

DREF operation n° MDRUG024 GLIDE n° EP-2011-000173-UGA 14 August, 2012

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.

Summary: CHF 156, 962 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in delivering immediate assistance to some 721,400 indirect beneficiaries during a Cholera outbreak in 4 sub counties of Nyakiyumbu, Isango/Bwere, Mpondwe-Lhubirha Town Council and Kitwamba.

The URCS – Kasese Branch Community-based Volunteers utilized the Epidemic Control for Volunteers (ECV) and Participatory Hygiene and Sanitation Transformation in emergency response (PHASter) toolkits to engage households with effective disease control methodologies that help to increase knowledge about Cholera and its control measures such as

provision of safe water, and facilitating proper environmental, food and personal hygiene. This led to increased public awareness about the

disease and its control measures, and a general decline of cholera infection rate in the 4 sub-counties.

DG-ECHO and the Belgian Red Cross/Government contributed to the DREF in replenishment of 95% of the allocation made for this operation. Details of contributions to DREF are found at:

www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf.

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

The situation

An outbreak of cholera that was first reported in one community of Kayanja Village – Nyakiyumbu Sub County in Kasese District on 21 October 2011. It later spread to two other sub-counties of Mpondwe – Lhubirha Town Council and Karambi in Bukonzo West Health Sub-District (HSD) and Maliba and Kitwamba in Busongora North HSD. Since then, the cumulative number of affected people reached 366 cases and 10 deaths with a Case Fatality Rate (CFR) of 2.7%.

At the onset of the outbreak, Kasese District Health Office set up 2 Cholera Treatment Centres in Kayanzi and Bwera. Uganda Red Cross was also requested by the local authority to support Kasese District Health



URCS Volunteers train household members in Kayanja fishing village on a cost-effective way of hand washing using tippy-tap/URCS Kasese Branch



A child resting after receiving treatment from one of the Cholera Treatment Centers/URCS

Office especially in areas where there were no health education initiatives, medical supplies nor personnel support for case management.

the District Health Office and URCS conducted a joint assessment during the Cholera outbreak. An estimated 167,961 people (27,994 households) were found to live in the affected sub-counties, while a total of 721,400 people in the whole district were at risk of cholera infection since there are always interactions among the people.

Since the end of the operation, no case has been reported except a small resurgence early in 2012 associated with cotton harvesting as the local community has been going out to their gardens where they stay for weeks and also use unsafe water

sources. A mop up exercise was conducted in this farmland and the affected people were sensitized and assisted with water purification chemicals to ensure access to safe drinking water while in the cotton fields.

Red Cross and Red Crescent action

On 15 November 2011, Kasese Branch deployed 7 volunteers in the 2 Cholera Treatment Centres and 33 others in the field to carry out community sensitization and referral of suspected cases in the 4 most affected sub counties of Nyakiyumbu, Mpondwe Lhubiriha Town Council, Isango/Bwera and Kitswamba.

Between 26 November and 5 December 2011, the 40 volunteers underwent an intensive ECV/PHASTER training that took 4 days for each of the 2 trainings. The volunteers were provided with Information, Education and Communication materials that enabled them to conduct intensive door to door health and hygiene promotion campaign activities that reached 23,769 households with 190,163 people leading to improved awareness that has reduced the incidence of the disease in the affected areas.

A cholera treatment module and volunteer kit was dispatched and handed over to Kasese District Health Office and it assisted in treating the cases received at the two cholera treatment centres (CTCs) at Kilembe and Bwera Hospitals. Some materials such as water purification chemical and oral rehydration salts (ORS) were distributed to community volunteers who assisted in providing Oral Rehydration Therapy (ORT) for acute cases that were detected before referral to the treatment centres. This resulted in a controlled case fatality from the disease.

Radio talk shows and airing of radio spots was done focusing on the cholera epidemic and how it can be prevented. Since the start of the URCS interventions on 15 November 2011, the admission of new cholera cases has fallen drastically hence reversing the epidemic trend; 48 cases in October 2011, 64 in November, 17 in December and 5 in January 2012. For example, Kayanja CTC registered no case for a period of 28 days and it was subsequently closed. This was attributed to the Red Cross' vigorous campaigns and the support from local leaders in the target areas. The medical team concentrated on management of the cases since Red Cross volunteers were doing house to house campaigns in the community.

As a long-term solution to the lack of safe water that was the biggest risk-factor for cholera transmission in the district, the operation sought technical support from the District Water Office and supported Hydro-geological surveys that were carried out in order to identify where to locate deep wells to provide safe water sources. The sites were identified in Kayanja and Hamukungu Fish landing sites where the lack of safe water sources facilitated the communities to consume contaminated water from Lake George. As a result, 2 boreholes were drilled for the people to access safe water in the at-risk fishing villages. In Kayanja, the borehole is serving a total of over 1,000 people including a primary school that is in the vicinity of the water source while in Hamukungu, a total of 400 people are accessing safe water from this single viable source in the area.



Last-resort! Lack of alternative safe water source before borehole construction



Enjoying clean water after borehole construction

The borehole in Kayanja fishing village is providing safe potable water for to over 1,000 people. This has helped to stop the spread of cholera epidemic

Together with the District Health Education Office, the Branch conducted social mobilization campaigns by holding public awareness meetings in all the upcoming towns and urban authorities in the district for a period of 30 days reaching an estimated number of 375,500 at risk people. This collaboration with the district authorities facilitated the operation through the availability of the district technical staff and political will to participate in the operation.

The operation provided assorted hygiene supplies including jerry cans, hand washing facilities, soap, and water treatment tablets that were distributed benefiting 23,769 Extremely Vulnerable Individuals (EVIs) in 4,200 households and this improved on the practice of hand washing at critical moments, provided safe water supply, as well as maintaining safe water chain that helped to control the spread of cholera and other diarrheal diseases in the target communities. Through this exercise, in addition to the door to door health and hygiene promotion campaigns, a total of 3,960 model homes were created in the 4 target sub counties. These homes are vital in promoting best practices in the whole community.

Achievements against outcomes

Emergency health

Outcome: Reduced risk of cholera infections and mortality amongst extremely vulnerable households through intensified house to house health and hygiene promotion, media campaigns, community based disease surveillance targeting directly 4,199 families (or 25,194 beneficiaries) in 2 sub-counties and indirectly 721,400 people in the district of Kasese for three months.

Outputs (expected results)

- Increased public awareness about cholera disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)
- Improved early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms.

Planned activities:

- Procure 1 cholera kit for replenishment of country stock-pile utilized in the operation
- Conduct training of 40 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit
- Produce and disseminate context-specific Information, Education and Communication (IEC) materials (50,000 cholera posters, 100,000 cholera leaflets and 200 T-shirts translated in Rukonjo) to reach 721,400 people.
- Conduct media campaigns (8 radio talk shows, 480 radio spots) for promotion of awareness about cholera and environmental hygiene to control the disease spread reaching over 721,400 people in the whole district.
- Conduct community health promotion campaigns reaching approximately 167,961 indirect beneficiaries in the 4 affected sub-counties in the district.
- Facilitate social mobilization through film vans operation for 2 months in the whole district targeting 721,400 people.
- Facilitate active case search, provide Oral Rehydration Therapy (ORT) & referral of suspected cholera cases by Red Cross volunteers

Achievements:

An assortment of medical supplies contained in the cholera kit were donated to the district health office and distributed to the 2 CTCs in the district in order to aid in the management of cholera cases. These supplies provided effective management of cases. As a result, no new deaths have since been reported in the 2 CTCs. The supplies assisted in maintaining the case fatality rate at a minimum acceptable limit, thus reduced mortality from the epidemic



Distribution of medical supplies. URCS

Forty (40) community based volunteers were mobilized and trained in integrated modules of ECV and PHASTER methodologies and how to use the different toolkits in promoting health awareness about the disease as well as personal and environmental hygiene. The training curriculum took four days and drew facilitators from WatSan and health experts from within the URCS as well as the District Health and Water offices and other partners such as PACE-Uganda. The participants who majorly comprised of Village Health Team (VHT) members were drawn from the most affected sub counties of the 2 Health Sub Districts (HSDs) of Kasese. This has provided the target communities with residual number of community resource persons who will continue conducting health and hygiene promotion to prevent not only diarrhoeal diseases, but other diseases including typhoid fever, malaria, that have potential of becoming epidemics in the district.



Volunteers receiving integrated training on ECV and PHASTER approaches. URCS

The operation facilitated the production and printing of assorted information including 50,000 posters, 100,000 leaflets and 200 T-shirts that were distributed in the affected and other at-risk communities in the whole of Kasese District through community volunteers/Village Health Teams as well as the mobile dissemination vans and health facilities. These materials that were produced in English and Rukonjo (local language) facilitated effective dissemination of cholera information as it made the target audience informed about the signs and symptoms of the disease, its modes of transmission, prevention methods and action to take when a person is suspected to have been infected with the disease.

Eight (8) Radio Talk shows involving the Assistant Chief Administrative Officer, the District Health Educator, the Secretary for Social Services and a representative from Kasese Red Cross Branch were conducted. In addition, a total of 596 Radio spots on cholera prevention were aired out on Guide FM Radio station. The messages aired through the radio reached an estimated 400,000 people in and outside the district. During the talk shows, listeners would call from as far as Rubirizi and Kabarole districts. Calls also came from the eastern region of the Democratic Republic of Congo (DRC) where there was a similar epidemic thus the communities there benefiting through the concept of positive externality. Through established partnerships, management of Guide FM Radio and Messiah Radio station offered the URCS a complementary of three (3) additional Radio Talk shows which were aired at no additional cost throughout the month of February 2012 as part of their Corporate Social Responsibility policy. This signifies an immense goodwill from corporate bodies and other local partners to partner with Uganda Red Cross.

Through door-to-door health promotion campaigns, volunteers have managed to reach 23,769 households (84.9% of the target) with 190,163 local residents in a period of 60 days in the 4 sub counties of Nyakiyumbu, Isango/Bwera, Mpondwe-Lhubiriha Town Council in Bukonzo West Constituency and Kitwamba in Busongora North Constituency. The door to door campaigns have led to the construction of a

total of 357 pit latrines in the area of operation as follows; Nyakiyumbu - 105 (of these, 62 are in Kayanja alone), Isango/Bwera - 38, Mpondwe-Lhubiriha Town Council - 167 and Kitswamba – 47.

Intensive mobile social mobilization campaigns were carried out in 16 sub-counties of the district. In total, 30 upcoming towns in the district were reached with health education messages on cholera. Public places such as markets were also targeted through the mobile public address system.



Red Cross volunteers use mobile public address system to conduct mass community mobilization in Bwera-Kasese District. URCS

On the way to meeting venues, messages on cholera were played at slow speed and where there was a crowd, the health educators in the vehicle would give a 20 minute talk to the communities. It is estimated that about 400,000 people benefited from this activity in a period of 30 days through community meetings and roadside talks.

Since URCS launched the cholera prevention campaign in Kasese, only four (4) suspected cases were detected by health workers and volunteers and referred to Kayanja CTC. The rest of the cases managed to come to the CTC on their own/themselves and this has been attributed to the vigorous health promotion campaigns by Red Cross volunteers that increased awareness about the disease in the community, hence increased health seeking behaviour among the local residents.

Challenges:

Due to the metropolitan nature of Kasese District which is composed indigenous residents mixed with other tribes from all parts of the country and even from across the borders in Congo, the media of communication that could meet the needs of the different ethnic groups became a challenge for the volunteers and health educators. However, this was solved by the use of different languages such as Swahili, Runyankole and Rutoro in addition to the indigenous Rukonjo during the Radio Talk shows and social mobilization meetings.

There was limited supply of ORS for the community volunteers that limited their Oral Rehydration Therapy interventions as suspected cases are referred to them; some of the supplies had to be shared with health workers for use at the CTCs. However, through health education, the community was able to send the suspected cases to the CTCs where they would get the needed services including ORT. The community was also encouraged to buy ORS and JIK solution to be used for first aid in case they encountered suspected cases during the night, which they did.

The cultural practices amongst the community members still remains a hindering factor to the practice of proper hygiene practices especially in the fish landing site communities. The volunteers together with the local leaders have pledged to continue with the sensitizations. In addition, enforcement of the Public Health Act has been given priority by the district leadership on encouraging use of pit latrines.

Water, sanitation, and hygiene promotion

Outcome: Access to safe water, good sanitation and hygiene practices has been improved amongst 4,199 households (25,194 beneficiaries) in the two cholera affected sub-counties of Nakiyumbu and Maliba in Kasese district over a period of three months.

Outputs (expected results) and activities planned:

- Conduct water quality analysis and surveillance to establish levels and extent of contamination to guide purification

- Procure and distribute 125,970 water purification tablets to 4,199 households for 1 month.
- Procure and distribute 151,164 bars of laundry soap for promotion of hand washing practices amongst 25,194 beneficiaries
- Procure and distribute 4,200 five-litre jerry-cans for constructing household hand washing facilities
- Procure and distribute 4,200 twenty-litre jerry-cans (1 per household) for ensuring safe water chain amongst 25,194 people.
- Provide 30 institutional hand-washing facilities in schools
- Conduct hydrological survey and drilling supervision of 2 boreholes at Kayanja fishing village
- Drill 2 boreholes, conduct test-pumping, water quality analysis, casting and installation works to provide immediate potable water for 780 households in Kayanja fishing village
- Conduct training of 2 water user committees for promotion of water source maintenance.

Achievements:

With the help of Kasese District Water Office (DWO), the operation provided for the required reagents, test kits and motorcycle fuel for collection of water samples that facilitated effective water quality analysis and surveillance on 40 water sources in the 4 affected sub counties. In total, 6 boreholes, 6 springs, 4 shallow wells, 20 Gravity Flow Scheme (GFS) taps and 4 rivers were subjected to tests such as Total Dissolved Solids, Turbidity, PH, Temperature, Faecal Coli forms and Total Coli forms. At the end of the tests, two (2) boreholes, 20 springs and all the 4 rivers were found to be contaminated. The test results guided the distribution of water purification chemicals that was prioritized for communities that were using the contaminated water sources.

The URCS Regional WatSan Engineer (RWE) and the District Water Officer (DWO) carried out a decontamination exercise of the two boreholes (in Kayanja and Katholhu) using shock-chlorination and ensured availability of safe drinking water to the target communities. With the test results, the Local Government Authorities passed a by-law that banned the use of the contaminated river and spring waters for domestic use. This ensured that no more people got infected with cholera. This also guided the District Water Officer (DWO) and other development partners on which water sources need protection/rehabilitation so as to continue providing safe water to the communities. Households using these sources were encouraged to treat their drinking water with chlorine tablets or boil the water before drinking.

The Cholera operation team collaborated with the district water office and conducted two (2) Hydro geological surveys in Hamukungu and Kayanja fishing villages that facilitated citing, test-pumping, water quality analysis, casting and installation works. The 2 water sources are providing potable safe water to 1,000 and 400 people in Kayanja and Hamukungu Fish landing sites respectively. 125,970 water purification tablets were procured and distributed to 6,750 households in the 4 sub counties of Bwera, Nyakiyumbu, Isango and Kitswamba. The tablets were targeted for households that were living around the contaminated water sources as per the results of the water quality analysis carried out in the district.

In order to facilitate effective hand washing amongst the target communities, a total of 151,164 bars of laundry soap were procured and distributed to 4,200 households composed of 23,769 EVIs including the elderly, child headed households, people living with chronic illnesses such as HIV and AIDS, expectant and lactating mothers and others who could not afford to buy these items. The soap therefore helped to promote effective hand washing practices and personal hygiene behaviours among the beneficiaries that contributed to reduced spread of cholera and other water-borne diseases.

A total of 4,200 pieces of five-litre jerry-cans were procured and distributed to extremely vulnerable households that facilitated them to have low-cost hand washing facilities (tippy-taps). All these households have hand washing facilities near their pit latrines. The trained community based volunteers assisted to facilitate the households with skills on how to construct and maintain these facilities. They also made use of the ECV community message tools to demonstrate proper hand washing skills to the households. This has increased the rate of hand washing at critical moments hence contributed to the control of cholera spread as well as other diarrhoeal diseases such as dysentery that have been affecting the target communities.

A total of 4,200 pieces of twenty-litre water vessels (jerry-cans) were procured and distributed. This has assisted in ensuring safe water chain is maintained among 23,769 people in the area of operation. This reduced the level of household contamination of drinking water as the containers were enclosed with narrow necks that could only encourage drinking water to be poured out into a cup, contrary to the large-mouthed water pot that encouraged dipping hence facilitating contamination through the fingers. The water vessels

also encouraged quick disinfection of drinking water by use of the Aqua-safe chemicals that were distributed.



The Kasese Branch Manager hands over newly constructed boreholes to Local Council Chairpersons of Kayanja (left) and Hamukungu (right) fishing villages respectively.

Challenges:

One of the local partners initially ignored the coordination mechanism in place and went straight to the field to distribute hygiene supplies in the same communities that URCS had committed to cover, and yet their package of cholera kit was incomplete (missing essential items such as soap). This was later resolved in the coordination meeting and thus URCS was advised to distribute their items in Hamukungu fishing village that similarly had very poor sanitary conditions.

The need to train water user committees for the 2 water sources is still pending since the sources need to be owned by the local population so that the operation and maintenance component can be catered for by the community.

Since the operation was initiated when the schools had closed, no specific interventions targeting school children were carried out. The coordination meetings tasked the District Education Officer to ensure that schools are followed up by the Inspector of Schools in collaboration with the Environmental Health staff in the respective sub counties when they open in February 2012.

Coordination, Monitoring, technical support supervision & operation evaluation	
Outcome: Strengthened operational capacity in planning, M&E and Reporting for effective service delivery to the target beneficiaries	
Outputs (expected results)	Activities Planned
<ul style="list-style-type: none"> All planned operational activities are monitored and reported on in a timely and quality manner 	<ul style="list-style-type: none"> Conduct weekly field monitoring checks by national, regional and branch staff Participate in all districts and national coordination meetings to facilitate effective Provide for field documentation of best practices and routine reporting Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties Conduct operation final evaluation, lesson learnt workshop and document best practices

Achievements:

URCS participated in four (4) District Taskforce meetings where coordinated plans of action were made and feedback on the progress shared. The operation facilitated these meetings by supporting mobilization, refreshments and documentation as the Branch Manager was appointed as the minute taker during the meetings.

The District Taskforce and the Branch Governing Board carried out four (4) monitoring visits in the affected sub counties. These visits provided an opportunity for effective volunteer motivation and also facilitated mutual coordination with the local leaders and health workers in the affected communities to work in harmony with the volunteers.

The URCS Communications and Public Relations staff together with journalists from different media houses in Kampala paid a field visit in the affected communities in Kasese District to document best practices in the field as well as highlight the magnitude of the epidemic to the larger audience at national level through print (The Daily Monitor and New Vision Newspapers) and electronic (National Television) media. Their articles also featured in the URCS Humanitarian; the quarterly magazine of URCS. This has promoted general awareness about the disease to a wider audience especially reaching the visual learners in the society who have become more image oriented.

The Sub County Supervisors together with the Branch Manager carried out regular support supervision and monitoring of field activities to ensure community needs and barriers to behaviour change practices are picked up and appropriate redesign of the project strategies are done to ensure the community gets the right package of information and sustained healthy living.

The DREF operation supported the printing of 200 copies of the International Disaster Response Law (IDRL) in Uganda booklets that documented and analyzed Uganda's preparedness and regulatory issues in international disaster response. These booklets are being distributed to Government officials, members of Parliament (MPs) and other partners to lobby for implementation of the recommendations therein that will hopefully smoothen and effectively facilitate international response to disasters in Uganda.

Challenges:

The District authorities always asked for allowances whenever they were called to participate in any activity and this has become a burden to the Branch since some activities such as visits were not supposed to be facilitated/not budgeted for.

Currency fluctuation that reduced the net amount received in local currency was experienced thus affecting implementation of planned activities. Specifically, evaluation of the DREF operation was not conducted as the funds to facilitate this were not adequate. However, the regular field visits enabled URCS to capture best practices and value addition of their intervention to the target population.

Contact information

For further information specifically related to this operation please contact:

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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.

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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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MDRUG024 - Uganda - Cholera Epidemic

Appeal Launch Date: 14 nov 11

Appeal Timeframe: 14 nov 11 to 14 feb 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/11-2012/7
Budget Timeframe	2011/11-2012/7
Appeal	MDRUG024
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	156,962					156,962	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	155,368					155,368	
C4. Other Income	155,368					155,368	
C. Total Income = SUM(C1..C4)	155,368					155,368	
D. Total Funding = B +C	155,368					155,368	
Coverage = D/A	99%					99%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	155,368					155,368	
E. Expenditure	-155,368					-155,368	
F. Closing Balance = (B + C + E)	0					0	



Selected Parameters	
Reporting Timeframe	2011/11-2012/7
Budget Timeframe	2011/11-2012/7
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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		156,962					156,962	
Relief items, Construction, Supplies								
Clothing & Textiles	1,390							1,390
Water, Sanitation & Hygiene	26,907							26,907
Medical & First Aid	6,915							6,915
Utensils & Tools	13,134							13,134
Other Supplies & Services	5,837							5,837
Total Relief items, Construction, Su	54,183							54,183
Land, vehicles & equipment								
Vehicles	2,172							2,172
Total Land, vehicles & equipment	2,172							2,172
Logistics, Transport & Storage								
Distribution & Monitoring	6,924							6,924
Transport & Vehicles Costs	19,960							19,960
Total Logistics, Transport & Storage	26,884							26,884
Personnel								
International Staff	1,500							1,500
National Society Staff	19,014							19,014
Total Personnel	20,514							20,514
Workshops & Training								
Workshops & Training	39,070							39,070
Total Workshops & Training	39,070							39,070
General Expenditure								
Office Costs	417							417
Communications	4,042							4,042
Financial Charges	101							101
Total General Expenditure	4,560							4,560
Contributions & Transfers								
Cash Transfers National Societies		145,885					145,885	-145,885
Total Contributions & Transfers		145,885					145,885	-145,885
Indirect Costs								
Programme & Services Support Recov	9,580	9,483					9,483	97
Total Indirect Costs	9,580	9,483					9,483	97
TOTAL EXPENDITURE (D)	156,962	155,368					155,368	1,595
VARIANCE (C - D)		1,595					1,595	