



Emergency Plan of Action (EPoA)

Bolivia: Influenza Outbreak



DREF N° MDRBO011	Glide N°: EP-2018-000071-BOL
Date of issue: 18 June 2018	Planned implementation period: 3 months Planned end date: 11 June 2018
Amount requested from DREF: 72,274 CHF	
Total number of people at risk: 165,015 people.	Number of people to be reached: 8,250 people.
Presence of Host National Society: The Bolivian Red Cross (BRC) has 9 departmental branches and 1,200 volunteers.	
Partners of the Red Cross and Red Crescent Movement that are actively participating in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations that are actively participating in the operation: Pan-American Health Organisation (PAHO) and the Bolivian Ministry of Health.	

A. Situation analysis

Description of the Disaster

As of 24 April 2018 (epidemiological week- EW 16), an unusual influenza outbreak with a predominance of A H1N1 and B viruses was reported in the department of Santa Cruz in Bolivia. The Bolivian Ministry of Health reported that as of 4 June 2018 (EW 22), there were 1,473 confirmed cases of influenza in the following departments: Santa Cruz (96%), La Paz (1%) and Beni (1%). At the national level, there are 25 confirmed deaths (fatality rate of 1.69%). The national territory has been on a red alert since EW 19.

The Ministry of Health on 8 May launched a national-level vaccination campaign that targets at-risk groups (children under 2 years of age, pregnant women, people with existing illnesses and adults over 60 years of age) and health workers. However, in the first five weeks, the vaccination against influenza coverage only reached 32 per cent of the targeted population. This operation is being launched now to support the Ministry of Health's vaccination campaign, aiming to help the government reach more people. Additionally, the incidence of influenza is expected to rise in the upcoming weeks.



Bolivian Red Cross volunteers implemented hygiene promotion activities to prevent influenza in the city of Santa Cruz. Source: BRC

As of EW 22, the following cases have been registered at the national level:

DEPARTAMENT	CASES	DEATHS
La Paz	17	2
Oruro	2	-

Potosi	1	-
Santa Cruz	1428	23
Chuquisaca	4	-
Beni	13	-
Pando	8	-
TOTAL	1473	25

Source: Ministry of Health Epidemiological Unit (January- June 2018)

As of EW 22, the Santa Cruz Departmental Health Service (SEDES for its acronym in Spanish) reported 5,334 suspected cases, 1,428 positive cases and 23 deaths (with a fatality rate of 1.61%). This is the first time since 2009 that there have been more than 1,000 confirmed cases of influenza in Santa Cruz department.

Santa Cruz SEDES declared a red alert on 20 April, which involved strengthening control actions and activating a contingency plan to increase the assistance for people affected by influenza.

The high fatality rate of influenza in 2018 has affected people belonging to population groups at risk. All the deaths were reported in people who had chronic diseases (diabetes, heart disease, high blood pressure, cancer, amongst others). These people died due to not receiving the vaccination against influenza or delays in seeking medical attention (only doing so three or four days following the start of the symptoms).

According to data provided by Santa Cruz SEDES, the positive cases detected in this department mainly affect the outskirts of the capital, Santa Cruz de la Sierra, and several rural municipalities. Of the 1,184 positive cases identified in the city of Santa Cruz de la Sierra, the most affected sector is the Municipal District 7, which is an outlying municipal district.

Historically, viruses type A (H1N1 – H3N2) and type B circulate in Santa Cruz causing annual outbreaks with a seasonal pattern that saturates health services and increase demand for economic, material and human resources to address these emergencies. These viruses can also lead to death, mainly for people with risk factors (children under 5 years of age, pregnant women, elderly people or people with chronic diseases). As the following table indicates, the 2018 figures as of epidemiological week 20 are higher than previous years:

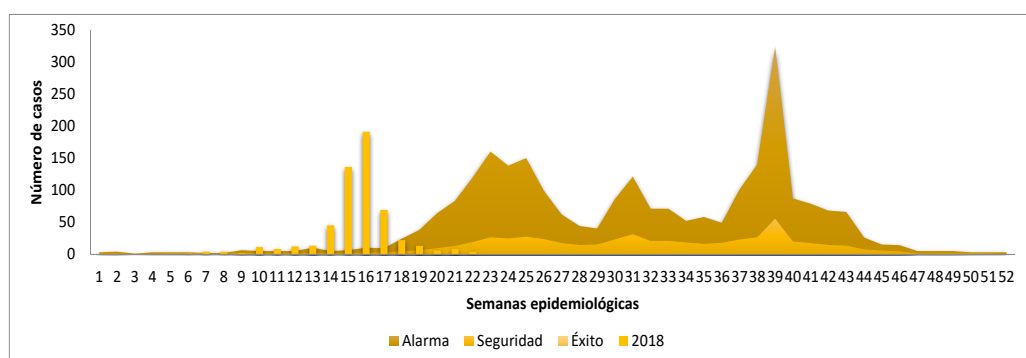
Annual history of Influenza cases 2009-2018

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*
Suspected cases	14492	306	3154	2563	2991	2143	836	2617	2119	5334
Confirmed cases	1485	5	867	534	624	504	177	701	608	1428
Deaths	14	2	4	3	5	10	5	25	6	23

Source: Santa Cruz SEDES Epidemiology Unit (as of Epidemiological Week 22)

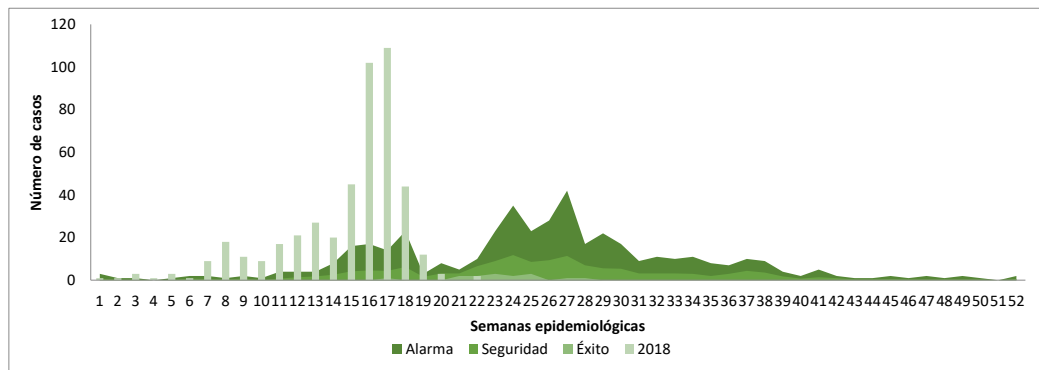
The following graphics demonstrate that the number of cases currently registered surpass the alert levels established in the country:

Endemic passage of Influenza A (H1N1) Bolivia: January – June 2018



Source: Ministry of Health Epidemiology Unit (as of Epidemiological Week 22)

Endemic passage of Influenza B Bolivia - January – June 2018



Source: Ministry of Health Epidemiology Unit (as of Epidemiological Week 22)

According to the endemic channel as of EW 22, the national level is in a safe zone. However, the historic trend indicates that an upturn is expected in the ensuing epidemiological weeks.

Summary of the current response

Overview of Host National Society.

The Bolivian Red Cross (BRC) has its national headquarters in La Paz and each of the country's nine departments has departmental branches with their respective municipal branches. The National Society recently has undergone a leadership change, which has generated modifications in some of its programmatic staff.

At the national level, the BRC has 1,200 total volunteers. The BRC branch in Santa Cruz, located in the area of the outbreak, has 60 volunteers, as well as administrative staff, with experience in community actions and projects.

This BRC branch is participating in meetings of the Emergency Operations Centre in Health (EOCH), activated by Santa Cruz SEDES to organize the health sector's response to the emergency. Additionally, it is using its social networks to disseminate messages to prevent influenza. Branch-level volunteers also are implementing activities to promote healthy habits to prevent the spread of viruses.

Due to the sustained increase of influenza cases, and in line with its humanitarian mandate and auxiliary role to the State in humanitarian matters, the Bolivian Red Cross conducted a detailed assessment process of the impact of the outbreak. Different meetings have been held with the Ministry of Health and the Pan-American Health Organization (PAHO) to obtain epidemiological information necessary for planning the actions of this operation.

The BRC national headquarters deployed its project coordinator and health coordinator, alongside a regional intervention team (RIT) member specialized in health to Santa Cruz de la Sierra to conduct a rapid field assessment in the department.

Overview of Red Cross and Red Crescent Movement in country

The Bolivian Red Cross has maintained continuous coordination with the IFRC Americas Regional Office (ARO) Health Unit and the IFRC South American Disaster Manager to monitor the outbreak of influenza in the country. The country cluster support team (CCST) office in Lima additionally supports the National Society during this emergency.

The ARO Health Unit has monitored the evolution of the outbreak in Bolivia through its Health in Emergencies area and is reviewing the information published by the Bolivian Ministry of Health and the Pan-American Health Organization. This information has been shared with the other areas of the ARO and the National Societies of the Americas through the weekly publication of epidemiological bulletins.

The ARO Communication Unit has developed a communications pack with key messages to promote healthy habits and prevent influenza. These packs have been shared with the BRC and other National Societies in the region. Additionally, messages are being transmitted through IFRC Americas social networks on manners to prevent influenza.

The ARO Department of Disasters and Crisis deployed a RIT member specialized in health to Bolivia to assist the National Society in the field assessment of the impact of the epidemic outbreak and the creation of this emergency plan of action for the response. The Health Unit's Health in Emergencies and Community Health Coordinator was deployed to support initial actions and planning, with the oversight of the IFRC Disaster Manager for South America.

Overview of non-RCRC actors in country

The Bolivian Ministry of Health, through the Epidemiological Unit's Influenza area, is addressing cases as soon as they are

identified.

In coordination with the SEDES epidemiology staff, directors of local hospitals, experts from the National Institute of Health Laboratories (INLASA) and the National Tropical Diseases Centre (CENETROP), the State is creating a strategy to respond to the epidemic that focuses on four response pillars:

- Strengthening the laboratories' network
- Intensification of epidemiological surveillance
- Improvement in patient assistance
- Strengthening communications.

The Bolivian government acquired 1.8 million vaccinations against influenza from the PAHO, which mainly were distributed in the Santa Cruz and La Paz departments. During the second half of April, 400 treatments for the influenza virus (Oseltamivir) were delivered to each SEDES in the country's nine departments.

Starting on 8 May, the Ministry of Health is implementing a national-level vaccination campaign that targets at-risk groups (children under 2 years of age, pregnant women, people with existing illnesses and adults over 60 years of age) and health workers. This campaign is planned to continue for the duration of the winter season. As of the second week of June, the vaccination against influenza coverage had only reached 32 per cent (approximately 576,000 doses) of the targeted population. Considering this low level of coverage, the Ministry of Health continues to convoke the population in the at-risk groups to go to their local health centres for vaccinations against influenza.

The Pan-American Health Organization works with the Ministry of Health on its technical consultation and to strengthen the implementation of the four response pillars against the influenza outbreak at the national level. As mentioned, PAHO facilitated the acquisition of vaccinations against influenza, through the Rotary Fund, which the Ministry of Health is using for its vaccination campaign.

The Santa Cruz Departmental Health Service declared a departmental red alert on 20 April and activated its contingency plan to respond to the outbreak of influenza. This contingency plan contains the following elements:

- Activation of the Emergency Operations Centre in Health
- Implementation of an information and education system for the population on the basic concepts of influenza, prevention measures and basic hygiene practices
- Strengthening the epidemiological surveillance system in public health services
- Strengthening capacities of health staff and alternative physicians
- Strengthening of problem solving capacities
- Assistance provided to patients in the public health service that is focused on strengthening intensive therapy units for adults and children with influenza
- Strengthening the communications area and health promotion
- Implementation of the "filters" methodology that aims for the early identification of cases of influenza in educational units (and other institutions).

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The active circulation of three influenza virus types: A (H1N1 and H3N2) and B in Bolivia leads to seasonal outbreaks. The current outbreak has shown that people in the at-risk populations have a greater probability of suffering from complications caused by influenza. To date, all the deaths caused by influenza complications were registered in people from these at-risk populations. People frequently lack the knowledge that they belong to an at-risk group, which increases their vulnerability to influenza complications. Elderly people are an at-risk group and lack the correct information to prevent influenza and often have existing chronic health conditions; these factors make this population group highly vulnerable to contracting the illness.

Winter in South America starts in June and ends in September. Bolivian winters are characterized by low temperatures (10°C) in the country's western region; austral cold fronts can lead to temperatures below 15°C in the eastern region. These falls in temperatures historically have facilitated the emergence of serious respiratory illnesses; thus, if health promotion and influenza prevention activities are not conducted, the increase in the number of people getting sick, and even dying, due to influenza is likely to increase in the next three months.

The Ministry of Health has indicated that after five week of its campaign, the national-level figures for vaccinations against influenza is relatively low (32% coverage in the targeted population). It is necessary to increase vaccination promotion activities with these target groups to decrease their risk of experiencing health complications and possible deaths due to influenza.

The deaths in Santa Cruz demonstrate that prevention and assistance activities against influenza should be conducted to support the Ministry of Health's actions. Promotion activities for influenza prevention activities and for participation in the Ministry of Health's vaccination campaign are needed. This entails targeting the people in the at-risk population in promotion of the ministry's vaccinations against influenza and promoting that they seek immediate medical treatment upon the

appearance of signs and symptoms of influenza.

Access to information is central to the creation of health plans and specific information should be provided to generate behaviour change of people in at-risk groups.

Communication and information materials with a focus on the target population need to be developed. This includes the identification of key messages that promote positive behavioural changes.

Targeting

This proposal will focus on the city of Santa Cruz de la Sierra (Department of Santa Cruz), and more specifically the Municipal District No. 7, which has a population of 165,015 inhabitants. As mentioned, this is the urban zone with the highest number of cases of influenza. At the same time, activities will be carried out at the national level for the mass dissemination of health promotion and influenza prevention messages in central zones. This operation will support the Ministry of Health's vaccination campaign and other activities that target people in at-risk populations.

The criteria for selecting beneficiaries will focus on people in at-risk groups:

- Children under two years of age
- People over 60 years of age
- Pregnant women
- Elderly people
- People with a chronic illness

These criteria have been selected based on scientific evidence that demonstrates that due to their compromised immune systems, the above population groups are more vulnerable to complications from the influenza virus.

Furthermore, SEDES has informed the Bolivian Red Cross of the need to control the spread of influenza in spaces where many people congregate, such as social centres for the elderly and work places. While the necessary items (antibacterial gel and facemasks) have been provided by the government, they are often used inappropriately, highlighting the need for preventive health education.

Scenario planning

The data provided by the Ministry of Health indicates that since EW 20, the epidemiological influenza outbreak has reduced. However, considering the arrival of winter, the active circulation of three types of influenza virus and the previous outbreak in the Eastern-Amazonian zone in which there were three influenza spikes during the year, there is a possible risk of an increase in morbidity and mortality rates due to influenza.

Until now, neither the Ministry of Health or Santa Cruz SEDES has declared a state of emergency. These government agencies have indicated that it is important to increase and extend surveillance and social mobilization activities.

The following scenarios have been developed based on previous outbreaks:

BEST CASE SCENARIO	<ul style="list-style-type: none"> • The coverage of the vaccination campaign for at-risk groups is extremely high (75% or more). • The general public demonstrates behaviours that protect it against contracting influenza. • The number of cases and deaths has reduced and is below the parameters of the historical baseline for influenza in all the departments of Bolivia. • Hospital capacity adequately meets the need for medical attention of those seeking treatment.
MOST PROBABLE	<ul style="list-style-type: none"> • The coverage of the vaccination campaign for at-risk groups is good (40% - 75%). • The general public partially demonstrates behaviours that protect it against contracting influenza. • There is a second (and probably a third) increase in the number of cases in the department of Santa Cruz and an increase in the number of cases in the departments located in Western Bolivia (La Paz, Potosí and Oruro) between the months of June and August. • Hospital capacity is saturated by people seeking medical treatment for influenza. • There is an increase in the severity of the influenza outbreak, but it remains within the historical parameters of the illness.
WORST CASE SCENARIO	<ul style="list-style-type: none"> • The coverage of the vaccination campaign for at-risk groups is low (less than 40%). • The general public does not demonstrate behaviours that protect it against contracting influenza. • The number of people with influenza is more than the endemic figures for the illness at a national level. • Hospital capacity is collapsed and is unable to respond to the health needs of people with influenza. • There are outbreaks of violence among people seeking medical assistance and medication. • The number of deaths caused by influenza increase. • Entrepreneurial and industrial capacities are seriously affected due to the number of people with influenza.

- As collective protection measures, schools, public spaces, markets, etc. are closed.

Operation risk assessments

To address the risk that BRC volunteers contract influenza, the following prevention measures will be taken for all people who participate in this operation.

- Vaccinations against influenza.
- Transmission of key messages about good hygiene habits.
- Early and suitable medical assistance when a symptom appears.
- Psychosocial support for volunteers.
- The provision of protection materials such as N95 facemasks.

B. Operational strategy

Overall Operational objective

Contribute to the mitigation of the morbidity and mortality caused by influenza in Municipal District no. 7 of the city of Santa Cruz de la Sierra in Bolivia by reaching at least 8,250 people with influenza prevention support.

The implementation of the current emergency plan of action (EPoA) aims to support the Ministry of Health's actions, particularly its campaign to provide vaccinations against influenza to decrease the risk of morbidity and mortality in at-risk population.

Intervention strategy

- The Community Engagement and Accountability (CEA) approach will be used to create a communication strategy that contributes to the decrease in the number of people who fall ill or die due to influenza. This communication strategy will be based on the promotion of the vaccination against influenza in at-risk population and the promotion of health behaviours that decrease the general population's risk of getting sick with influenza.
- At least 8,250 people, targeting the at-risk population, receive information about prevention measures against influenza. This information will be based on actively promoting vaccination against influenza in at-risk groups and in promoting healthy behaviour that decreases the active circulation of influenza (coughing etiquette, personal space, handwashing, among others) in the general population. This activity is not only focused in Santa Cruz, but will also be conducted in other departments where influenza incidence could increase in winter: Beni, Pando, La Paz, Potosí and Oruro departments.
- At least, 12 activities are implemented for the promotion of the Ministry of Health's vaccination against influenza for people in the at-risk population. In coordination with the Ministry of Health, health fairs will be organized in highly dense areas such as markets, movie theatres, public parks and plazas. The BRC volunteers will conduct activities that promote the vaccination against influenza in at-risk groups and foster healthy behaviours against influenza in the general population. In these fairs, the Ministry of Health will provide vaccinations against influenza to the targeted at-risk population.

To guarantee the integrated programming of this EPoA, as well as transparency and accountability for this strategy, it is essential to guarantee people's access to the necessary materials and information. This will be done by considering the following:

- Continuous analysis and evaluations of the evolution of the outbreak of the epidemic during the implementation of this EPoA with timely decision-making. This will include permanent contact with the relevant government and international authorities (Ministry of Health, the Departmental Health Service of Santa Cruz and PAHO).
- Permanent communication between BRC national headquarters and the Santa Cruz branch to ensure the suitable implementation of the activity's EPoA with constant support from specialist technical staff
- Coordinated work will be carried out with the sectors mentioned in this EPoA such as the finance, logistics and operational areas.
- The Community Engagement and Accountability approach will be used to ensure community participation in the implementation of this plan. This approach will include transparency and accountability measures to identify the functionality of the actions.
- This EPoA will try to promote community resilience at all times to achieve a better community response to future influenza outbreaks.

Human resources

A project coordinator and a financial officer will be hired locally for the duration of this three-month operation. Additionally, the

National Society will make technical and administrative staff available for the operation. The BRC branch in Santa Cruz has 60 volunteers to carry out activities. This operation will provide insurance, per diem allowances, transport costs, as well as protective and visibility material for volunteers to implement this plan.

As part of the assistance and technical support provided by the IFRC, one regional intervention team member specialized in health will implement and coordinate actions to support the EPoA for a two-month period. As the National Society recently has undergone a leadership change, which has generated modifications in the programmatic staff, this period of technical support will contribute to strengthening the skills of staff and volunteers.

In addition, the IFRC will continue to provide needed technical guidance and orientation for the duration of this operation. As part of this support, the Regional Health in Emergencies Coordinator will work with the National Society on the rapid assessments and the Disaster Management Coordinator for South America will conduct one monitoring mission to Bolivia. The Bolivian Red Cross will also receive remote technical support from the IFRC for issues of communications, CEA, finances and planning, monitoring, evaluation and reporting (PMER).

Logistics and supply chain

The BRC branch in Santa Cruz is equipped with two training rooms with a capacity for 80 and 30 people respectively, an office with a warehouse for operational units (volunteers), an office and warehouse within the Training Centre and a Medical Centre with six consulting rooms, in addition to the reception area and waiting room. This branch also has a four-door 4 x 4 vehicle for transport.

All procurement related to this operation, will follow the IFRC's standards procurement procedures and sphere standards for NFIs purchases. The procurement of items and services will meet the required conditions based on the needs of the affected population and/or the operational areas to guarantee the appropriate level of supplies and optimal performance. All purchases will be made in-country with the support of a procurement officer from RLU Panama.

Information Technology (IT)

The Bolivian Red Cross has an information department with a computerized system to provide services associated with this technology, providing data, internet and access to networks and technical support for the operation and staff in the field. BRC also has a national radio network to facilitate contact with operational teams and staff in the field.

Communication and information

BRC has communication media and social networks and contact with key governmental actors and civil society organizations.

The BRC branch in Santa Cruz has:

1. A Communication Officer.
2. Use of social networks, as well as internal and external communications.
3. The local branch has a social network accounts (Facebook, Twitter, Google +, Instagram and YouTube).
4. Institutional email.

The promotion, dissemination and visibility activities will be coordinated with the national communications officer in the national headquarters in La Paz.

Security

The Santa Cruz branch has operational security norms for volunteers and staff members, requiring the compulsory use of vests, hats and raincoats that identify them as members of the Santa Cruz branch of the Bolivian Red Cross. In addition, volunteers respect local practices, traditions and beliefs.

Institutional vehicles have basic security features (lights, seatbelts and mechanical assistance kits) as well as the BRC emblem in three locations.

Planning, Monitoring, Evaluation and Reports

The National Society will engage in constant monitoring and evaluation of activities during the development and implementation of this EPoA.

The following monitoring activities will be implemented:

- Visits by staff from the national headquarters to supervise the provision of humanitarian assistance.
- Regular monitoring meetings.
- Monthly activity and coordination reports prepared within the context of DREF.
- Indicators will be regularly reviewed to measure the level of progress.
- A final report will be prepared at the end of the operation.

Administration and Finances

Bolivian Red Cross has an Accounting and Finance Department that guarantees the appropriate use of financial resources in accordance with the conditions established in the Memorandum of Understanding between the National Society and the IFRC. The management of financial resources will comply with BRC regulations and IFRC procedures. In addition, the points established in the Memorandum of Understanding will be used for the justification of expenses, and this will involve the use of IFRC forms, including DREF procedures and directives to guarantee the suitable management of funds.

The CCST in Lima finance team will provide operational support for the review and validation of budgets, bank transfers and technical assistance regarding the procedures for the justification of expenses, including the review and validation of invoices.

AP021	Meetings with public entities for a detailed assessment of the situation.																		
AP021	Rapid health assessment (BRC and IFRC regional health in emergencies and community health coordinator)																		
AP021	50 volunteers are trained in the prevention, diagnostics and treatment of influenza by staff from SEDES.																		
P&B Output Code	Product 1.3 Health: Community-based illness prevention and health promotion in the target communities.	# of printed materials and key messages identified # of people reached with information messages # of dissemination campaigns held																	
	Planned activities Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	The communications strategy is designed and implemented using the CEA approach with an emphasis on prevention measures against influenza focused on the promotion of the Ministry of Health's vaccinations against influenza.																		
AP021	Creation and printing of materials for the prevention against influenza, focused on the promotion of the Ministry of Health's vaccinations against influenza.																		
AP021	Radio spot for the mass dissemination of key messages on influenza identified using the CEA approach.																		
AP021	12 activities for the promotion of the Ministry of Health's vaccinations against influenza for people in the at-risk population.																		

Strategies for Implementation

Required (CHF): 27,848

P&B
Output
Code

Output S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Outcome S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.

Contact information

For further information specifically related to this operation please contact:

In the Bolivian Red Cross

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In the IFRC

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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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



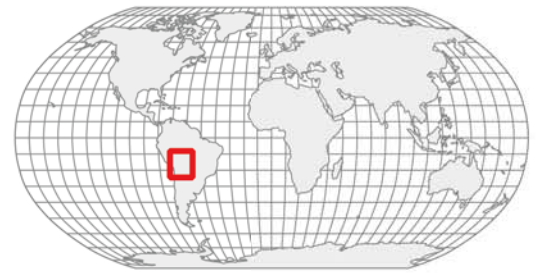
Promote **social inclusion**
and a culture of
non-violence and **peace**.

DREF OPERATION

Bolivia Influenza Outbreak

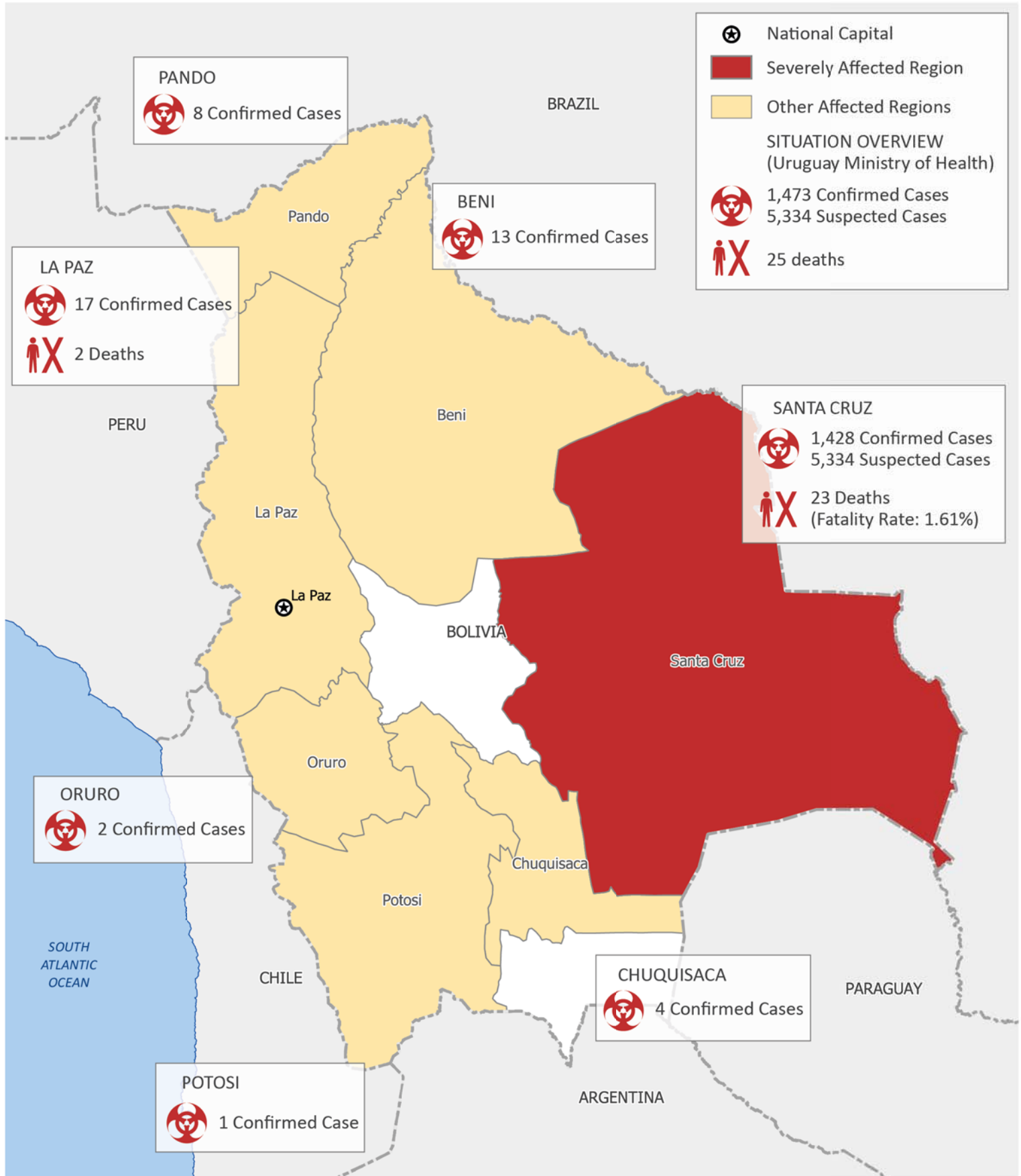
MDRBO011

Budget Group	DREF Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	30,688
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	30,688
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	572
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	572
International Staff	11,831
National Staff	0
National Society Staff	8,873
Volunteers	5,275
Other Staff Benefits	0
Total PERSONNEL	25,980
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	493
Total WORKSHOP & TRAINING	493
Travel	7,395
Information & Public Relations	789
Office Costs	592
Communications	1,035
Financial Charges	320
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	10,131
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	4,411
Total INDIRECT COSTS	4,411
TOTAL BUDGET	72,274



Bolivia, Influenza: Disaster Relief Emergency Fund

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The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: OCHA, WFP, ICRC, IFRC.

0 150 300 km

