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DREF final report Kenya: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRKE026
GLIDE n° EP-2013-000064-KEN
DREF Final Report
22 February, 2014

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 134,627 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 25 May 2013 to support Kenya Red Cross Society (KRCS) in delivering immediate assistance to up to 1,153,148 beneficiaries.

Summary: On 21 May 2013, Kenya Red Cross Society, supported by IFRC, responded to the reported polio outbreak in the region by supporting the government-led polio immunization campaign for children under 15 years in Dadaab, Fafi, and Lagdera districts and under 5's in the districts of Garissa, Wajir, Mandera, Nairobi and Turkana counties.

A wild polio virus (WPV) was isolated in specimens collected from a 32-month old female child who suffered onset of acute paralysis on 18 April 2013, and from specimens collected from 3 close contacts from the Banadir region of Somalia. In Kenya, two positive cases were identified in Hagadera camp, involving two children; a 2 year and a 4 year old. The specimens were collected and laboratory confirmation done by KEMRI/CDC laboratories. The potential risk for in-camp transmission is high considering inter-camp movements by refugees. The risk was also high in surrounding host community, and in the neighbouring urban centres including Garrisa and the border towns of Wajir and Mandera. In response to this outbreak, four rounds of immunization activities/campaigns were launched by the ministry of health, targeting the re-established transmission route/areas in Kenya that include the three districts in Garissa for round 1 (Dadaab, Fafi, and Lagdera), the three counties of North Eastern and Nairobi county in round 2, and the whole country in rounds 3 and 4.

This DREF operation was used to train and deploy volunteer mobilizers for effective social mobilization, community awareness creation (ACSM – advocacy, communication and social mobilization), support supervision as well as logistics for vaccine transportation and outreach sessions. The exercise deployed 93 divisional coaches and 716 Community Health Workers (CHWs)/ KRCS volunteers. The campaign was



Kenya Red Cross Society volunteer and Ministry of Health staff administer polio vaccine in Nairobi, May 2013. Photo/KRCS

able to reach 1,081,849 children less than 5 years of age and under 15 years in host districts around Daadab refugee camp against the pre-campaign target of 1,153,148. KRCS also supported logistics by providing 14 KRCS vehicles to facilitate daily delivery of vaccines and vaccination teams to the targeted 14 districts. The support also included provision of PA system for mobilization.

All activities planned under this operation have been carried out. An unspent balance of CHF 7,485 has been returned to DREF.

Funds from the IFRC Tsunami Residual Funds contributed to the replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

On behalf of the Kenya Red Cross Society, IFRC would like to sincerely thank all partners for their generous contributions and support to this operation and DREF.

[<click here for the final financial report, or here to view contact details>](#)

The situation

Polio is a highly contagious illness that can spread easily from person to person. When a person is infected with polio, it is expected that polio transmission among susceptible household contacts will occur in nearly 100 percent of children and over 90 percent of adults. Polio transmission most often occurs through contact with stool from an infected person. Less commonly, transmission occurs through contact with respiratory droplets or saliva.

When the World Health Assembly (WHA) launched the Global Polio Eradication Initiative (GPEI) in 1988, over 125 countries were considered to be endemic for the disease (i.e. ongoing circulation of indigenous wild polioviruses - WPVs), with an estimated 350,000 children paralyzed each year. Application of the four-pronged eradication strategy 5 developed in the Americas had by 2004 resulted in the eradication of one of the three serotypes of WPVs (WPV type 2 - last isolated in 1999), a 99% drop in the annual incidence of the disease globally, and the elimination of the remaining indigenous virus serotypes from all but six countries in the world.

Worldwide there has been a 99% reduction in polio since 1988 – but progress had levelled out by 2005. Since 2005: persistence of indigenous polio in four countries has been complicated by repeated re - infection of polio free areas. Despite the development, licensure and widespread application of new mono-valent oral poliovirus vaccines (OPVs) in 2005 to enhance the impact of supplementary immunization activities (SIAs) in key remaining reservoirs, and the intensification of the global eradication effort in 2007, indigenous wild poliovirus type 1 (WPV1) and 3 (WPV3) transmission has continued in geographically limited areas of four countries: Nigeria, India, Pakistan and Afghanistan. The challenge of interrupting the residual WPV transmission in these areas has been compounded by the recurrent exportation of WPV from northern Nigeria and northern India into previously polio-free areas within and outside their borders. Many of these re-infected countries, particularly in sub-Saharan Africa, suffered substantial and recurrent polio outbreaks due to low routine immunization coverage (<80%), suboptimal outbreak response and weak health systems, together constituting a 'WPV importation belt' that



Her Excellency, the First Lady of Kenya, Margaret Kenyatta launches the Polio Campaign. Photo/KRCS

stretched from west Africa, into central Africa and to the Horn of Africa. In four of these countries, the imported WPV was either known (Angola, Chad) or suspected (Democratic Republic of the Congo, southern Sudan) to have persisted for >12 months as of mid-2009, leading to their designation as having “re-established” transmission. In addition to these four ‘re-established transmission’ countries, in 2009 a further 15 countries suffered new importations.

The national and international spread of WPVs, and risk of subsequent outbreaks, now appears to be largely predictable, following known migration routes and exploiting weaknesses in health systems. While outbreaks can occur in other geographic areas where there are gaps in OPV coverage (as evidenced by the large outbreak confirmed in April 2010 in Tajikistan), this knowledge has facilitated a better targeting of efforts to improve population immunity in highest-risk areas (North Eastern Kenya and Nyanza) by enhancing the quality of both Supplementary immunization Activities (SIAs) and routine immunization systems.

Kenya currently has nine (9) confirmed cases of polio as at 22nd July 2013 following the first confirmed case in on 30th April 2013 in Daadab (Hagadera) refugee. The recent cases indicate that the outbreak has spread out of the camp into neighbouring districts of Daadab, Fafi and Wajir. All the specimens were collected and laboratory confirmation done by KEMRI/CDC laboratories. The potential risk for in-camp transmission is still high considering inter camps movements by refugees. The risk is also high in surrounding host community, and in the neighbouring urban centres including Garrisa and border towns of Wajir and Mandera. In response to this outbreak, 4 rounds of supplementary immunization activities/campaigns were launched by MOH targeting the re-established transmission route/areas in Kenya that include the three districts in Garissa for round 1 (Dadaab, Fafi, and Lagdera), the three counties of North Eastern and Nairobi county in round 2 and the whole country in round 3 and 4. There are however indications that additional three (3) rounds shall be conducted based on the increasing number of rounds to seven (7) and may run up to December 2013.

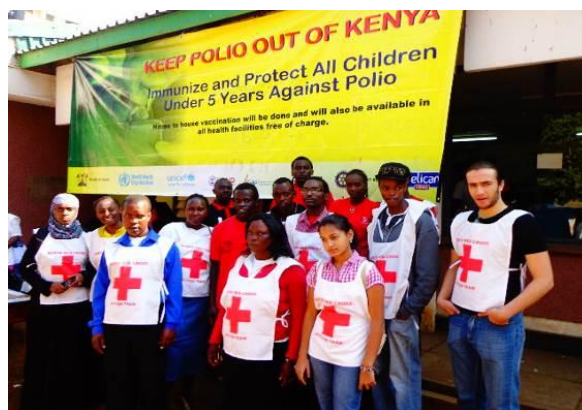
Red Cross and Red Crescent action

The Kenya Red Cross Society played a key role in advocacy, communication and social mobilization (ACSM) during the campaign, among which included: house to house mobilization; community awareness campaigns & health talks in mosques, market places and use of public address system in urban and rural settlements. The teams also took part in active case finding to enhance community based surveillance and referral. The Provincial Administrative units (chiefs) were also integrated into social mobilization teams who then called the community for public barazas specific for polio health talks.

Prior to mobilization, 716 volunteers and 93 coaches attended a refresher sensitization session since a good number of them have an experience participating in integrated campaigns as they were drawn from

Community Health units. Emphasis was put on imparting volunteers / coaches on risk factors to polio transmission and prevention measures, classical symptoms of poliomyelitis to assist in case finding and reporting and guidelines for polio vaccination, house to house sensitization strategies, and interpretation of household markings and reporting of missed children as well as key messages for health workers. The session also covered the use of forms including: missed children recording form, OPV tally sheets, polio fact sheet, polio national immunization tool kit, and the media brief on polio mop up. Volunteers then generally received on the job training through district focal persons who were either District Disease Surveillance Coordinators or District Public Health Officers in their respective posts during support supervision.

KRCS also supported logistics by providing 14 KRCS vehicles to facilitate daily delivery of vaccines and vaccination teams to the targeted 14 districts. The support also included provision of PA system for mobilisation.



Some of the Kenya Red Cross Society volunteers sensitized for the 2013 polio campaign in Nairobi in May 2013. Photo/KRCS

Achievements against outcomes

Emergency Health and Care	
Outcome 1: To support the capacity of MoPHS in conducting effective Polio Immunisation Campaigns to achieve over 80% immunisation of children aged below five years (Daadab shall include up to 15 years) in 23 targeted districts through Social mobilisation and communication.	
Expected results:	Activities planned
<ul style="list-style-type: none"> Potential for Polio reduced among under 5 year olds in 5 districts. 	<ul style="list-style-type: none"> Training and orientation of volunteers on polio immunisation campaign, including code of conduct, key messages to be delivered and procedures to be followed. Social mobilisation through schools, house to house, organised community gatherings (Barazas), and existing social gatherings including churches, mosques and markets. Community Education on importance of immunisation, vaccine safety and encouraging parents to have children immunised. Registration of under fives and follow-ups for immunisation status verification
Outcome 2: To provide logistical support for effective movement of vaccination teams and supplies as well as facilitate movement for volunteer supervision and maintenance of cold chain	
Expected results:	Activities planned:
<ul style="list-style-type: none"> Effectively coordinated Polio vaccination campaign. 	<ul style="list-style-type: none"> Provide back-up to MoPHS in transportation of supplies, staff and volunteers and their supervisors in the social mobilisation and immunisation activities. Provide communication system back up in remote areas through use of vehicle installed HF radio system in areas with poor communication infrastructure.
Outcome 3: Develop the capacity of Kenya RC volunteers on social mobilisation skills and management of disease outbreaks.	
Expected results:	Activities planned:
<ul style="list-style-type: none"> Potential for Polio reduced among under 5 year olds in 5 counties. Increased capacity of KRCS volunteers in responding to Polio Outbreak and similar health emergencies. 	<ul style="list-style-type: none"> Conduct trainings of volunteers, staff and MoPHS field staff on social mobilisation in emergencies, investigation and management of epidemics Set up and maintain and inventory of trained personnel in future involvement in outbreak management

Impacts: Up to 716 volunteers and 93 coaches were trained and sensitized to support the polio immunisation campaign, on topics including code of conduct, key messages to be delivered, social mobilisation in emergencies, investigation and management of epidemics and procedures to be followed.

Social mobilisation through schools, house to house, organised community gatherings (Barazas), and existing social gatherings including churches, mosques and markets were carried out. Community Education on importance of immunisation, vaccine safety and encouraging parents to have children immunised was carried out.

KRCS has set up and maintains an inventory of trained personnel for future involvement in outbreak management. Registration of under-fives and follow-ups for immunisation status verification was done and back-up provided to MoPHS in transportation of supplies, staff and volunteers and their supervisors in the social mobilisation and immunisation activities. KRCS also provided communication system back up in remote areas through use of vehicle installed HF radio system in areas with poor communication infrastructure.



A Kenya Red Cross Society volunteer sensitizes residents of slum areas in Nairobi using a megaphone in June 2013. Photo/KRCS

While the planned operation was to fully support both rounds 1 and 2 of the vaccination campaign with social mobilization, the first round of the polio campaign took place within days of the DREF operation being launched, which resulted in a limited training and response. KRCS took the opportunity to provide complementary support where possible while moving forward with the training and sensitization of its volunteers for a full turnout in the second round of the polio campaign, as well as the mop up in the days that followed.

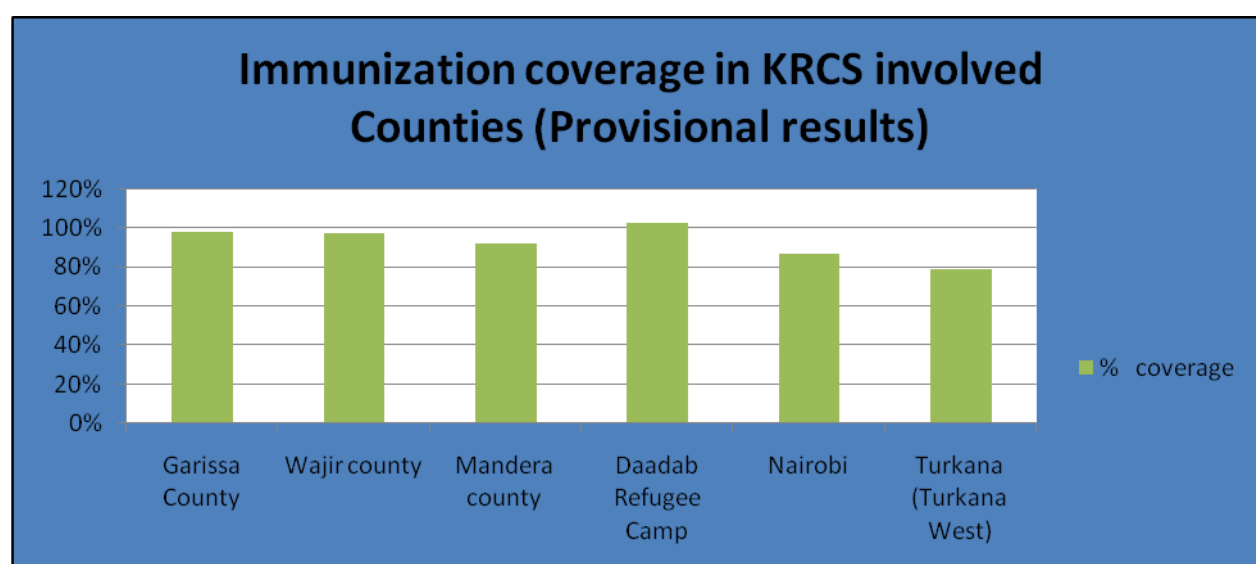
The polio campaign round 2 took place between 15 and 16 June, 2013 with social mobilization and vaccine transportation starting two days earlier and logistics/transport for mobile outreach teams beginning on 17 June. In Dadaab, Mandera North and Banisa districts, the conflict or insecurity affected divisions (Liboi, Shimbir Fatuma and Malkamari) had challenges in getting support from other partners due to security restrictions/guidelines

A total of 1,081,849 children under five, under 15 years in host districts around Daadab refugee camp and the whole population in Daadab refugee camp were vaccinated giving coverage of 93 percent for the target population of 1,153,148. Herd immunity is attained with sustained immunization coverage of above 85 percent hence the targeted counties through the campaign has contributed to reduced susceptibility of the community to polio outbreak. This needs to be sustained through scale up of routine and supplementary immunization activities. Subsequent SIAs should put emphasis in the districts and or divisions with low coverage.

Table 1: The provisional immunization coverage per district

County	Target population	Population Reached	Percent coverage (%)
Garissa	67,402	66,087	98
Wajir	137,259	132,894	97
Mandera	100,308	92,567	92
Daadab Refugee Camp	527,967	536,118	102
Nairobi	228,159	197,255	86
Turkana(Turkana West)	72,415	56,928	79
TOTAL	1,133,510	1,081,849	95

Figure 1: The provisional immunization coverage per district



Polio surveillance at community level was intensified during the campaign. All the volunteers and the MoPHS staff engaged in the exercise took part in the search and referral of any suspected case for clinical and or consequent laboratory diagnosis.

Across the region sensitization sessions through schools were also conducted in order to reinforce the uptake of the routine EPI services in the locations.

- A total of 1,081,849 children under five, under 15 years in host districts around Daadab refugee camp and the whole population in Daadab refugee camp, Turkana and Nairobi districts were vaccinated giving coverage of 93 percent for the target population of 1,153,148.
- Herd immunity is attained with sustained immunization coverage of above 85 percent hence the targeted counties through the campaign has contributed to reduced susceptibility of the community to polio outbreak.
- The Polio Outbreak response was originally planned to be conducted in four rounds and this DREF supported rounds 1 and 2, with additional support provided by American Red Cross for rounds 3 and 4.

Challenges/Constraints

- Difficulty in reaching nomadic communities along the Kenya/Ethiopia boarder.
- Limited number of vaccinators (2 vaccinators for a whole location is insufficient) resulting in large areas to be covered by individual teams.
- IEC materials were not available in most of the districts
- Limited logistical support (transport) for vaccinators by the MoH.

Recommendations for future considerations

- Intensify community level strategies to ensure the nomadic communities are reached.
- Increase number of vaccinators in order to cover the sub locations adequately.
- IEC materials to be distributed early as this can be part of mobilization
- Early disbursement of funds for planning and timely implementation of mobilization campaign.
- Strengthening of Monitoring and Evaluation processes in campaigns.

Contact information

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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 (NGOs) 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.

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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.
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Disaster Response Financial Report

MDRKE026 - Kenya - Wild Polio

Timeframe: 25 May 13 to 25 Aug 13

Appeal Launch Date: 25 May 13

Final Report

Selected Parameters

Reporting Timeframe	2013/5-2013/	Programme	MDRKE026
Budget Timeframe	2013/5-2013/	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		134,627				134,627	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		134,627				134,627	
C4. Other Income		134,627				134,627	
C. Total Income = SUM(C1..C4)		134,627				134,627	
D. Total Funding = B +C		134,627				134,627	

* 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		0				0	
C. Income		134,627				134,627	
E. Expenditure		-127,142				-127,142	
F. Closing Balance = (B + C + E)		7,485				7,485	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			134,627			134,627		
Relief items, Construction, Supplies								
Teaching Materials	957						957	
Total Relief items, Construction, Sup	957						957	
Logistics, Transport & Storage								
Transport & Vehicles Costs	23,700						23,700	
Total Logistics, Transport & Storage	23,700						23,700	
Personnel								
National Society Staff	3,765						3,765	
Volunteers	52,146						52,146	
Total Personnel	55,910						55,910	
Workshops & Training								
Workshops & Training	24,012						24,012	
Total Workshops & Training	24,012						24,012	
General Expenditure								
Travel	4,471						4,471	
Communications	2,647						2,647	
Financial Charges	2,700						2,700	
Other General Expenses	12,013						12,013	
Total General Expenditure	21,831						21,831	
Contributions & Transfers								
Cash Transfers National Societies			119,382			119,382	-119,382	
Total Contributions & Transfers			119,382			119,382	-119,382	
Indirect Costs								
Programme & Services Support Recove	8,217		7,760			7,760	457	
Total Indirect Costs	8,217		7,760			7,760	457	
TOTAL EXPENDITURE (D)	134,627		127,142			127,142	7,485	
VARIANCE (C - D)			7,485			7,485		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	134,627	0	134,627	134,627	127,142	7,485	
Subtotal BL2	134,627	0	134,627	134,627	127,142	7,485	
GRAND TOTAL	134,627	0	134,627	134,627	127,142	7,485	

KENYA RED CROSS SOCIETY													
- reg													
Goal: To contribute to reduction of Polio related disease Morbidity and Mortality Rates and Disability from Polio among the under-five years living within the urban areas and hard to reach vulnerable communities.													
EXCH Rate 85													
BUDGET COMPONENTS		Unit	Unit Cost	Units Rqd	Duration	Total cost (KShs)	Amount (CHF)	Actuals (KShs)	Actuals (CHF)	Variance (Kshs)	Variance (CHF)		
Coaches and districts Focal Persons Sensitization													
680	Facilitators costs	AC0462	1 Pax	2500	10	1	25,000.00	294	5,000.00	58.82	20,000.00	235.29	80%
680	Transport Refund for facilitators	AC0462	2 Pax	400	10	1	4,000.00	47	5,000.00	58.82	(1,000.00)	(11.76)	-25%
680	Transport Refund for participants (Coaches 289 + 20 DFPs)	AC0462	3 Pax	400	127	1	50,855.48	598	46,200.00	543.53	4,655.48	54.77	9%
680	Participants lunch (Coaches 153 + 20 DFPs)	AC0462	4 Pax	300	127	1	38,141.61	449	32,980.00	388.00	5,161.61	60.72	14%
680	Venue costs	AC0462	5 Pax	2000	5	1	10,000.00	118	0.00	-	10,000.00	117.65	100%
550	Stationery	AC0462	6 Pax	70	127	1	8,899.71	105	5,190.00	61.06	3,709.71	43.64	42%
Sub Totals							136,896.79	1,610.55	94,370.00	1,110.24	42,526.79	500.32	31%
Volunteers Sensitization													
680	Facilitators costs	AC0462	7 Pax	2500	10	1	25,000.00	294	40,700.00	478.82	(15,700.00)	(184.71)	-63%
680	Transport Refund for facilitators	AC0462	8 Pax	400	10	1	4,000.00	47	5,600.00	65.88	(1,600.00)	(18.82)	-40%
680	Transport Refund for participants	AC0462	9 Pax	400	1,034	1	413,757.04	4,868	491,650.00	5,784.12	(77,892.96)	(916.39)	-19%
680	Participants lunch	AC0462	10 Pax	300	1,034	1	310,317.78	3,651	183,800.00	2,162.35	126,517.78	1,488.44	41%
680	Venue hire	AC0462	11 Per day	1500	10	1	15,000.00	176	19,000.00	223.53	(4,000.00)	(47.06)	-27%
550	Stationery	AC0462	12 Pax	70	1,034	1	72,407.48	852	35,266.00	414.89	37,141.48	436.96	51%
Sub Totals							840,482.30	9,888.03	776,016.00	9,129.60	64,466.30	758.43	8%
Community Mobilization													
667	Volunteer allowance	AC0603	13 Pax	600	1,034	7	4,344,448.90	51,111	3,971,600.00	46,724.71	372,848.90	4,386.46	9%
680	Coaches/DFPs allowances	AC0603	14 Pax	1000	127	7	889,970.83	10,470	685,300.00	8,062.35	204,670.83	2,407.89	23%
593	Mileage recovery for vehicles	AC0603	15 Vehicles	85	1,500	7	892,500.00	10,500	2,139,185.00	25,166.88	(1,246,685.00)	(14,666.88)	-140%
Sub-Total							6,126,919.73	72,081.41	6,796,085.00	79,953.94	-669,165.27	-7,872.53	-11%
Monitoring and Coordination													
740	KRCS Communication, Internet and Stationery	AC0552	16 Airtime	15,000	5	3	225,000.00	2,647	86,790.00	1,021.06	138,210.00	1,626.00	61%
593	Transport during M & E	AC0108	17 Vehicles	85	6,500	2	1,105,000.00	13,000	994,660.00	11,701.88	110,340.00	1,298.12	10%
700	IFRC monitoring - regional office flight and accommodation							0.00	-	-	-	-	-
593	IFRC monitoring - regional office vehicle fuel							0.00	-	-	-	-	-
680	Internal review and lessons learnt							0.00	-	-	-	-	-
700	Routine monitoring by Regional and Branch staff	AC0552	18 Pax	5500	5	8	220,000.00	2,588	77,000.00	905.88	143,000.00	1,682.35	65%
700	Review and Evaluation of operation by Hq	AC0552	19 Pax	5500	3	3	49,500.00	582	66,750.00	785.29	(17,250.00)	(202.94)	-36%
662	Driver for M & E	AC0552	20 Pax	2500	16	8	320,000.00	3,765	138,500.00	1,629.41	181,500.00	2,135.29	57%
790	KRCS administrative support cost	AC0108	21 Cost	1	1	1	1,021,147.00	12,013	1,082,525.00	12,735.59	(61,378.00)	(722.09)	-6%
760	Financial Charges	AC0552	22 Cost	1	1	1	102,524.45	1,206	832.50	9.79	101,691.95	1,196.38	99%
667	Insurance cover for volunteers	AC0462	23 Cost	85	1,034	1	87,923.37	0.00	-	-	87,923.37	-	100%
Sub-Totals							3,131,094.82	35,802.02	2,447,057.50	28,788.91	684,037.32	7,013.11	22%
599	Admin cost 6.5 %						-	-	-	-	-	-	-
Sub-Totals							0.00	0.00	-	-	-	-	-
Total budget							10,235,393.64	119,382.00	10,113,528.50	118,982.69	121,865.14	399.31	1%

SUMMARY				
Budget Group	BUDGET	EXPENDITURE	Variance	
500 Shelter - Relief	957	957	0	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	957	0	0	957
593 Transport & Vehicle Costs	23,700	23,500	200	
Total LOGISTICS, TRANSPORT AND STORAGE	23,700	0	0	23,500
662 National Society Staff	3,765	3,765	0	
667 Volunteers	52,146	51,111	1,035	
Total PERSONNEL	55,911	0	0	54,876
680 Workshops & Training	24,012	21,012	3,000	
Total WORKSHOP & TRAINING	24,012	0	0	21,012
700 Travel	4,471	3,171	1,300	
740 Communications	2,647	2,647	0	
760 Financial Charges	2,700	1,206	1,494	
790 Other General Expenses	12,013	12,013	-1	
Total GENERAL EXPENDITURES	21,831	0	0	19,037
TOTAL	126,411	0	0	119,382
				7,029