as necessary to reflect prevailing needs		Done

Outcome 2: The management of the operation is informed by a comprehensive monitoring and evaluation system

Output 2.1 Monitoring information informs revisions of plan of action where appropriate

Indicator	Target	Actual
Collection and analysis of activities through daily and weekly and monthly situation updates		Done
Regular operation review (daily, weekly and monthly) based in accordance to evolvement of situation of outbreak		Done
Procurement of 25 cell phones and airtime	25	0

Output 2.2 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate

Indicator	Target	Actual
Conduct DREF evaluation and lesson learned workshop		Done

Narrative description of achievements

With the support from Regional Disaster Response Team member (RDRT) who was deployed to Ghana and the local members of the National Disaster Response Teams (NDRT) forty-seven out (47) out of targeted 80 volunteers received training on how to use Rapid Assessment Mobile Phones (RAMP) and using standard data collection forms 1 day Carry out needs and gaps assessment.

A rapid assessment led by the WASH delegate and the GRCS Health Coordinator was conducted at the onset of the emergency using RAMP. The 47 trained volunteers were utilized as enumerators. The findings of the assessment were very useful in the subsequent plans of the operations including the government and other stakeholders

A weekly situational report for the cholera operation was prepared and shared with Ghana Red Cross management and key stakeholders in the IFRC Multi Cluster office in Abuja. This enabled both the teams to come up with appropriate changes on the Plan of Action.

Procurement of phones was not done as the GRCS used its available stock for the operation which was returned after the operation.

Challenges

No major challenges were encountered under this sector during the implementation of the operation

Lessons Learned

Continuously monitoring the trends especially during health disasters is useful for making relevant decisions and also improving on the plan of action.

Prepositioning of stocks as well as pre-financing whilst waiting for DREF funds is useful as it ensures timely and efficient response that can save lives.

D. THE BUDGET

The NS through the operational plan had presented a budget of a total amount of CHF171,842. Of the presented budget a total amount of CHF164,679 was utilized to meet the needs of the affected households which is about 96% implementation. Hence a total amount of CHF 7,163 will be returned to the DREF fund. Within the project implementation some variances on the budgets were made but these were based on the actual needs on the ground. The table below explains some of the major variances:

Activity	Budget	Variance	Comment
Medical and first aid	31,500	30,233	Under this budget line the plan was to procure and distribute 1050 hygiene kits (ORS, soap, aqua tabs) to families within 3 months and replenish stock. The procurement of these items was done as well as the distribution to the targeted households.; However, these were not procured using this particular budget line but were procured under the WASH budget lines. Hence the funds under this budget line were not fully utilized as only procurement of hand gloves, wellington boot & nose was done using this budget line.
Utensils and Tools	1250	-30,119	The procurement of handwashing buckets was budgeted under the WASH budget line during the planning stage. However, during the implementation, the correct budget codes were used to book the expenses and thus the buckets were booked under the utensils and tools budget code creating the variance highlighted here.
Distribution and monitoring	1,500	1,500	During the implementation of activities, the monitoring and distribution costs were conducted using other budget lines for travel as well as for transport and vehicle costs hence this budget line was not utilized.
National Society Staff	10,500	-5648	There were extra costs for the monitoring and allowances for the National society staff who were supporting the activities of the volunteers and the implementation of the DREF.
Volunteers	3,320	-30,299	There was an underbudgeting on the costs for volunteer allowances and transport costs. The volunteers were an important part of the operation and hence there was need to provide them with their transport and allowances. Hence the variance was due to the increased costs of allowances and transport costs for the volunteers.
Travel	0	-4210	The budget did not include costs for travel however there was the deployment of an RDRT to support the WASH activities. Hence the variance was for covering the costs for the RDRT flights. The cost for RDRT deployment should be covered from head <i>international staff under personnel</i> , cost for allowances and in-country cost exceeds the budget, the travel had to be covered from <i>travel</i> head.

Contact information

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

National Society

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For In-Kind donations and Mobilization table support:

IFRC Africa Regional Office for Logistics Unit:

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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.

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2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Disaster Response Financial Report

MDRGRH012 - Ghana - Cholera Outbreak

Timeframe: 07 Nov 16 to 07 Feb 17

Appeal Launch Date: 07 Nov 16

Final Report

Selected Parameters

Reporting Timeframe	2016/11-2018/6	Programme	MDRGRH012
Budget Timeframe	2016/11-2017/2	Budget	APPROVED
Split by funding source	Y	Project	*
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			171,842			171,842	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			171,842			171,842	
C4. Other Income			171,842			171,842	
C. Total Income = SUM(C1..C4)			171,842			171,842	
D. Total Funding = B + C			171,842			171,842	

* 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			171,842			171,842	
E. Expenditure			-164,679			-164,679	
F. Closing Balance = (B + C + E)			7,163			7,163	

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Budget Timeframe	2016/11-2017/2	Budget	APPROVED
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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)				171,842			171,842	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	45,234			34,651		34,651	10,583	
Medical & First Aid	31,500			1,267		1,267	30,233	
Teaching Materials	15,000			16,867		16,867	-1,867	
Utensils & Tools	1,250			31,369		31,369	-30,119	
Other Supplies & Services	3,000						3,000	
Total Relief items, Construction, Sup	95,984			84,154		84,154	11,830	
Logistics, Transport & Storage								
Storage	2,400			2,400		2,400	0	
Distribution & Monitoring	1,500						1,500	
Transport & Vehicles Costs	3,000			3,073		3,073	-73	
Total Logistics, Transport & Storage	6,900			5,473		5,473	1,427	
Personnel								
International Staff	6,000			5,935		5,935	65	
National Society Staff	10,500			16,148		16,148	-5,648	
Volunteers	3,320			33,619		33,619	-30,299	
Total Personnel	19,820			55,702		55,702	-35,882	
Workshops & Training								
Workshops & Training	35,250			4,771		4,771	30,479	
Total Workshops & Training	35,250			4,771		4,771	30,479	
General Expenditure								
Travel				4,210		4,210	-4,210	
Information & Public Relations	1,000						1,000	
Office Costs				176		176	-176	
Communications	900			142		142	758	
Financial Charges	1,500						1,500	
Total General Expenditure	3,400			4,528		4,528	-1,128	
Indirect Costs								
Programme & Services Support Recove	10,488			10,051		10,051	437	
Total Indirect Costs	10,488			10,051		10,051	437	
TOTAL EXPENDITURE (D)	171,842			164,679		164,679	7,163	
VARIANCE (C - D)				7,163		7,163		

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Budget Timeframe	2016/11-2017/2	Budget	APPROVED
Split by funding source	Y	Project	*
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
BL3 - Strengthen RC/RC contribution to development							
Health	171,842		171,842	171,842	164,679	7,163	
Subtotal BL3	171,842		171,842	171,842	164,679	7,163	
GRAND TOTAL	171,842		171,842	171,842	164,679	7,163	