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# Disaster relief emergency fund (DREF) Ethiopia: Polio Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

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**DREF operation n° MDRET012**  
**GLIDE n° EP-2013-000137-ETH**  
**25 October, 2013**

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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 and Red Crescent emergency response. 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 155,608 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Ethiopia Red Cross Society in delivering immediate assistance to some 508,097 beneficiaries. Unearmarked funds to repay DREF are encouraged.**

**Summary:** Six cases of wild poliovirus type 1 (WPV1) have been confirmed in Ethiopia, two in the past week beginning 14 October 2013. Prior to the current outbreak, Ethiopia had been wild poliovirus-free since 2008. The immediate priority is to stop this active outbreak in Ethiopia and national rounds of emergency Polio immunisation are planned in November and December 2013.

Ethiopia Red Cross Society (ERCS), with support from this IFRC DREF appeal, aims to support one national round of emergency Polio immunisation with social mobilization activities in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region. Somali region, which has low routine coverage of immunisation (Figure 1), is the focus on the current outbreak in Ethiopia (Figure 2), and is a high risk and inaccessible area bordering Somalia (the epicentre of the current Horn of Africa Polio outbreak) (Figure 3).

This DREF will support immediate participation and action of ERCS in the forthcoming immunisation round and provide a foundation for future partnership with other actors to support the Federal Ministry of Health plan for the further rounds of vaccination.

This operation is expected to be implemented over three months, and will therefore be completed by 25 January 2014; a Final Report will be made available three months after the end of the operation (by 25 April 2014).

[<click here for the DREF budget; here for contact details; here for a map of the affected area>](#)

## The situation

Polio (poliomyelitis) is a highly infectious and potentially fatal disease caused by a virus that is spread by faecal-oral transmission from person to person. Most people infected with the poliovirus have no signs of illness and are never aware they have been infected. These symptomless carriers can "silently" spread the infection to thousands of others before the first case of polio paralysis emerges. One in 200 infections leads to irreversible acute flaccid paralysis (AFP) in a matter of hours, usually in the legs, caused when the virus invades the central nervous system.

Polio can infect any age group, but it mainly affects children under the age of five years. There is no cure, but there are safe and effective vaccines and the strategy to eradicate polio is based on preventing infection by immunising every child until transmission stops, as well as rapid response through vaccination campaigns

to control the outbreak. WHO considers a single confirmed case of polio paralysis to be evidence of an epidemic.

Six cases of wild poliovirus type 1 (WPV1) have been confirmed in Ethiopia, two in the past week beginning 14 October 2013. Prior to the current outbreak, Ethiopia had been wild poliovirus-free since 2008 but is situated in the “wild poliovirus importation belt” – a band of countries stretching from west Africa to central Africa and the Horn of Africa which are vulnerable to re-infection with imported poliovirus.

The outbreak of Polio in Ethiopia should be considered in the context of the on-going outbreak in the Horn of Africa region. WPV1 was first confirmed in the Benadir region of Somalia and has continued to spread rapidly. Six new WPV1 cases were reported in the past week beginning 14 October 2013 (four from Somalia and two from Ethiopia). The total number of WPV cases (all WPV1) for 2013 in the Horn of Africa is now 197 (174 from Somalia, 14 from Kenya, six from Ethiopia and three from South Sudan).

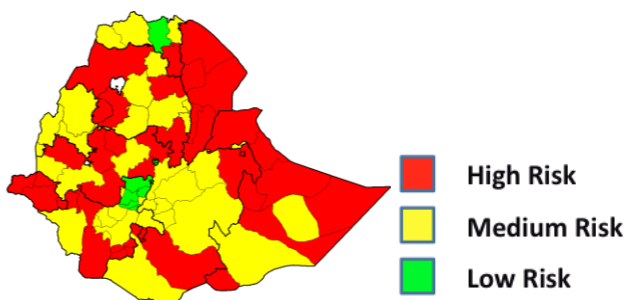
Vaccination coverage in Ethiopia is low, which is the major reason why the current outbreak has spread from neighbouring countries. Many high-risk population groups, including nomadic pastoralists, those living in remote scattered settlements, and cross-border populations, are also missed in census data and vaccination campaigns. Ethiopia has the largest number of unimmunised children under five in the Horn of Africa region, with an estimated 1.2 million unvaccinated in 2011. This Polio outbreak is likely to be prolonged and to spread quickly, requiring urgent co-ordinated action by Horn of Africa member states and between national and international partners.

A total of 34 million children under five will be reached through multiple rounds of Polio immunisation over the next six months across the Horn of Africa with an estimated 13 million children under five targeted in Ethiopia. 508,097 children under five and 298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region will be targeted through this DREF Appeal.

The immediate priority is to stop this active outbreak in Ethiopia. WHO considers a single confirmed case of polio paralysis to be evidence of an epidemic – particularly in Ethiopia, which was previously WPV free. National rounds of emergency Polio immunisation are planned in November and December 2013. The first round of immunisation is planned by the Federal Ministry of Health to take place during the week beginning 11 November 2013. ERCS has been requested by the Federal Ministry of Health to support in the emergency response to this outbreak with social mobilization activities, and is also involved in the longer term planning.

**Figure 1. Routine Immunisation Coverage in Ethiopia**

Source: WHO data from 2012



**Figure 2. Location of WPV1 cases in Warder Woreda of Somali region, Ethiopia**



Source: WHO; Date: 14 October 2013

## Coordination and partnerships

The Ethiopia Federal Ministry of Health has scheduled the first round of emergency immunisation to take place during the week beginning 11 November 2013. The ERCS is a member of the National Polio Task Force and a key partner of Ministry of Health in Polio planning and response.

The Global Polio Eradication Initiative (GPEI) is co-ordinating international and national partners, including World Health Organization (WHO), UN Children's Fund (UNICEF), Bill and Melinda Gates Foundation (BMGF), Rotary and Centres for Disease Control (CDC) to support Horn of Africa member states in their Polio outbreak response activities. WHO has the mandate to provide technical support to member states and oversee surveillance of Polio outbreaks. UNICEF has a mandate to provide supply chain of vaccine stocks and communications for polio vaccination campaigns. CDC and BMGF provide technical support to member states in vaccination activities.

This DREF appeal will enable ERCS to conduct community-level micro-planning and mapping, community education and social mobilisation, and surveillance in support of Polio immunisation activities in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali Region. Ministry of Health and UNICEF will provide all IEC materials for the campaign and house to house visits.

IFRC East Africa and Indian Ocean Islands (EAIOI) regional office will provide technical support and guidance in the design and implementation of Red Cross Polio activities, including micro-planning and mapping of inaccessible areas. The IFRC EAIOI office will also provide support to coordinate the response on a regional level. A similar DREF operation is being undertaken in South Sudan simultaneously, using the same technology and methodology, and the experience will also be useful for this operation, thus close links and coordination will be maintained.

The Red Cross Red Crescent (RC/RC) movement will work closely with other international agencies in Ethiopia, including the Federal Ministry of Health, CDC, UNICEF, WHO, BMGF and Rotary to ensure activities are aligned and complement the national Polio plan of action. The IFRC Country Office is working closely with partners in country to ensure co-ordination, advocacy and information sharing (as part of the UN Humanitarian Coordination Group) and in supporting the ERCS to ensure effective management and oversight of the intervention.

This DREF funding will support immediate participation and action in the forthcoming immunisation round and provide a foundation to enable future leverage of funding from other partners (including WHO/UNICEF) and activities in support of the Federal Ministry of Health plan for additional rounds of vaccination.

## Red Cross and Red Crescent action

The ERCS is a key partner to the Federal Ministry of Health in the national Polio Task Force and as such have been involved in monitoring the situation and planning the national Polio response. ERCS is also involved in looking at the longer term responses required to address the risks for further outbreaks, as well as regional efforts.

IFRC EAIOI Regional Office convened a regional Polio planning meeting of eight countries – including Ethiopia – in Nairobi between 17-18 October 2013. National Societies, Ministries of Health and partners including WHO, UNICEF, ICRC, CDC and BMGF attended and country-level working groups were established to determine needs and how best National Societies could engage and support national Polio planning and response. During the meeting, ERCS was requested to assist the Ministry of Health with social mobilization activities in support of the formal rounds of Polio immunisation in Ethiopia, focusing on the most high risk and inaccessible areas of Somali region.

IFRC, through its country, regional and zone structures will provide technical support to ERCS during this DREF operation. In particular, the regional health delegate will provide technical support in-country for planning the intervention, training, and overseeing the micro planning and mapping exercise, as well as supporting the implementation of the operation. IFRC Country Office will ensure close monitoring of the intervention, adequate support to the National Society, and the implementation of a learning review of the operation. The Country Office will also provide support with communication and reporting of the DREF operation, including financial reporting.

## The needs

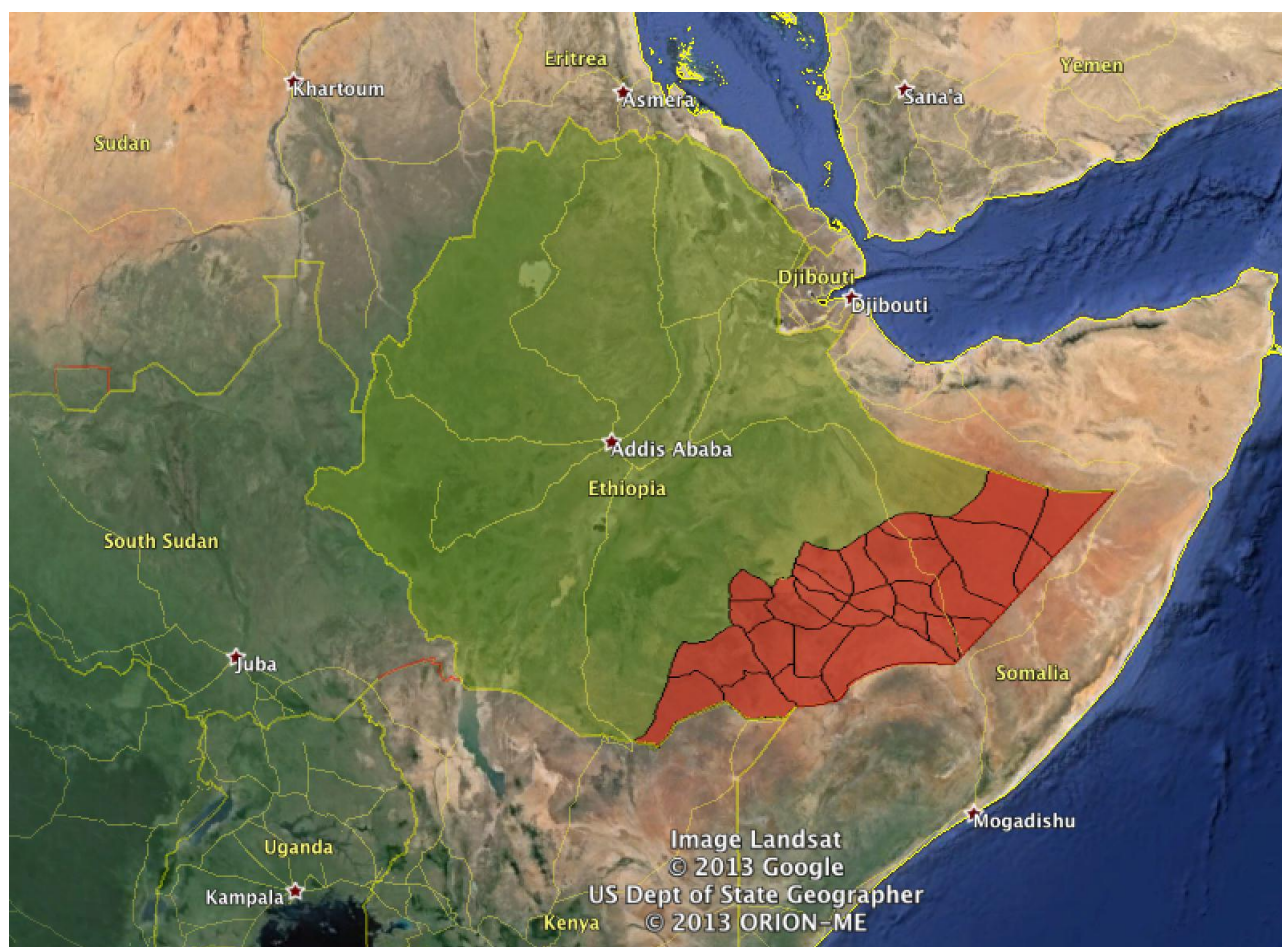
National emergency rounds of Polio immunisation are planned in Ethiopia following six confirmed cases of WPV1 in the country. This response will require urgent and concerted action on behalf of member states, national and international partners to support subnational and national immunization campaigns. Two national rounds of immunization are planned by the Federal Ministry of Health targeting 13 million children under five in November and December 2013.

Accurate micro-planning that uses household census data is required to estimate target population number and distribution in all target districts to support activities and resource allocation. Household and village level education and social mobilisation will need to be conducted prior to Polio immunisation rounds taking place to encourage and create demand, and ensure high immunisation coverage.

**Beneficiary selection:** 508,097 children under five and 298,881 households in 28 Woredas in 5 Zones (Warder, Korrahe, Gode, Afder and Liben) of Somali region will be targeted through this DREF operation. The Somali region, which has low routine coverage of immunisation (Figure 1), is the focus on the current outbreak in Ethiopia (Figure 2), and is a high risk and inaccessible area bordering Somalia (the epicentre of the current Horn of Africa Polio outbreak) (Figure 3).

**Immediate needs:** Low vaccination coverage is the primary reason why this current Polio outbreak has started in Ethiopia. The target population will need appropriate information and education to encourage immunization. Accurate micro-planning, mapping and surveillance of coverage is essential to ensure all children under five are vaccination and adequate immunity is reached.

**Figure 3. 28 target Woredas (highlighted in Red) in Somali region of Ethiopia (highlighted in Green)**  
Source: Google Earth



**Table 1. Estimated population, children under five (U5), Households (HH), Red Cross Volunteers (Vols), Teams and Supervisor (Sups) requirements**

Population Source: Population figures from Ethiopia Central Statistical Agency 2012, RC Volunteers, teams and supervisors are extrapolated from these census data

Zone	Wereda	Population	U5	HH	Vols	Teams	Sups
Warder	Danot	54,629	10,926	6,427	21	11	1
Warder	Boh	119,416	23,883	14,049	47	23	2
Warder	Geladin	113,507	22,701	13,354	45	22	2
Warder	Warder	67,241	13,448	7,911	26	13	1
Korahe	Shekosh	56,574	11,315	6,656	22	11	1
Korahe	Kebridehar	157,855	31,571	18,571	62	31	3
Korahe	Shilabo	66,659	13,332	7,842	26	13	1
Korahe	Debewoin	81,193	16,239	9,552	32	16	2
Gode	Imiberi	94,659	18,932	11,136	37	19	2
Gode	Adadilo	96,347	19,269	11,335	38	19	2
Gode	Danan	27,592	5,518	3,246	11	5	1
Gode	Gode	127,524	25,505	15,003	50	25	3
Gode	Kelafo	89,744	17,949	10,558	35	18	2
Gode	Mustahil	57,111	11,422	6,719	22	11	1
Gode	Ferfer	45,160	9,032	5,313	18	9	1
Afder	Guradamole	22,954	4,591	2,700	9	5	0
Afder	Weyib	109,097	21,819	12,835	43	21	2
Afder	Goro Bekeksa	59,340	11,868	6,981	23	12	1
Afder	Serer	66,777	13,355	7,856	26	13	1
Afder	Mirab Imi	55,738	11,148	6,557	22	11	1
Afder	Afker	91,599	18,320	10,776	36	18	2
Afder	Bare	108,040	21,608	12,711	42	21	2
Afder	Bdolobay	97,383	19,477	11,457	38	19	2
Afder	Kersa Dula	49,509	9,902	5,825	19	10	1
Liben	Filtu	151,524	30,305	17,826	59	30	3
Liben	Dolo Odo	129,506	25,901	15,236	51	25	3
Liben	Moyale	293,816	58,763	34,567	115	58	6
Liben	Udet	49,991	9,998	5,881	20	10	1
<b>Total</b>		<b>2,540,485</b>	<b>508,097</b>	<b>298,881</b>	<b>996</b>	<b>498</b>	<b>50</b>

## The proposed operation

This DREF operation will enable ERCS to conduct micro-planning and mapping, community education and social mobilisation, and surveillance in support of Federal Ministry of Health Polio immunisation activities in the country. 508,097 children under five and 298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region will be targeted.

Accurate micro-planning that uses household census data is required to estimate target population number and distribution in all target districts to support activities and resource allocation. Household and village level education and social mobilisation will be conducted by ERCS community volunteers prior to Polio immunisation rounds taking place to encourage and create demand, and ensure high immunisation coverage.

Mobile phone technologies will be used to support and enhance the programming of these activities. 50 Android phones will be purchased (20 with the DREF funds and the rest through other funding sources) and modified (as well as locked so that only the survey application can be used on the phone and it cannot be used for any other purpose).

996 volunteers and 50 supervisors will be mobilised for the activities (Table 1). Each supervisor will be trained during a two-day training in the use of the android phone for mapping, supervision and surveys. The IFRC Regional Health Delegate will facilitate the trainings and oversee implementation of the mobile phone tools during the operation. The trained supervisors will each train 20 volunteers in the technology and

methodology for undertaking the social mobilization and mapping campaign. Teams of two volunteers will be formed for the social mobilization, community education and mapping campaign.

### **Mapping**

During household and village education visits, volunteer teams will identify and map any villages not included in the micro-planning to identify gaps and inform vaccination campaign activities. GPS co-ordinates and demographics of each missed settlement / village will be recorded and provided to Ministry of Health and partners for their own programming and planning of the immunisation campaign to ensure these areas are not missed. One phone will be used per supervision team and each team will receive appropriate training.

### **Supervision of community education and mobilisation**

Training for supervisors (1 per 10 volunteer teams) will take place at regional level and each team composed of two volunteers will be responsible for community education and social mobilisation covering 150 households per day. Four days of house-to-house and village-level education and social mobilisation activities are programmed to take place prior to the immunisation campaign itself.

Supervisors of each volunteer team will perform spot checks of the social mobilisation and education activities. This monitoring will take place while activities are ongoing to identify gaps in implementation and ensure they are addressed in real time. A monitoring form will be programmed into the android phones, and GPS co-ordinates of each household will be recorded. All questions will have an English and local language translation and appropriate training in the use of mobile phones and mapping techniques will be provided during the two-day training at regional level.

Polio awareness and social mobilization key messages will be broadcasted via radio, which is in general an effective method to reach the target group. The messages will be developed in cooperation with the polio task force and Ministry of Health.

### **Post-campaign coverage survey**

A household based cross sectional survey will be conducted among intervention districts / woredas to determine coverage and results of education activities and the immunisation campaign itself. Supervision teams will take four days to complete the survey. Each team (comprising one supervisor and one volunteer) will visit 20 households in a day and visit one village each day.

Ministry of Health and UNICEF will provide all information, education and communication (IEC) materials for the social mobilization campaign which will be done through house to house visits.

The RC/RC Movement will work closely with actors and agencies in Ethiopia, including the Federal Ministry of Health, CDC, UNICEF, WHO, BMGF and Rotary to ensure activities are aligned and complement the national Polio plan of action. This DREF funding will support immediate participation and action of ERCS in the forthcoming immunisation rounds and provide a foundation for future leverage of funding from other partners (including WHO/UNICEF) and activities in support of the Federal Ministry of Health national plan for further rounds of vaccination.

Although Polio is also related to water and sanitation, this DREF operation will focus on supporting the urgent and immediate immunization activities. Needs related to water and sanitation will be raised by the Red Cross in the Polio task force and health working groups as an area in need of intervention.

### **ERCS Management**

ERCS Deputy Secretary General for Programs will provide oversight and management direction to the operation as a whole.

ERCS Head of Health will be the HQ focal point for the operation and will directly support the needs of the team in the region (from the Branch and HQ). The ERCS Head of Health, in collaboration with IFRC Country Office, will attend national level coordination meetings.

ERCS Health Coordinator will work directly with IFRC Regional Health Delegate to design and implement the intervention in the region. The Health Coordinator will be based in the region for a minimum of one month to ensure robust communication with partners on the ground, identification and training of supervisors and volunteers and monitoring of mobilization activities. The ERCS Health Coordinator will work directly with Branch staff and volunteers. A Branch staff focal point will be identified to work alongside the Health Coordinator for the duration of the intervention.

ERCS will additionally identify a focal point in HQ Finance Department to travel to the region and work directly with the Branch to ensure responsive and effective systems management. This focal point will remain in HQ to support all staff attached to the intervention for the duration of the intervention.

## Emergency health and care

<b>Outcome: To reduce Polio morbidity and mortality and prevent Polio transmission among 508,097 children in 298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region, Ethiopia</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>1. Micro-planning for delivery of household community-based activities have been completed and verified and 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region.</b>	<p><i>1. National and Zonal micro-planning</i> 1 national micro-planning and mapping training is completed for 5 Zones</p> <p><i>2. Woreda micro-planning</i> 28 Woreda-level micro-plans are completed with Ministry of Health and partners. Accurate micro-planning of target households and population groups not included in census data (for example nomadic and cross-border populations), is essential to ensure all children under five are vaccinated and adequate immunity is reached.</p> <p><i>3. Village mapping and reporting</i> Mapping of villages omitted from desktop micro-planning exercises is completed by ERCS Woreda teams using mobile phone based mapping and reporting tool.</p>
<b>2. 298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) in Somali region receive household or village level education and social mobilisation for Polio prevention.</b>	<p><i>1. Training of supervisors</i> Identify and train 50 Ethiopia Red Cross Society supervisors (1 per 10 volunteer teams) in 28 Woredas of Somali Region</p> <p><i>2. Training of volunteers</i> Identify and train 996 Ethiopia Red Cross Society community volunteers (2 per team) in 28 Woredas of Somali Region</p> <p><i>3. Household or village level education and Social mobilisation</i> Carry out four days of house-to-house and village-level education and social mobilisation activities prior to immunisation campaign activities (total of 1,898 volunteer days).</p> <p><i>4. Polio awareness and social mobilization via radio messages</i> Radio jingles and messages will be broadcasted in the targeted areas for increasing awareness and mobilization purposes.</p>
<b>3. Household-based cross sectional survey of education and campaign coverage is completed, indicating level of community awareness and coverage of immunization campaign.</b>	<p><i>1. Survey training</i> 50 teams (one supervisor and one volunteer per team) training in survey methodology.</p> <p><i>2. Coverage survey</i> 50 teams visit two villages each day across all Woredas and survey 20 households per village (over four days). The coverage survey will measure:</p> <ul style="list-style-type: none"> <li>• household coverage of RC visit / education</li> <li>• children under five coverage of immunisation</li> </ul>

## Logistics and transport

The mobile phones will be purchased by IFRC region in Nairobi Kenya, in line with the IFRC procurement guidelines. Megaphones will be purchased locally to enable community mobilization in villages, in adherence to IFRC procurement guidelines.

As the DREF operation is involving social mobilization in highly remote and inaccessible areas, transportation will remain an important component to facilitate the social mobilization activities. ERCS will facilitate the volunteers and supervisors movements to the villages for mapping, educational house to house visits and social mobilization for immunization.

### **Communication and advocacy**

IFRC region and zone office will support ERCS with communication and advocacy activities for the DREF operation. The purpose of the communication and advocacy activities will have 2 main objectives:

- to contribute to raise awareness on the polio outbreak in Ethiopia and Horn of Africa and the need for a coherent and coordinated response to address and prevent the further spread of the infection.
- to raise awareness on the specific role and value added of RC volunteers in polio response (education, community sensitisation, fight against stigma, disease surveillance and use of mobile technology, ...).

Trained volunteers, who live in the same community as the local population and speak the same language, can help reach the most inaccessible, poor and marginalized communities.

This will be done through collecting human interest stories as well as case studies with key messages, lesson learnt and best practices. In addition to providing communication and advocacy materials and update within the movement and the media, IFRC regional office will work closely and in coordination with the Regional Polio Advocacy Working group that IFRC is part of together with BMGF; UNICEF, WHO, CDC and Rotary International. This will ensure that national issues will be raise and advocating for at regional and international level, including with GPEI network.

### **Monitoring and evaluation**

The DREF operation daily activity monitoring structure has been described under the proposed operation section. Additionally, ERCS Disaster Management and Health staff will implement, supervise, monitor and evaluate the intervention, in close coordination and partnership with the Ministry of Health, and other partners.

A post campaign coverage survey will be undertaken that will enable valuable information for result analysis of the intervention. A lessons learned workshop will also be organized to enable a review and reflection on the achievements made, challenges experienced during the intervention, and recommendations for future operations. The review of the utilization of mobile phone technology will be important for future operations in the region.

The IFRC country and regional offices will monitor the operation and support the learning review exercise in collaboration with ERCS. In particular, the Regional Health Delegate will technically support and monitor the DREF intervention.

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## **Contact information**

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

- **In Ethiopia:** Mrs. Frehiwot Worku, Secretary General, Ethiopian Red Cross Society, Addis Ababa; Phone: +251.11.515.38.53; Email: [ercs.sg@redcrosseth.org](mailto:ercs.sg@redcrosseth.org)
- **In Ethiopia:** Jill Clements, Country Representative, IFRC; Phone: Mobile: +251 911 20 71 63; Email: [jill.clements@ifrc.org](mailto:jill.clements@ifrc.org)
- **IFRC Zone:** Daniel Bolaños, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **IFRC IFRC Zonal Logistics Unit (ZLU):** Rishi Ramrakha, Nairobi; phone +254 20 283 5142, Fax +254 20 271 2777, email: [rishi.ramrakkha@ifrc.org](mailto:rishi.ramrakkha@ifrc.org)

### For Resource Mobilization and Pledges:

- **In IFRC regional representation:** Diana Ongiti, Senior RM Officer; phone +254 20 2835 276; email: [diana.ongiti@ifrc.org](mailto:diana.ongiti@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator, Africa phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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 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.



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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# DREF OPERATION

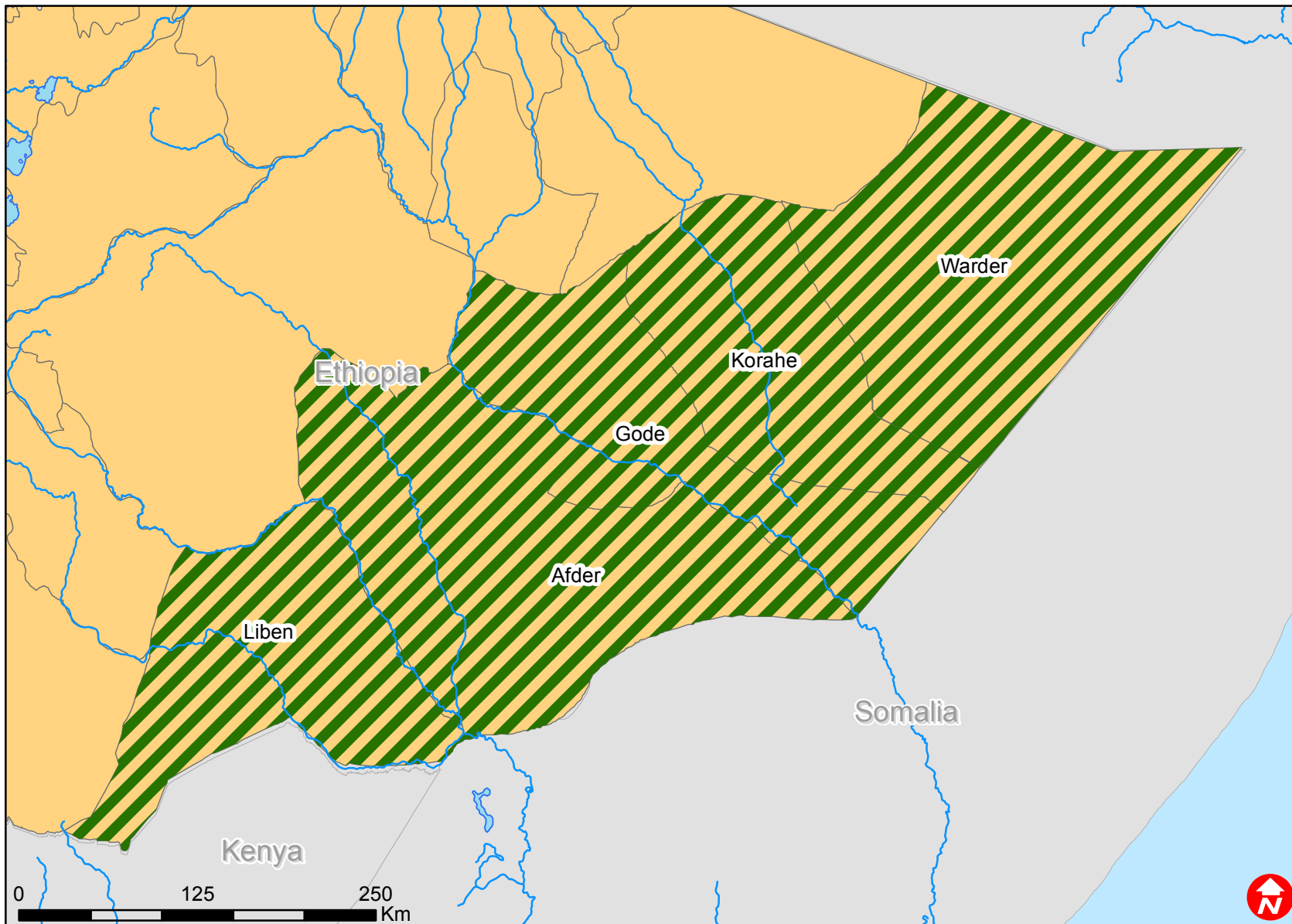
25/10/2013

## ETHIOPIA POLIO OUTBREAK

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
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	2,964
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>2,964</b>
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	2,964
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>2,964</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	69,398
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>69,398</b>
International Staff	0
National Staff	0
National Society Staff	8,614
Volunteers	35,492
<b>Total PERSONNEL</b>	<b>44,105</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	10,381
<b>Total WORKSHOP &amp; TRAINING</b>	<b>10,381</b>
Travel	5,581
Information & Public Relations	0
Office Costs	0
Communications	8,840
Financial Charges	494
Other General Expenses	1,383
Shared Support Services	0
<b>Total GENERAL EXPENDITURES</b>	<b>16,299</b>
Programme and Supplementary Services Recovery	9,497
<b>Total INDIRECT COSTS</b>	<b>9,497</b>
<b>TOTAL BUDGET</b>	<b>155,608</b>



# Ethiopia: Polio Outbreak



 Affected Areas