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Emergency Plan of Action (EPoA) Ukraine: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRUA009	Glide n° EP-2019-000017-UKR
Date of issue: 4 March 2019	Expected timeframe: 4 months (16 weeks) Expected end date: 3 July 2019
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 109,054	
Total number of people affected: Estimated Risk Group 5,000,000 in Ukraine, Estimated Risk Group in the covered regions 1,000,000	Number of people to be assisted: 90,000
<p>Host National Society presence: Ukrainian Red Cross Society (URCS) is the Host National Society and is the largest humanitarian organization in Ukraine. It was established in April 1918 in Kyiv, and currently has nation-wide presence with all 25 regional branches (24 regional branches and one Kyiv city branch), with over 300 district branches. The Society's mission is to protect lives, prevent and alleviate human suffering during armed conflicts, natural disasters and technical accidents, as well as to assist the State health authorities and the medical services of the armed forces.</p> <p>URCS is responding to the conflict in East Ukraine and doing longer-term development work, such as tuberculosis treatment, HIV and AIDS prevention, psychosocial support, home-based care, livelihoods' cash-based interventions, first aid, activities related to youth and volunteering - with the support of the ICRC, IFRC and six National Societies present in-country. URCS has a network of about 3,500 volunteers and over 800 Emergency Response Teams (ERTs) spread around Ukraine.</p>	
<p>Red Cross Red Crescent Movement partners actively involved in the operation: URCS is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. There are six Partner National Societies, namely German RC, Finnish RC, Austrian RC, Danish RC, Luxemburg RC and French RC that have permanent presence in Ukraine and are informed on the measles.</p>	
<p>Other partner organizations actively involved in the operation: Ministry of Health (MoH), Public Health Centre (PHC), World Health Organisation (WHO), UNICEF</p>	

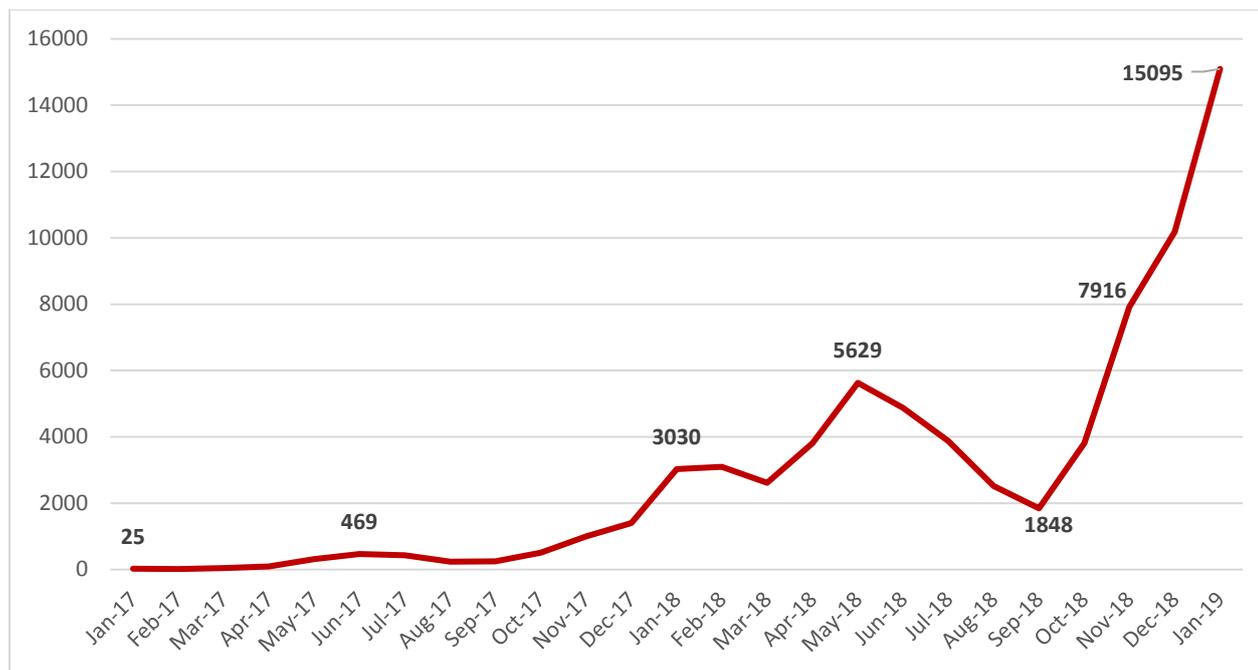
A. Situation analysis

Description of the disaster

Measles outbreak continues to spread in Ukraine, with new cases being reported in all regions. In 2018, Ukraine reported more measles cases than all of the European Union¹. Large-scale outbreak response measures have been undertaken since the start of the outbreak in 2017 to curb further spread of the disease and restore high routine immunization coverage, however, in 2018 the amount of the confirmed cases has increased tenfold. In 2018, 11.2 per cent, average one-week increase, brought the total number of measles cases to 54,481 (20,204 adults and 34,277 children), with 16 deaths. Since the beginning of 2019, more than 21,000 cases (7 deaths) have been registered which is an absolute record for the country and 300 per cent increase from 2018's January and February months.

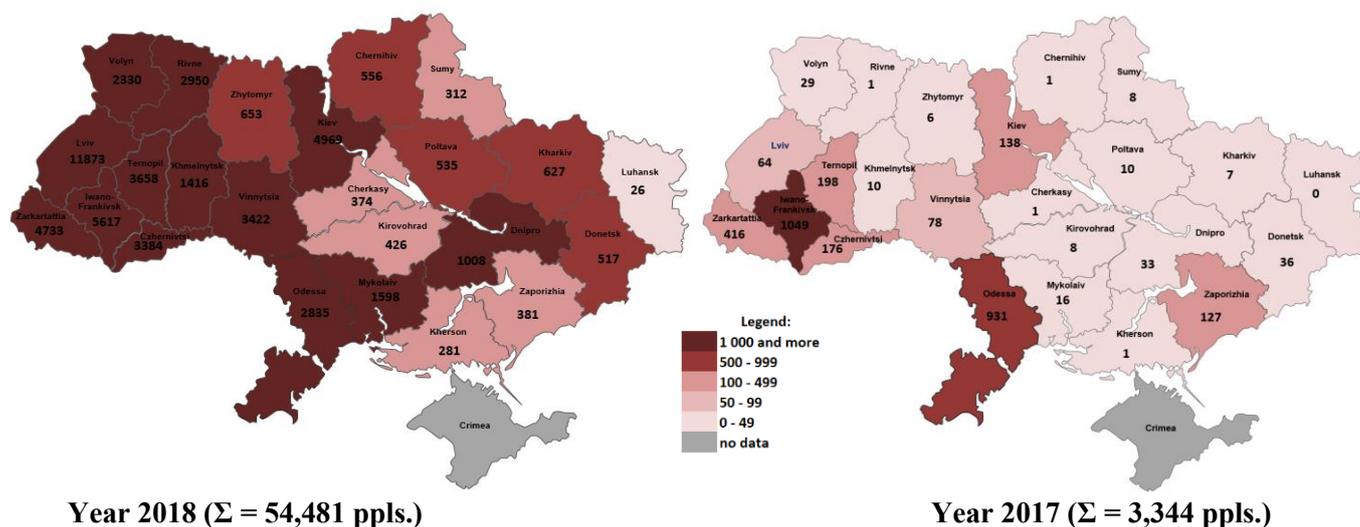
¹ Nearly 83,000 cases of measles were reported in the World Health Organization's (WHO's) European Region in 2018. Ukraine had more than 54,000 cases in 2018.

Figure 1. Timeline of the recorded measles cases per month from January 2017 to January 2019 (source: URCS)



Most people affected by the measles outbreak for 2018 regions are in Lviv (total 11,873 people: 3,378 adults and 8,495 children), Zakarpattya (total 4,733 people: 988 adults and 3,745 children), Ivano-Frankivsk region (total 5,617 people: 1,496 adults and 4,121 children), Odesa (total 2,835 people: 1,426 adults and 1,409 children), Ternopil (total 3,658 people: 1,268 adults and 2,390 children), Vinnitsa (total 3,422 people: 1,212 adults and 2,210 children), Rivne (total 2,950 people: 922 adults and 2,028 children), Chernivtsi (total 3,387 people: 1,117 adults and 2,267 children) and capital city of Kyiv (total 3,197 people: 1,898 adults and 1,299 children)². see Figure 2

Figure 2. Map of Ukraine with measles cases recorded in 2018 and map of Ukraine with measles cases recorded in 2017 (source: URCS)



In 2019, the same regions are approaching the epidemic threshold. The total number of measles cases from January 2018 to February 2019: Lviv (total 14,524 people: 4,286 adults and 10,238 children / 0.57 per cent of the total population), Zakarpattya (total 5,494 people: 1,225 adults and 4,269 children / 0.43 per cent of the total population), Ivano-Frankivsk region (total 6,553 people: 1,754 adults and 4,799 children / 0.47 per cent of the total population), Odesa (total 3,229 people: 1,585 adults and 1,644 children / 0.13 per cent of the total population), Ternopil (total 4,537 people: 1,622 adults and 2,915 children / 0.43 per cent of the total population), Vinnitsa (total 4,805 people: 1,800 adults and 3,005 children / 0.30 per cent of the total population), Rivne (total 4,339 people: 1,379 adults and 2,960 children / 0.37 per cent of the

² Official statistics by the Ministry of Health of Ukraine

total population), Chernivtsi (total 4,344 people: 1,464 adults and 2,880 children / 0.48 per cent of the total population), Khmelnytsky (total 2,474 people: 1,217 adults and 1,257 children / 0.19 per cent of the total population) and Kyiv region (total 6,935 people: 3,888 adults and 3,047 children / 0.40 per cent of the total population).

In general, the number of reported cases may not reflect the true number of cases occurring in the community. Many cases do not seek health care. So, these figures can be even higher.

Comparative statistics on the level of vaccination coverage in Ukraine are available and some trends on immunization can be captured from them.

Figure 3. Analysis of the level of immunization of children under the age of 1 year (source: WHO)

Year	Ukraine, %					
	Tuberculosis	Polio	Measles, parotitis, rubella	Hemophilic infection	Hepatitis B	Whooping cough, diphtheria, tetanus
2009	96	74	75	66	68	71
2010	92	57	56	51	48	52
2011	90	58	67	26	21	50
2012	95	74	79	83	46	76
2013	80	62	39	39	24	60
2014	57	45	57	39	37	38
2015	40	64	63	43	25	27
2016	84	61	46	36	29	21
2017	55	52	93	35	57	53
2018*	49	36	54	18	36	37

Despite the work of the national Measles Task Force since 2017, including the Ministry of Health, key stakeholders and partners such as WHO, UNDP and the UNICEF, to vaccinate every eligible child from measles-mumps-rubella vaccine (MMR), as they reach the appropriate vaccination age according to the national routine immunization schedule, the vaccination rate for 2018 went down. As seen in the Figure 3, recommended first out of the two MMR shots in the first 12 month was done for 93 per cent of children under 1 year in 2017 and only 54 per cent in 2018. It is the lowest coverage in the European Region and among the lowest in the world. (Important to mention that official statistics disagrees with the number and has similar MMR coverage rate being 91 per cent). Multiple sources³ indicate a combination of possible reasons for the low vaccination and the spread of the virus, such as: low immunization rates in rural settlements due to the transportation costs; low vaccination awareness; high number of people in risk groups (HIV, TB, Chernobyl victims, etc.) with weakened immune system. Also, vaccine refusal becomes increasingly common in Ukraine, with parents correlating vaccination with potential health consequences for their children or have distrust in the quality of vaccines.

The second MMR vaccine is scheduled for children at the age of 6. The second scheduled vaccination was done for 89 per cent of children (MMR shot is mandatory for the elementary school attendance) in 2018. **Therefore, the largest risk group are children between 0 to 6 years without MMR⁴: 2,190,000. Other risk groups are: people with weakened immune system HIV/TB - 276,000⁵, not vaccinated people of all ages - 1,900,000 (60% children; 40% adults). Total: 5,266,000**

³ Media outlets, local and international NGOs, government bodies

⁴ Two MMR vaccine shots are needed for immune system to have sufficient protection from the virus, hence all children under 6 are in the risk group

⁵ Number of people living with HIV in 2018 -241,000 (UNAIDS); According to the Ministry of Health of Ukraine, in 2018, about 35,000 Ukrainians are registered with TB, about 8,000 of which have drug-resistant TB

Summary of the current response

Overview of Host National Society

Having the nation-wide presence and well-coordinated network of volunteers, ERTs and trained First Aid volunteers, the Ukrainian Red Cross Society can mobilize itself immediately in cases of various declared or not declared disasters and act in its role as the auxiliary to the government of Ukraine. URCS is the member of the State Emergency Commission and has been closely monitoring the ongoing measles outbreak. In addition, URCS is in a constant discussion with the offices of Public Health Centres and the Ministries of Health to better understand the situation to identify the needs and gaps.

As of February 2019, the URCS has made a decision to intervene and support the Government of Ukraine and its people to contain the outbreak. Further, the URCS has already discussed potential support from the IFRC Country Office and some PNSs present in the country and constantly kept updating the [Go Platform](#) on the measles situation in the country.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country office in Ukraine is facilitating tailored technical support to URCS and advocating for mobilising international support to programmes and operations led by the NS. IFRC is supporting the NS in implementing Livelihood and PSS projects in Eastern Regions of Ukraine. Organisational and Branch development is one of the priority areas where the IFRC Office is working closely with the URCS to strengthen capacities and ensure longer-term financial sustainability of the institution. The IFRC Country Office is having small, but dedicated office with multiskilled personnel consists of Head of Country Office, Programme and OD Coordinator, PMER Officer, Finance Manager, Admin Assistant and a Driver.

IFRC Country Office is working closely with RC/RC Movement partners in the country within the framework of the Strengthening Movement Coordination and Cooperation (SMCC) including support to URCS in responding to measles outbreak in Ukraine. Danish RC has already expressed its interest to support the interventions by the URCS depending on needs and request from the NS. Hungarian RC, supported by the Hungarian Health authorities, handed over 20,000 MMR vaccines to Transcarpathia health authorities through the URCS Transcarpathian Regional Branch on 22 February 2019.

Ukraine has been selected as one of the five test countries within the SMCC process. Through this approach, the Red Cross / Red Crescent Movement is aiming to make the best use of available resources – funding, people and experience. The goals continue to be supporting well-structured coordination, reinforcing the spirit of coordination and togetherness, and increasing effectiveness and efficiency within the Movement. In this way, we hope to have a bigger impact on communities in need.

The ICRC has a Country Delegation in Kyiv, and operates mainly in eastern Ukraine, in Donetsk and Luhansk regions, both in the Government Controlled Areas and non-Government Controlled Areas. Since the beginning of the conflict, the ICRC has been assisting hundreds of thousands of people, and continues to carry out activities including water supply, repair of buildings, mine risk education, forensics, detention, and restoring family links. Ukrainian Red Cross volunteers are actively engaged in many of these areas of work.

Together with the Ukrainian Red Cross and in consultation with ICRC and other partners and actors, key gaps in the humanitarian response have been identified in livelihoods and healthcare. ICRC is not involved in responding to measles outbreak.

Overview of non-RCRC actors in country

In September 2017 WHO supported Ministry of Health to develop Outbreak Response Plan and the plan was endorsed by Measles Task Force. The key activity conducted under the response plan since September is a supplementary immunization by measles-mumps-rubella vaccine among unvaccinated or under-vaccinated children from 2008-2015 birth cohorts. In mid-2018 it was extended to all cohorts of children up to 18 years old as well as adults from high risk groups as medical workers, military, and people attending educational institutions. Despite all these supplementary immunization efforts as well as high vaccine coverage rate by routine vaccination in 2017 and 2018, outbreak has not been stopped.

To improve access to immunization services and ensure no one is left behind, WHO continues to support Ukraine in its implementation of multiyear planning and budgeting for vaccines and supplies under routine immunization and supplementary immunization activities. UNICEF also is working closely with Ministry of Health on capacity development, awareness raising activities and vaccines procurement.

Over the two years, with support from WHO, the Ministry of Health has:

- established a national Measles Task Force and response plan to urgently address the outbreak;
- actively sought out under-vaccinated children up to 10 years old through catch-up campaigns, and offered free vaccination to those under-17 susceptible to the disease;
- developed a comprehensive immunization programme strategy, including a long-term plan to ensure high-quality, safe vaccines are available for every eligible child;
- provided extra training for health workers in identifying and reporting measles cases;
- increased communication to parents to help them understand the critical importance of full vaccination in protecting health and well-being.
- In Lviv which is one of the regions with highest number of cases, the Ministry of Health jointly with WHO-USAID-US CDC-UNICEF is implementing outreach vaccination of school children in the region. Preparation for this activity started in mid-December 2018 and implementation is planned to end on 15 March 2019. Results of outreach vaccination of schoolchildren in Lviv' oblast will be used to plan similar activities in other districts, starting Q2 2019.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

From mid-February, a response-minded needs assessment was carried out in the most affected regions by URCS regional branches in coordination with the URCS HQ. The mentioned took into the account needs of the regional health facilities and available informational campaigns, together with the capacity of the regional and district/local branches to carry out an emergency response. Additional coordination was done with the IFRC country office to enquire detailed technical information on the potential activities that can be utilized to restrain the outbreak and potentially declared epidemic.

The heads of the Ternopil, Chernivtsi and Ivano-Frankivsk regional organisations of URCS held meetings with local leaders of Public Health Centres and obtained verbal requests for needed assistance. In addition, the Head of Vinnytsia regional organization of URCS held a meeting on February 5 and February 19 with the Director of the Department of Health Protection of the State Regional Administration and the Director of the State Laboratory Centre under the Ministry of Health. The Head of the Odessa regional organization held a meeting on February 5 with the Deputy Regional State Administration, the Director of the Department of Health under the Regional State Administration, as well as the Deputy Head of the Medical Aid Department. In the both mentioned sets of meetings, the seriousness of the situation was elaborated on and the assistance by URCS was voiced to be welcomed. The representatives of the local authorities and health care institutions are pleased to work with URCS and expressed support to the Ukrainian Red Cross Society in responding to the measles outbreak. All five Heads of regional organizations have put together a list of the needs based on the requests to assist government structures in addressing the gaps.

Identified and prioritized needs

Immediate needs: The most immediate need is to ensure access to vaccination and raise awareness of the prevention of measles through the active involvement of local communities in this process.

Intermediate needs: To support the population in the health facilities through direct support to communities and NS branches and volunteers with protective materials, fuel and necessary equipment.

Areas of the intervention

Highest numbers of measles cases have been recorded in eight regions. Considering the established coordination with the Government structures and local health authorities it was agreed to proceed with interventions in five regions (Ternopil, Ivano-Frankivsk, Chernivtsi, Vinnytsia and Odesa) as in other affected regions, including three regions (Lviv, Transcarpathian and Rivne) out of most affected eight regions, are under interventions from the government structures.

Targeting

The targeting is based on the local authorities and structures requests to assist in their response to the measles. Vaccination awareness informational campaigns will target nursing homes, maternity hospitals and primary educational facilities.

Targeted groups are the measles risk groups (children from 0 to 6 years, people with weakened immune system, not vaccinated people of all ages) and directly affected people in five selected regions. The risk group in the five regions is close to 1 million, the awareness campaign plans to cover around up to 10% of the risk group population – **70,000** to **100,000** people. In the planned five regions the estimated number of newly registered cases in the upcoming four months (period of the DREF) is 15,000. URCS aims to cover 1/3 of that number, which is **5,000** with diagnosis and medical assistance; therefore, URCS is planning to target up to 90,000 within the risk group.

Scenario planning

Scenario	Effects/Needs	URCS response
<p>A. The current trend of increasing recorded cases of measles continues and affects more regions, but not reaching the epidemic threshold. Therefore, the government does not declare the epidemic and is not seeking for the international assistance</p> <p>Most likely scenario</p>	<p>Medium humanitarian needs. Regional level interventions may increase and scaling up reaching more numbers in risk group. Health authorities may have increased workload dealing with increased cases.</p>	<p>Request to the IFRC to extend DREF operation. Considering possibility of a limited scale emergency appeal or seeking bilateral support from partners. May consider request for RDRT deployment.</p>
<p>B. The current trend of increasing recorded cases of measles continues and reaches the epidemic threshold in number of regions. Therefore, the government declare epidemics nationally or regionally</p> <p>Worst-case scenario</p>	<p>High humanitarian needs. National level intervention may be required with more aggressive work to reach risk groups. Health authorities may have overwhelming cases and additional professional assistance would be required.</p>	<p>Launching the emergency appeal responding to needs in the regions, though considering response capacities. May consider deployment of additional RDRT or using other tools such as FACT/ERU (as required).</p>
<p>C. The current trend of the recorded cases of measles has gone down due to intervention by the health authorities</p> <p>Best-case scenario</p>	<p>Low humanitarian needs. No need for scaling up interventions or current response level.</p>	<p>No need for DREF extension. Operation will be completed as planned and the project closed.</p>

Operation Risk Assessment

The project's success will also be dependent on no significant changes in the following variables:

1. Absence of large to catastrophic disaster/emergency in the country
2. Absence of major political unrest and possibilities of the armed conflict escalation in the eastern part of the country
3. Presence of cooperation and support from the government and local authorities

B. Operational strategy

Overall operational objective

The overall objective of the operation is to reduce the impact of the current measles outbreaks on the most vulnerable risk groups with the aim of reducing morbidity and mortality in coordination with the government health structures.

This operation is targeting to reach a total of 90,000 people in the risk group communities through public awareness campaigns. 90% of the beneficiaries are estimated to be children.

Specific objectives

- To contribute to the vaccination of at least 95 per cent of all children aged from 1 to 6 years against measles and rubella with the aim of reducing morbidity and mortality rates in Ukraine
- To contribute to social mobilization of community members in the five most affected regions in Ukraine through deployment of trained volunteers and staff
- To ensure that at least 95 per cent of the population is informed of the importance of being vaccinated against measles and rubella, through raising awareness campaigns in the five most affected regions in Ukraine
- To strengthen NS capacity for epidemic control and response

Proposed strategy

This DREF allocation aims to deliver humanitarian assistance to risk groups communities of the measles outbreaks under following strategic areas:

- Vaccination campaign: Support the MoH efforts and local health centres in awareness raising through mobilization of volunteers, as auxiliary to the government efforts to achieve the vaccination targeted levels
- Enhancing public education: Actively disseminating timely and related information to ensure positive changes of behaviour towards early referral
- Promote CBHFA: Ensure Community based approach to Health-related interventions. Use and attract current capacity of CBHFA pilot project implementing by Ukraine RC that assume training of volunteers in CBHFA tools. Training materials available and translated into Russian language.

Geographically, the intervention will be in the five most affected regions of Ukraine: Chernivtsi, Vinnitsya, Ternopil, Odesa and Ivano-Frankivsk. The operation might be revised with additional locations as the URCS is constantly involved in monitoring of the situation.

Note: Community Mobilization will be done with the help of the CBHFA expertise in the country and induction trainings to CBHFA for the volunteers who are to engage in vaccination promotion. CEA Delegate will pay a visit to Ukraine to support the operation, assisting the CBHFA approach to help ensure approaches are tailored and effectively adapt to the needs of, and feedback from, communities. The IFRC Regional Health and DM teams will deploy RDRT Health team with effective and recent experience on immunization campaigns and DREFs for measles (Kyrgyzstan and Tajikistan) to support Ukraine RC as social mobilization and awareness raising is initial to attract population to the vaccination.

C. Detailed Operational Plan



Health

People targeted: 90,000
(from the risk groups through public awareness campaigns)

Male: 45,000

Female: 45,000

Requirements (CHF): 55,171

Needs analysis:

Refer to the Needs Analysis and Situational Analysis sections for the carried-out needs assessment.

Ongoing assessment and prioritization of the implementing strategies have identified the following needs:

(protective health items for volunteers)

Medical Basic Masks: 14,964

Rubber Gloves: 7,482

Liquid antiseptic: 39

Public Awareness:

Nationwide social media campaigns

Leaflets and other informational materials (to be distributed in Long-term care facility for elderly people, primary education facilities, kindergartens, paediatric centres, maternity hospitals)

Support to the URCS:

Fuel to deliver awareness raising campaigns

RDRT to facilitate greater needs assessment, oversee implementation of the response, train URCS local branches on how to mobilize in cases of epidemics

Basic Volunteer compensation

Arranging a 'lessons learned workshop' for participating staff and volunteers, stakeholders at the end of the campaign.

Population to be assisted:

Targeted groups are the measles risk groups (children from 0 to 6 years, people with weakened immune system, not vaccinated people of all ages) and directly affected people in five targeted regions. The risk group in the five regions is close to 1 million, the awareness campaign plans to cover up to 10% of the risk group population – **70,000** to 100,000 people. In the planned five regions the estimated number of newly registered cases in the upcoming four months (period of the DREF) is 15,000. URCS aims to cover 1/3 of that number, which is **5,000** with diagnosis and medical assistance; therefore, URCS is planning to target upto 90,000 people within the risk group.

Programme standards/benchmarks:

Sphere Handbook standard:

Child health standard 2.2.1: Childhood vaccine-preventable diseases

Key indicator: Percentage of children aged six months to 15 years who have received measles vaccination, on completion of a measles vaccination campaign

▪ >95 per cent

Particular URCS minimum standards applicable to volunteers and ERTs are in effect:

All volunteers are in possession of the PPE sufficient for airborne viruses

All volunteers working regulated amount of work

All volunteers are provided with the needed psychosocial support based on a request

All volunteers are provided with insurance

All non- vaccinated volunteers are provided with vaccination (before their mobilization).

Budget

The budget for this DREF operation is CHF 109,054. Please see [attached](#) for details.

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 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.

DREF OPERATION

MDRUA009 - Ukraine: Measles Outbreak

Budget Group		Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
500	Shelter - Relief	0			0
501	Shelter - Transitional	0			0
502	Construction - Housing	0			0
503	Construction - Facilities	0			0
505	Construction - Materials	0			0
510	Clothing & Textiles	0			0
520	Food	0			0
523	Seeds & Plants	0			0
530	Water, Sanitation & Hygiene	0			0
540	Medical & First Aid	6,523			6,523
550	Teaching Materials	50,573			50,573
560	Utensils & Tools	0			0
570	Other Supplies & Services	0			0
571	Emergency Response Units	0			0
578	Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND		57,096	0	0	57,096
580	Land & Buildings	0			0
581	Vehicles	0			0
582	Computer & Telecom Equipment	2,374			2,374
584	Office/Household Furniture & Equipment	0			0
587	Medical Equipment	0			0
589	Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT		2,374	0	0	2,374
590	Storage, Warehousing	0			0
592	Distribution & Monitoring	0			0
593	Transport & Vehicle Costs	9,328			9,328
594	Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE		9,328	0	0	9,328
600	International Staff	0			0
640	Regionally Deployed staff	10,000			10,000
661	National Staff	0			0
662	National Society Staff	8,600			8,600
667	Volunteers	300			300
669	Other Staff Benefits	0			0
Total PERSONNEL		18,900	0	0	18,900
670	Consultants	0			0
750	Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES		0	0	0	0
680	Workshops & Training	3,500			3,500
Total WORKSHOP & TRAINING		3,500	0	0	3,500
700	Travel	3,800			3,800
710	Information & Public Relations	5,173			5,173
730	Office Costs	1,367			1,367
740	Communications	860			860
760	Financial Charges	0			0
790	Other General Expenses	0			0

799	Shared Office and Services Costs	0			0
	Total GENERAL EXPENDITURES	11,201	0	0	11,201
		0			0
830	Partner National Societies	0			0
831	Other Partners (NGOs, UN, other)	0			0
	Total TRANSFER TO PARTNERS	0	0	0	0
599	Programme and Services Support Recovery	6,656	0	0	6,656
	Total INDIRECT COSTS	6,656	0	0	6,656
	TOTAL BUDGET	109,054	0	0	109,054
	Available Resources				
	Multilateral Contributions				0
	Bilateral Contributions				0
	TOTAL AVAILABLE RESOURCES	0	0	0	0
	NET DREF OPERATION NEEDS	109,054	0	0	109,054