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Emergency appeal

Zika Virus Disease Global Response

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDR42003

1 million people to be assisted

Appeal launched 4 March 2016

200,000 Swiss francs DREF allocated
394,055 Swiss francs Funding received

Appeal ends 3 March 2017

8.88 million Swiss francs Funding gap

9.27 million Swiss francs

This Global Emergency Appeal seeks a total of **9.27 million Swiss francs** to enable the IFRC to support National Societies world-wide to scale-up the response to the Zika virus disease, delivering assistance to **one million people** for 12 months, with a focus on 10 priority intervention areas, including **health emergency risk management, preparedness, vector control, community based surveillance, community engagement and psychosocial support**. This Appeal is supported and complemented by country and regional-based Plans of Action. The planned response reflects the current situation and information available at this time of the evolving operation, and will be adjusted based on further developments and more detailed assessments. This appeal incorporates and replaces the Emergency Appeal launched for the Americas in February. Details are available in the Emergency Plans of Action (EPoA) [<click here>](#)

The disaster and the Red Cross and Red Crescent response to date

May 2015: WHO reports the first local transmission of the Zika virus in the Americas.

November 2015: Brazil announces a national public health emergency.

February 2016: CHF 200,000 allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support initial relief and response activities. Emergency Appeal launched for the Americas for 2.4 million Swiss francs to support the regional response to the Zika virus outbreak in the Americas.

March 2016: Emergency Appeal launched to support the global response for 9.27 million Swiss francs for 1 million people.



Colombian Red Cross volunteers discussing household protection and vector control during a community visit. ©Colombian Red Cross

The operational strategy

The situation

Zika virus is an emerging mosquito-borne virus predominately transmitted through the bite of an infected *Aedes* mosquitoes (*A.aegypti* and *A.albopictus*) - the same type of mosquitoes that spreads dengue, chikungunya and yellow fever. In addition to mosquito bites, a small number of cases of sexual transmission of the Zika virus have also been reported¹.

Symptoms of Zika infection are usually mild and last for two to seven days. However recently an unusual increase in cases of microcephaly (babies born with abnormally small skulls and neurological damage) has been observed in Brazil in areas where outbreaks of Zika infectious have also been reported. Clusters of babies born with microcephaly were previously reported in French Polynesia during a large Zika outbreak in 2014.

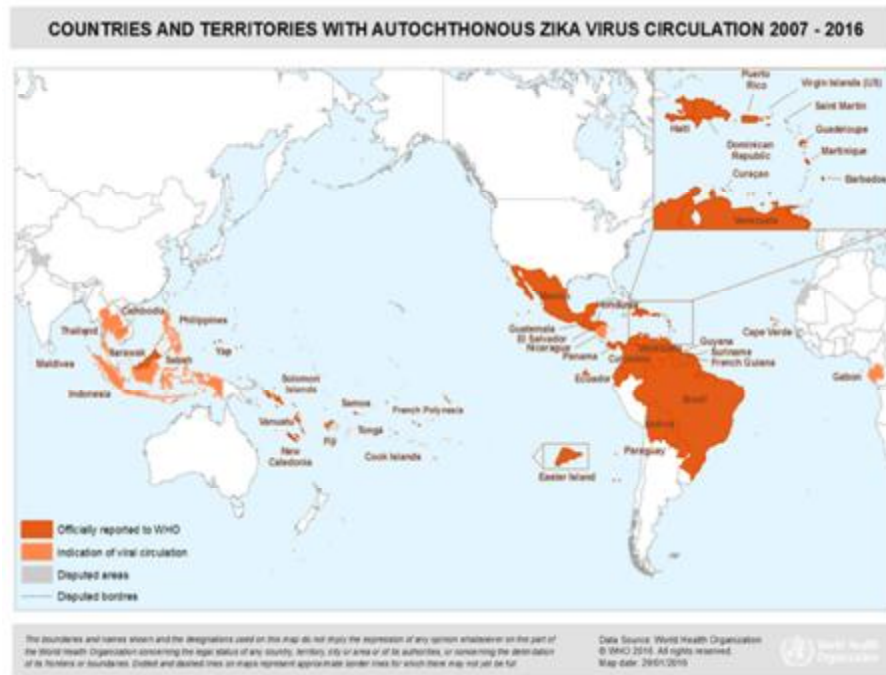
In addition to the rise in microcephaly, clusters of Guillain-Barré Syndrome (GBS), an autoimmune neurological disorder, have also been observed in Brazil, Colombia, El Salvador, Martinique, Suriname and Venezuela again in areas where there has been sudden increase in Zika infections.

Although the possible link between Zika infection and microcephaly and GBS has yet to be confirmed, given the significant rise in microcephaly cases and GBS in areas where large Zika outbreaks have been reported, on 1 February 2016 the World Health Organization (WHO) announced a 'Public Health Emergency of International Concern'.

The WHO is calling on the scientific community to support rapid investigations into the possible link between Zika infection and microcephaly and GBS and - as a precautionary measure - for all affected countries to urgently put in place measures to control the spread of Zika and protect pregnant women from infection.

There is currently no vaccine available against Zika infection. Control measures therefore need to focus on eliminating the mosquitoes that spread the virus through the destruction of breeding sites, appropriate use of larvicides and, in acute outbreaks, fogging with insecticide.

Disease transmission can be further reduced through public education campaigns to urge people - particularly pregnant women and women of childbearing age - to wear repellent and long sleeved clothes.



¹ WHO's 'ZIKV Strategic Response Framework and Joint Operations Plan', Jan-June 2016 includes a series of research activities to better understand the risk of sexual transmission of the Zika virus as well as the transmission through blood and other fluids, including mother to child transmission.

Forty-six countries and territories globally have reported Zika virus transmission since January 2007. Geographical distribution of the virus has steadily expanded and there are currently 34 countries – 26 of which are in the Americas - reporting local transmission.

However, the mosquitoes that transmit Zika virus are present in over 100 countries globally. These countries are all at risk of introduction of the Zika virus through the importation of infected mosquitoes from an affected country and/or an infected person arriving in-country resulting in local transmission and potential wide spread outbreaks.

Risk assessment

The outbreak carries a number of risks:

- Long-term humanitarian risks: Brazil's Zika outbreak and the rise in microcephaly have been concentrated in poor and underdeveloped parts of the country that have higher exposure to mosquitoes, tropical climate and less resources and capacity for disease control.
- Risk of outbreaks in urban settings, where a high concentration of people could lead to uncontrollable spread of the disease.
- Potential further geographic spread of the disease. Urbanization and global travel pose risks of increased cases of transmission across borders and via main air transport routes.
- Limited scientific understanding so far of the Zika virus and in particular how long it stays in the body and how it is transmitted, through blood, fluids and sexual transmission.
- The potential spread of the Zika virus is a proxy for the presence of the vector, increasing the potential of coinfections with dengue and chikungunya – the consequences of which are currently unknown.
- Knowledge gaps, rumours and misinformation can hamper mitigation efforts as well as make the lives of those people potentially affected or already infected more difficult to manage.
- The uncontrolled spread of the virus and increasing numbers of new countries affected may stretch the health emergency risk management capacity and preparedness of those countries and their National Societies and divert resources and capacity from other important risks.

Needs assessment

Red Cross and Red Crescent National Societies are uniquely placed to support communities and governments to address the threat of Zika. National Societies worldwide have previous experience in responding to the effects caused by the *Aedes Aegypti* mosquito (dengue and chikungunya), and Red Cross Red Crescent volunteers can make a significant contribution to mosquito control through community mobilization and integrated vector control activities in order to;

- a. Reduce risks of Zika outbreaks
- b. Control transmission
- c. Reduce risks to pregnant women
- d. Support affected families

One of the most prevalent community health risks is the lack of knowledge within communities about the Zika virus, how it is caused and how to prevent it. Already well established within the communities, the National Societies can use their existing networks and service provision points (hospitals, schools, mothers group, and community 'clean-up' groups) to share information, take action and provide vital psychosocial support.

One of the central aims of the declaration of the public health emergency of international concern is strengthening surveillance, early detection of outbreaks and reporting of cases. Red Cross Red Crescent volunteers that are present in the communities equipped with digital data gathering devices are uniquely placed to carry out community-based surveillance, strengthening the national surveillance systems in collaboration with Ministries of Health. IFRC has made available interim guidance for Community-based Disease Monitoring and Community Event Surveillance, which will be combined with existing capacity for digital data gathering.

As a global organization, the IFRC can effectively provide coordination across all levels (national, regional and global) as well as standardized mechanisms to share response and preparedness information that includes protocols, procedures and tools.

Needs

- High-risk populations include pregnant women and those women of a childbearing age and who are considering pregnancy.

- All people living in areas near uncontrolled wastewater sites and in places where Aedes mosquito population may expand are also at risk, especially those with poor access to preventative health care services.
- Patients staying in hospitals, residents of care institutions, and inmates in prisons may be in need of particular protection and information.
- People travelling from Zika affected countries may be at risk and some countries are asking potential donors not to give blood if they have visited a Zika affected country in the last 3-4 weeks.
- Existing scarce evidence indicates that there may be a risk of sexual transmission of the Zika virus, as well as a risk of persistence in semen and urine. There is currently growing evidence of mother to child transmission².
- National Society staff and volunteers working with at risk populations and in high risk areas will need to be covered by volunteer insurance and must follow strict guidance on use of protective equipment in their work.

Beneficiary selection

Gender, diversity and protection issues will be mainstreamed in this response, including through the specific focus placed on pregnant women and women of childbearing age. Areas of focus will include the risk of social exclusion of some groups based on ethnic background, which may be exacerbated in times of emergency if information is not made available in minority languages. People with chronic diseases, the elderly and children are will also be a focus of the intervention.

Mainstreaming of gender, diversity and protection issues will ensure that communication interventions are context appropriate. Particular attention will be given to identify, advocate and address discrimination against children born with microcephaly. Activities will be reported with sex and age disaggregated data in order to better understand the magnitude and specific vulnerabilities based on gender, role and age.

Coordination and partnerships

World Health Organization (WHO): WHO has declared the Zika virus outbreak and its potential connection with the recent cluster of microcephaly cases and other neurological disorders reported in Brazil as a global public health emergency of international concern. WHO is conducting research on Zika providing guidance on control of the virus. WHO Director General, Margaret Chan, convened an International Health Regulations Emergency Committee on the Zika virus on 1 February 2016, where the increase in neurological disorders and neonatal malformations was observed and ways to stop the transmission of the Zika virus were discussed — which officials said is "spreading explosively" across the Americas.

Other partner organisations involved in this operation include; the Pan American Health Organization (PAHO), the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), the Caribbean Public Health Agency (CARPHA), the UN Children's Fund (UNICEF), and the Health Ministries from each affected country government.

Proposed sectors of intervention

Overall goal: Ensure that National Societies in affected and/or at risk countries are able to effectively and efficiently reduce risks associated with Zika infection.

The **response strategy for the global operation is based on 10 key interventions** that will contribute significantly to achieving the Appeal outcomes, for currently unaffected but at-risk countries. Effective public communications and awareness of the need for ongoing vector control and WASH measures and preparedness will be carried out in order to effectively respond in all 10 intervention areas to reduce the risks associated with Zika. The implementation of the proposed strategy requires coordinated activities at all levels within IFRC, complemented with operational and technical support from both global and regional functions.

Overview of proposed activities

- **National level:** Depending on the context and requests from governments/communities, National Societies will implement all or some of the **ten key interventions**. National Societies in **currently**

² WHO's 'ZIKA Strategic Response Framework and Joint Operations Plan', Jan-June 2016

unaffected but 'at-risk' countries will provide up to date information through their networks to reduce risks of Zika outbreaks and prepare for possible importation.

- **Regional level:** Regions will provide timely and high quality operational and technical support to **affected** National Societies to assist them in effectively and efficiently implementing the ten key interventions. Regions will provide timely and accurate information to National Societies in currently **unaffected** but at-risk countries to ensure effective and effective risk reduction and preparedness.
- **Global level:** Through effective global operational and technical coordination, the Geneva Zika Cell will provide timely and accurate information and effective and efficient support to all Regions to achieve outcomes.



Health and care

Outcome 1: The risk of Zika transmission is reduced through public information and health preparedness activities.

Output 1.1: National Societies provide the general public with information on the Zika virus

Intervention 1: Risk communication to general public

In countries affected and at-risk of Zika transmission (with one of the vectors present) the general public will need information that the National Society can provide. It is important that the National Society engage people and communities through a combination of communication channels: social media, radio and TV, SMS campaigns (among others) to be closely coordinated with community mobilization activities. Intensive public information campaigns should be combined with regular communication and engagement activities (i.e. radio call-in programmes, TV debates or mobile cinema and interactive theatre activities).

Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases

Intervention 2: Community-based surveillance

One of the central aims of the declaration of the public health emergency of international concern is strengthening early detection of outbreaks and reporting of cases. Red Cross Red Crescent volunteers present in the communities, equipped with digital data gathering devices using ODK or RAMP and quality-proofed surveys, are excellently placed to strengthen the national surveillance systems in collaboration with ministries of health. The IFRC has made available interim guidance for Community-based Disease Monitoring and Community Event Surveillance, which can be combined with existing capacity for digital data gathering.

Outcome 2: Transmission of Zika is reduced in areas where outbreaks are reported through effective and sustained vector control activities.

Output 2.1: Affected National Societies receive technical support to carry out vector-borne disease response

Intervention 3: Community "clean-up" campaigns

To control the vectors, more than a one-off clean-up session in affected and at-risk communities will be necessary. The goal will be to clear up, clean-up, and maintain efforts, meaning that the goal of community campaigns should be to engage people and communities to improve and sustain environmental sanitation and vector control activities, and to promote behaviour change.

Intervention 4: Household and personal protection

Messages and measures for household level and personal protection against mosquito bites focus on keeping the household free from standing water and using correct repellents in a correct way for maximum individual protection. It is important to quality assure the messages in order to avoid putting resources into measures that are ineffective or of limited value in controlling the vector.

Intervention 5: Chemical vector control

Preventing or reducing Zika virus transmission depends primarily on controlling the mosquito or the interruption of human–vector contact. Transmission control activities should target the *Aedes Aegypti* in its immature state (egg, larva, and pupa) and adult stages in the household and immediate vicinity. Dosing of larvicide in water tanks attacks the larvae while fogging affects adult mosquitoes. Technically well-planned chemical vector

control campaigns using larvicides and insecticides that match the resistance pattern in the area will be supported.

Outcome 3: Public health consequences of Zika virus are mitigated through the dissemination of targeted information and commodities for pregnant women to reduce the risk of infection and through provision of psychosocial support to address stigma and discrimination.

Output 3.1: Affected National Societies have increased capacity in health emergency risk management and response

Intervention 6: Blood safety

Zika virus disease is predominantly spread by the bite of an infected mosquito of the species *Aedes*. However, there are reports on sexual transmission of the virus during active infection, which raises concerns that Zika viraemia may result in the transmission of the virus through blood transfusions. A number of countries are asking potential donors not to give blood if within the last 3-4 weeks they have visited a Zika affected country. Red Cross Red Crescent activities for increased blood safety through information and selected screening activities of voluntary non-remunerated blood donors will be supported.

Intervention 7: Protection for particular settings

Patients staying in hospitals, residents of care institutions, or inmates in prisons may be in need of specific protection and information. Specific information on clean up as well as vector control campaigns may be needed for facilities in particular settings.

Intervention 8: Staff and volunteer safety

Zika response is not heavy on personal protective equipment. Most of the household and community level activities for clearing up, cleaning up and keeping it up can be carried out with heavy-duty protective gloves. Volunteer insurance and the use of regular protective and indicative equipment such as vests and nail-proof boots will be supported. Particular attention will be given to correct protection during handling of chemicals for larval or adult mosquito control.

Intervention 9: Information and commodities for pregnant women in Zika affected countries

Information about causes and effects of the Zika virus is still imperfect and research on the consequences of the Zika virus infection during pregnancy is ongoing. Nevertheless, being pregnant in a Zika affected country is likely to cause high levels of stress and create special information and psychosocial support needs. It is also important to provide pregnant women with the necessary commodities for maximum protection:

- a. Male and female condoms
- b. Repellent that is safe for use during pregnancy
- c. Insecticide treated bed nets
- d. Basic information on the disease
- e. Specific information related to importance of early antenatal care and regular medical check-ups during pregnancy

Output 3.2: Affected National Societies have the resources and the competence to mobilise volunteers for well defined, comprehensive and evidence-based psychosocial support activities among affected and at-risk communities

Intervention 10: Psychosocial support for affected families

Giving birth to a child with a malformation – regardless of whether the malformation is caused by the Zika virus or not – is a stressful event for a family. Babies with microcephaly may also have multi-organ deformations and disabilities that may increase the risk of stigma and care needs, creating need for psychological first aid and psychosocial support, potentially during an extended period of time.

Technical support

- **Information packages:** Due to the imperfect information about Zika virus disease and still existing knowledge gaps, IFRC is continuously updating the technical information packages made available to National Societies. Recurrent webinars are organized globally and regionally to promote learning, quality assurance and operational excellence. Existing IFRC tools such as Epidemic Control for Volunteers is used in the Zika response in new language versions and escalated training opportunities.

- **Community-based surveillance:** Emergency Health Officers and epidemiologists are providing technical assistance to National Societies in designing community-based disease monitoring and event surveillance to complement national surveillance systems when needed.
- **Psychosocial support:** People react in various ways to being affected by Zika virus and its potential consequences. In normal times, on average one in five women presents symptoms of distress during pregnancy or after childbirth. Women who have contracted Zika virus infection during pregnancy and/or who are told their child may have or has microcephaly may be even more likely to develop symptoms of distress. Different agencies and different media channels sometimes provide information that may be inconsistent and contradictory. As a result, those directly affected by this outbreak and related health consequences may have increased levels of stress and need for psychosocial support.
- **Blood safety:** The Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP) is an IFRC affiliated global network of Red Cross/Red Crescent Blood Services with expertise in risk management and corporate governance of blood programmes. The GAP and the Geneva Secretariat of the IFRC are in close contact with WHO blood safety experts to ensure that the most recent information reaches the Red Cross Red Crescent National Societies.
- **Water, sanitation, and hygiene promotion (WASH):** While travel and sexual transmission of Zika means that cases can appear anywhere, Zika will be most prevalent where sanitation is poorest. Insufficient drainage and solid waste removal provide mosquitoes with ample breeding sites. Intermittent water supply creates the need for onsite water storage, providing ideal conditions for mosquito eggs. Almost anyone can become infected with Zika, but the poorest will suffer most. Vector control actions for the prevention of the Zika virus are no different from those that must be implemented to prevent dengue and chikungunya; what is lacking is a systematic and intensive response mechanism. Sporadic or incremental measures will not produce the required results; only an overwhelming and sustained response to mosquito numbers can break the cycle of transmission and eliminate the threat. To be efficient and safe, vector control activities depend on constantly updated analysis and information on vector resistance patterns and larvicide/adulticide rotation schemes.
- **Communications:** a key element in this response and an important part of this additional regional and global support structure/approach, in addition to the support for the activities around community engagement and the need to move towards a more integrated approach to reach key community change agents and influencers, communications will strengthen collaboration with external actors, including media, partner organizations and governments/authorities. The focal teams at regional and global level will ensure full support for communications through the media, web and social media, to ensure the scale of the response and the need for support is widely held. The IFRC teams will also ensure the widest possible reach in terms of regional and global representation of key messages and advocacy on the Zika virus.

Community understanding, engagement, ownership and implementation of vector control and prevention activities are at the core of the Red Cross Red Crescent's response to the Zika virus. The communities will be the main implementers and leaders in promoting individual and collective vector control and prevention solutions. Enhancing our capacity to leverage the power of and employ multiple communication channels, combined with our strong volunteer community work engaging people and communities will ensure we deliver and sustain effective vector-control programmes that are open, transparent, and accountable and can engage communities to drive positive social and behavioural change. Also, supporting two-way dialogue and listening to the people we are partnering with in tackling the Zika outbreak is just as important, if not more, than providing information and delivering services.

Regional and global support functions

The IFRC is already responding to the outbreak of the Zika virus in multiple countries in the Americas. Given the potential magnitude and unprecedented nature of the threat posed by Zika, the IFRC is committed to using its comparative global advantages to support increased efforts by its member National Societies to develop and implement successful measures, leading to a viable risk-reduction and relevant national and global response capacity to Zika. The current ongoing and planned efforts need to be reinforced or scaled-up, and the IFRC is uniquely positioned to contribute to the response and make an impact.

The IFRC's response is structured as follows:

- **IFRC Geneva-based Health Department and Global Zika Cell:** The global cell provides technical information and guidance on the Zika virus and community response to the outbreak. This includes the

knowledge management and dissemination of technical information packages, as well as providing technical support on vector control, WASH and other public health issues.

- **IFRC Regional Disaster Crises Preparedness, Response and Recovery functions:** communication and coordination with the French Red Cross's platform for the Americas and the Caribbean (PIRAC), other partner National Societies in the Americas region, and with other regions as this crisis evolves.
- **IFRC's Americas Region Communications Unit:** In coordination with the global communications team and technical experts, the unit is developing a communication package that includes press releases, key messages, facts and figures and infographics with basic information about the Zika virus and prevention messages.

International Committee of the Red Cross (ICRC): The ICRC and IFRC are coordinating closely, with the ICRC concentrating its contribution on supporting penitentiary authorities to carry out prevention activities (such as vector control or public awareness) in places of detention. The ICRC will support authorities and National Societies accessing vulnerable communities affected by conflicts and violence, in coordination with partners.

Operational support

- **Planning, monitoring, evaluation, and reporting:** The objectives and activities in this global emergency appeal will be monitored by the IFRCs Secretariat in Geneva in collaboration with the regional offices to ensure that this additional support and human resources are effectively used to support an enhanced response to the outbreak of vector-borne diseases. In addition, regular Operations Updates will be shared among the global and regional response personnel and any other countries suffering from outbreaks of the disease, and in conjunction with the coordinator, additional infographics and maps will be provided to report on the response in the region and beyond. Both during and at the end of the response, lesson-learning workshops will be held to ensure that both technical health/sanitation and operational management lessons from this response and from the management approach outlined in this appeal are shared and utilised.
- **Administration and finance:** The aim of this emergency appeal is to provide further financial support to the coordination and support mechanisms to facilitate this urgent and growing response. All relevant positions have been budgeted according to IFRC standard costs and cost recovery procedures. All funding will be appropriately channelled through established IFRC financial and reporting systems and will be accounted for to donors through regular reports. Administration support will be provided through normal IFRC channels at the global and regional levels.
- **Community engagement and accountability:** The main aim of the global and regional communication and engagement efforts is to ensure community understanding, engagement, ownership and implementation of prevention control measures through effective social mobilisation, communication and engagement interventions. Establishing systems that allow communities to clearly voice their understanding of the issues and provide feedback on how we are delivering services will build stronger trust and a more community-led solution. Efforts will focus on effective and sustained two-way communication and engagement with beneficiaries, as the most effective means to tackle the disease and build a lasting community understanding of how to prevent and control the Zika virus. The focus of the health promotion and community engagement efforts will be on building collective trust and confidence in the response efforts and prompting community action. In particular, Red Cross Red Crescent communication activities will provide: accurate information on Zika, its preventive measures and steps to take if suspicion of exposure or case; encourage early care seeking for fever; and reinforce messages around hygiene.
- **Human resources:** This appeal seeks funding support for additional human resources to support the overall coordination of the appeal at global and, where necessary, regional levels. In addition to the existing human resource capacity brought together in the Zika Cell, this Appeal will support the following appeal related positions:
 - ü Epidemiologist, Geneva Health Department
 - ü Regional Epidemiologist
 - ü External Vector Control Capacity
 - ü Regional Operations Coordinator
 - ü Regional Vector Control Coordinator
 - ü Regional Public Health Officer
 - ü Regional Psychosocial Support Officer
 - ü Community Engagement and Accountability Officer

- ü Geneva and Regional Communications Senior Officers
- ü Information Management Delegate
- ü Regional PMER Officer
- ü Regional Finance Officer
- ü Dedicated supply chain officer
- ü Geneva and Regional Reporting officers
- ü RIT/RDRT

- **Logistics and supply chain:** Given the unpredictability and geographic scope of the outbreak, global logistics support is vital. Due to the specific and sensitive nature of items needed, sourcing is being managed by the IFRC's Geneva procurement unit in compliance with IFRC procurement procedures. The quality insurance of all products is being controlled by IFRC's logistics resources to ensure accountability. There is a need for IFRC to ensure that the logistics set-up, procurement, supply chain and supplies are in place to ensure uninterrupted supplies delivery to the operations. With an aim to deliver the appropriate supplies and services both efficiently and effectively, the IFRC Logistics management is building a robust supply chain to support the operations globally. IFRC Procurement has activated its supplier network, is working closely with WHO and technical departments to come up with appropriate specification and sourcing strategy. Coordination with involved stakeholders is key to avoid depletion of needed items. Cash pledges are encouraged so that right specifications are bought through IFRC Logistics management.

The regional warehouses network is ready to dispatch prepositioned stocks on request. Mobilization tables have been established and will be maintained, updated, and communicated. All contributions must be coordinated with IFRC logistics management. Logistics services will be reinforced with additional HR resources to re-inforce such coordination at global level.

€ Budget

See attached [IFRC Secretariat budget \(Annex 1\)](#) for details.

Garry Conille
Under Secretary General
Programme and Operations Division

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Emergency Plan of Action (EPoA)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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

EMERGENCY APPEAL

04/03/2016

MDR42003 ZIKA VIRUS OUTBREAK

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	2,984,562			2,984,562
Medical & First Aid	74,252			74,252
Teaching Materials	282,156			282,156
Utensils & Tools				0
Other Supplies & Services				0
Emergency Response Units				0
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	3,340,969	0	0	3,340,969
Land & Buildings				0
Vehicles				0
Computer & Telecom Equipment	115,337			115,337
Office/Household Furniture & Equipment				0
Medical Equipment				0
Other Machinery & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	115,337	0	0	115,337
Storage, Warehousing	1,972			1,972
Distribution & Monitoring				0
Transport & Vehicle Costs	51,679			51,679
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	53,651	0	0	53,651
International Staff	954,378			954,378
National Staff	177,199			177,199
National Society Staff				0
Volunteers	738,245			738,245
Total PERSONNEL	1,869,822	0	0	1,869,822
Consultants	58,870			58,870
Professional Fees	122,762			122,762
Total CONSULTANTS & PROFESSIONAL FEES	181,632	0	0	181,632
Workshops & Training	1,744,744			1,744,744
Total WORKSHOP & TRAINING	1,744,744	0	0	1,744,744
Travel	212,453			212,453
Information & Public Relations	890,751			890,751
Office Costs	21,632			21,632
Communications	98,139			98,139
Financial Charges	5,970			5,970
Other General Expenses	3,000			3,000
Shared Office and Services Costs	163,290			163,290
Total GENERAL EXPENDITURES	1,395,235	0	0	1,395,235
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	565,590	0		565,590
Total INDIRECT COSTS	565,590	0	0	565,590
Pledge Earmarking & Reporting Fees				0
Total PLEDGE SPECIFIC COSTS	0	0	0	0
TOTAL BUDGET	9,266,981	0	0	9,266,981
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	9,266,981	0	0	9,266,981