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Emergency appeal Chad: Cholera

 International Federation
of Red Cross and Red Crescent Societies

Preliminary emergency appeal n° MDRTD008 GLIDE n° EP-2011-000098-TCD 7 September 2011

This Preliminary Emergency Appeal seeks CHF 3,053,478 in cash, kind, or services to support the Red Cross of Chad (RCC) to assist 200,000 beneficiaries for 6 months, and will be completed by the end of March 2012. A Final Report will be made available three months after the end of the operation (by June 2012).

CHF 234,953 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Un-earmarked funds to replenish DREF are encouraged.

The DREF funds have provided means for the RCC to initially respond to the outbreak. In the meantime, cholera cases have rapidly multiplied, spreading to 33 of 62 districts totalling 11,345 cases and 314 deaths as of end August. An IFRC Field Assessment and Coordination Team (FACT) was deployed on 26 August to support RCC to carry out assessments and develop an operational strategy and plan of action which are reflected in this preliminary appeal.

The emergency operation proposes to expand the work outlined in the DREF to a level commensurate with the growing needs. It will focus on the district of Mongo, where needs are great, and agency support is currently lacking. The district is also strategic in stopping propagation of cholera to the East. To a lesser extent, it will also work in Bongor district, located on the border with Cameroon, where the caseload is high and the population movement significant. Interventions will focus on: supporting health centres with health professionals, volunteers, and materials; providing the population with access to potable water; and sensitizing at-risk communities (targeting 200,000) on cholera prevention.

To shore up clinical management capacities in Mongo, the intervention intends to deploy a Basic Health Care (BHC) ERU¹ to Mongo. Plans are to deploy additional ERUs for logistics and relief.

Increasing community awareness and changing behaviours remain the key in preventing people from becoming infected by cholera. By training Chad Red Cross volunteers in sensitization and providing adaptable materials, the intervention can go a long way to build their capacities while contributing significantly to reducing future cholera outbreaks. Partner organizations in-country agree on the need for large scale community-based health and sanitation sensitization campaign, and look to the Chad Red Cross volunteer base as the main source of volunteers in Chad.



Young boy is being rehydrated in a cholera treatment centre in N'Djamena while his mother is quietly waiting for him to get better. Photo: IFRC

¹ Emergency response unit

This appeal communicates the IFRC's efforts to support the National Society in Chad, but it is clear that the cholera outbreak has a regional scope and dimension and the IFRC is therefore on alert to respond in a similar fashion to support National Societies in Cameroon, Nigeria and elsewhere, based on assessments currently underway.

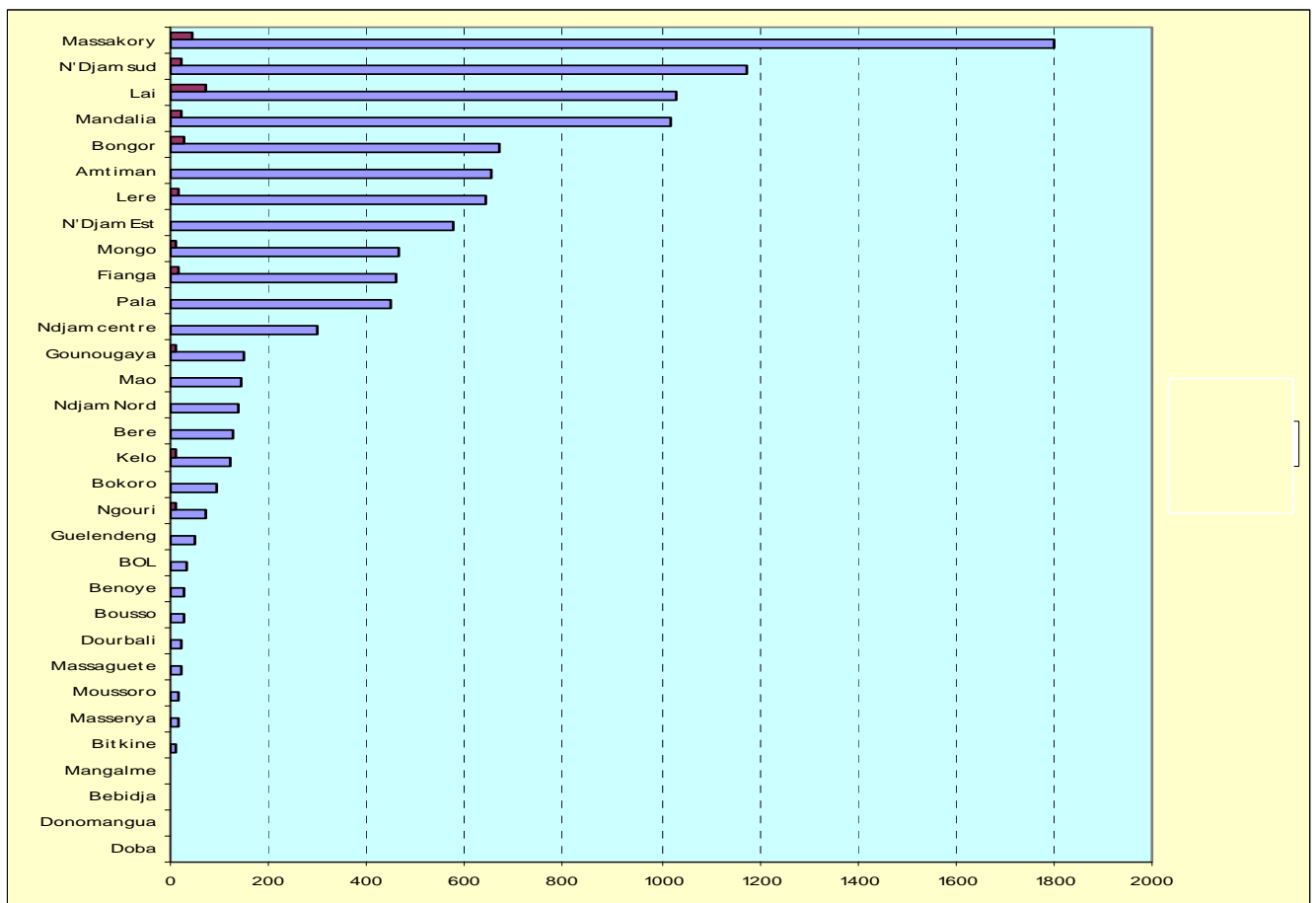
[<click here to view the attached Emergency Appeal Budget; or here to view contact details>](#)

The situation

Mongo, a town located in the centre of Chad experiences recurrent cholera outbreaks due to poor access to potable water and lack of adequate sanitation facilities. This year, late rains brought heavy downpours in the beginning of August. The majority of the population in the town of Mongo drink water from unprotected wells, which became contaminated from the faecal waste washed from the surrounding hills. As a consequence, water-borne diseases spread rapidly.

The regional branch of the Epidemiological Surveillance Service initially confirmed the cholera outbreak on 12 August. According to the latest figures published by the Ministry of Health, cholera cases have been reported in 33 out of 62 districts. The four districts of N'Djamena, Massakory, Bongor and Mongo registered 1,020 new cholera cases. Currently, the district of Mongo is the most affected, with a total of 741 cases reported, including 273 new cases in the past week and five new deaths. Cholera has also spread to new districts, including Aboudeia, situated between Mongo and Am Timan, which registered 695 total cases, including 5 deaths. As of 31 August, the total number of cases totals 11,345, with 314 deaths. These figures confirm fears that cholera is spreading.

Number of cases and deaths in affected districts as of epidemiological week 33 (week of 22 August)
Source: Ministry of Health



The majority of the organizations in-country indicate that the district of Mongo is the priority area for intervention because 1) the rapid evolution of the number of cholera cases in the district; 2) the need to stop the spreading of cholera further East; and 3) the reality that no other aid organization is supporting the health centres in the region to provide curative care. Therefore, the FACT decided to focus its field assessment in Mongo. Another team was also deployed to Bongor, also identified by the HNS and the UN Humanitarian Coordinator as a priority area because of the cross-border impact of the cholera epidemic.

Regional coordination: A Red Cross cholera assessment conducted along the Cameroon-Chad border was received by FACT. The report indicates that cross-border population movement is an important factor in the spread of cholera and the need of a regional approach will be necessary to control the epidemic. The response of the Red Cross movement in the border city of Bongor should be implemented in coordination with the Cameroon Red Cross and extended to the town of Yagoua in Cameroon.

Rational behind targeted beneficiaries: The 2008 National Census indicates that the five districts targeted in the FACT exploratory mission in Central Chad have a total population of 642,872.

- 178,191 in Bitkine
- 100,881 in Manglame
- 109,585 in Melfi
- 186,075 in Mongo
- 68,140 in Aboudeia

WHO standard models predict that approximately 5% of an exposed population will contract cholera, corresponding to 32,000 people. Of these cases, WHO maintains that historically in Chad, given the poverty and lack of access to health care, the percentage of cases needing treatment has approached 50%, corresponding to 16,000 people if cholera spreads equally to all five districts that Red Cross is targeting in Central Chad.

Looking specifically at Mongo, two weeks ago the Ministry of Health reported 406 cases. Last week 273 cases were reported. At this rate, there are likely to be 3,276 cases there requiring treatment over the next three months of the rainy season.

Bongor, is one of the most-affected districts, with more than 600 cases. Although better served than Mongo, it is strategically important as a gateway to frequent population movements to and from Cameroon.

Coordination and partnerships

Almost all the clusters have been activated in Chad: Protection (UNHCR, UNFPA and UNICEF), Health-WASH (WHO, UNICEF, UNFPA, UNAIDS); Education (UNICEF), Nutrition (UNICEF), Food security (WFP/FAO), Early Recovery (UNDP), Emergency telecommunications (UNHCR), and Camp management, non-food items (UNHCR). All the clusters activated in Chad are based in N'Djamena.

The most important cluster for the cholera response coordination is the merged Health-WASH cluster lead by WHO and UNICEF. The cluster meeting is held on a weekly basis at the WHO office. The number of people attending is always high and people present normally have decision power. The cluster is dynamic; the information sharing is high and encourages complementarity of actions as opposed to duplications.

Within the primary goal of providing support to the National Society, the FACT met with the following external partner agencies to compare and corroborate their initial findings and to identify gaps in support:

- **United Nations, Humanitarian Coordinator:** Indicated Health and WASH² clusters are considered to be working well, while encouraging efforts to improve overall coordination.
- **WHO, Health Cluster Coordinator:** Highlighted that awareness and sensitization are key; there is no CTC or curative installation specifically for cholera in Mongo; some hospitals lack sufficient trained personnel or materials. WHO does not recommend that a massive cholera vaccine campaign be implemented.
- **MSF, France, Switzerland and Holland:** Emphasized that the main problems are water and hygiene. MSF France works mainly in two regions: N'Djamena (4 districts) and Bongor in Mayo-

² Water, sanitation and hygiene

Kebbi region. There are three MSF sections in country: MSF Holland in Bongor, MSF Switzerland in Massakoury, and MSF France in N'Djamena and Bongor.

- **UNICEF:** Confirmed that the West of the country is more or less covered, but in other parts of the country there are no organizations present. The BIEC (Bureau d'information, d'éducation et de communication) in coordination with UNICEF, is responsible for all key messages to the general population, such as posters, hygiene promotion material, radio spots, etc.. UNICEF has a sub-office in Mongo.
- **OXFAM GB and Intermon:** Operate in N'Djamena, Mongo, Bongor, Massakoury, N'gouri, Goz and Bedia districts. They work in partnership with MSF-F providing WATSAN for CTCs and Health centres and community sensitization. They emphasized the importance of training with ORS at community level and immediate emergency action. They pointed out that N'Djamena is not entirely covered by organizations, as an example the area of Fashra in the east of N'Djamena.

Movement partners are also taking leading roles in the emergency response. RCC maintains a wide geographical coverage with local committees and volunteers spread across the country. The National Society also has extensive experience in relief distribution. Programs, decision making and use of volunteers is centralized in and coordinated by the headquarters in N'Djamena. About 20 staff are located in N'Djamena HQ with capacities in: Disaster Management, Community Health, HIV/AIDS, Food Security, PMER and WATSAN. There are 21 local committees of the Red Cross, ensuring a presence across the country with a total of more than 40,000 volunteers. The National Society has a fleet of vehicles to conduct current activities near the capital, however, to ramp up activities, more vehicles would be needed. The focus of programmes and activities are WATSAN; food security (in partnership with WFP) in the north of the country; refugees (Sudanese); FGM3 (in partnership with IFRC & UNICEF); health and sanitation sensitization. RCC is supported by a small IFRC representation located in N'Djamena.

French Red Cross comprises 8 international staff and 170 local staff and volunteers. They have been active in food security, nutrition and primary health. French Red Cross is financing the position of a Health-WATSAN officer within the Chad Red Cross. The French Red Cross has worked with active Chad Red Cross committees in Guéra, Batha, N'Djamena, Logone Occidental, Djaramis and Moundou.

Canadian Red Cross carried out a cholera assessment along the Cameroon-Chad border. The report indicates that cross-border population movement is an important factor in the spread of cholera. Cross-border movements should be considered in the elaboration of a plan of action.

Consultations with partners identified the following priority gaps:

- Need to reinforce health centres' capacities.
- Need to identify extent of community mobilization and sensitization activities.
- Need to identify capacity of health centres.
- No cholera kits in country.
- No cholera related NFIs in stock.
- Lack of potable water or contamination of water sources.
- Lack of latrines.

Red Cross and Red Crescent action

The CHF 234,953 allocated from the IFRC's DREF has been instrumental in supporting the RCC's efforts to mount an initial response. Activities to date have included: disinfecting water points, building latrines, distributing soap, sanitation items and supporting a health and sanitation campaign. The IFRC FACT team has helped the National Society to further assess needs and develop an operational strategy and accompanying plan of action, which are reflected in this preliminary appeal.

The needs

As indicated above, 32,000 people can be expected to contract cholera in the five districts mentioned. A probable scenario envisions that without immediate reinforcement of in-country surge capacity, the number

³ Female genital mutilation

of cholera cases may double from its current level to 20,000-25 000 with a possible loss of 200 to 300 more lives. There is a real need to break the cycle by supporting health centres (with health professionals and volunteers, ringer lactate, ORS, and antibiotics, chlorine, etc.) and access to potable water. Focused temporary surge capacity (for one to three months, i.e. through the end of the rainy seasons) to support health centres and other agencies would contribute to breaking the cycle. Red Cross volunteers could play a vital role to support health centres and other agencies and organizations with simple but necessary tasks such as rubbish removal, spraying houses of cholera cases and general disinfection activities. For the medium and long term, training and mass sensitization is key and Red Cross volunteers would be instrumental in this type of activity.

The FACT team has communicated the following points:

- With the peak of the rainy season coming (September, October), aid agencies in country fear that the number of cholera cases may double with the cost of hundreds more lives if no further actions are taken.
- With 33 out of 62 districts now affected, and for the first time this year, cases reported in the East of Chad, the risk of a wider and more serious outbreak is very real. The main concern is that the outbreak will continue to spread in different regions of the country and reach refugee camps along the Sudanese border.
- It is clear that more resources will be needed if this unfolding crisis is to be contained. While treatment is an important part of this response and surge support capacity is needed to break the cycle, prevention and information is absolutely critical to mitigate the crisis. Chad Red Cross is an important resource to complete such a task, with tens of thousands of volunteers based in communities across the country.
- Cholera is not only striking within Chad but is also spreading throughout the region to Cameroon, Niger and Nigeria. Therefore, a regional response may become necessary if this unfolding crisis is to be controlled.
- The FACT is developing a plan of action that will be made available on request and will elaborate on the evolving strategy.

The proposed operation

While additional and more detailed assessment reports are anticipated in the coming days, the proposed preliminary operational plan has been developed through information provided by key sources that indicate Mongo district is the key strategic location to stop the propagation of cholera to the East. Also important is the district of Bongor, located on the border with Cameroon, where the number of cholera cases is high and the population movement significant. The interventions designed to break the cycle are:

1. supporting health centres with health professionals, volunteers, and materials;
2. providing the general population with access to potable water; and
3. sensitizing at-risk communities to basic cholera prevention techniques.

In the immediate term, focused temporary surge capacity (for one to three months, i.e. through the end of the rainy season) to support existing health centres, accompanied by a mass community-based sensitization campaign and distribution of cholera based NFIs, would significantly reduce the impact of the epidemic on the population. The deployment of a Basic Health Care (BHC) ERU to the strategic location of Mongo (where no actors outside of the Ministry of Health are offering curative care for cholera), accompanied by a focussed sensitization campaign and distribution of relief items, would aid the existing health system to manage the cholera cases and would contribute to stopping the spread of cholera to the east of the country. This BHC would also have the flexibility to respond to other diseases (polio and meningitis) currently running through Chad. Along with the deployment of a BHC/ERU, RC volunteers should be used to support health centres and other agencies and organizations with simple but necessary tasks such as rubbish removal, spraying houses of cholera cases and general disinfection activities, as well as being essential to conducting mass sensitization campaigns.

Training and mass sensitization for cholera prevention techniques remains key to preventing people from becoming infected by cholera, and Red Cross volunteers can be an effective means by which to spread the knowledge of these basic practices. Training Chad Red Cross volunteers in these techniques and providing them with the appropriate and adaptable materials will enable further trainings and sensitization sessions with members of their home communities. This would both build the capacity of the National Society, thus

reinforcing them in their area of strength (their extensive volunteer base), and contribute significantly to reducing cholera cases in future years. Partners in-country have agreed on the need for a large-scale community-based health and sanitation sensitization campaign and have expressed interest in using the Chad Red Cross volunteer base to do so. The Chad Red Cross is the main source of volunteers throughout the country.

It is assumed that other actors have the capacity to ramp up curative response if needed, in three key locations in the West of the country: N'Djamena, Massakory and Bongor. It is widely acknowledged that the situation is unsettled, and with the heavy rains and important cross-border population movements, the epidemic can quickly spread, both in Chad and among neighbouring countries. It is also recognized that the initial field assessment conducted by the team does not cover all the worst affected areas. The district of Lai is an area of great concern, with a high number of cholera cases reported but also a worrying mortality rate. Therefore the IFRC will continue to monitor the situation and stay as flexible as possible in order to help meet the needs of the most vulnerable.

Water, sanitation, and hygiene promotion/emergency health

Outcome: The immediate effects of the cholera epidemic on the health of affected populations in Red Cross catchment areas (districts of Mongo, Bitkine, Melfi, Aboudeia and Bongor) are reduced.

Outputs (expected results):

- Target population is provided with rapid medical management of diseases
- Emergency community-based disease prevention and health promotion is provided to the target population
- Household water treatment kits distributed to target population
- Households provided with appropriate cholera prevention NFIs.
- Households and Health centres with cholera patients are properly disinfected.
- Household members have improved knowledge on how to disinfect materials of infected persons.
- Increased Household use of ORS amongst mild cases of AWD.
- Efficient referral system between communities and Health Facilities is in place
- 120 volunteers trained in the affected areas using the *Epidemic Control for Volunteers Manual* and Toolkit (ECV).
- Door- to-door sensitization campaigns conducted to promote individual and collective hygiene as a means of curbing the spread of cholera.
- Protection built around 200 wells in the affected areas.
- Chlorine procured to disinfect contaminated water sources.
- Soap distributed to an estimated 10,000 families and jerry cans to 8,000 families in the affected areas.
- Cholera and other communicable disease cases detected and referred for early treatment.
- RDRT⁴ health specialist deployed to support the operation for three months.
- Emergency health assessments carried out with the support of the IFRC.

Logistics

Outcome: The mobilized relief goods are effectively coordinated, including reception of all incoming goods; coordinated warehousing, centralized provision of standard vehicles as required; and coordinated and efficient dispatch of goods to the final distribution points. The Federation will also work with the RCC to support and build logistics capacity through training, workshops, and providing delegates to support the logistics function.

Outputs (expected results):

- Community-based disease prevention and health promotion is provided to the target population.
- Surge capacity of the RCC to respond to subsequent epidemics is enhanced.

The operation will be supplied using a mix of local, regional and international suppliers (prioritizing local market when possible) supplemented by interagency donations. Items that are available in local or regional

⁴ Regional disaster response team

markets will be purchased in N'Djamena or in Yaoundé, the capital of neighbouring Cameroon. These would be: buckets, jerry cans, soap, and disinfectant and would be sent directly from the supplier to the field site.

IFRC standard items such as: cholera treatment kits, hygiene kits, hygiene promotion boxes, ORS, Ringer Lactate, sprayers and the like will be sourced from the closest regional provider, e.g. Dakar, Dubai, or directly from the supplier. Water treatment (PUR sachets) will be procured locally as a donation from UNICEF.

Additional logistic (and relief) support will be required to receive and forward on to the site the curative portion of the program (BHC ERU) and to aid in procuring, storing, transporting and distributing items.

The National Society came to an agreement with the authorities and no taxes will apply to aid materials coming in country.

One strength of the logistics capacities is that the majority of NFIs can be sourced either locally, or regionally, in neighbouring Cameroon, which would keep both price and transport time down. WFP has promised their full logistical support in carrying out operations and has already offered the use of two large warehouses in N'Djamena without cost. Potential weaknesses include time for fabrication of some items not in stock, the cost of international air transport, delays in customs clearance and entry into Chad, as well as limited warehouse capacity both in the field and in the capital.

Some critical considerations concern: Pre-clearing internationally procured items so that they can be quickly dispatched, Pre-clearing ERUs so that they can fly directly to zone of intervention; establishing a field base of operations with sufficient warehousing capacity to receive and distribute relief items; Contracting a reliable source of transport from N'Djamena to field distribution points.

Disaster risk reduction	
Outcome: The medium and long term effects of cholera epidemics on the health of affected populations in Red Cross catchment areas are reduced	
Outputs (expected results):	
<ul style="list-style-type: none"> Community-based disease prevention and health promotion is provided to the target population Surge capacity of the HNS to respond to subsequent epidemics is enhanced. 	

Implementation plan

	2011		2012	
	Q3 Jul-Sep	Q4 Oct-Dec	Q3 Jan-Mar	Q4 Apr-Jun
Emergency health / water, sanitation.				
Outcome. The medium and long term effects of cholera epidemics on the health of affected populations in Red Cross catchment areas are reduced				
Target population is provided with rapid medical management of diseases (BHC/ORP/Mobil clinics)				
Emergency community-based disease prevention and health promotion is provided to the target population				
Household water treatment kits distributed to target population				
Households provided with appropriate cholera prevention NFIs				
Disaster risk reduction.				
Outcome: The medium-term health risks on the affected population are reduced.				
Community-based disease prevention and health promotion is provided to the target population				
Surge capacity of the HNS to respond to subsequent epidemics is enhanced				

Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and fundamental to promoting greater quality, accountability, and transparency. Communications activities are closely coordinated with the Communications department of the IFRC's Secretariat in Geneva. A detailed communications plan of action is forthcoming.

Capacity of the National Society

The Red Cross of Chad has an extensive experience working with communities and voluntary networks and response to emergencies and rehabilitation activities. The network of volunteers has been actively involved in emergency operations for many years. The recent activities implemented by the National Society involve assistance to the Sudanese refugees. Planning, monitoring, reporting and volunteers management support is to be provided to the National Society to implement the operations, reinforce the surge capacities of the organization to respond to subsequent epidemics, and promote coordinated response and efficient information sharing. A health coordinator will oversee the emergency response and longer term operations, to ensure the durability of the programs. The National Society, supported by the IFRC, RDRT and NDRT will ensure capacity building of the newly affected Red Cross local committees through providing relevant training and coaching. In addition, the offices of the affected regional committees will be equipped with adequate materials to facilitate the implementation of relief activities.

Capacity of the IFRC

The IFRC's presence in Chad is maintained by a Country Representative with a background in disaster management. Efforts have focused on coordinating support to the National Societies. Delegates and RDRT members provide support in finance and administration, logistics, food security and monitoring and evaluation. For the successful implementation of this operation, further RDRT support is vital (particularly for WATSAN, and health).

Budget summary

See attached budget (Annex 1) for details.

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Contact information

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Click here

1. **Emergency Appeal budget [below](#)**
 2. **Click [here](#) to return to the title page**
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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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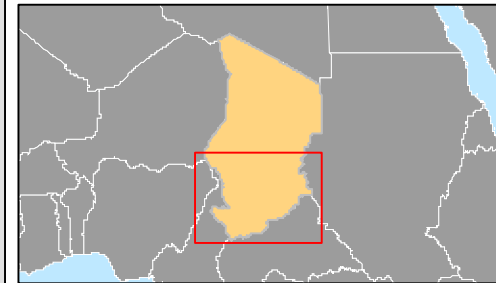
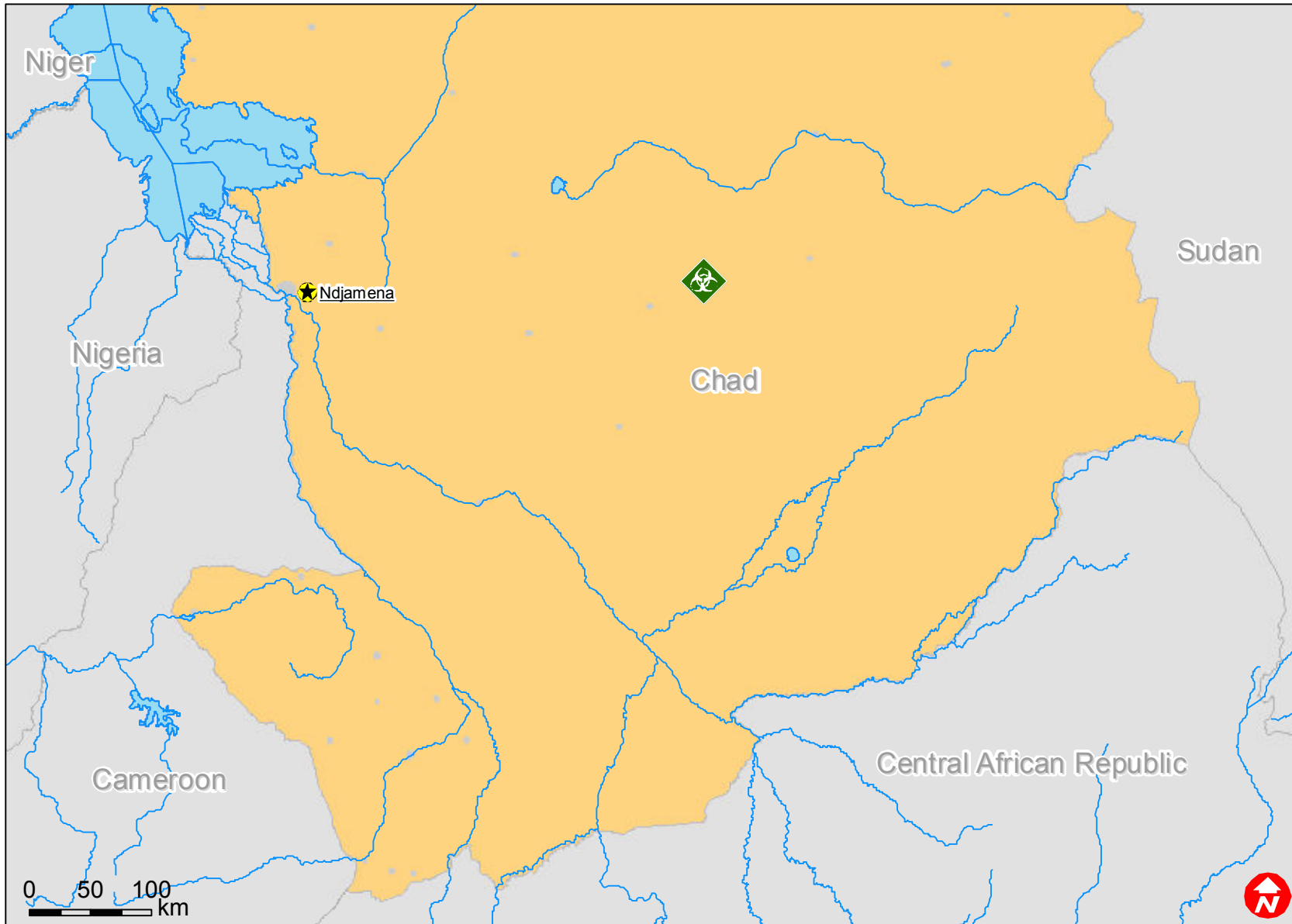
EMERGENCY APPEAL

Chad: Cholera (MDRTD008)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal 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	972,224			972,224
Medical & First Aid				0
Teaching Materials	4,156			4,156
Ustensils & Tools	320,044			320,044
Other Supplies & Services	122,538			122,538
Emergency Response Units	450,000			450,000
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,868,961	0	0	1,868,961
Land & Buildings				0
Vehicles Purchase				0
Computer & Telecom Equipment	4,364			4,364
Office/Household Furniture & Equipment	14,545			14,545
Medical Equipment				0
Other Machiney & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	18,909	0	0	18,909
Storage, Warehousing	14,182			14,182
Distribution & Monitoring	114,989			114,989
Transport & Vehicle Costs	57,475			57,475
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	186,645	0	0	186,645
International Staff	576,636			576,636
National Staff	22,436			22,436
National Society Staff	40,509			40,509
Volunteers	0			0
Total PERSONNEL	639,582	0	0	639,582
Consultants	5,000			5,000
Professional Fees				0
Total CONSULTANTS & PROFESSIONAL FEES	5,000	0	0	5,000
Workshops & Training	5,455			5,455
Total WORKSHOP & TRAINING	5,455	0	0	5,455
Travel	14,500			14,500
Information & Public Relations	4,000			4,000
Office Costs	41,091			41,091
Communications	8,773			8,773
Financial Charges	74,199			74,199
Other General Expenses				0
Shared Support Services				0
Total GENERAL EXPENDITURES	142,563	0	0	142,563
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	186,362	0	0	186,362
Total INDIRECT COSTS	186,362	0	0	186,362
TOTAL BUDGET	3,053,478	0	0	3,053,478
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	3,053,478	0	0	3,053,478



Chad: Cholera



Cholera outbreak in Mongo